The Missing Link:

Black and Minority Ethnic Community Participation in Health

REACH
COMMUNITY HEALTH PROJECT

September 2004

REACH Community Health Project is an innovative voluntary-sector organisation based on the Southside of Glasgow whose aim is to provide culturally sensitive and accessible preventative clinical health information and services to the Black and Minority Ethnic (BME) community. The project is also committed to influencing change within mainstream health services to better address the health needs of this particular community.

The Objectives of REACH are:

- To bridge the gap between existing mainstream healthcare services, other statutory agencies and the BME community by establishing a Community Health Clinic. This Clinic will ensure that BME people are able to effectively access preventative clinical health information and services in a culturally competent environment.
- To work with the BME community to better understand their health risks and needs and hence empower communities and increase effective community participation in health improvement issues.
- To influence change and inform local practice and policy within mainstream health services to better address the specific and diverse health needs of the BME community.

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Table of Contents

Preface

This last year has seen the initiation of REACH's research programme into the health needs of our local BME community. Undertaking primary research has been a new and challenging role for us as a community-based health initiative because this type of work is not what is usually expected from a small voluntary-sector organisation.

The success of this project is the result of hard work and determination by our co-researchers who have taken an inclusive approach to investigating the unmet health needs of BME groups. Through their work, REACH has an even stronger foundation with which to advocate for the promotion of BME health in Scotland.

The findings from this research project demonstrate that much still needs to be achieved in terms of translating the policies of race equality into effective practice at the local level. There are specific and relevant issues that seem to be linked directly to ethnicity. Thus it seems that in order to tackle health inequalities, policymakers and practitioners must better understand the specific and diverse requirements of BME patients.

However, ethnicity is not the only factor to determine the health and well being of this group. Crosscutting issues such as age, gender and poverty firmly place themselves within the research findings and therefore a coherent cross sector approach is required to ensure that all of these compounding factors are taken into account when dealing with BME-related health issues.

If we can tackle the inequality within the system then we can be effective advocates of BME health and form a structure and a framework for a truly culturally sensitive healthcare service.

Shehla Ihsan
Chair/Line Manager

Introduction

What is Participatory Action Research?

Participatory Action Research (PAR) is a collection of research methods that are used to gather information about a community's social environment. On the surface, PAR seems to be similar to traditional research methods. Focus groups, one-to-one interviews and questionnaires are used in both approaches. The difference with PAR is that the research has a purpose beyond an academic exercise. This is political research whereby communities drive the research process in order to change institutional structures, dispel long-held myths or better understand the world around them.

Some traditional researchers may find the 'action' or 'political' nature of PAR to mean that this particular research methodology is inherently biased or not rigorous. The crucial issue to be mindful of is that PAR has shifted the traditional research paradigm and is attempting to redistribute power from researchers to communities.

Why is PAR Relevant to Black and Minority Ethnic Health?

Black and Minority Ethnic (BME) health in Scotland is an under-researched area of public health. The Scottish Executive, the Commission for Racial Equality and Health Scotland have all highlighted the dearth of reliable research in this area.

However, with a growing BME population in the major cities and with the new focus on community development through the advent of Community Planning and Community Health Partnerships, more attention is now being paid to understanding this key area of health. In the spirit of these new and hopefully more participatory institutional structures, it is important to ensure that communities lead the way in the process of understanding their health needs, identifying gaps in service provision and developing existing skills and capacities to further support community development and participation in this area.

In light of these new institutional developments it is crucial that communities have the decision-making power in the research process in order to define the problems they want solved, decide the parameters of the research and have the resources available in order to tackle these problems as they see fit. PAR is a key approach that should be more widely used when investigating BME health in order to gain an in depth, community-perspective on the state of BME health and well-being in Scotland.

What is the Next Step for BME Community Participation on the Southside of Glasgow?

Based on the research findings it seems that the BME communities living in Govanhill and Pollokshields East want to be involved in the decision-making process on health in a variety of ways. Some individuals want to be directly involved and work closely with NHS staff to resolve problems. Others want to work through intermediaries in order for their voices to be heard. However, what it seems that most people want is more information about how they can participate and more information on the plans to improve existing health services in their communities.

REACH is aiming to set up a BME Public Policy Forum whereby community members can work closely with health professionals in order to jointly define problems and work towards agreed solutions with regard to local health services. Through this joint work we hope to embed a culture of community participation within our local NHS whilst also fostering active citizenship within our local community.

Akwugo Emejulu
Health Information Research Officer

Executive Summary: Key Findings and Recommendations

Introduction and Background

Following an award from the Scottish Community Action Research Fund (SCARF) from Communities Scotland, REACH conducted a participatory action research project with our local Black and Minority Ethnic community. The aim of the research is to investigate how the BME community can achieve equal access to mainstream primary care services by identifying the major barriers that prevent effective access and proposing practical solutions to tackle these inequalities within the health service.

From the local BME community, we recruited a diverse team of co-researchers who have conducted the fieldwork, analysed the data and written the report on the research.

The sample for the survey is drawn from the local African-Caribbean, Chinese, Indian, and Pakistani populations living in the Govanhill and Pollokshields East neighbourhoods in Glasgow. 150 individuals participated in the research and they have an age range between 16 and over 65 years.[1]

For the different target age groups REACH has used different research methods to gather data: from neighbourhood mapping exercises with young women to H-diagrams with older men to straightforward one to one interviews with mid-range women. By using different approaches throughout the research we have tried to ensure that the research process is participatory and inclusive thereby encouraging community ownership over the research.

Below are the key findings and recommendations for each of the different age groups that have participated in the research. However, there are a few points that should be clarified within this section.

Putting the Findings into Context

Black and Minority Ethnic health is a complicated subject that can sometimes be difficult to grasp. What the research findings tell us is that the health of participants in this study is not simply determined by their ethnicity. Age, gender and social class also heavily influence Black and Minority Ethnic health and individuals' perceptions and experiences with the NHS.

Despite recent efforts to ensure an inclusive health service, Black and Minority Ethnic health still seems to be poorly served within the NHS. There are persistent problems with inconsistent language support provided to non-English speakers of all ages, the lack of provision of female health professionals for women and a general feeling of disempowerment by all the groups with which we spoke. This disempowerment seems to occur because participants feel that their opinions about their health are not valued by health professionals and that their very real health concerns are not being adequately addressed by staff.

This lack of respect shown to participants seems to have had a knock-on effect of people lacking basic health advice and information in order to maintain a healthy lifestyle.

