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Smiling but unheard:

"They smile because
that's their nature, so
people think they're fine –
but they are suffering."

Discussion with a group of Urdu speaking
women in Oxfordshire about the use of
Artificial Intelligence for translation in healthcare.

Katie Lean
April 2026

Acknowledgements

To the ten women who participated in the discussion group: thank you for sharing your stories, your insight into healthcare, and for your wisdom, and knowledge around new technologies. Without you we could not do what we do.

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1. Introduction

The use of technology to make care more effective and efficient is a cornerstone of the [10-year Plan](#) for the NHS. Artificial Intelligence (AI) solutions are highlighted throughout.

Dora is an AI enabled chatbot designed to conduct responsive, clinically validated patient follow-up after cataract surgery. It has been developed by UK-based company, [Ufonia](#), and to date, has been used in over 60,000 follow-up telephone calls.

Ufonia have been awarded an [NIHR](#) grant to develop Dora in ten languages, other than English. [Health Innovation Oxford and Thames Valley](#) (HIOTV) is supporting the research. It is hoped that the deployment of multi-lingual versions of Dora will help address language barriers, and digital exclusion that disproportionately affect minority, and marginalised communities.

This report presents findings from a patient discussion group held with Urdu-speaking women. The session explored participants lived experience of accessing healthcare, their perspectives on interpretation and translation, and their views of Dora. The primary focus was to identify potential risks of misunderstanding, or disengagement arising from dialect, translation, tone, or delivery ¹.

2. Background

Health inequalities related to language, digital exclusion, and cultural barriers remain a significant challenge within the NHS ^{2 3}. Urdu-speaking communities, particularly older adults, often rely on family members to access healthcare, which may compromise patient autonomy, confidentiality, and safety ^{4 5}. In response to these challenges, digital and AI enabled solutions are increasingly being explored to support communication between patients and healthcare services. This includes translation and automated follow-up tools ^{6 7}.

People from ethnic minority backgrounds often experience poorer health outcomes, and face multiple barriers to accessing and receiving care, driven by structural inequalities and discrimination ⁸. Increasing the availability of multilingual support is one approach to addressing this.

¹ [Ethics and governance of artificial intelligence for health: Guidance on large multi-modal models](#)

² [NHS England » National Healthcare Inequalities Improvement Programme](#)

³ [Health Equity in England: The Marmot Review 10 Years On | The Health Foundation](#)

⁴ [NHS England » Accessible information standard](#)

⁵ Flores, G. (2005) 'The impact of medical interpreter services on the quality of health care

⁶ [NHS England » Fit for the Future: 10 Year Health Plan for England](#)

⁷ [The Topol Review – The Topol Review](#)

⁸ [NHS England » Ethnicity health](#)

3. Methodology

HIOTV conducted an in-person discussion with a group of women in Oxfordshire who speak Urdu.

Participant recruitment

Participants were invited to take part through community outreach in collaboration with the Banbury Madni Masjid (Banbury Mosque). Interested individuals were offered £50 reimbursement for their time. A total of ten Urdu speaking women of mixed ages and proficiency of English took part in the session. An interpreter was present and was required to translate on several occasions throughout the session.

Discussion group design

The timing of the discussion group was agreed with Banbury Mosque, to best suit the range of participants. It was held on a Monday, between 1030-1300, with a ten-minute break.

A briefing paper, (Appendix one) and consent form (Appendix two) were sent to all participants before the session so that they knew what to expect.

A discussion guide (Appendix three) was developed, and used during the session to:

- explore experiences of healthcare.
- understand challenges related to language barriers, interpretation, and digital systems.
- gather user feedback on an Urdu speaking version of Dora.
- identify linguistic, cultural, and emotional risks that could cause harm or distress to patients.
- inform ethical, safe, and culturally appropriate design of translation technologies.

To support discussion a five-minute clip of Dora speaking to a patient in Urdu was played to the group.

The session was led by two facilitators and recorded with participants' consent. Notes were also taken.

Data Analysis

The audio recording was transcribed, and thematic analysis undertaken. Themes were agreed by both facilitators. The draft report was shared with participants to check for accuracy.

4. Findings

The discussions that took place were centred around participant's experience of healthcare in the UK. There was broad experience of healthcare from both personal experience and experiences of supporting older generations. The key themes focussed around:

- difficulty in accessing care through digital platforms.
- language barriers, and clinical risk.
- erosion of trust in healthcare services.
- no real choice around the use of interpreters.
- cultural, linguistic and emotional risks of an AI chatbot.

