healthwatch Camden

Access to GP services in Camden: the experience of BME communities

2 March 2016

Preface

This report is part of a series of linked reports produced by Healthwatch Camden, looking at aspects of GP services in Camden.

About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

We are driven by what matters to local people

Why General Practice?

Whoever we are, at whatever time of life, we all have occasion to visit a doctor. Our general practitioner (GP) is at the heart of our health service and is our entry point into many other services — both health and social care.

That's why GP services are the number one topic that gets raised by local people when they talk to Healthwatch Camden. It's also the reason Healthwatch Camden has been keen to better understand what is working well or not so well at Camden's GP practices.

What else have we looked at?

The other reports on GP services we have produced are:

- How do I have my say? Finding information about making a complaint at Camden GP surgeries: A mystery shopping project, 2014
- GP practices in Camden – a study of variation, 2015
- Up to standard? Access to GP services for people with communication support needs (forthcoming, 2016)

Common themes

Two overarching themes emerge from our work. The first is the need to recognise and respond to the diversity of Camden's population. The second is the importance of communicating well – which means both clearly and kindly. Both these themes apply to all staff in GP surgeries, not just the doctors.

Our reports show variation between practices, and that all practices have some areas where they are strong and some where they could do better. This matters, because every opportunity to do something better is also an opportunity to make our health services more effective overall. We know that a good GP service is essential to maintaining wellbeing – especially for people with long term illness or disability, families with small children, or people who are living in vulnerable circumstances. So we want to see the best GP services possible across the whole of the borough, so that all our residents get the best life chances possible.

What next?

We have discussed our reports with GP representatives, with patient groups, with Camden CCG and with NHS England. We have made some specific recommendations, which we hope they will respond to.

We will be following up our reports in future years, to see how our recommendations have had an impact. We are committed to working with local people, with local GP services and with commissioners to support best practice across the borough.

Access to GP services in Camden: the experience of BME communities

Introduction

What people want from their GP is to be able to make an appointment easily; to be treated with respect at the surgery; to be listened to, to have their concerns taken seriously and treatment options explained; and to be referred for specialist treatment appropriately when required. The problem is that too many people from Camden's BME communities say that their experience is the opposite of this. Healthwatch Camden has gathered findings from 20 focus groups held with a range of people from BME communities, to identify the particular issues they face and to make recommendations about what needs to improve.

Why we did this work

Healthwatch Camden exists to promote the voice of local people in health and social care. Our role includes supporting the involvement of local people in scrutiny, particularly those from disadvantaged communities. We also have a remit to obtain people's views on local care services and how those services could be improved. In 2015 Healthwatch Camden worked with Camden Health and Adult Social Care Scrutiny Panel and local community organisations, to gather evidence from Black and Minority Ethnic (BME) communities about what could be done to decrease health inequalities in the borough.

Camden's own data[1] suggests that BME communities have poorer health outcomes than other groups. For example members of Camden's Bangladeshi community, the largest minority ethnic group in the Borough, have a 69% higher risk of a long term limiting illness: their risk of diabetes is four times higher than for the general population, they are twice as likely to suffer from heart disease, stroke and high blood pressure and 22% more likely to suffer from serious mental illness.

Recent research by the British Lung Foundation looked at the care of patients in Camden with Chronic Obstructive Pulmonary Disease (COPD) and compared the experience of patients of British and Irish origin with those from the Bangladeshi community. This study found that not only were the Bangladeshi participants less satisfied with their care overall, they also said that:

> 'they do not understand their disease as well as the wider population … they hadn't received enough information to help them manage their condition, had never been invited to attend a pulmonary rehabilitation programme or had never received any emotional support.'[2]

[1] Camden Public Health GP dataset, 2012

[2] A Green et al, 2015, *COPD Care IN Camden: A patient services review* British Lung Foundation p18

The authors of the report went on to say that:

> 'This pattern is reinforced throughout the patient journey, where it demonstrates that there is a clear division between the care received and the patient's opinions of their care, depending on their ethnicity.'[3]

Against this background there is clearly a need to get a better understanding of BME communities' experiences of health and health care and how this could be improved. This means seeking out their views.

How we did the work

We held 19 focus groups with men and women of all ages from the Bangladeshi, Chinese and African Communities in Camden in their mother tongues and one group of parents who had experienced perinatal mental illness (see Appendix for details).

