

Black Asian and Minority Ethnic GP Patient Experience

A report by Healthwatch Ealing



May 2023

“The service gives care for our health not for our colour.”

Local GP Patient

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1. Introduction

Healthwatch Ealing is your local health and social care champion. From Southall to Acton and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

At Healthwatch Ealing we:

- Collect feedback from the public
- Produce reports that highlight good practice and make recommendations for improvement
- Present these reports to those involved in the commissioning, provision and scrutiny of health and social care services
- Share the views of local people with Healthwatch England to help them carry out their work as the national champion

Aim of the study

In 2022 Healthwatch Ealing launched a new project looking to better understand the Primary Care experience of the minority communities in Ealing. By talking directly to patients who typically experience a range of health inequalities, Healthwatch hoped to gain an understanding of the issues they experience and the factors such as language and ethnicity that may play a role in the access, treatment and care they receive.

During this piece of work we have spoken directly to over 400 people.

In a broadly positive exercise, we have nonetheless encountered feelings of bias and discrimination. Along with identifying barriers, we have also worked with respondents to highlight potential areas for improvement.

2. Background

Ealing is the 4th largest borough in London. As per the 2021 census there are more than 366,000 people. This is a particularly diverse community: 43.2% White, 30.3% Asian, 10.8% Black, 5.2%

Mixed Race and 10.6% Other. More than 100 countries are represented here, speaking over 170 languages.

The past few years has brought into stark relief that health and wellbeing are not equal. Factors such as culture, location, wealth, education, environment and discrimination can lead to worse outcomes, and there is a strong consensus that this must change.

Tackling unequal health outcomes and access to support will need those in power to listen, hear the experiences of those facing inequality, understand and act on the steps that could improve people's lives. At Healthwatch, we stand ready to help by doing more to amplify the voices of communities that go unheard and reduce the barriers they face.

3. Methodology

- The focus of the research is ethnic minority experiences of primary care.
- We undertook 37 visits over 4 months to GP surgeries in economically deprived areas in Ealing.
- Permission to visit was granted by 13 of 15 GPs asked.
- 430 patients participated.
- Surveys were conducted face-to-face with language assistance provided where necessary.
- All visits took place between 9:30am and noon.
- Standardised descriptions of the nature of the survey, data uses, protection and the rights of respondents were provided in both written and verbal form to all potentially eligible respondents before obtaining verbal informed consent for participation in the survey.
- We did encounter a statistically significant amount of indifference and cynicism.
- We also had a number of partial surveys, as patients were called away to their doctor's appointments.
- Once the data was collected, Healthwatch conducted a thematic analysis to further understand the experiences.

Ethnic categories

Ethnic categories have been structured in order to offer optimal analysis. In this report, analysis is offered against the following ethnic groups: Black (including all sub categories); Asian – Indian; Asian – Pakistani; Asian – Bangladeshi; Asian – Other.

This piece of work targeted talking with people in some of the most deprived areas of the borough, many of which are in Southall. Responses from a variety of Asian communities in the borough were highest, and we have therefore separated these ethnic groups out in our analysis in order to observe any differences in experience between them. Responses from those from the Black ethnic group were also significant in this piece of work, however, when separated out into sub-groups, the numbers are reduced and therefore less statistically significant. For this reason we have used the overarching Black/Black British grouping in this analysis.

4. How to read this report

The report includes an Executive Summary (Section 7), followed by more Detailed Findings (section 8) covering a number of subsections and including additional insight into differences in experience by different ethnic groups, and selected comments.

Patients were asked to feedback around how GP services could improve and their suggestions are included in section 8.6.

It is suggested that the detailed findings of this report, alongside the patient led suggestions for improvement be reviewed in conjunction with key commissioner and provider partners. We request collaboration with these key partners in order to develop meaningful recommendations and actions as a result of these findings.

Key demographic breakdown information is included in the Appendix.

5. Acknowledgements

Healthwatch Ealing would like to acknowledge the individuals and groups who contributed to this endeavour.

Thank you to the GPs and their teams for hosting and the 430 residents who took the time to complete our survey and provide their feedback.

Thank you Healthwatch staff and volunteers for your hard work at all stages of production of this piece.

6. Disclaimer

This report reflects the individual experiences of those who completed the survey. The information is to be considered and utilised to improve service provision and highlight areas of good practice.

7. Executive Summary of Findings

During 4 months in 2022, 428 local people from a Black, Asian and Minority Ethnic background completed our survey on the experience of GP services.

This is a two-page summary of key findings – see section 8 for findings in full.

Survey Response – In Summary

Overall

- 60% of respondents are complimentary about the GP service experience as a whole. Pakistani and Bangladeshi respondents are significantly least satisfied with the service overall.

Access

- Just under half of respondents (49%) have secured their GP appointments with ease, while a sizeable minority (28%) have experienced difficulty. Bangladeshi and Pakistani respondents are most likely to have experienced difficulty, in getting appointments.
- A broad majority (73%) feel that ethnicity, skin colour, or language do not negatively affect access. Black respondents are by far – most likely to consider ethnicity a barrier to NHS access.
- A lack of translation can inconvenience family members and delay access.
- Access to interpreters is variable and can impact access.
- When accessing care, respondents feel that the main issues experienced by Black Asian and Minority Ethnic communities are language barriers (58%), a lack of information (32%) and issues around cultural background (23%).
- Bangladeshi respondents are significantly most likely to consider language barriers as a main issue impacting access to care.
- Pakistani respondents are significantly most likely to consider a lack of information as a main issue.
- Black respondents are most likely to consider cultural background as a main issue.

Quality

- A broad majority (70%) are satisfied with quality. Pakistani respondents are notably least satisfied with the quality of care received.

- Under a tenth of respondents (9%) feel that their ethnicity has negatively impacted the quality of their GP service. Out of these, Black and Indian respondents are most likely to feel that ethnicity negatively impacts GP quality.
- Less than a tenth of respondents (7%) feel that their skin colour has negatively impacted the quality of their GP service. Out of these, Black respondents are most likely to feel that skin colour negatively impacts GP quality.
- Just over a tenth of respondents (11%) feel that language has negatively impacted the quality of their GP service. Out of these, Black respondents are most likely to feel that language negatively impacts GP quality.

Treatment

- Almost three quarters of respondents (72%) are satisfied with treatment explanation received. Pakistani, Bangladeshi and Black respondents are least satisfied.
- A clear majority of respondents (82%) feel treated with dignity and respect by their GP. Pakistani and Black respondents are least likely to feel treated with respect and dignity.

Other

- Just a quarter of respondents (27%) know how to make an official complaint. Out of these, Black Caribbean respondents are, by some margin, most aware of how to make an official complaint.
- 31% of respondents feel that the term BAME is appropriate, while a significantly larger number (54%) feel it is not. Black respondents are significantly most likely to consider 'BAME' an inappropriate term.

Improving GP services

- Around half of suggestions (52%) are about improving access to appointments, with an additional 8% about referrals.
- Respondents would also like to see improvements in staff attitude and training (18%), choice of in-person consultations (13%) and better language support (9%).

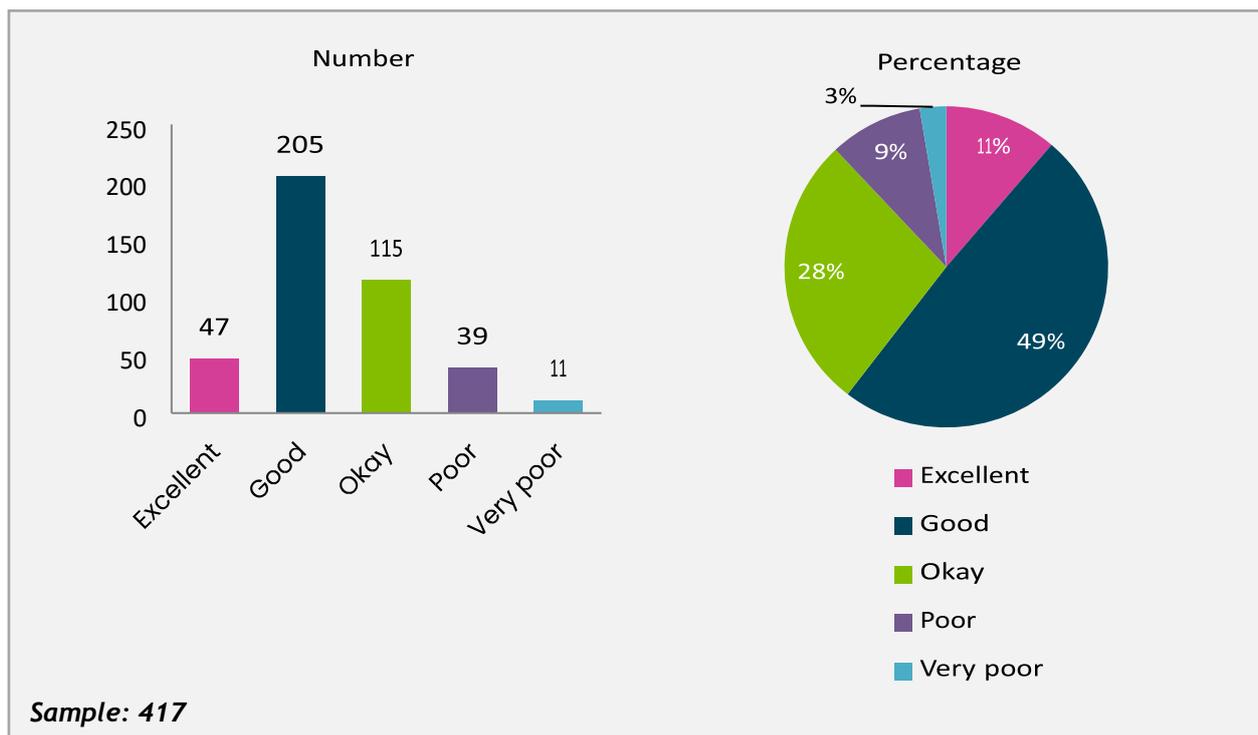
8. Our Survey – Analysis of Feedback

During 2022, 428 local people from a Black, Asian and Minority Ethnic background completed our survey on the experience of GP services.

Additionally, we explored whether attitudes towards, or perceptions around ethnicity have, in any way, negatively impacted the service received. We report findings as a whole, and for selected questions look further at responses by ethnic group.

8.1 Overall Experience

8.1.1. Overall experience of GP



60% of respondents are complimentary about the GP service experience as a whole, while 12% express disappointment.