4.1 Locked out of care: structural, and digital barriers

Participants consistently described difficulty accessing GP services, particularly since the COVID-19 pandemic. The shifts towards online forms, apps, and telephone triage, was found particularly challenging. Older patients were seen as especially disadvantaged, sometimes requiring three generations of support to book appointments, or manage prescriptions.

Key issues included:

- long phone queues and delayed call-backs.
- removal, or reduction of face-to-face appointments.
- confusion about online systems.
- dependence on adult children, or grandchildren.

This reliance undermined older patients' independence, and privacy.

"That's three generations having to help their grandparents just to access medical care. It's crazy."

4.2 Smiling but unheard: language barriers and clinical risk

Language barriers were strongly associated with concerns about missed diagnosis, delayed care, and misunderstanding of severity.

Participants shared experiences where symptoms were not recognised or taken seriously. Patients often appeared outwardly cheerful, or minimised discomfort as they were genuinely positive in nature and grateful to be seen.

*“They smile because that’s their nature, so people think they’re fine –
but they are suffering.”*

In several cases, serious conditions, such as sepsis and stroke were reportedly detected late, with poor outcomes. While these accounts are subjective, they highlight perceived risk associated with inadequate communication.

*“If my mum could speak English, she could have pressed the bell, she
could have said she wasn’t feeling well. But she couldn’t.”*

These experiences contributed to anxiety, frustration, and reduced trust in healthcare.

4.3 Trust under strain: erosion of confidence in healthcare services

Many participants described a decline in trust in healthcare services, notably post COVID-19. This was linked to:

- inconsistent access.
- perceived dismissiveness.
- lack of continuity.

There were stories shared around the perceived negative impact of the COVID-19 vaccine, creating further hesitancy around vaccinations within the community.

Participants described understanding that staff were under pressure, but felt the impact was often borne by patients who struggled to communicate.

*“The nurses want to help, but the system is broken and the people who
can’t speak English suffer most.”*

4.4 No real choice: family interpreters, dignity and safeguarding

Participants overwhelmingly reported using family members, including children, to interpret during medical appointments. This was seen as:

- necessary due to lack of awareness or access to professional interpreters.
- distressing when discussing sensitive issues e.g. gynaecological health.
- uncomfortable when children were involved.

Participants highlighted cultural taboos around discussing intimate or sensitive health issues.

*“You don’t want your children knowing everything about your health,
but you don’t have a choice.”*

There was particular concern about loss of dignity, privacy, and the ability to speak and represent oneself.

Where professional interpreters were used, experiences were mixed. Positives included feeling safe to talk openly in confidence, and helping to breakdown clinical information. This helps to promote clinical accuracy and safeguarding.

Challenges included:

- embarrassment, or resistance from patients.
- preference for same sex interpreters.
- differences in dialect, spoken and written language.

*“We can speak Punjabi, but we can’t read Punjabi. They send
messages we can’t understand.”*

Participants stressed that the ability to speak a language does not mean you can read or write in that language. Sending written messages in Punjabi or Urdu could exclude patients who cannot read those scripts. The group overwhelmingly agreed that they wanted choice about who interprets for them.

4.5 Not built for us: evaluation of the AI chatbot Dora

Initial reactions to the AI chatbot were mixed but largely negative. Participants commonly described the interaction as robotic and difficult to engage with, particularly for older users.

“It didn’t feel like a conversation. It just kept repeating itself.”

Language and dialect

Participants reported that the Urdu used by Dora was overly formal and not reflective of everyday speech.

“She’s using very high Urdu – people don’t speak like that at home.”

Key issues identified included:

- overly formal, or “posh” Urdu, not reflective of everyday speech.
- the use of complex vocabulary that many speakers only partially understand.
- literal translations that did not “sound right” conversationally.
- repetition of phrases such as “from my understanding,” reducing credibility.

There was a strong consensus that simpler, “mixed” language should be used, including familiar English loanwords e.g. ‘hospital’, ‘contact’. It was felt that familiarity matters more than grammatical accuracy.

Cultural safety: name, voice, and emotion

An unexpected finding was that Dora in Urdu means “Deaf”. Participants felt this could cause confusion, fear, or offence, particularly for older patients.