Each group explored participants' understanding of the importance of healthy lifestyles; the factors that helped or prevented them from leading healthier lives; and what more could be done to overcome these barriers. Participants were also asked for their views on local health services, particularly their access to primary care: what was good about it and what challenges they faced, if any. This report examines BME communities' access to GP services, drawing on the experiences described in these focus groups. Although there was considerable diversity between these groups, in terms of age, gender and ethnicity, some clear common themes emerged and these are explored below. All quotes have been selected because they encapsulate or illustrate these common themes.

Access to GP services

What people want from their GP is to be able to make an appointment easily and within a reasonable period of time; to be treated with respect at the surgery; to be listened to, to have their concerns taken seriously and treatment options explained; and to be referred for specialist treatment appropriately when required. These issues were identified both by those who were satisfied with their care and those who were not. In every group there were some participants who had had positive experiences of their GP, for the reasons given above. But there were many others (arguably too many) who were critical of the care they received and it is their experience that this report focuses on.

Making an appointment

The first barrier identified is the difficulty of getting through to the surgery to make an appointment. We were told that routine or non-emergency appointments need to be booked 3-4 weeks in advance, which people felt were far too long: by that time 'you are either better, in hospital or dead'.

[3] *ibid*

Emergency appointments can be made on the day if you ring the surgery between 8.30 and 9am, but this is difficult for parents who take their children to school at this time. For those who do try to ring, lines are either 'always engaged' or it 'goes straight to the answering machine'; by the time you do get through 'all the appointments are gone'. This is understandably frustrating, but there does not appear to be an alternative:

> *'I can't make any booking by phone because it's very difficult to get through to someone. When all attempts fail and I get desperate I go there in person. Then they blame me for turning up without an appointment first.'* (South Sudanese women)

> *'I woke up very ill one morning and called my practice to book an appointment. The phone kept ringing and no-one picked it up. … I decided to rush to the clinic. When I arrived there I was told I could not be seen by a doctor unless I returned home and called them! I walked outside the building and called them on my mobile phone and they booked me an appointment.'* (South Sudanese woman)

Choice of GP

Some people were unhappy that they could not always see the doctor of their choice. For example, one woman had chosen to register with a female GP but 'most of my appointments are with other GPs in the surgery; that makes me feel uncomfortable.' Another said that 'sticking to the GP who knows you' meant that she did not have to explain her situation to a new person each time she visited. This continuity was seen as important.

Some participants were registered with GPs of the same ethnicity as them and who spoke their language; this was valued by them, although not expected or taken for granted. One man attending the African Health Forum, for example, described this as 'an added bonus'. However, all participants from the Chinese community were registered with the Chinese Health Centre in Soho, with doctors who understand the community and speak their language. This was particularly important to them because none of them spoke English. This group were very satisfied with their GP, but they had very limited knowledge of other services available in Camden.

Reception at surgery

A frequent complaint from all communities is the lack of respect they feel they receive from GP receptionists, who were said to be 'rude' (by many), 'unfriendly', 'uncooperative' and 'patronising', particularly if English is not your first language:

> *'Receptionists are very rude; they want to know why you want to see the doctor before you make an appointment. This is not good if you want to talk about something private, personal.'* (Bangladeshi woman)

> *'The receptionists are very rude sometimes and instead of giving facts they start by telling you off.' 'That's what happened to me. I run out of my*

prescription and went to the GP to get my medication and I didn't know I had to give 24 hours' notice.' (African Health Forum, women)

'The minute they know English is not your first language, they don't treat you properly.' (Somali woman)

This attitude makes people feel uncomfortable and some find it very stressful. One Somali woman reported that: 'I let my grandchildren call to make appointments as reception treats me badly'. Another said: 'I have to mentally prepare myself to go and see my doctor because of the way they treat me, especially the reception staff'.

Contact with GP

Again, while some had a good relationship with their GP, others were very critical of the lack of time they were given and the quality of the interaction with their GP. As one man attending the African Health Forum session said:

'At GP surgeries our folks feel overwhelmed by the tempo of the atmosphere, intimidated by protocols and procedures they don't understand … GPs speak fast, take us through a set of check lists and hurriedly provide a diagnosis and a prescription. We do not feel understood, we may end up having wrong prescription, our confidence is undermined and our sickness is compounded sometimes.'

Patients want to communicate with their GPs, they want to be listened to and they would like it recognised that this might take longer if English is not their first language:

'I always struggle to communicate with my GP due to language barrier … they don't give me time to express myself because English is not my first language and I find it hard to understand the medical terminologies or know the right name for parts of the body.' (South Sudanese woman)

This is particularly difficult for those who have multiple or complex health issues, as one Bangladeshi woman said, 'they do not allow a second question to be asked, so what happens if you have more than one condition?'