Participants' lack of information about the breadth of services offered by the NHS and their ability to access these services combined with the poor communication between NHS professionals and Black and Minority Ethnic patients will have significant implications for BME community engagement within Community Planning and Community Health Partnerships. A steep learning curve will be in order for

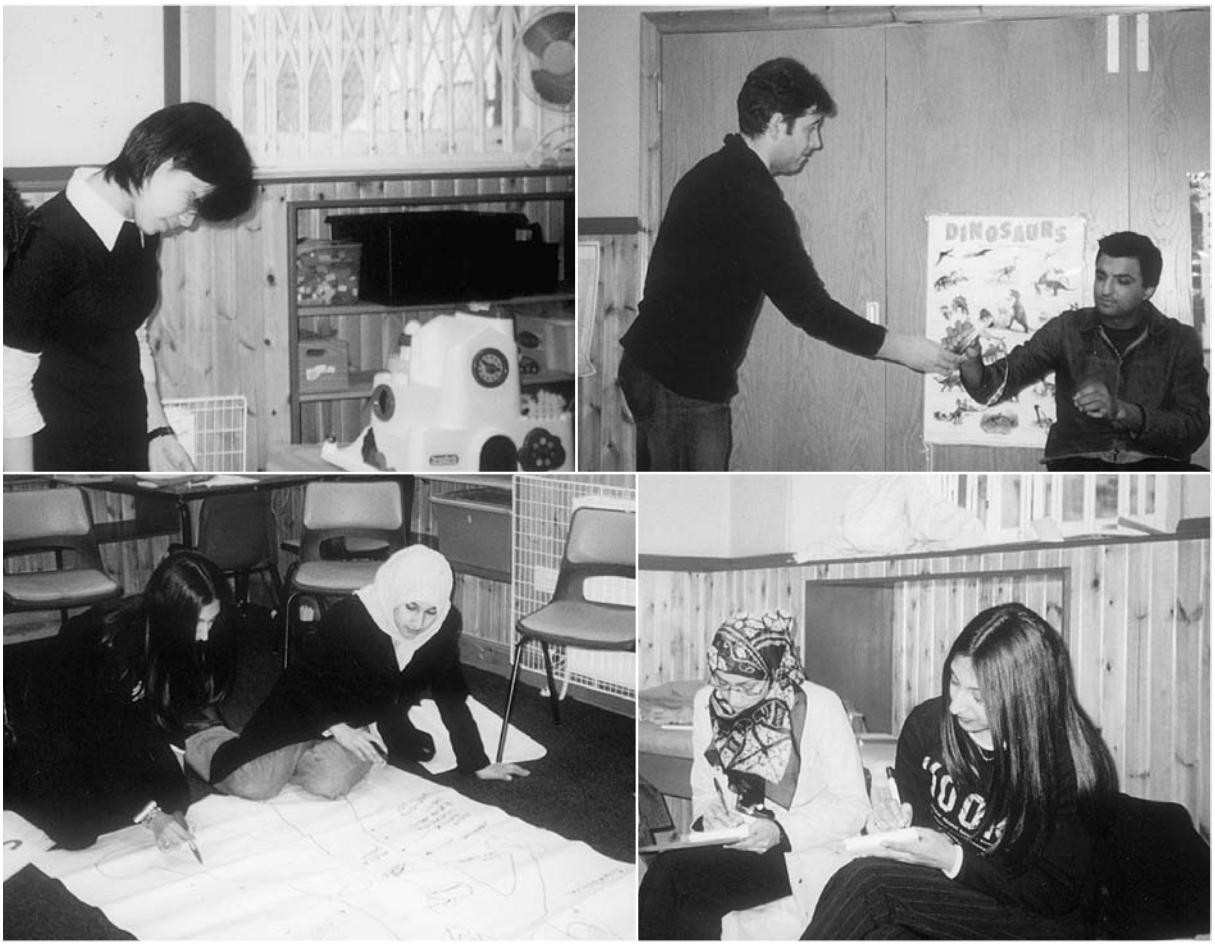
[1] Unfortunately, a focus group with our local NHS representatives could not be organised to discuss their views on the health needs of the Black and Minority Ethnic community or the opportunities for greater community participation in the design of policy and delivery of health services.

professionals seeking to engage with this often socially excluded group. In addition, communities will need to learn more about the work of the NHS and how they can effectively participate in the decision-making processes about their own health and strategic health policy.

A Clarification about Staff Training

Providing anti-discrimination and anti-racism training for NHS staff is a key recommendation in each of the age groups. This type of training is already underway within the NHS but its beneficial effects have yet to be experienced by many participants in this research.

It seems that for this recommendation to be effective and properly implemented, this type of staff training must be participatory, practical and relevant to individuals' working environments and to the current dynamics of the racial and ethnic experience in Glasgow. Training on these key issues cannot be a 'one-off' affair; it must be an ongoing programme that challenges the assumptions of participants whilst also empowering them to ask questions of patients without fear of being labelled a racist. Furthermore, the effects of the training must be monitored and evaluated to ensure that staff have taken on board the issues discussed and are supported in their anti-racism work within the health service.



Older People: The Findings

Poor Access to Interpreting Services

- Many women are dependent on family members to accompany them to appointments to act as interpreters
- Women and men feel frustrated that interpreters are not readily available for them to use when they attend appointments
- Some older people do not know how to access interpreting services
- Long standing problem with interpreters not attending or showing up very late to scheduled appointments

Recommendations

- Overcoming isolation of older Asian women through greater access to English classes and confidence building classes
- NHS staff must begin to anticipate the needs of BME older people by being aware of language issues and easing access to interpreters
- Consistent access to interpreting services: ensure booking system is operating effectively, ensure interpreters attend appointments, better public accountability of service through publication of monitoring and evaluation reports
- Increase recruitment of bi-lingual staff to support the communication needs of older people

Poor Communication between GPs and Patients

- Men believe that GPs do not carry out adequate physical examinations of patients and simply prescribe medications
- People feel that GPs do not offer satisfactory explanations for treatments or medications prescribed
- Many people feel rushed and under pressure when speaking to their doctors and feel GPs are not listening to them and are not taking their health concerns seriously

Recommendations

- Valuing patient opinions' about their health by spending time listening to their concerns, reassuring them about their health and taking time to explain decisions
- Improved communication through better feedback on test results and better explanations as why certain medicines, treatments, procedures are unnecessary
- Resolving staff shortages to ensure GPs spend enough time with patients
- Extending GP consultation and examination times with patients

Waiting Times

- People feel 'put off' going to GP because of the wait
- People feel cheated because they pay high NI contributions but waiting times still persist
- Many individuals feel that long waiting times are detrimental to their health – people's health gets worse and as a result they feel resentful

Recommendations

- Better funding of the NHS to provide more frontline staff
- Increase use of NHS 24 by BME groups to prevent unnecessary appointments and hence reduce waiting times

Strong Preference for Female GPs

- Most women do not like and feel embarrassed being examined by male GPs; they prefer female doctors
- Many women do not have the confidence to request female GPs for examinations, however, they do not mind speaking to male doctors about other issues

Recommendations

- Good practice to offer a choice to all women as to their gender preference for GPs
- Provide anti-discrimination and race equality staff training to ensure patients are receiving equal treatment within the NHS