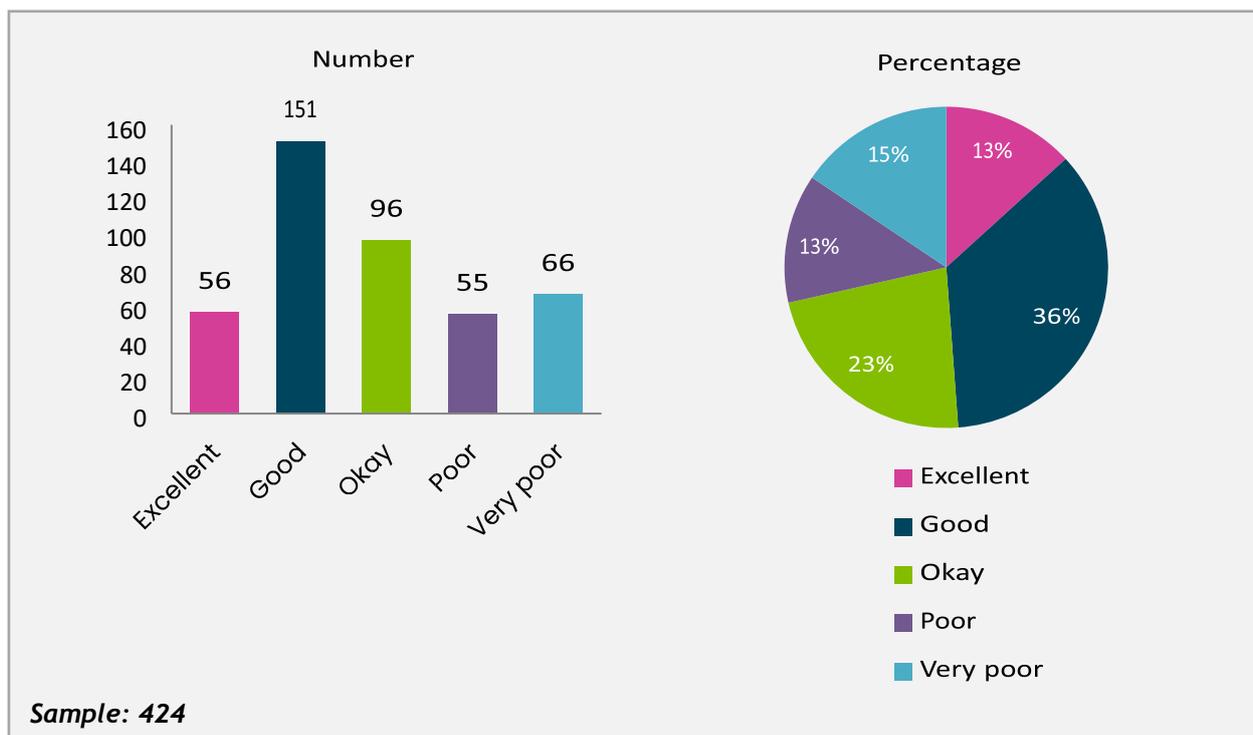
8.1.2 Satisfaction with overall experience by ethnicity

	% Good or Excellent
Asian-Indian Respondents	64%
Asian-Other Respondents	62%
Black Respondents	61%
All Respondents (Baseline)	60%
Asian-Bangladeshi Respondents	52%
Asian-Pakistani Respondents	44%

On ethnicity, Pakistani and Bangladeshi respondents are significantly least satisfied with the service overall.

8.2 Access

8.2.1 Ease of gaining appointment



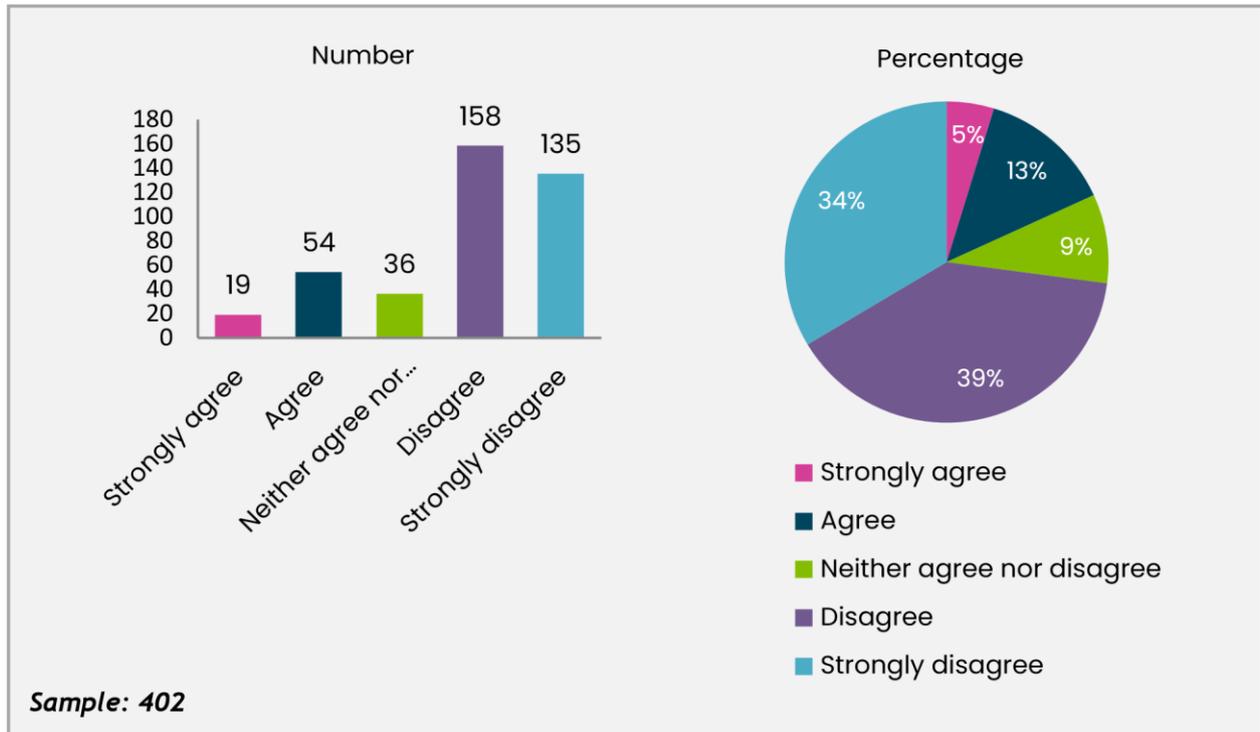
Just under half of respondents (49%) have secured their GP appointments with ease, while a sizeable minority (28%) have experienced difficulty.

8.2.2 Ease of getting appointment by ethnicity

	% Good or Excellent
Asian-Indian Respondents	54%
Black Respondents	51%
All Respondents (Baseline)	49%
Asian-Other Respondents	48%
Asian-Pakistani Respondents	35%
	28%

When looking closer at ethnicity, we find that Bangladeshi and Pakistani respondents are most likely to have experienced difficulty, in getting appointments.

8.2.3 In my experience, my ethnicity, colour of skin and the way I speak has had a negative impact on my ability to access NHS services



A significant minority of respondents (18%) feel that skin colour, or language have a negative impact on ability to access NHS services. A broad majority (73%) feel that these do not negatively affect access.

8.2.4 My ethnicity, colour of skin and the way I speak has had a negative impact on my ability to access NHS services, by ethnicity

	% Agree/Strongly
Black Respondents	31%

Asian-Pakistani Respondents	20%
Asian-Bangladeshi Respondents	18%
All Respondents (Baseline)	18%
Asian-Indian Respondents	16%
Asian-Other Respondents	12%

Black respondents are by far – most likely to consider ethnicity a barrier to NHS access.

We hear that a lack of translation has inconvenienced family members, who have had to book and also attend appointments for their parents. Access to interpreters is variable, as is a multi-lingual staffing complement.

Selected Feedback

"Since, I can speak English I never faced any issues. But the people who are not well spoken are experiencing a number of issues."

"My mother can't speak English, I have to book appointments for her and I have to come along for her GP appointments. For this I had to take time off from work for every visit. They don't have an interpreter here."

"Reception staff can get frustrated, when you have to repeat things."

"I can't speak English very well but they always provide me with interpreters."

"Reception staff only speak English."

"Bilingual staff, no issue."

More generally, issues indicate a lack appointments, choice (in-person or remote) and continuity. Problems with referrals and blood testing are also reported.

Selected Feedback

"They say that there is no appointment when I want, but some people get the appointment straight away, they don't care."

"Appointments available only over the telephone, for consultations."

"Every time a new GP, always have to narrate my whole medical history on every visit. I'm not comfortable doing that it's so frustrating. They don't keep records. When I needed help, I did not receive any help."

"May be an unconscious bias sometimes in getting a referral. Need to wait more than 8 months."

"Hard time always with blood tests."

Some respondents say that ethnicity is an issue, while a much larger number feel it is not. One person observes that older people are more likely to experience difficulty. A need for training and awareness is highlighted, by one person.

Selected Feedback

"They make presumptions due to my ethnic background. There is a clear sign of inequality."

"Because of the way I dress they presume that I'm illiterate."

"I do feel this as I wear the Hijab however when I am able to speak confidently all is good."

"I have been living here for fifteen years, never experienced or faced any issues with accessing health care."

"They try their best, never experienced any such discrimination."

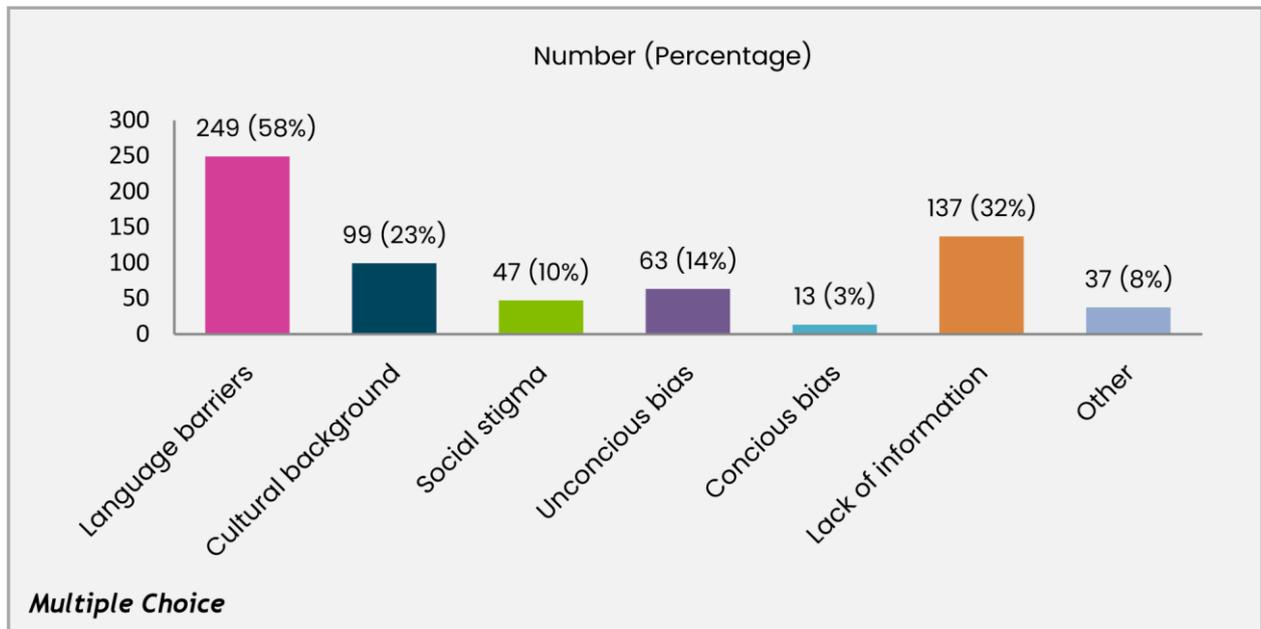
"The service gives care for our health not for our colour."