Referrals

For some it is not just that doctors' do not take the time to listen, but they are also too quick to dismiss their concerns and symptoms. During the course of the research we heard stories of people who had been misdiagnosed, or diagnosed very late, for this reason. This includes:

- the Somali woman who recognised that her 12 year old daughter had symptoms of diabetes, but was initially dismissed by her GP and only got a correct diagnosis because she had insisted on a second opinion;
- the African woman who had reported symptoms of severe heartburn for several years without getting a referral or diagnosis until she was admitted to hospital in acute pain with gallstones as an emergency; and

- the African man whose wife had first gone to their GP in 2008 having found blood in her stools, she was not diagnosed until 2011 and died of bowel cancer in 2012.

Stories like this feed the perception that they, and others in their community, are not being taken seriously, 'I feel they doubt me and my symptoms'. Even when they know they have been given the wrong information, or the doctor has the wrong file, they find they are not always believed, as these two women from one of the Bangladeshi groups found:

> *'I was given a wrong prescription and when I went back they would not believe me, I had to really ask them again and again before they checked my details. It's not nice.'*
>
> *'They sometimes use other people's files, they don't check addresses or dates of birth to confirm if you are the right person.'*

Mental health

All the groups that discussed mental health reported that participants were reluctant to do so at first, partly because of a lack of knowledge but also because of the cultural stigma attached to this. However, people did acknowledge that this is an issue, with many in their community suffering from low self-esteem, loneliness, depression and other mental health problems. They also recognised that financial concerns, including the impact of benefit cuts (particularly housing benefit) were a source of stress. The idea that there is 'a vicious circle of debt, loans, more debt, stress and depression' resonated across groups.

Although people are aware of this being an issue for their community, and some have direct experience of poor mental health, they do not know where to go for help apart from their GP. Those who had gone to their GP said they were just given medication and no other support was offered. Again language is an additional barrier for people who may find it difficult to talk about their feelings when distressed or depressed.

Making more information about mental health available in the different community languages would help to raise awareness and enable communities to 'support people, rather than blame them for their illness.' It would also help to signpost people to other services that might be available. However, all groups agreed that what would be most useful would be to have talking therapies such as counselling available in their mother tongues.

Perinatal mental illness

One focus group, facilitated by Cocoon Family Support, sought the views of parents who had experienced perinatal mental health problems. These families felt that they had not had enough information or education on perinatal mental illness during their pregnancy, so the experience was unexpected. As a result they saw their symptoms more as a failure to cope than a mental health problem, which meant they blamed themselves rather than seeking support. Indeed most said they

found it hard to discuss the depth of their feelings to a medical professional for this reason.

All families said they would have benefited from receiving services and support both before and after birth. Classes focusing on emotional support during pregnancy, especially for those with pre-existing mental health conditions, would have helped them to identify their symptoms and seek support earlier. Only one person had been referred for counselling; others who had only been given medication said this would have been useful. As well as seeking professional help, all families said there was a need to identify ways of breaking the isolation that they experience at such times. Suggestions included formal peer support and better information to family members to help them support relatives who are experiencing perinatal mental illness.

Knowledge of other services available

In general knowledge of other services or support available is low, for mental or physical health concerns. Most are reliant on 'word of mouth' recommendations from others in their community or on their GP giving them information and / or making a referral. Some said that they had found out about support to help them lose weight or self-manage their condition, for example, from neighbours or community centres rather than from their GP:

> *'I was promised to have cookery training to help with my diabetes; I've been waiting more than 6 weeks. However, my neighbour, we share the same GP, is referred to lots of services including diabetic training, exercises. I haven't gone back to ask why I haven't been referred. Sometime you don't want to ask because you are scared of being rejected or deemed a troublemaker.'* (African Health Forum, woman)

One woman from South Sudan said that her doctors tells her she needs to lose weight but what she needed was advice and support, rather than just being told this:

> *'I wasn't aware that they could refer me to Weight Management or Apples and Pears until I attended a health check at the Abbey Centre where I got referred to weight management programme. When I visited GP after couple of months and told her about [this] her reply was that is very good. So I asked her why she did not mentioned it or referred me, her reply was I thought you knew about it. I told her it will be nice to come out from the GP rather than finding it out by myself. That is a role of the GP to inform their patients.'*

There seems to be a need for information about health promotion and other support services. GPs clearly have a role to play in this, not least because they are seen as a trusted source of information. Participants said they would like their GPs to discuss with them the support that is available (including community support), as well as refer them to other services as and when this is appropriate. It would

also be useful to have more information available in community organisations and settings (such as Mosques or churches).