Transport to Scheduled Appointments

- Many women do not drive and do not have confidence to take public transport
- Several women have mobility issues which prevents them from using public transport
- No bus concessation passes for early morning appointments: this cost implication is a hardship for men
- Inconvenience of different services located in different places

Recommendations

- Free Pick-up service for the elderly to support their transport needs to appointments in hospitals and GP surgeries
- Provide better choices for appointment times for patients
- Provide central location for commonly used services

Lack of Information about Services and Prevention Measures

- Men aware of major disease affecting them but do not have information on disease prevention
- Women want more advice on medicines information and health promotion
- Lack of understanding about the breadth of services offered by the NHS

Recommendations

- Provide a targeted public education service through the greater use of peer educators in community settings
- Extend consultation times with GPs and nurses so they can provide preventative health advice during appointments

Surgery Opening Hours

- For men still working full-time or who are self-employed, the current opening hours of GP surgeries do not suit their needs
- By having to take time off of work to attend appointments it was felt that this may have an adverse affect on people living in poverty as they may not want to lose wages to attend appointments

Recommendation

- Extend opening hours on weekdays until 8pm and open surgeries for half-days on weekends so that working people are not penalised for attending appointments

Poor Staff Attitude

- Feel that frontline staff, especially nurses and receptionists, are rude and uncaring about patients' suffering
- Feel that staff may be discriminating against them based on skin colour and language – perception that staff treat people better if they speak English

Recommendations

- Provide anti-discrimination and race equality staff training to ensure patients are receiving equal treatment within the NHS
- More funding for new frontline staff positions in order to alleviate pressure on existing staff

Young People: The Findings

Lack of Respect Shown by Staff

- Young people feel that staff do not see them as important and that their views and opinions about their health are not respected
- Both women and men believe that staff do not listen to their needs and are unconcerned about their health
- By not listening, young people feel that GPs are over-prescribing medication and are attributing a lot of their health problems to 'depression'
- For women, they feel that they must take a parent with them to the GP so that their health concerns are taken seriously. However, when a parent accompanies them they censor themselves and feel that they cannot talk about sensitive or embarrassing issues in front of their parents
- For men, they feel that staff are racist and are discriminating against them

Recommendations

- Providing a 'Young People Friendly' health service by taking time to listen to young people's needs and providing reassurance; young people would then feel their concerns are taken seriously
- Providing staff training for working with vulnerable young people, especially socially excluded men
- Prioritising young men's health and counteracting macho attitudes to health
- Training peer educators to work with young people so that they take more preventative measures with their health

Lack of Information about Services and Purpose of the NHS

- For some recent immigrants, they do not have basic information on the role and remit of NHS and do not know which services are free and which have a surcharge
- Lack of information on available services and on health issues that are important to them such as mental health, sexual health, substance misuse and exam stress

Recommendations

- Provide information packs on the NHS which introduces the work of the organisation and provides details on available services and their costs
- Greater involvement of young people in designing health information literature, such as websites and leaflets, to ensure that information is relevant and the format is easily accessible to this age group
- Greater use of new technology to reach out to young people and disseminate health information: text messaging, email, and young people friendly websites that provide relevant information
- For Chinese young people, they want this information provided in both English and Cantonese

- NHS needs to work proactively and in an innovative ways to reach out to young people through health days in schools, colleges and universities. NHS cannot rely on young people to make the first step, staff must be out in communities working closely with young people

Under-Representation of BME Staff

- Young people want more BME nurses recruited by the NHS
- Women feel more comfortable with female GPs
- Young people want better language support for their parents and grandparents so that they do not always have to accompany them to appointments

Recommendation

- Targeted publicity and recruitment campaign to attract new BME workers to the NHS
- Better training by staff to anticipate the needs of different sections of the BME population by being aware of service preferences

Waiting Times

- People feel that their health is compromised by the long waiting times
- Perception that waiting times are an active barrier that prevents people from using the health service

Recommendations

- Better funding of the NHS to provide more frontline staff
- Increase use of NHS 24 by BME groups to prevent unnecessary appointments and hence reduce waiting times

Mid-Range Adults: The Findings

Lack of Information on Services and Complaint Procedures

- Limited knowledge about available services in the community and how the NHS operates (rules on GP home visits, etc.)
- Little information about how to lodge a complaint and how complaint procedures are processed within the NHS
- Limited information abut how to participate further in the policy work of the NHS
- Do not know how to get more information on basic health promotion and health advice for children

Recommendations

- Provide a targeted public education service through the greater use of peer educators in community settings
- More time allocated to GPs and nurses to provide preventative health advice and information during appointments

Inflexibility of GP Surgeries

- Opening hours not suited to the needs of working people
- Both men and women want more flexibility and more choice when booking GP appointments

Recommendations

- Extend opening hours on weekdays until 8pm and open surgeries for half-days on weekends so that working people are not penalised for attending appointments
- Give patients greater choice in appointments so that it suits their needs rather than the needs of NHS staff

Waiting Times

- People feel that their health is compromised by the long waiting times
- Perception that waiting times are an active barrier that prevents people from using the health service
- People believe that waiting times undermine the professionalism of the NHS by exposing a poorly organised system

Recommendations

- Better funding of the NHS to provide more frontline staff
- Increase use of NHS 24 by BME groups to prevent unnecessary appointments and hence reduce waiting times

Poor Interpretation Support

- Chinese women believe that the need for interpreters makes it more difficult for them to use health services because they must wait for long periods of time for interpreters before they can be seen by staff
- Some women are 'put off' attending appointments because they feel embarrassed and ashamed having to ask for interpreters
- For those who do not need interpreters, there was an awareness that their parents and grandparents required better access to these services

Recommendations

- NHS staff must begin to anticipate the needs of some BME people by being aware of language issues and easing access interpreters
- Consistent access to interpreting services: ensure booking system is operating effectively, ensure interpreters attend appointments, better public accountability of service through publication of monitoring and evaluation reports
- Increase recruitment of bi-lingual staff to support the communication needs of individuals

Strong Preference for Female GPs

- Many women feel embarrassed and feel like they are inconveniencing NHS staff by requested a female GP
- Several women do not have the confidence to request female GPs for examinations
- Many women want to have female GP for examinations and do not feel comfortable with men examining them

Recommendations

- Good practice to offer a choice to all women as to their gender preference for GPs
- Provide anti-discrimination and race equality staff training to ensure patients are receiving equal treatment within the NHS

Poor Communication between GPs and Patients

- Many women feel rushed and under pressure when speaking to their doctors and feel GPs are not listening to them and are not taking their health concerns seriously

Recommendations

- Valuing patient opinions' about their health by spending time listening to their concerns, reassuring them about their health and taking time to explain decisions
- Improved communication through better feedback on test results, better explanations as why certain medicines, treatments, procedures are unnecessary
- Resolving staff shortages to ensure GPs spend enough time with patients
- Extending GP consultation and examination times with patients