“Dora means deaf. If my mother heard that name, she’d be frightened.”

Participants emphasised that the tone of voice matters. They felt it was important to have warmth, reassurance, and emotional sensitivity especially following surgery.

They noted a preference for:

- a human sounding voice.
- choice of gender for an AI chatbot, especially for sensitive health topics.

Perceived value, and limitations

Some participants acknowledged that Dora could be helpful if it prompted escalation and reduced delays.

“At least it told him to go and see a doctor – that part was good.”

However, there were concerns expressed that:

- it could give false reassurance if it is not thoughtfully introduced.
- confusing language could increase anxiety.
- it felt like a cost-cutting measure rather than beneficial to the patient.

The discussion highlighted several risks if the chatbot were deployed unchanged. These were:

- linguistic misunderstanding of symptoms, or advice.
- cultural misunderstanding (name, tone, formality).
- increasing the likelihood of disengagement from healthcare.
- increased anxiety.
- misinterpretation of severity, leading to delayed care.

5. Recommendations

Based on the discussion group findings, the following recommendations emerged:

- consider renaming Dora for the Urdu community to avoid negative meaning within the language.
- co-design language with speakers of different dialects, and literacy levels.
- use simpler, everyday spoken language rather than formal Urdu.
- where possible introduce a “human like” tone, warmth, and pacing.
- allow a choice of female or male voice where feasible.
- clearly signpost to human support, and escalation routes.
- Implement changes to Dora and undertake further testing, with a small group of the Urdu speaking people.

6. Conclusion

The discussion group highlighted the complexity of delivering safe, acceptable, and effective translation technology within healthcare. While participants recognised the potential value of an AI chatbot like Dora, they noted that it also had the potential to cause confusion, distress or harm, particularly among the older or more vulnerable patients.

To be ethical and clinically safe translation technologies should be co-produced with the communities it is intended to serve. In this instance, Dora should adapt to be:

- culturally sensitive.
- linguistically appropriate.
- clearly positioned as supportive rather than a substitute.
- presented as a technology that is designed to help people engage with healthcare rather than as a cost saving benefit for organisations.

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Appendix one: Briefing paper



Community conversations: healthcare, and the Urdu speaking community

Monday 30th March, 1100-1300

Umar Centre, 43 West Street, Banbury OX16 3LE



Briefing Paper

Background

In 2021, 91% of people living in the UK said that English was their main language¹. The most common languages other than English were Polish, Romanian, Punjabi and Urdu². Language barriers can easily lead to miscommunication between healthcare staff, patients, and their families. This can have a negative effect on everyone's experience and can reduce the quality of care and safety³.

Dora – a computer programme that calls patients by 'phone



As part of a [National Institute Health and Research](#) funded project, [Health Innovation Oxford and Thames Valley](#) are working with a company called [Ufonia](#). Ufonia have developed a computer programme called Dora. Dora has been trained using Artificial Intelligence (AI) to have telephone conversations with patients. A Dora telephone call can help make sure that patients are ready for surgery, or that they are doing well after their surgery.

Testing Dora in the NHS

Dora has been tested in the NHS, making telephone calls to patients who have had cataract surgery, checking that they are recovering well. Overall, in the 13 hospitals that have tested Dora, patients are very happy with these conversations. Ufonia now want to translate Dora into ten languages, other than English. To make sure that this is done well we are having conversations with communities whose language will be included in the new Dora conversations. This includes the Urdu speaking community.



About the conversation

The session will be a small, interactive, discussion with women from the Urdu speaking community. We will discuss your thoughts, and feelings about:

- what it is like to receive health care in the UK.
- how you feel about the use of interpreters - family members, NHS staff or language line.
- the use of Artificial Intelligence in healthcare.
- after listening to a DORA conversation in Urdu, your initial thoughts about how it sounds.

At any time, you can decide not to take part in the conversation. A member of the team will be available for a discussion if you want to talk to someone before, during or after the discussion.

The discussion will be led by [Sian Rees](#) and [Katie Lean](#) from Health Innovation Oxford and Thames Valley.

Joining the meeting

This discussion group will take place:

Monday 30th March 2026, 1100-1300

Umar Centre, 43 West Street, Banbury, OX16 3HE

Tea and coffee will be provided

After the conversation

Your insights will be used to write a report that will help Ufonia improve the design of Dora. We will not identify anyone who takes part in the conversation in the report. If we use any quotes people will remain anonymous. We would like to record the session for accuracy of notes, and will ask you to sign a consent form on the day.