"This community is mostly Asian, so not facing any issues."

"I was born here hence never experienced any barriers or a negative impact on my ability but I have seen many patients especially the elderly ones are having difficulties in accessing services."

"The staff have a lack of knowledge and training."

8.2.5 In your opinion, what are the main issues people of BLACK ASIAN AND MINORITY ETHNIC backgrounds face in accessing health care?



When accessing health care, respondents feel that the main issues experienced by BLACK ASIAN AND MINORITY ETHNIC communities are language barriers (58%), a lack of information (32%) and issues around cultural background (23%).

Lesser perceived issues are unconscious bias (14%) and social stigma (10%). Many of the issues in 'other' are around digital exclusion.

8.2.6 Main Issues: Language barriers, by ethnicity

	% Yes
Asian-Bangladeshi Respondents	76%
Asian-Pakistani Respondents	61%

Asian-Indian Respondents	60%
All Respondents (Baseline)	58%
Asian-Other Respondents	50%
Black Respondents	50%

Compared with others, Bangladeshi respondents are significantly most likely to consider language as a main issue.

8.2.7 Main Issues: Lack of information, by ethnicity

	% Yes
Asian-Pakistani Respondents	45%
Asian-Other Respondents	38%
Black Respondents	33%
All Respondents (Baseline)	32%
Asian-Bangladeshi Respondents	28%
Asian-Indian Respondents	27%

Pakistani respondents are significantly most likely to consider a lack of information as a main issue, compared with others.

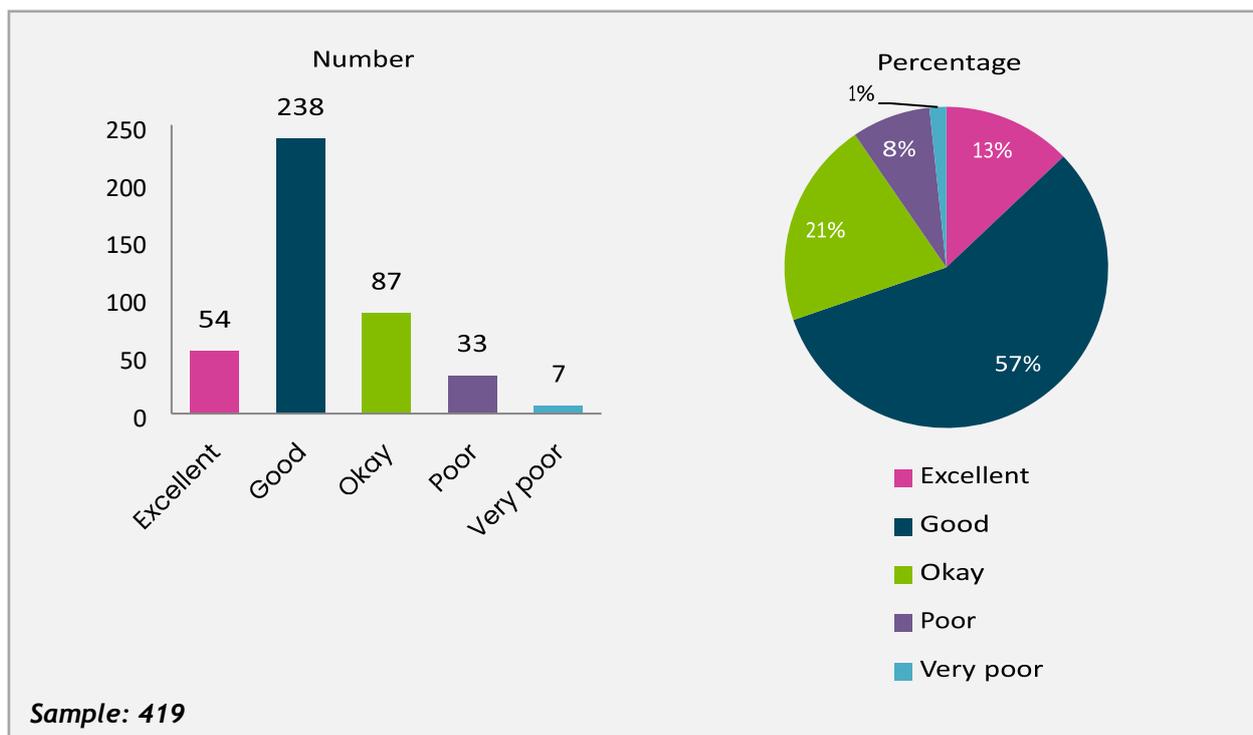
8.2.8 Main Issues: Cultural background, by ethnicity

	% Yes
Black Respondents	28%
Asian-Indian Respondents	24%
Asian-Pakistani Respondents	23%
All Respondents (Baseline)	23%
Asian-Bangladeshi Respondents	21%
Asian-Other Respondents	19%

Black respondents are most likely to consider cultural background as a main issue, compared with others.

8.3 Quality

8.3.1 Quality of care



A broad majority (70%) are satisfied with quality, while around a tenth (9%) are not.

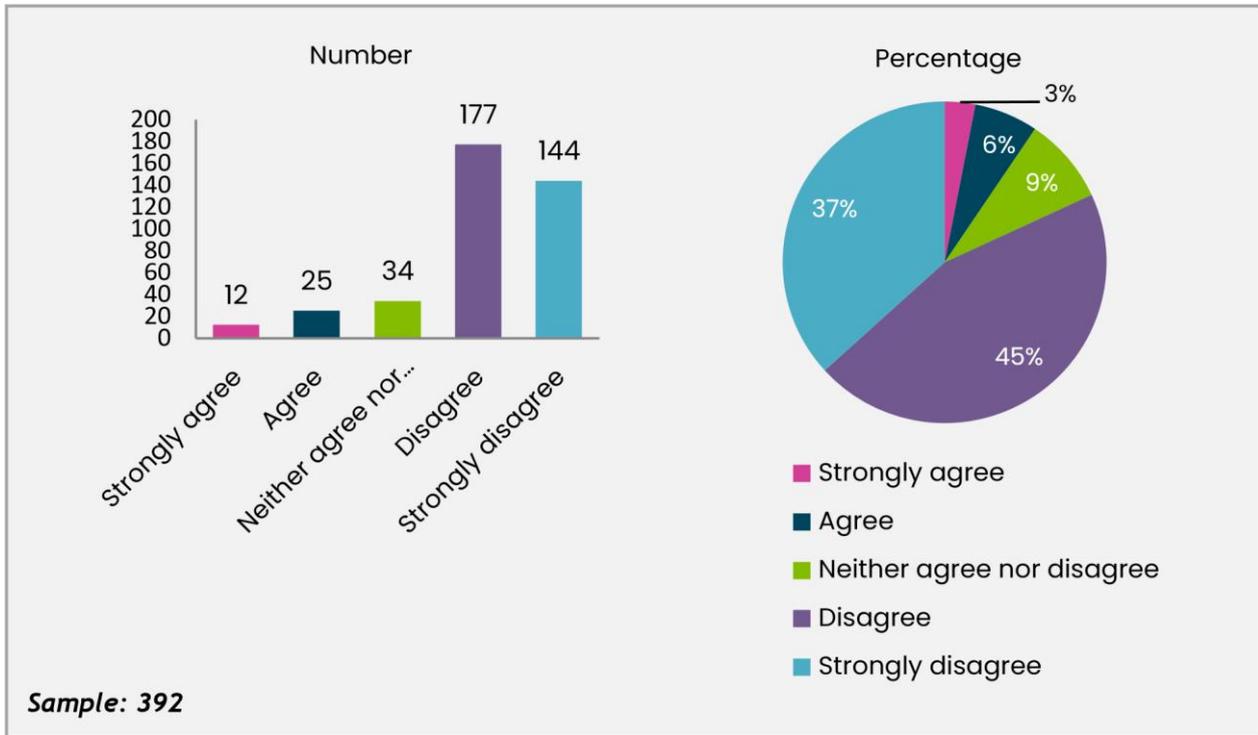
8.3.2 Quality of care, by ethnicity

	% Good or Excellent
Asian-Other Respondents	79%
Asian-Indian Respondents	72%
All Respondents (Baseline)	70%
Asian-Bangladeshi Respondents	69%
Black Respondents	65%
Asian-Pakistani Respondents	56%



Compared with others, Pakistani respondents are notably least satisfied with the quality of care received.

8.3.3 I believe that my ethnicity has had a negative impact on the quality of care that I receive from my GP Surgery



Under a tenth of respondents (9%) feel that their ethnicity has negatively impacted the quality of their GP service. A clear majority (82%) feel this has not been an issue.

8.3.4 My ethnicity has had a negative impact on the quality of care that I receive from my GP Surgery, by ethnicity *

* Based on a limited volume.

	% Agree/Strongly
Black Respondents	13%

Asian-Indian Respondents	11%
All Respondents (Baseline)	9%
Asian-Pakistani Respondents	7%
Asian-Bangladeshi Respondents	4%
Asian-Other Respondents	4%

Black and Indian respondents are most likely to feel that ethnicity negatively impacts GP quality, compared with others.

Comments are largely complimentary, with no examples given of specific difficulties arising from ethnicity.