Opportunities for Participation: Findings for All Age Groups

There was remarkable consistency across all the age groups about how they wished to participate. All groups wanted more opportunities for their voices to be heard in designing health policy and planning for health services in their local communities. Participants identified three key methods of participation they would like to see implemented:

- Direct participation by sitting on a BME committee within the NHS
- Using an intermediary, such as a voluntary sector organisation or the community council, to gather their views and represent them in meetings with NHS representatives
- Straightforward consultation whereby they are kept informed about recent developments within the NHS

Findings for Older People

Older Woman Interview: Govanhill

Introduction

An in-depth one to one interview was carried on with a 57-year-old Indian Sikh woman living in Govanhill. The interview started off with an icebreaker, then a brainstorming session and at the end a formal interview. The icebreaker put the lady at ease, the brainstorming session acted as a catalyst for the free flow of ideas about her opinion on health, health services, drawbacks of the health service providers, practical solutions to remove these drawbacks and finally the positive aspects of NHS. Despite having such a great start with the icebreaker and the brainstorming, when the recording began for the formal interview, the lady froze and found it difficult to speak about issues. Hence, to put her at ease, prompts were added from the previous brainstorming session.

The participant was highly educated, bilingual, physically active, energetic, proactive and clear in her believes and ideas. According to her,

> *"The NHS is designed to offer health services to the sick people, to treat their illness. Its objective is to offer services to all."*

In her view, the NHS should treat her immediately and in a sensitive manner. The woman identified diabetes, heart disease, stroke, obesity, blood pressure and arthritis as the major illnesses in her community although she did not suffer from any of these chronic diseases.

The participant's strong views on the purpose of the NHS and her expectations of the services the NHS should provide was evident throughout the hour-long interview.

Perceptions and Experiences of the NHS

The participant stated that she was in extremely good health and that she went to her GP and dentist for regular check-ups. The experiences of the woman and her family and friends, however, dominated the interview and she was extremely vocal on the poor experiences she and her relatives have encountered. She was keen to share her opinions and solutions in order to improve her local health service. The views of the woman on the NHS roughly fell into four main categories each of which will be discussed in detail below.

Long waiting lists and limited opening hours of GP surgeries

The participant's perception of the NHS is extremely negative.

> *"General rating of NHS in terms of the common man is not good. They feel that the way NHS should work its not working. NHS should reduce the waiting time. I feel cheated by the NHS. All my life I have been contributing in National Insurance. But when I need health services of the NHS, the provider is not there for me."*

What has prompted this response has been the long waiting times for a GP appointment and the waiting times associated with referrals to hospital. The participant had the perception, based on the experiences of her friends and family, that the long waiting times were detrimental to the already poor health of patients.

> *"The condition of the patient deteriorates a lot and in some cases patients die waiting for the proper treatment. Their families feel resentful."*

It is unclear whether the participant has direct knowledge of someone dying due to a long waiting list, however, it should be noted that whether this example is contrived or not, this poor perception of the NHS by some sections of the BME community may be a cause for concern.

The participant linked the limited opening hours of GP surgeries as a key factor that has lead to long waiting times and the poor perception of the NHS amongst her family and friends. The woman believes that the current opening times and long waiting lists prevents doctors from spending enough time with patients and the work commitments of the patients often precludes them from seeing their GP regularly. Interestingly, the woman also noted how the work commitments of people living in poverty adversely affects their health because they may be unwilling to take unpaid time of off of work to attend a GP appointment. The participant identified all of these linked reasons as having a *"severe impact on the patient's health."*

However, the woman did understand one of the main reasons why waiting times and limited opening hours might exist.

> *"With so much of work load … and lack of staff and equipment we can't expect NHS and its staff to perform at its best."*

Poor Staff Attitude and Bedside Manner

Staff attitude was another major theme that kept emerging throughout the interview. For example the interviewee stated,

> *"Sometimes the attitude of staff is off-putting which prevents us from using that service again … the attitude of staff is so bad that instead of being caring and concerned, they don't treat us like human beings".*

As an example, she recounted, she said, *"one of her worst experiences with NHS staff."* She went for a mammography and found the attending nurse to be extremely rude to her. She found the procedure to be extremely painful and asked the nurse to adjust the equipment. In response the nurse *"gave me such a cold look and afterwards did not even ask if I was comfortable".* As a result of this experience she seriously considered not using the service again but because it was for her own benefit she felt she would go for her next appointment. The woman reflected

> *"The behaviour of the nurse has turned the positive step of the NHS in preventing breast cancer into a bad experience."*

Again the participant did understand that the reason behind the rude behaviour of staff may be directly linked to overwork and an imbalance in the ratio between staff and patients. She then in turn linked this issue to waiting times and the limited opening hours of surgeries.

Lack of Awareness of NHS Services and Policies

Despite being a regular health service user and having clear views on the NHS, the participant did seem to be unaware of the range of services offered by the her local health centre. The woman kept on emphasizing,

> *"The NHS should work in the direction of awareness and prevention of illness through advance tests, leaflets, conducting classes for physical fitness and healthy eating. The NHS should try to prevent diseases at first rather than trying to cure it later."*

The woman was aware of specialist services such as smear tests and mammography but was unaware of the fact that NHS does indeed have healthy eating and exercise programmes running – patients are referred to classes by their GPs.

Perhaps this lack of information about the local services available is linked to the issues of limited hours of operation for surgeries and staff attitudes. Maybe the time she spends with her GP is not enough for her and her GP to talk about her health concerns and to discuss available services she could access.

The woman, however, did identify the lack of interpretation support and translated health information for non-English speakers hinders individuals' knowledge of available services in the community. An example quoted by the interviewee was,

> *"Around reception it is written 'For interpreter please enquire at reception' but that is written in English and a person who can read English may not need an interpreter so though the facility is there, but it is of no use."*

> *"NHS services are designed for us, to be used by everyone. But NHS should have leaflets about its services and policies in Punjabi, Urdu, Hindi also. These leaflets should also be displayed at libraries, Gurudwara and Mandir. Word of mouth is also important to spread the NHS facilities."*

The participant was also unaware of complaint policies and procedures and whether NHS staff takes complaints seriously. The lady anxiously stated,

> *"If we want to complain, to whom should we complain? Will complaining make any difference? Complaint boxes are there but do they ever read those complaints?"*

Clearly, more needs to be done to encourage people to complain about poor services and to advertise complaint procedures to ensure people understand the process and perceive it as legitimate.

Value for Money

Whether the NHS is providing value for money is also an issue that concerns the participant. She states that she has been paying National Insurance contributions all her life and feels that is unfair that health care treatment is not completely free. Paying for prescriptions, optician and dental services, for example, seems to contradict the founding principles of the NHS.

The woman's reluctance to pay for specific treatments within the NHS may be directly linked to her bad experiences with staff. Also, because she is not yet old enough to qualify for free prescriptions and certain medical treatments, this may perhaps be linked to her criticisms.