A £50 love2shop voucher is available for taking part in the conversation.

Contact

If you have any questions before or after the discussion group, please contact katie.lean@healthinnovationoxford.org.

¹ [Language, England and Wales - Office for National Statistics](#)

² [Implications of Language Barriers for Healthcare: A Systematic Review - PMC](#)

³ [Implications of Language Barriers for Healthcare: A Systematic Review - PMC](#)

Appendix two: Consent



Consent Form

A focus discussion group with the Urdu speaking community around healthcare, and technology

Thank you for agreeing to take part in the above focus discussion group on Monday 30th March, 1100-1300

As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley¹ are working with a company called [Ufonia](#). Ufonia have developed a computer programme which they call "Dora". Dora has been trained using Artificial Intelligence (AI) to have intelligent conversations with patients. It is a telephone conversation that can be used to make sure that patients are ready for surgery, or that they are progressing after surgery.

This will be a small interactive discussion group with women from the Urdu speaking community. We will be seeking to understand how you have felt when receiving healthcare in the UK, including the use of interpreters (family members or language line). We will be sharing a short recording of a clinical conversation between a patient, and Dora in Urdu, and looking for your feedback on how it sounds, as well as how you feel about artificial intelligence (AI) in healthcare.

The discussion group will explore the following:

- your experience of healthcare in the UK – what has worked well and what could be improved.
- your thoughts around Artificial Intelligence in healthcare.
- your initial thoughts around the Dora conversation in Urdu.

Your insights will be used to write a report and help the company to improve the design of Dora. No one who takes part in the discussion will be identified. We may use quotes in the report, but no names will be used.

At any time, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone before or after the discussion.

A £50 Love2Shop voucher is available for taking part in the conversation.

The discussion will be led by [Katie Lean](#) from [Health Innovation Oxford and Thames Valley](#).

If you have any questions before or after the workshop, please contact katie.lean@healthinnovationoxford.org.

¹ Home - Health Innovation Oxford & Thames Valley



**CONSENT FORM – Focus discussion group with the Urdu speaking community
around healthcare and technology**

If you choose to take part, please complete and sign below. By signing you agree that:

- you have read the briefing paper supplied, and understand what is involved in taking part.
- you have had the chance to ask questions and know you can ask more questions at any time.
- it is your choice whether or not you want to take part in this discussion.
- you can withdraw your consent at any time.

I AGREE TO TAKE PART

Please mark each statement with an X if you agree (leave blank if you do not agree)

Statement	Put X in each box if you AGREE with the statement
I agree to take part in the focus discussion group with the Urdu speaking community around healthcare and technology with Health Innovation Oxford and Thames Valley.	
I agree to a recording of the discussion for analysis, and reporting purposes.	
I agree to a transcript of the discussion being held by Health Innovation Oxford and Thames Valley for analysis, and reporting purposes until completion of the project.	
I agree to anonymous quotes being used in a report which will be shared with the company and wider.	

Please insert date, name, and signature below and return completed form to
katie.lean@healthinnovationoxford.org

Date: _____

Name: _____

Signature: _____

Appendix three: Discussion Guide



Dora Urdu speaking community Discussion Guide

Monday 30th March 2026

1100–1300

Umar Centre, 43 West Street, Banbury, OX16 3LE

Background

As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley (HIOTV)¹ are working with a company called [Ufonia](#). They have developed software called Dora that can undertake automated medical telephone calls. It can assist with pre and post-surgical review telephone calls which can save the time of doctors and nurses. This grant is focused on a multilingual accessible, telephone-based Artificial Intelligence (AI) conversational agent for cataract surgery follow up.

This will be a small interactive discussion group, with members of the public who are from the Urdu speaking community. We are interested in hearing thoughts on how people feel about the healthcare (eyecare if appropriate) they have received, thoughts around Artificial Intelligence in the care pathway, and initial thoughts on a recording of Dora (to be played).

The discussion group will explore the following:

- experience of healthcare to date – what worked well and what could be improved.
- thoughts around Artificial Intelligence in healthcare.
- Initial thoughts around Dora conversation in Urdu.