Selected Feedback

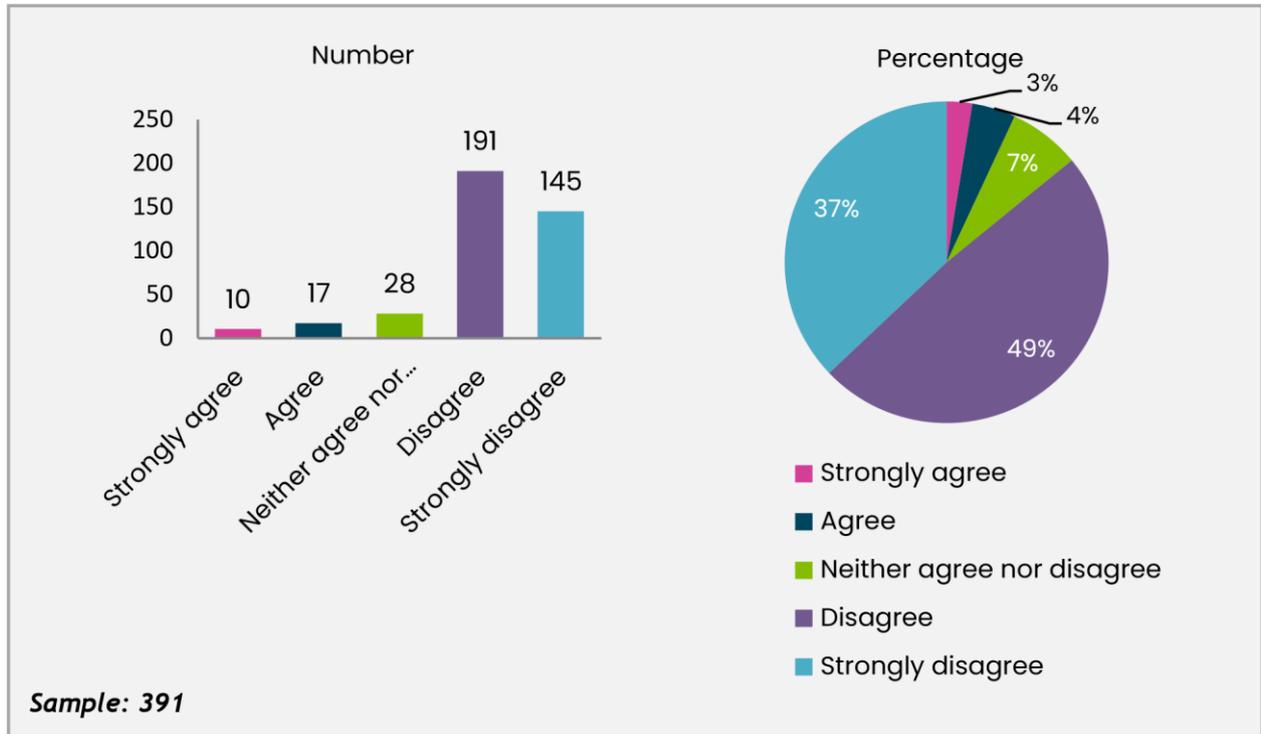
“Extremely happy with the treatment received so far.”

“Never had any issues. My GP is like my family. He always checks on me and my family - whenever we visit.”

“No issues, easily accessible.”

“It depends on the person who is providing the service. It tends to be the staff that have been at the GP the longest who are rude.”

8.3.5 I believe that the colour of my skin has had a negative impact on the quality of care that I receive from my GP Surgery



Similarly, less than a tenth of respondents (7%) feel that their skin colour has negatively impacted the quality of their GP service. A clear majority (86%) feel this has not been an issue.

8.3.6 I believe that the colour of my skin has had a negative impact on the quality of care that I receive from my GP Surgery, by ethnicity*

* Based on a limited volume.

	% Agree/Strongly
Black Respondents	14%
Asian-Indian Respondents	7%
All Respondents (Baseline)	7%
Asian-Pakistani Respondents	2%

Asian-Bangladeshi Respondents	0%

On ethnicity, Black respondents are most likely to feel that skin colour negatively impacts GP quality, compared with others.

Again, the broad majority of feedback is generally positive. Those commenting negatively do not give specific examples, of difficulties experienced.

Selected Feedback

"I don't think my colour is anything to do with the health services I receive. I don't think this is a reason behind the delays in referrals or tests."

"I've been here for five years, and never had any issues."

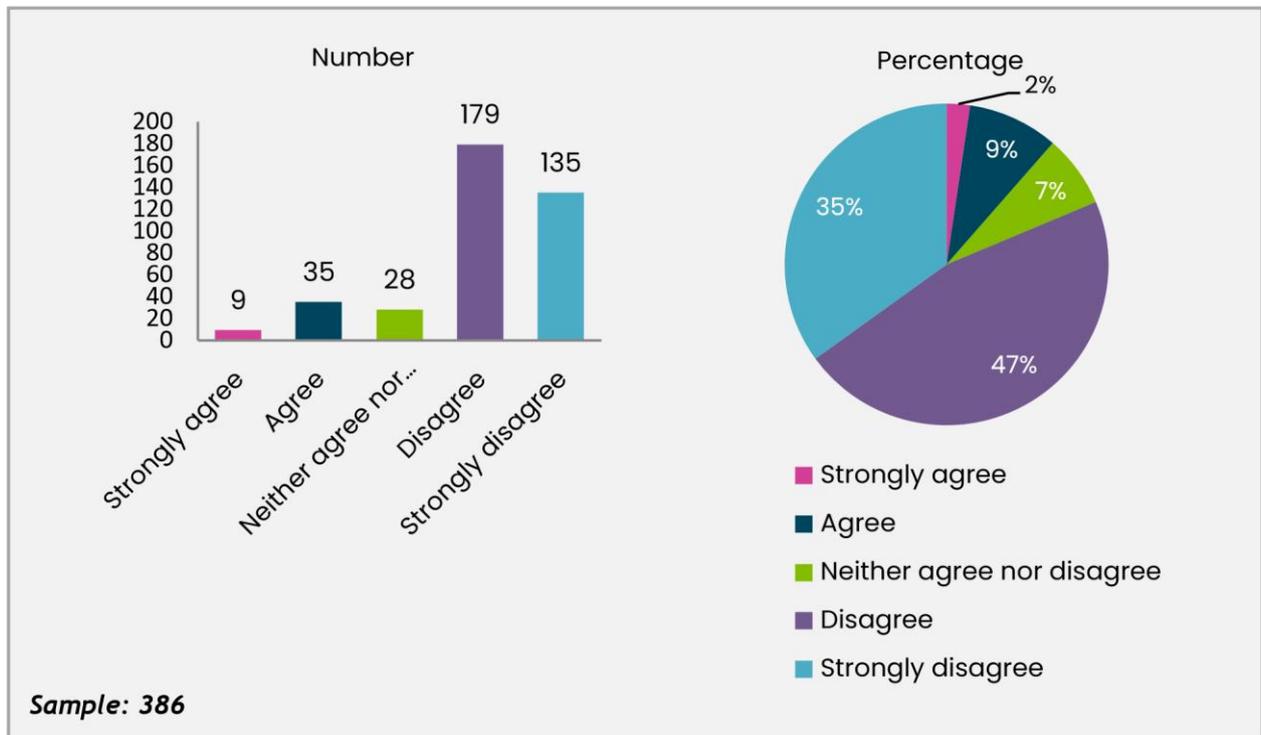
"I live in a diverse area so have no issues. Even the GPs are diverse so they treat me very well."

"Our skin colour is brown - the issue is more than the skin colour."

"I believe that since I belong to a BLACK ASIAN AND MINORITY ETHNIC background and my skin colour is black they're not taking my health condition seriously."

"Sometimes I feel I get treated differently to someone with a different skin tone or religion."

8.3.7 I believe how I speak has had a negative impact on the quality of care I receive from my GP Surgery



Just over a tenth of respondents (11%) feel that language has negatively impacted the quality of their GP service. A clear majority (82%) feel this has not been an issue.

8.3.8 How I speak has had a negative impact on the quality of care I receive from my GP Surgery, by ethnicity *

* Based on a limited volume.

	% Agree/Strongly
Black Respondents	18%
Asian-Indian Respondents	11%
All Respondents (Baseline)	11%
Asian-Pakistani Respondents	10%

Asian-Other Respondents	9%
Asian-Bangladeshi Respondents	7%

On ethnicity, Black respondents are most likely to feel that language negatively impacts GP quality, compared with others.

Some respondents say that language issues may contribute to delays, booking problems, misunderstandings and staff frustration. Family members complain of having to book, for their parents – citing the delays caused.

Selected Feedback

"I'm not a native speaker - maybe because of that, my referrals are getting delayed."

"The GP did not give me enough time to speak. He is always in a rush, may be due to lack of staff or because I couldn't speak English well."

"It's a bit confusing, the staff at reception talk in different accents, Sometimes I find it difficult to understand, not always easy to book an appointment."

"My language ability is not good so I feel that's why the staff behave badly and rudely with me. They shout at me and make faces, sometimes ignore what I ask."

"Due to the language barrier my mother has to wait for me to book an appointment for her."

"Because I do not have good English it impacts the care I get."

Some respondents are able to converse in their own language with GPs and staff.

Selected Feedback

“Due to language barriers it's sometimes difficult. But if the GP & the staff are bilingual so, it becomes easy.”

“My GP is bilingual, it's extremely helpful.”

“They help us because they speak our language.”

“I can speak in my native language to my GP.”

Again, availability of translators is variable.

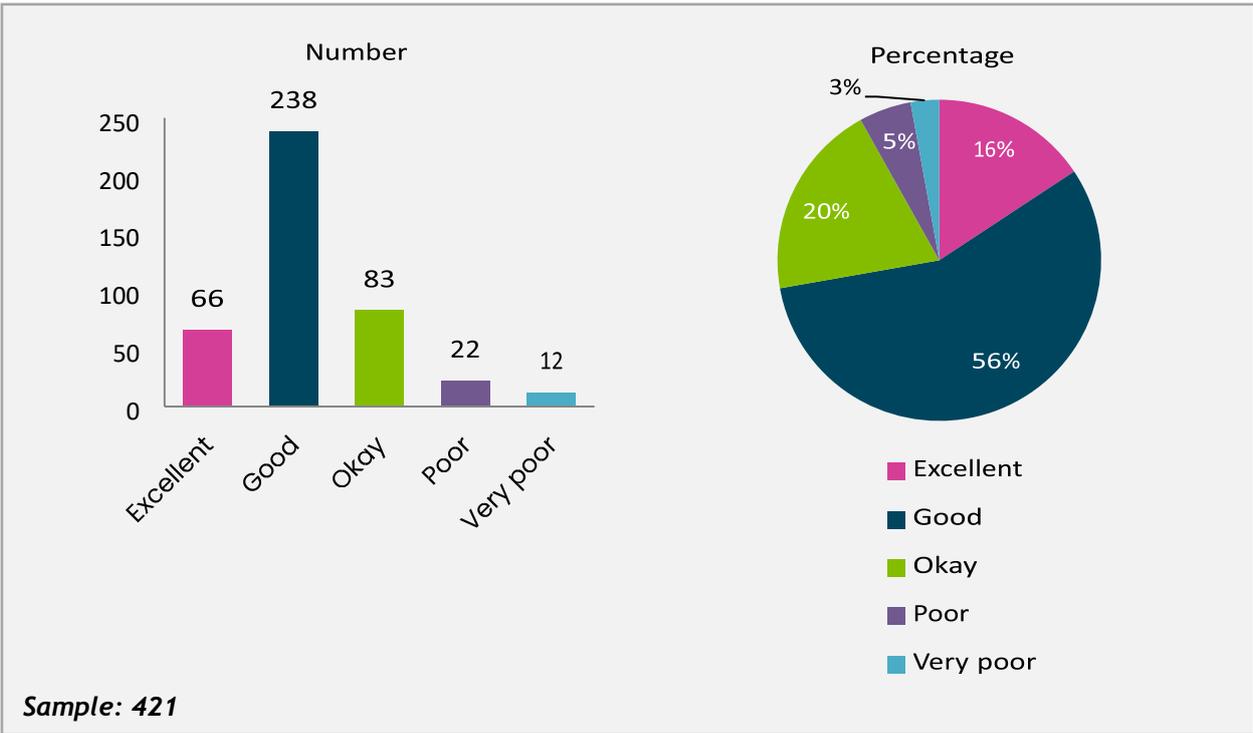
Selected Feedback

“A lack of language interpreters.”