Recommendations

The above four areas of concern for the participant are quite wide-ranging and are mostly linked to the woman's wider perceptions of the BME community's needs rather than her own specific needs. What is interesting about the topics discussed above is the lack of mention about specific BME-related health issues and the focus on issues that seem to be of concern to all users of the NHS – regardless of race or ethnicity.

Recruiting More BME Staff

The participant clearly stated that she needs more time, concern and care from the NHS and its staff. For her needs to be met she requires the NHS to employ more staff to relieve waiting times and alleviate pressure on existing staff so that they are more welcoming. Since this woman is educated and fluent in English, language was not a barrier for her accessing services. However, she identified that for people who are non-English speakers, the lack of language support is a major barrier to accessing health services.

Perhaps one way of overcoming this obstacle is to employ a diversity of staff from different cultures and communities with the proper training and support to communicate effectively with a range of people. In doing so, this would fulfil both of the participant's goals in having proper language support available to those who require it whilst also give existing staff more time to devote to individual patients. Greater

Glasgow Health Board is launching new programmes to support the greater uptake of BME staff through projects such as 'Building a Bridge'. However for these types of projects to have a real impact on the employment opportunities for BME people, the recruitment, training and promotion of individuals must be closely monitored to ensure equal opportunities are maintained. In the meantime, using sessional staff for day-to-day frontline jobs can also be of crucial help to overworked staff.

Targeted Publicity Campaigns to Advertise NHS Services and Participation Opportunities

Even though the participant was a regular user of health services, she was not very well informed about specialised services offered by her local health care co-operative (now called Community Health Partnership). Targeted publicity campaigns to groups who have poor access rates to specific services can increase their knowledge about these services and be the first step in encouraging them to use these services. Where appropriate, information in different BME community languages must also be provided. To be effective, this targeted information should be provided in a variety of formats and in a variety of venues to ensure that a maximum number of people are informed.

Interestingly, the participant also mentioned the effectiveness of word of mouth to spread information within the BME community. She suggested tapping into community organisations to disseminate information to targeted groups.

With regard to public participation in policy development, the woman wanted to be more involved in this activity but did not know how. She suggested that consultations that are carried out should be better publicised in the community. Furthermore she stated

> *"Policy designing for BME people is of no worth unless the NHS tries to involve BME people itself in gathering information on their needs."*

To make public participation more effective the participant also suggested,

> *"Perhaps the NHS does think about the BME community but may be there is a lack of communication between them and us. If in the NHS structure we can have one BME representative so that he can act as a bridge between the service provider and common man. We can express our views to that man and who can let us know about the latest happenings of the NHS. The NHS can invite people for their views and people can submit their ideas at GP surgeries."*

This participant clearly thought that the BME community wanted more of say on how NHS services were organised. Her suggestion of community participation via submitting consultation responses through GP surgeries can support an independent voice for the community within the NHS. This method of public involvement can make the NHS more responsive while also adding accountability towards being a citizen in communities.

Conclusion

What is interesting about this case study is the fact that the participant spoke about her particular experience and opinions about the NHS but also related the wider needs of the BME community in the interview. The participant spoke clearly about the need for shorter waiting times, longer opening hours of GP surgeries, a more sensitive bedside manner of NHS staff and the need for the NHS to demonstrate value for taxpayers' money.

Although the participant was a regular user of the health service, she was not aware of the breadth of services available in her community, nor was she aware about ways to participate in public consultations. In order to overcome these problems with the health service, the participant suggested hiring more

culturally diverse staff, providing language support when required and undertaking a targeted publicity campaign to raise awareness about community-based health services.

Finally, the woman wanted more information on how to participate in public consultations and suggested better communication between the BME community and policy makers by ensuring that BME people are involved in gathering information on their health needs and involved in the decision making process within the NHS.

Vineeta Chauhan

Older Men's Focus Group: Govanhill

Introduction

A focus group was organised with older men and took place at the Muslim Elderly Care Centre (MECC) in Govanhill. All the participants were from the Govanhill area and they were very independent and active in expressing their opinions. The H-Diagram was the main participatory tool used to stimulate ideas and it worked very effectively, as it allowed the participants to open up and share their views.

A few difficulties however were faced during the focus group, such as the misunderstanding of questions. The questions therefore had to be translated into Urdu first before carrying on with the focus group. The elderly participants also had the tendency to go off-track however the use of the H-diagram helped to focus their ideas.

MAIN THEMES EMERGING FROM THE FOCUS GROUP

Language Barriers and Poor Access to Interpreters

All the participants felt language was a problem when being referred to hospital. They felt interpreters were not readily available.

> *"Language is a barrier because it prevents us from expressing ourselves properly if a translator is not available"*

For example, one of the participants went for bypass surgery. Because an interpreter was not available during his consultation with the doctor, he said that the procedure was not clearly explained to him before the operation and that he was simply admitted to hospital and put under anaesthetic. When he woke up he was aware he had an operation, but did not know exactly what had happened. Before he went home, the only instructions given to him by his doctor were to walk briskly and to take light exercise.

What is interesting about this example is that the participant objected to an interpreter not being available but did not seem to mind that his doctor did not give him in depth information about this invasive procedure. The men's accepting poor service by the health service is an underlying theme of this focus group that will be discussed in more depth below.

The men expressed their frustration about knowing that an interpreting service is available but not knowing how to access this service.

> *"We know there are interpreters available; but where are they when we need them? They should be openly available."*

GP Surgeries: Timings, Transport and Available Services

Half of the participants worked full time and felt that GP surgery timings were not suitable. These gentlemen owned their own businesses and felt that the surgeries were not open long enough to accommodate their long working hours.

> *"Most Asian men have their own businesses which means that normal working hours [at GP surgeries] are not suitable … surgery timing are not good enough"*

Furthermore, when they are scheduled for early morning appointments at surgeries, they find it difficult to travel because bus concession passes are only valid after 10am. The participants are on very limited incomes on found that paying extra for transport to appointments was a real hardship.

> *"Transport is a problem … [bus] concession passes are only valid after 10am. What happens when we have an appointment … before 10am?"*

They also felt that hospitals were too far for them to travel, and as a result of this distance, it makes it difficult for them to attend early morning appointments on time.

> *"There should be better transport facilities when we are referred to hospitals, they are too far."*

The men all agreed that they found it difficult accessing all the health services they require because they are located in different locations. When trying to get medicine they require they felt they had to get a prescription from their doctor, go and get the item from the pharmacy and then schedule an appointment with the nurse to get the injection. They expressed their frustration as to why everything could not location in a central place.

> *"Everything should be under one roof: GP, nurse, and pharmacy to save us from running from place to place when we need an injection … what a hassle."*

Doctors are not Empathetic

The older men feel most comfortable getting health advice and information from their GP, but when they visit the doctor, they feel their GPs do not give them enough time and feel under pressure when explaining their health problems.

> *"The pen is on the prescription pad as soon as you walk in."*

The men all agreed that they feel uncomfortable when visiting their doctor because they feel their GPs are not listening to them and that they are made to feel as if they are wasting their GPs' time.