Note on the role of this guide

This document is a **guide** written for qualitative research, not a script. Conversation in the group should flow as naturally as possible. The approach, content and conversation flow in each group is likely to differ depending on the interests, and conversational style of participants. We aim to let participants come to topics as spontaneously, and naturally as possible. Therefore, not all questions in the guide will be asked and not in the order or exact wording here.

The role of the guide is:

- an aide-memoir for the facilitator of the main areas of interest to cover off.
- a default structure, and flow.
- a set of suggested wordings for key questions.

¹ [National Institute for Health Research and Health Innovation Oxford and Thames Valley](#)

Timing	Questions	Objective
Introduction		
1100 30 Mins	Introduces self, explains role, welcomes everyone, give people some time to settle in / check tech. Shares agenda slide (not in face to face) with clear timings on breaks. Why we are here: Your discussions will be used to inform healthcare (eye care) for the Urdu speaking community, and those where English is not their first language. This includes the benefits, and concerns around using Artificial Intelligence for follow up appointments for cataract patients. A report will be written to summarise the discussions that happen today. No one who takes part in the discussion group will be identified. We may use quotes in the report, but no names will be used. Anytime during the discussions, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone after the session. - covered by GDPR – written consent to audio recording (Record and transcribe) - share ground rules slide (talk through) - No right or wrong answers - Any questions? Please introduce yourself with your name and share just one word that describes how you're feeling today. It can be any word – there are no right or wrong answers. If you like, you can say why you chose that word, but you don't have to. OR the best thing that has happened to you this week? OR what made you interested to come today?	To put participants at ease, share plan for session and set up the rest of the conversation

Main Session		
1130 40 mins	Session 1: Experiences of Healthcare (Eye Care) Aim: <i>to gather experiences of how people feel about the healthcare they have received.</i> We'd like to start with understanding a bit about your experience of receiving healthcare (eye care). Can you share a bit about what it was like for you? Prompts - Thinking about your experience what worked well for you/made it a good experience - When things haven't gone so well – can you share a little about what was hard about it and would have made it better? - When you've been receiving healthcare (eye care) has language ever been a challenge for you or your family? Interpreters - Can you share your experience if any when interpreters have been used to support your care - What worked well and what do you think might have worked better? Healthcare method Have you ever received any automated telephone calls? <i>(if time branch out to not just health)</i> - Can you share what that was like for you and what worked? - What could have been done to make it better for you? - Have you ever received a telephone or video call for health? <i>Explore what worked and what didn't.</i>	Understanding the experiences of those in the Urdu speaking community.

	Additional question if time What one thing could doctors/nurses do to support clinical discussions with a member of the Urdu speaking community? Recap key points from discussion and check with the group they've captured everything. Any questions?	
BREAK 10 MINS 1210-1220		
1210 40 mins	Welcome everyone back from break Session 2: Introduction of AI in healthcare and DORA Aim: <i>to understand how people feel about receiving an audio recording from a conversational AI assistant. Gather thoughts on whether technology could be useful, nuances in translation. Explore trust, privacy, access to devices etc.</i> We touched upon receiving automated telephone calls in the last session. Now we are going to play a short audio recording of a conversation between an Artificial Intelligent chat bot who has been trained to undertake conversations with patients following cataract surgery. As you listen, we'd like you to think about things such as: How it makes you feel, how the language sounds, the accent and speed of conversation. Play the recording (think about if we play before we say AI) Can we start by finding out your first reactions to the voice and style of the AI call.	Gather detailed feedback on thoughts from AI conversational assistant.

	<i>Prompts</i> • How does it make you feel? • Language correct, sound, accent speed? How do you feel about the possible introduction of a telephone assistant like DORA? <i>Prompts</i> • In what way might it be helpful in your care? • What might be good about using a technology like DORA? • What concerns might you have about the introduction of technology like this? • What would make you trust this sort of technology? • How does it compare to other automated telephone assistants you might have used? What do you think others in your community might think? <i>Prompts</i> • What might stop someone from using it? • What about access by phone/landline. Can everyone do this easily? Are there any changes you might make to make DORA more useful or trustworthy?	
Summary & Next Steps		
1250 10 mins	Recap key points from discussion and check with the group they've captured everything. Any questions? Explain next steps: go away, write report and suggest amendments to DORA based on your feedback.	Hear final thoughts. Finish the workshop and explain next steps.
1300	Sign consent, thank you, and close	

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