“There are always translators when needed.”

8.4 Treatment

8.4.1 Treatment explanation



Almost three quarters of respondents (72%) are satisfied with treatment explanation, while 8% are not.

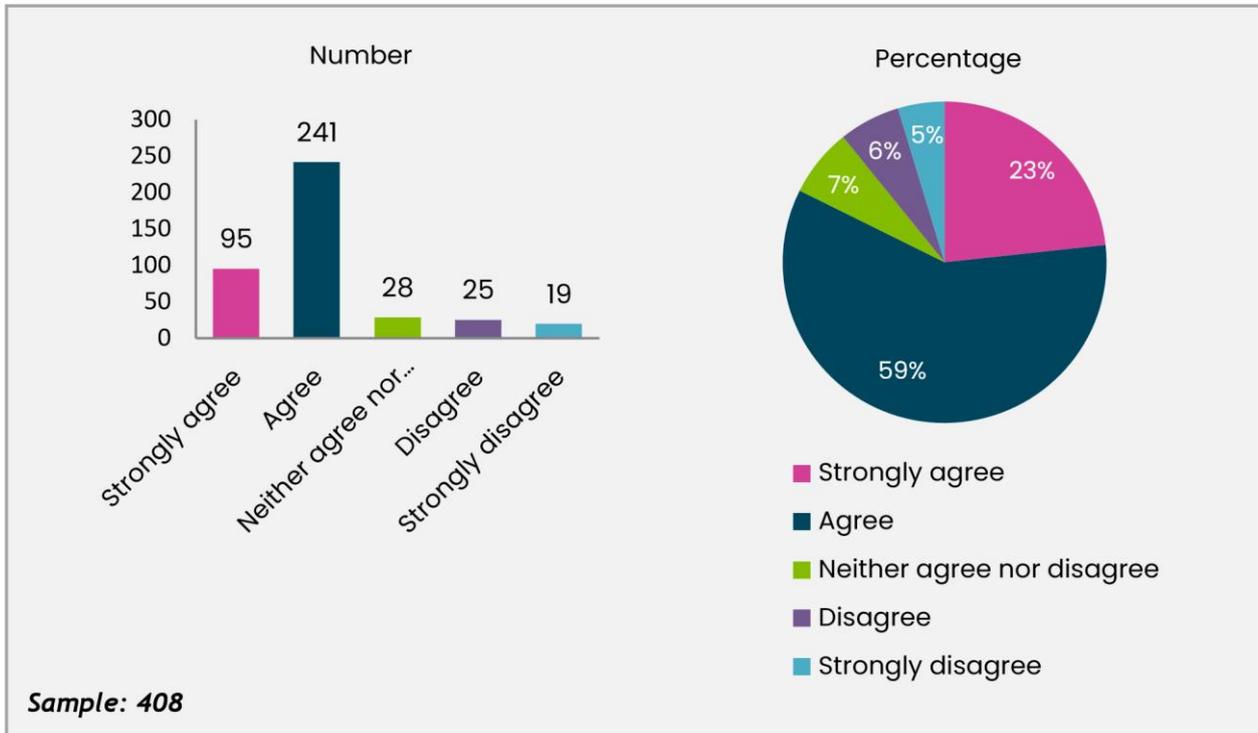
8.4.2 Treatment explanation, by ethnicity

	% Good or Excellent
Asian-Other Respondents	79%
Asian-Indian Respondents	75%
All Respondents (Baseline)	72%
Black Respondents	67%
Asian-Bangladeshi Respondents	66%
Asian-Pakistani Respondents	63%



Pakistani, Bangladeshi and Black respondents are least satisfied with treatment explanation, compared with others.

8.4.3 I feel that I am treated with respect and dignity by my GP



A clear majority of respondents (82%) feel treated with dignity and respect by their GP, while a tenth (11%) do not.

8.4.4 1 Feel treated with respect and dignity by my GP, by ethnicity

	% Agree
Asian-Indian Respondents	87%

Asian-Other Respondents	84%
Asian-Bangladeshi Respondents	83%
All Respondents (Baseline)	82%
Black Respondents	75%
Asian-Pakistani Respondents	73%

On ethnicity, we find that Pakistani and Black respondents are least likely to feel treated with respect and dignity, by their GP.

GPs and practice staff are commonly found to be polite, supportive and helpful, with examples of holistic care given.

Selected Feedback

“Helpful and supportive, they're doing good.”

“Staff are excellent - they treat me very well.”

“The GP always checks about my family. Good attitude, polite and helpful.”

“My GP is Punjabi, he knows my language. I can easily understand my treatment explanation and he answers very patiently all my queries. He comforts me when I get anxious and panic about my health condition. He is very nice.”

In a minority of feedback, we are told that staff are not always courteous, and that GPs may make assumptions.

Selected Feedback

"Very rude receptionists, especially one Indian lady."

"The GP makes assumptions because of my ethnicity, and attributes some things to food habits."

Other general issues include a lack of time at consultations, and inability to see a doctor (these are not said to be ethnicity related).

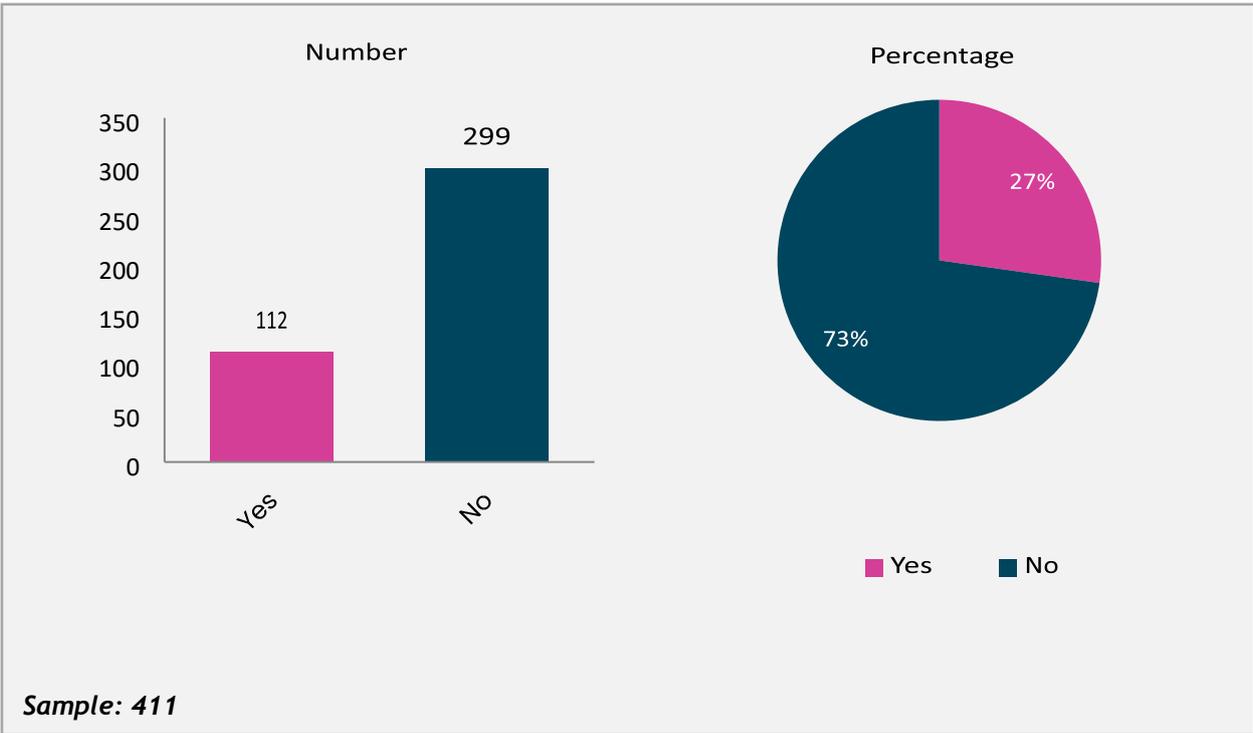
Selected Feedback

"The GP is always in a rush, doesn't give enough time to speak. They only allow to speak one problem at a time. They don't listen to other issues."

"Never saw my GP, only the nurse treats. They just prescribe medicines, they don't explain anything."

8.5 Other

8.5.1 Do you know how to make an official complaint?



Just a quarter of respondents (27%) know how to make an official complaint.

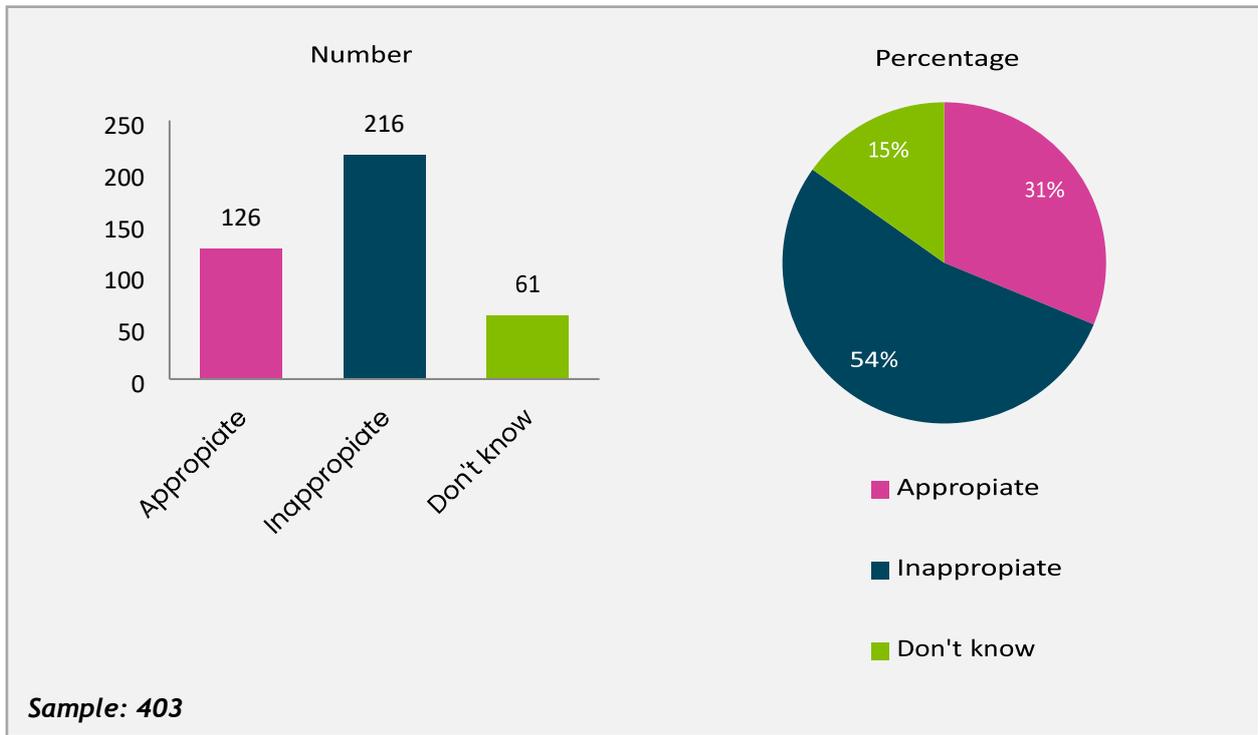
8.5.2 Know how to make an official complaint, by ethnicity

	% Yes
Black-Caribbean Respondents	61%
Asian-Indian Respondents	30%
All Respondents (Baseline)	27%
Asian-Bangladeshi Respondents	18%
Black-African Respondents	18%

Asian-Pakistani Respondents	17%
Asian-Other Respondents	16%

Black Caribbean respondents are, by some margin, most aware of how to make an official complaint.