Although not a focus of this report, the focus groups also explored people's views on health and well-being more generally and these findings have been fed back to the Scrutiny Panel. However, it is worth noting here that GPs should be aware the barriers that prevent people from pursuing healthier lifestyles, such as taking more exercise, including financial barriers as many people said they cannot afford to go to the gym or swimming pool, for example. Also the extent to which financial pressures can have a negative impact on people's mental well-being.

Conclusion

All patients want the same thing from their GP: appointment systems that are easy to negotiate, friendly and helpful staff, to be listened to and taken seriously, and to be referred to other services when we need them. As this report shows, too many people from Camden's BME communities say that their experience is the opposite of this: they have consistently poor access to GPs and find it difficult to get the right information, support and guidance from them. Listening to these different groups discuss their experiences has enabled us to identify some of the barriers and challenges they face and make recommendations for change. The next step will be to work with GPs and others in Camden to bring that change about.

Recommendations

Recommendations for GP practices

1 The vital role that receptionists play in creating a welcoming and understanding environment needs to be recognised and supported[4]. For this reason we recommend that all practice staff should receive training to ensure that all patients are treated with respect and that there is understanding of, and sensitivity to different cultural needs.

2 Consideration should be given to people whose first language is not English to ensure that they have the time and / or support they need to discuss their condition and have test results or treatment options clearly explained. This might mean, for example, that they are offered longer appointment times or that health advocates are routinely based in GP practices.

3 Some people reported concerns about delays in getting referrals. For this reason we think it is important that GPs should check that there is no difference in the timeliness of referrals to specialist services for patients from BME backgrounds compared to other patients.

Recommendations for commissioners

4 Treatments such as counselling should be available in community languages.

[4] see: http://blogs.bmj.com/bmj/2014/09/30/anne-forshaw-and-rowena-merritt-how-can-we-increase-primary-care-access-for-patients-from-disadvantaged-groups/

5 Information about community activities that can help people manage a medical condition or lead healthier lives should be available in community languages in GP surgeries. This should include information on how to access financial advice, e.g. in relation to social security benefits or loans.

Recommendations for Health and Wellbeing Board

The first two years of life are a priority issue for Camden's health and wellbeing board. As part of the work on this issue, we recommend that arrangements are made so that:

6 Parents are given more information about perinatal illness, how to recognise symptoms and how to access support, during pregnancy, especially if they have a pre-existing mental health condition.

7 A range of support is available to those experiencing perinatal mental illness, including counselling and peer support; information should also be available to family and friends to help them provide appropriate support at such times.

Other issues

In addition to formal recommendations, we would like to highlight some general good practice that BME patients would like to see. This helps all patients, including BME ones

- All practices should routinely check a patient's date of birth to ensure that mistakes are not made with their personal or medical details.
- GP surgeries should review their appointments system to ensure that as far as possible people can make routine / non-emergency appointments with the doctor of their choice within a reasonable time period; and that there is an efficient and effective system for people needing emergency appointments, this might include more walk-in sessions, for example; it should not exclude people who have other commitments such as taking children to school.
- GPs should not assume that patients are aware of support services that might be available or know how to access them.
- GPs should consider making greater use of social prescribing to enable people to access activities such as exercise classes, swimming etc.

Appendix

This report is based on the findings of 19 focus groups held with participants from the following communities

• South Sudanese women:	Abbey Community Centre
• Somalian Women	SYDRC
• African Health Forum women's group	91 Kentish Town Rd
• African Health Forum men's group	Leonard Day House
• African young people	91 Kentish Town Rd
• Older Chinese men and women	Camden Chinese Community Centre
• Asian women - lone parents	Asian Women Lone Parents Assoc.
• Bangladeshi women	Chadswell Healthy Living Centre
• Bangladeshi women	Rhyll Primary School
• Bangladeshi women	Hopscotch
• Bangladeshi women	Argyle Primary School
• Bangladeshi women	Fitzrovia Neighbourhood Centre
• Bangladeshi men	Fitzrovia Neighbourhood Centre
• Young Bangladeshi women	Surma Centre
• Older Bangladeshi men	Surma Centre
• Camden Imams x12	4 separate groups at local Mosques

An additional focus group was facilitated by Cocoon Family Support to hear Camden families' experience with local perinatal mental health services.

Healthwatch Camden thanks all those who took part, and also Belinda Pratten, who compiled this report.