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**Use and experiences of front-line health services
amongst Black and Minority Ethnic residents of
western Cheshire**

Executive Summary

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Executive Summary

Introduction

Addressing health inequalities between different ethnic groups is a critical part of the overall strategy for reducing health inequalities in the United Kingdom. National research shows that Black and Minority Ethnic groups may experience poorer health and often worse health care compared to the majority White population. These findings, and increased migration to the United Kingdom in recent years, pose new challenges for the National Health Service. To gain a better understanding of the local situation, Western Cheshire Primary Care Trust commissioned this research to study the use and experience of primary care and other front-line services amongst local Black and Minority Ethnic residents to inform the planning and commissioning of local health services.

Study design and methods

This small-scale study was designed to explore the use and experiences of front-line health services within the Western Cheshire Primary Care Trust area amongst residents belonging to Black and Minority Ethnic groups. A qualitative approach was adopted for the study as the aim was to explore perceptions and capture experiences. Semi-structured interviews and a focus group were conducted, some with the aid of an interpreter. Data from each interview and the focus group were transcribed verbatim into text. Thematic analysis of the transcripts was conducted using NVivo software.

A total of 36 people took part in the research; 24 participants were female and 12 were male. The sample included participants from a wide age range, although the majority (24, 67%) were less than 50 years old. Participants were from a range of ethnic backgrounds, with the largest group being of South Asian origin, reflecting the higher proportion of this ethnic group in the Chester and Ellesmere Port area.

Key findings

The research identified a number of key findings about the use of health services by residents from Black and Minority Ethnic groups in western Cheshire.

- Participants sometimes had limited information on which to decide which services to access.

- A perception of the accessibility of a service, as well as the perceived severity of a health problem, appeared to influence the decisions that participants made about which service to approach.
- GP appointment systems were sometimes seen as a barrier to accessing GP services.
- Some participants reported communication difficulties with staff, particularly GP receptionists. However, there was little evidence of the use of professional interpreting services, even for participants who did not speak and/or understand English fluently.
- Services were not always sensitive to an individual's cultural and religious needs. Participants were appreciative where these could be accommodated.
- Interviewees sometimes wanted to have a choice of practitioner, particularly women who preferred to see a female GP.
- Continuity of care and the doctor-patient relationship were particularly important to the participants.
- Some people were discouraged from using preventative services, such as cervical screening or optician services, because of previous experiences, cost or lack of information about the service and what an appointment might entail.
- There was little evidence of inappropriate use of services.

Conclusion

The findings of the research revealed that residents from Black and Minority Ethnic groups had some very positive experiences of local front-line health care services. Many were knowledgeable about, and broadly satisfied with, the treatment they had received, and with their contact with practitioners. Where there was dissatisfaction, it related primarily to their interactions with particular individuals and, to an extent, to specific organisational systems.

The research also found that interviewees' expectations of services were based upon both their own and other people's use of health services in the UK and abroad. This breadth of knowledge and experience brought an additional dimension to the perceptions of the participants in this research. For some interviewees, continued contact with their country of origin also presented an additional source of advice and an opportunity to access services.

In many areas of health care, research has shown that whilst there are differences in the experience and views of individuals from different ethnic groups, there are also considerable similarities. Many of the changes to service design and delivery which would meet the expressed needs of the population from Black and Minority Ethnic groups would be likely to impact positively upon patients from all ethnic groups within the community. Other changes, however, which focus on alleviating barriers to communication, and cultural or religious issues that affect the quality of the interaction and/or the use of a service would be of particular benefit to Black and Ethnic Minority groups. Many of the key findings of this research in western Cheshire are consistent with the recently produced report from the Department of Health, *No Patient Left Behind*, which sets out new approaches to providing a high quality, culturally sensitive primary care service which is accessible to all.