One participant told of a particularly bad experience he had with his GP. He went to his doctor complaining of whistling between the ears and head. His doctor without carrying out an examination simply said, *"You live to die"*. The GP did not give the man any further information with regards to this complaint nor did he refer him to a specialist.

The men stated that they want their doctors to listen to their needs. They also feel that their doctor should give them sufficient time to discuss their health problems and outline any precautions or changes to their way of living in order to prevent diseases in the future.

At present, however, the men feel that *"We have to demand and tell the doctor what we want, that's the only way we'll get it."*

Lack of Information

The lack of information on different diseases affecting them and their doctors not being empathetic were repeatedly being emphasised by the participants. The patterns of the data collected show that both these themes seem to be connected.

Interestingly, all the participants said they are aware of the major diseases disproportionately affecting the BME community but did not know what to do about it.

> *"We are aware of the community being at high risk of having heart disease, cholesterol and diabetes, etc due to our way of living, but what precautions do we take?"*

This lack of information about health promotion issues and disease prevention may be linked to the fact that they feel rushed by their GPs when discussing their health problems and GPs perhaps are not giving enough information to these participants about how to maintain a healthy lifestyle or prevent the onset of chronic diseases.

The participants were also unaware of other NHS services available to them, except the ones they currently access such as their local GP, pharmacy or hospital. They stated that they did not have this information because they had been with the same GPs all their lives and had become adapted to certain routines.

Waiting Lists Are Too Long

Long waiting lists at hospital was again one of the themes that all the participants agreed with. They did not understand why waiting lists were so long when the lists had such a detrimental affect on their health.

> *"By the time we get to see a specialist we are either in a worse condition or no longer ill."*

POLICY IMPLICATIONS OF THIS RESEARCH

Joined-up Services and Increasing Time Spent with GPs

The research carried out in this older men's focus group shows us that although policy makers tend to focus on the cultural and religious needs of the BME community, these issues are not always seen as the key priorities by the participants. The participants emphasised the fact that they wanted more information on the major diseases affecting them. They wanted more information through leaflets and through doctors taking more time to discuss their health concerns.

All the participants who took part in the focus group were not afraid to put across their opinions; they were very much independent. The participants all stated that the only way to focus on the needs of the BME community is to offer the support and help they need by listening to them and increasing their awareness on the services available.

The introduction of Community Health Partnerships where services are joined up may be one way of actively supporting the needs of the elderly BME community. This way everything would be available to them under one roof and save them from having to travel to different locations to receive their healthcare. The participants also felt that the NHS needs more funding in order to allow adaptability, such as offer better transport facilities for elderly and disabled patients.

Anticipating Needs and Increased Provision of Health Information

Analysis of the results shows us that doctors are not asking their patients whether they require an interpreter before referring them to hospitals. This problem needs to be addressed. How can patients express their health problems and concerns without an interpreter if they cannot speak the language fluently? Clearly, more needs to be done to ensure that GPs are aware of their patients' communication needs and that the interpreting service is readily supplying interpreters on demand.

The participants stated their main health concern was knowing that the BME community is at a very high risk of suffering from certain diseases but not having the relevant information to take the necessary precautions to prevent the onset of these diseases.

This is the information they want to receive but do not know where to get it from except from their doctor. The participants would like information packs handed out to help them take certain precautions to prevent these diseases occurring in later life. To alleviate pressure on health care staff, the NHS should also provide more access points for health promotion information not simply through leaflets but also through field staff located in community centres who can listen to people's health issues and provide relevant information, support and follow-up with their GPs.

Increased Opportunities to Participate

Community participation in the design and delivery of health policy and services is a great way to get people more involved in their health. All the older male participants said they have a voice and want to be heard. They have lots to say and want to actively be consulted through meetings, petitions and demonstrations if need be.

They feel adverts should be placed in the local newspaper to publicise consultation events; by the time they find out when it is already too late to take part. By getting these elderly men to participate in our focus group to find out their needs shows us that they are keen to express their opinions but they just do not know who or where to turn to get their voices heard.

Conclusion

The results of this focus group show us that elderly Asian men can be excluded from health services and that they are acutely aware of their exclusion. Even though they are confident, demanding with their GP and very much independent they felt that their needs were not completely being met by the NHS.

The main issues identified by the men were language, surgery timings, GP bedside manner and the lack of information on health issues facing the BME community. Recommendations for the improvement of these services would be to increase awareness of preventative health issues by staff taking more time and care to discuss patient health concerns. The introduction of Community Health Partnerships would also be one way supporting the needs of the BME community, as services would be more joined-up to ensure greater access. Finally, interpreters need to be more readily available to enable clear communication between patients and healthcare staff.

Shazia Akhtar

Older Women's Focus Group: Gorbals

Introduction

The older female focus group consisted of 12 participants from the Pakistani Muslim community and took place at the Central Mosque in the Gorbals. Three researchers conducted the focus group. The elderly participants had to be separated into three small groups because the larger group was too unwieldy to work with. Because of the separation of groups, not all discussions were tape-recorded. All discussions, however, were recorded via shorthand.

FINDINGS FROM THE FOCUS GROUP

Language

Language is a major barrier for elderly women. The participants are unable to go to the doctor or hospital by themselves. The women are completely dependent on either their children or family friends to go to appointments with them because they cannot speak English and therefore are unable to express their health problems to NHS staff.

The woman also expect the presence of interpreters when their children or friends cannot accompany them to appointments and they do not understand why these services are not readily available to them.

The Need for Female GPs

All the elderly women who participated in the focus group wanted female doctors. They said they do not like male doctors touching them as this makes them feel embarrassed and uncomfortable. Even though the majority of participants had male doctors they said that they do not mind being consulted by them, but they only want a female to touch them.

> *"We need female doctors, this is a must. We don't like male doctors touching us."*

Health Concerns not Taken Seriously by GPs

All the participants felt this theme was a major concern. The women feel that doctors are not taking them seriously because when the request certain procedures or medications their opinions about their health are not taken into account by their doctors.

For example, one woman requested a full check-up from her doctor, but her GP said that she did not need one. As a result the woman felt that she was not receiving proper medical treatment and that her GP was not taking an interest in her health.

Another woman echoed this view when she requested a diabetes check. She wanted a check more often but her doctor said she only needed a diabetes check once a year. Again, this made the woman feel as if her concerns and opinions about her health were not being taken seriously.

> *"Doctors have to take time to listen … they need to be more empathetic."*

This issue is also compounded by the fact that the women feel that their doctors do not spend enough time with them during consultations. They feel intimidated and rushed when they walk into the doctor's office and he is already sitting there with his pen to the prescription pad.

All the participants also felt that waiting lists are too long when they are referred to hospitals. They feel that by the time they get to see a specialist, there is no need to.

Lack of Information

A majority of elderly female participants also felt that the lack of health information was a concern. They said want information about the medicines they are taking such as how and when to take them. They also want more preventative health advice such as the precautions to take to lose weight, eat healthy, and how to keep their blood pressure down.