8.5.3 Do you think the term BAME is appropriate or inappropriate?



31% of respondents feel that the term BAME is appropriate, while a significantly larger number (54%) feel it is not.

8.5.4 The term 'BAME' is inappropriate

Black Respondents	65%
Asian-Indian Respondents	55%

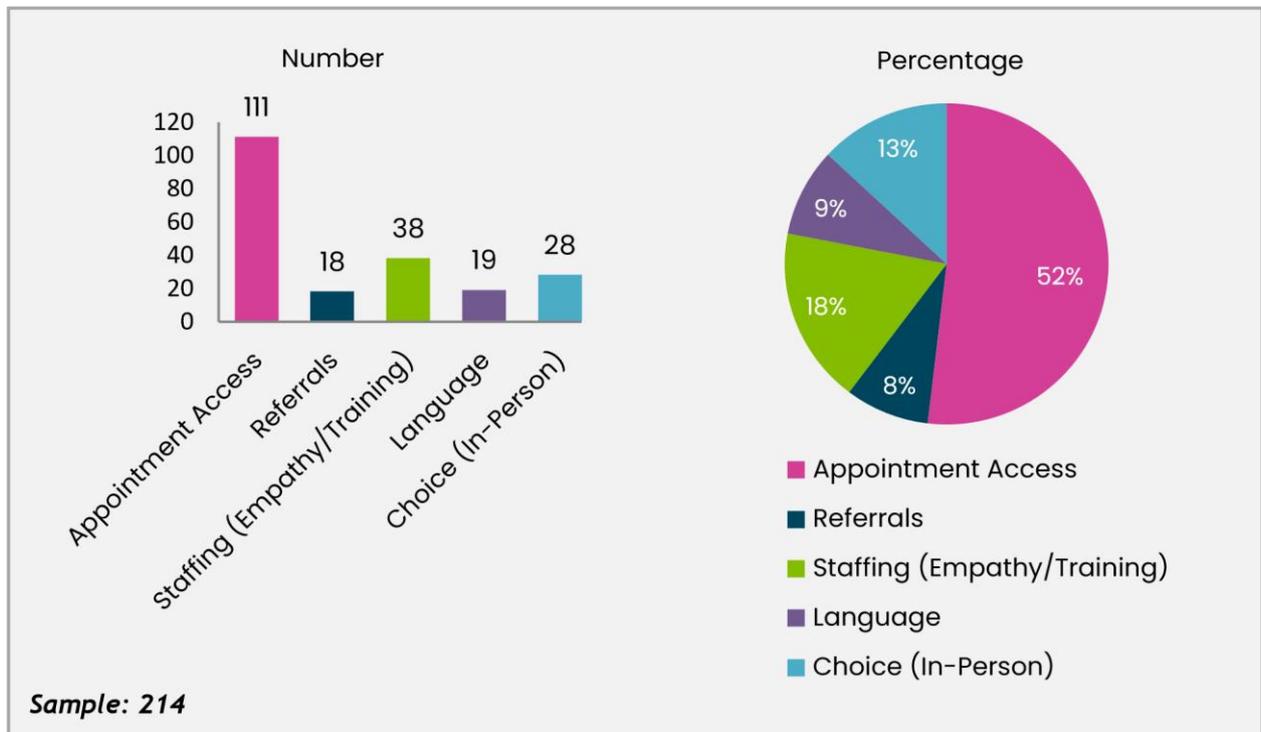
Asian-Pakistani Respondents	55%
All Respondents (Baseline)	54%
Asian-Other Respondents	46%
Asian-Bangladeshi Respondents	38%

On ethnicity, Black respondents are significantly most likely to consider 'BAME' an inappropriate term.

8.6 Suggestions to improve GP services

Finally, we asked people for suggestions, to help improve services. Respondents gave free text answers which have been categorised into the below themes.

8.6.1 Top Themes



Around half of suggestions (52%) are about improving access to appointments, with an additional 8% about referrals.

Respondents would also like to see improvements in staff attitude and training (18%), choice of in-person consultations (13%) and better language support (9%).

The following sub-themes are detected:



Respondents would like...

On Service Access:

- Quicker GP appointments and hospital referrals.
- Priority for children and vulnerable adults.
- Increased availability of in-person appointments.
- Improved booking processes - better telephone access and simpler online systems.
- More consideration for working patients.
- Ability to self-refer for specialist treatment or tests.
- Better access to test results.
- Greater staffing levels at hospitals.
- More services located at GPs.
- Better access to NHS dentistry.

On Services, More Generally:

- More holistic GP consultations (ability to discuss multiple issues, greater levels of involvement).
- Greater empathy and understanding from reception staff.
- Greater consistency of clinical staff, and medical record keeping.
- More affordable medication.
- More effective complaints process, plus greater awareness.
- More chairs in GP waiting areas.

On Language and Information:

- Bilingual staff at GPs.
- Provision of interpreters
- Better communication with patients – especially by hospital clinicians.
- Better training all-round.

9. Glossary of Terms

BAME

Black, Asian and Minority Ethnic

10. Distribution and Comment

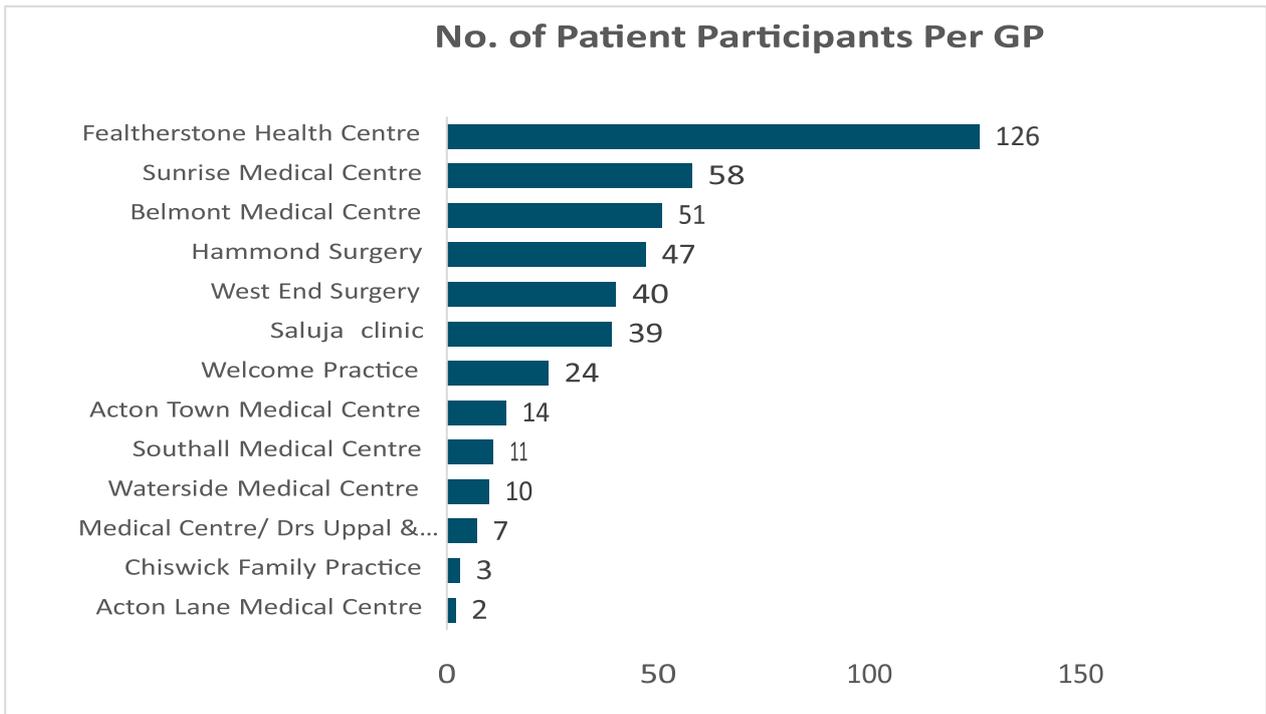
This report is available to the general public, and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Ealing
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W5 5RG

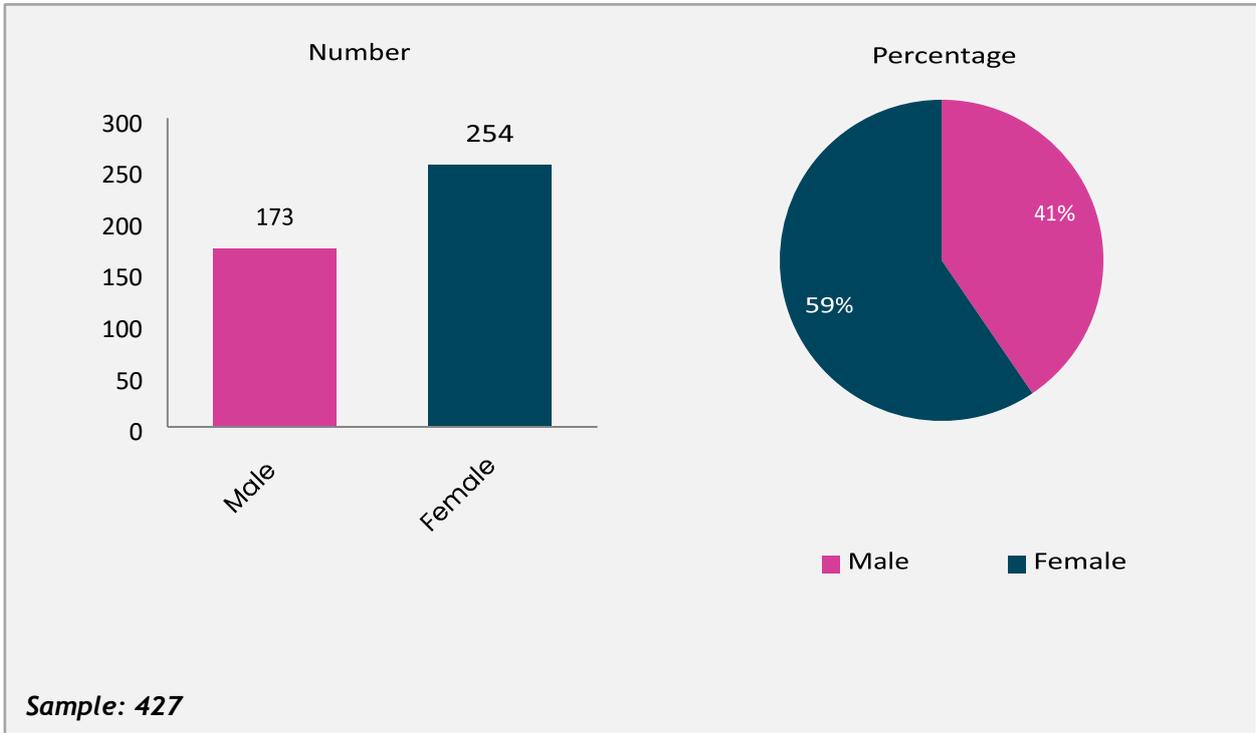
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Email: info@healthwatchealing.org.uk
Website: www.healthwatchealing.org.uk