The Need for Transport to Appointments

Half of the participants felt that transportation was a problem, especially when being referred to hospitals. Many of the women required outside help not only for communicating with NHS staff but also to attend appointments because they do not drive and do not feel confident taking public transport by themselves.

One woman stated, *"I'm not able to go alone, I need help."* Several other women agreed with this view.

Furthermore, since a majority of the participants have arthritis, other joint problems as well as mobility aids, the women therefore felt there should be a pick-up service for the elderly when being referred to hospitals.

Policy Implications of this Research

The research carried out in the elderly female focus group, shows us that the participants have placed cultural and religious needs as a priority in their healthcare.

Overcoming Isolation of Older Asian Women

From the data analysis, it can be seen that the elderly Asian participants are largely dependant on members of their family or friends to take them to hospital or the GP for appointments. The women are not comfortable in going on their own, as they feel they are unable to explain themselves properly. The women are extremely isolated in their homes and do not get out very much. Because of language barriers they lack confidence. All these factors need to be overcome to ensure these women have better access to health services.

The only way to overcome these problems will be to directly address these issues and offer support tailored to the needs of this particular group. The female participants were quite fed up with the problems they face. They do not like being so dependant on their families, because they have to wait until someone is able to take them due to their language barriers. Their children or husbands are required to take time off work in order to take their female relative to the GP and this is a burden for the entire family.

In order to overcome the problem with interpreters, more bilingual staff should be recruited by surgeries and hospitals, to allow a better flow of communication between staff and non-English speakers.

However, this only affects part of the problem facing this group. More needs to be done within communities to better support older Asian women to ensure their better integration into society. Increased access to English classes, more day care centres to increase contact with others and confidence building classes all need to implemented to ensure that older women feel confident, become more independent in their daily lives and take more charge of their health.

Valuing Patient Opinions and Increased Access to Health Information

According to participants in this focus group, doctors do not seem to be taking their elderly patients seriously. The participants said they all demand regular check-ups from their GPs, but the doctor says once a year. They feel the doctor never has enough time and does not take interest, except when it comes to writing prescriptions.

It seems GPs need to spend more time with their patients in order to listen to their views on their health to both reassure patients about their health and to support patients to improve their health. From this research it seems that doctors need to be more empathetic towards their patients and need more time to listen and interact with their patients. Examination times need to be extended from 10 minutes per person to ensure that patients feel valued.

If doctors feel patients are demanding unnecessary treatments or medications then GPs must spend as much time as is necessary to clearly explain their point of view and provide information on alternatives. It seems these participants are looking to be reassured in their health and their GPs have an obligation to spend more time with them to explain their patients' health situation.

The elderly participants also lack information on illnesses and diseases and the services the NHS provide. Four of the elderly participants were unaware that everything on the NHS is free for people over 60 years old. One of the participants had been paying for her optical treatment and said nobody had told her that she did not have to pay.

Information awareness days could be held a few times a year focusing on different members of the community i.e. young people, working adults and the elderly, in order to increase awareness on different health issues and publicise available services in the community. Information leaflets could also be

translated and leaflet distribution increased. However, the key issue is that the information needs to be tailored to the specific needs of the target audience. Not everyone from the BME community has the same needs; therefore you cannot give them all the same information.

Increased Access to Female Doctors

Female GPs also need to be more readily available in each surgery and in hospitals to enable female patients to be comfortable. Many of the participants said they would prefer to have no service at all than have a man examine them.

Surprisingly though, the majority of the women have a bi-lingual male GP and would not think of changing their doctor. It would be interesting to find out what attribute these women value more in their GP: the ability to speak a Urdu/Punjabi or being a female. This is an interesting schism that needs to be explored in future research.

Conclusion

The research carried out in the elderly female focus group shows us that unlike the elderly males, the elderly females are very isolated in their homes and do not get out very much. They are largely dependent on their friends or families to take them to the hospital or GP.

The current policies of the NHS seem to state that the problems the women are facing are being addressed. However, from this focus group it is evident that these issues are yet to be satisfactorily resolved.

Shazia Akhtar

Older Men's Focus Group: Govanhill

Introduction

The focus group consisted of a group of 12 elderly men aged 55 and older from the Pakistani Muslim community. The discussion began with each individual introducing themselves. The focus group took place more like a relaxed discussion where the participants felt they were having a general discussion about the issue while having their tea and biscuits.

The elderly men were one of the most satisfied groups who have participated in the research thus far. Generally, they did not have an issue with the health service and felt they received good care from their doctors. However there were five main concerns which were repeated many times throughout the discussion.

GP Does Not Report Back Test Results

The older men feel that they are always giving blood for tests and they never seem to be given the results:

> *"They think we are stupid and we won't understand the results …"*

> *"They keep taking tests but don't give me the results."*

They feel that doctors tend to just overlook their medical problems and prescribe medication rather than discuss their results in depth and then come to a conclusion:

> *"We always get told that the results are 'OK', but how can they be 'OK' when we are the ones who are suffering?"*

The participants also feel that the doctor gives strong dosage of medicine but does not explain the reason for doing so:

"Every time I go to the doctor he re-prescribes me the same medicine but stronger, he doesn't tell me the cause of the problem." The participants kept reiterating the fact that the doctor does not think it is important to tell the patient what he is prescribing them.

> *"Although I trust my doctor, I still want to know what he gives me and how strong it is."*

Staff do not Give Patients Enough Attention

The men felt that they do not get the attention required from health service staff:

> *"If you call a nurse once to come and help you then the second time they make a face and look as though they are really fed up because she has been called again for assistance …"*

The participants complained that doctors do not give them the due time and they feel rushed to speak to the doctor:

> *"Doctors are so loaded with work that they don't realise our requirements."*

Although the participants did complain that they felt the services were not up to perfect standard, they did say that the doctors were *"… reasonably good at their job."*

> *"I understand that the doctors are few and they have many patients, but it's unfair that we get a poor service due to this crisis."*

The men expect to be given a quality service and feel that they really are cared for.

Waiting Times

Many were complaining that waiting times put them off from going to doctors:

> *"… This is a situation for all [people], we have to wait too long for appointments … by that time we could die …"*

> *"It is a national problem."*

One participant stated that the NHS24 Helpline was a good way of reducing the problem of going to doctors to ask about minor problem

> *"I had a lump on my arm and I phoned the Helpline, it saved me from waiting one week to see my doctor."*

Hospital Food Inadequate

The biggest problem faced by the participants is the food provided while they reside in hospital:

> *"The food is so oily."*

> *"Just because we ask for halaal food doesn't mean we can't eat fish and chips."*

> *"Why do we get provided with the same curry for lunch and dinner?"*

The men felt that BME patients are not getting adequate food in terms of nutrition and healthy eating. They all agreed that this is an area where the NHS needs to improve immediately.