Appendix

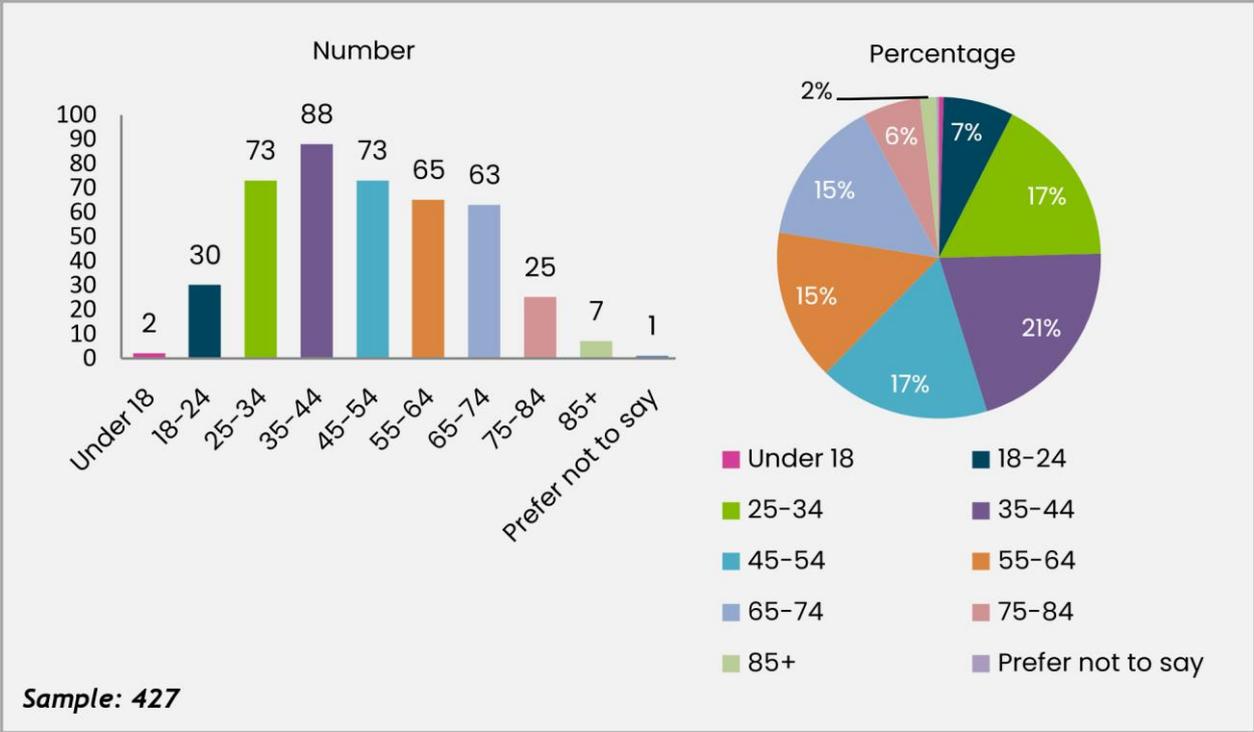


The demographics of participants are stated as follows:

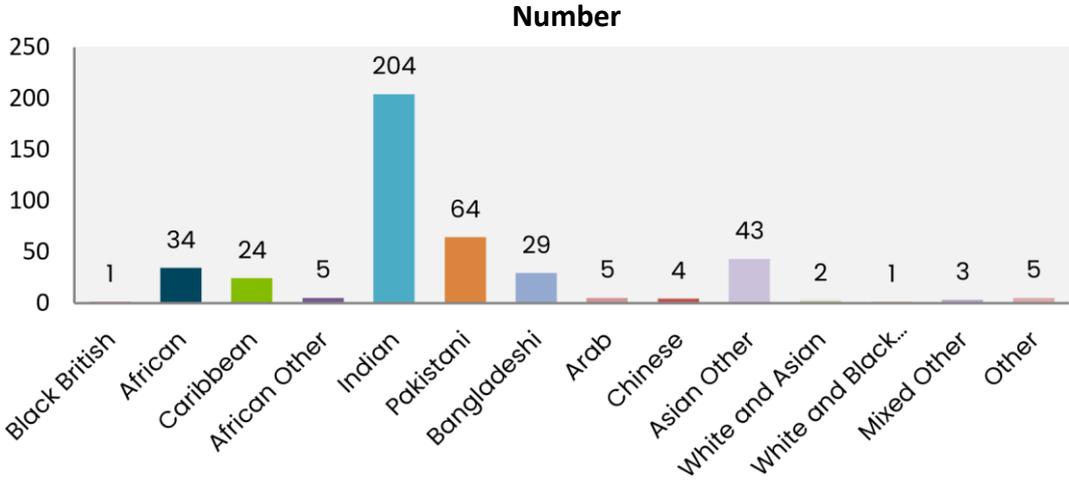
Gender



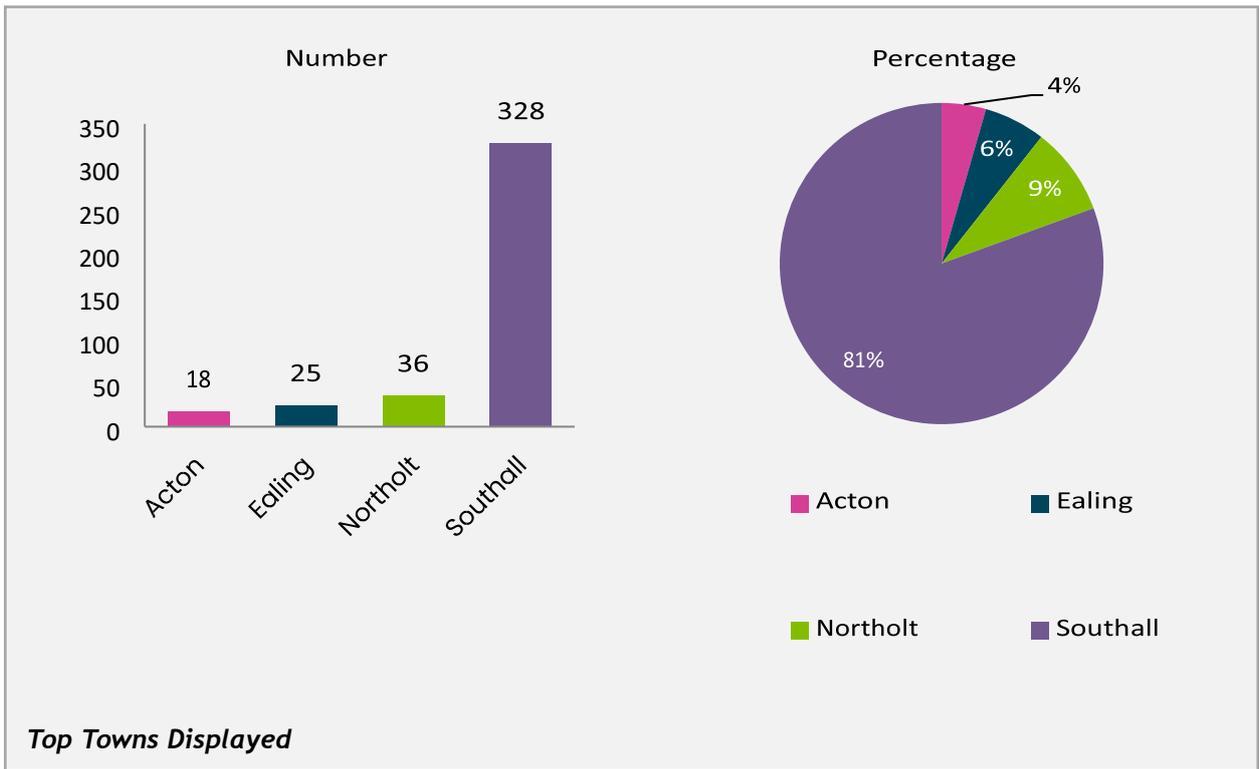
Age



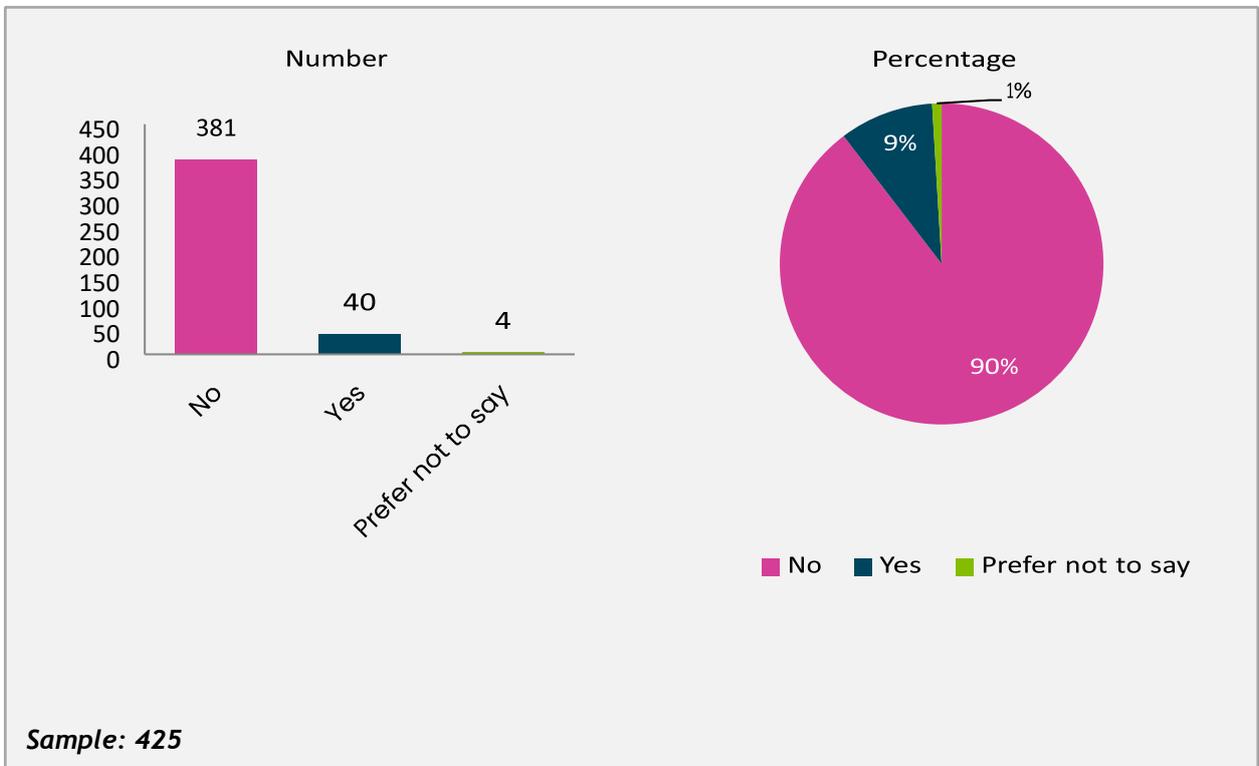
Ethnicity



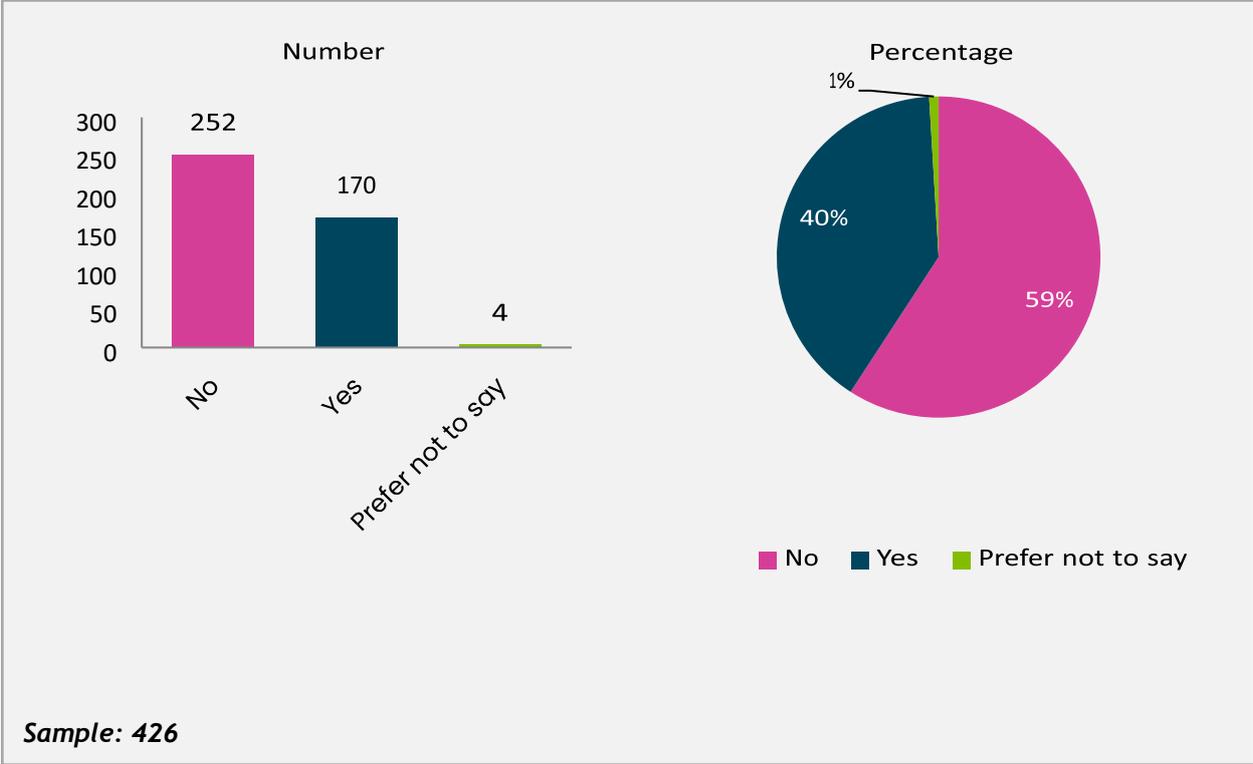
Town of residence



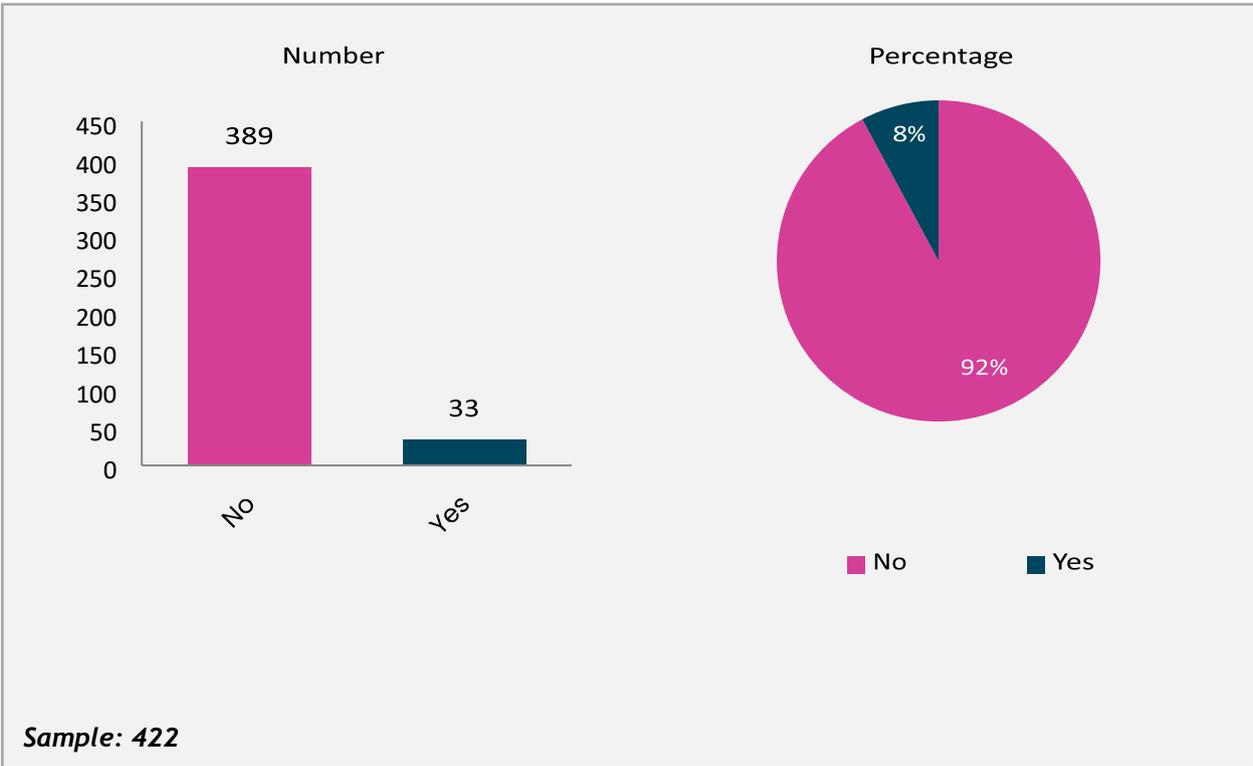
Disabled?



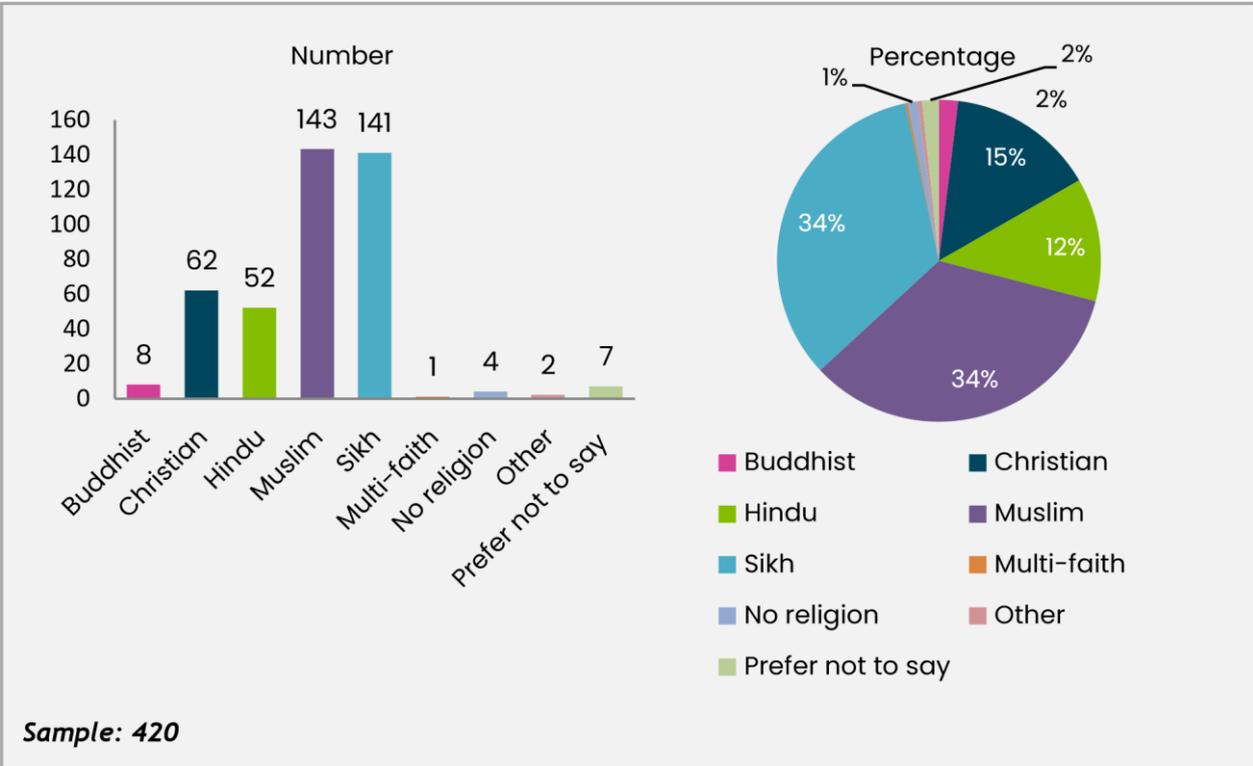
Long term health condition or social care need?



Carer?



Religion



“My mum can't speak English, I have to book appointments for her – and I also need to attend.

For this I had to take time off from work for every visit.

They don't have an interpreter here.”

Family Member