Although Muslims need to be accommodated with halaal food, it certainly does not mean that they cannot eat fish or vegetarian dishes. The men believed that the general concept in hospitals is that halaal food is only curry and rice

> *"The man on the bed next to me was having fish and vegetables, I wanted it too, but I got given the 'halaal' lamb and rice … I didn't have a choice."*

POLICY IMPLICATIONS OF THE RESEARCH

Better Communication between GPs and Patients

It seems that there has been a breakdown in communication between doctors and patients over giving feedback on test results. A policy needs to be issued where all doctors should give their patients enough time to discuss their concerns about their health and their medical tests. A possible solution to this problem could be a member of staff specifically to phone up patients once their results have arrived. This would then allow the patient to either make an appointment to see the doctor if there is any concern or to feel at ease if the test results are clear; this in turn could save the doctor and patient time.

Resolving Staff Shortages

It is well documented that frontline staff in GP surgeries and in hospitals are working overtime and not getting adequate breaks during shifts. This level of overworking is clearly having a negative impact on patients' experiences. Staff need to be alert and responsive to patients needs, however this cannot happen if staff are overworked. Clearly more needs to be done to resolve staffing shortages to ensure that staff get the time off they deserve and to ensure that patients are treated with respect.

Better Understanding of BME Food Requirements

Greater Glasgow Health Board's Race Equality Strategy stresses upon the catering needs for members of the BME community. This is a stepping-stone for the NHS and more consultation is needed from various BME organisations to better understand the requirements. It seems that NHS staff need to be better trained to understand the difference in vegetarian, halaal and food that is acceptable to different faith groups. Because food is an important part for a person's health, this area should be better researched to understand the specific needs and requirements of different patients.

Conclusion

These older BME men are not faced with the traditional issues one would expect with this age group. The men all said they did not have a problem with integrating or with language as they have worked in Scotland for over 30 years and thoroughly understand English and they know how the NHS works.

They feel that the issues they face are similar to all patients regardless of race, ethnicity or gender. This group discussion seems to be similar to other older BME men as these first generation men generally have been working and know what to expect from NHS.

Rabia Baber

Older Man Interview: City Centre

Introduction

The interview was carried out in Wen Hong Elderly Centre. Initially, there was not a great response from the target group to participate in the research. The reason may have been that various potential participants were all taking part in other activities in the centre. However, the manager of the Centre recommended one Chinese older man who had particular views about western medicine and hospitals.

Methodology

It is important to choose the right type of interview to get the most satisfying result possible for both the researcher and the participant. In studies that rely predominantly on interviewing, the subject is usually a stranger. Chinese culture is conservative and people are reluctant to share their thoughts with others. Thus it is important to have the interview informally. A good part of the work involves building a relationship, getting to know each other and putting the participant at ease.

A structured interview was chosen on this particular occasion and it was carried out in Chinese because the Chinese man did not speak any English. He is the member of the Chinese Wen Hong Elderly Centre. He often comes to the Centre to meet his friends, play Chinese chess and read Chinese newspapers. The centre was described as his second home. He also obtained lots of health information from the centre; there are doctors available for elderly people for regular checks or consultations. But his usage of other health services outside the centre is very limited. He talked a lot about his opinions of health issues.

FINDINGS OF THE RESEARCH

Language Barriers

The fact that the participant cannot speak English is certainly a barrier for him using any other health services besides the ones available in the Wen Hong Elderly Centre. It is understandable, if there is a service that meets all of his needs and that he also feels comfortable talking to the doctors in his own language, surely he would only use this one service. He said,

> *"I am alright here [at Wen Hong Elderly Centre]. I can get Chinese doctors and talk to them in Chinese. They provide me with good service. Why should I go somewhere else? I am not young anymore and I don't think I'd like to try new things."*

Distrust of Western Medicine

His major health concerns were about healthy eating and high blood pressure. But he said,

> *"Only Chinese doctors and medicine could cure me and teach me something useful."*

The interviewee showed certain disgust of using western medicine. He is a great believer in Chinese medicine. He said it would be good to have Chinese GPs operating a free Chinese Health Service since the Chinese medicine provided by the private sector are always quite expensive and not everyone can afford to pay the prices. He also felt that it would be good for Chinese doctors to be part of the NHS and providing some type of Chinese medicine so that everyone could benefit from this public health service.

Cynicism of Community Participation

The participant showed no interest in participating in any of the structures designed for this purpose because he did not believe his opinions would be valued if he did participate. He said,

> *"All the governments are the same. I don't think the Scottish one will do better than a Chinese one in terms of listening to what people say … Plus I don't really use the health service, how can my views be valued?"*

The interviewee might have been let down by the Chinese government a long time ago but the impression that his views would not be valued still stuck in his mind. The researcher tried to convince him that he should participate first and then come to a conclusion about its effectiveness but this line of reasoning was unsuccessful. The cynicism expressed by the participant might be due to Chinese people's great suspicions about how much an individual can influence the direction of government public policy.

Conclusions and Recommendations

The only recommendation the Chinese elderly man made about improving the health service was about NHS hiring more Chinese doctors to practice Chinese medicine within the current NHS services. The researcher found it was difficult to get him interested in talking about health service due to his disbelief in western medicine.

Because the participant is a regular user of the Wen Hong Elderly Centre and because there are a lot of Chinese elderly people who also use the Centre, the researcher thinks it would be good to undertake a public education project with these service users in order to provide more information about the role

and remit of the NHS while also providing a sound understanding of the benefits of the different health services provided in communities. The disgust of western medicine seems mostly due to the misunderstanding of the purpose of the NHS and a fear of the unknown. It seems that the best way to get this particular group of people to use health services is to provide education about the advantage of combining the use of the NHS with traditional Chinese medicine.

Furthermore, with complementary therapies gaining greater respect and recognition among health service professionals it also may be necessary to provide targeted publicity about the availability of these type of services in the community. Certainly, perhaps one of the key issues that the Chinese community may want to advocate for within the establishment of Community Health Partnerships is research into the feasibility of providing some forms of Chinese medicine on the NHS.

Hua Cui

Older Woman Interview: Crosshill

Introduction

A one to one interview was carried out with a 67-year-old woman of Indian origin living in Crosshill. She and her husband have lived in Glasgow for the past 9 years. Neither the woman nor her husband speaks or reads English. They have no family living in Scotland as their children have all settled in India.

The interview was conducted entirely in Hindi and the woman was very open about her experiences with the NHS. The interview focused around three main issues each of which will be discussed in-depth below.

Inconsistent Access to Interpreting Services

Because the participant cannot communicate in English and because she has no children here to give her support, she is totally dependent on an interpreter for accessing any of her local health services. The key exception, however, is her GP. The GP understands Hindi and when he is not available the surgery staff arranges for an interpreter to be available to support for her. The woman stated that she was very happy with this high quality service and support from her GP and his staff.

> *"My GP takes complete care of my medicines and me … He is very nice and takes every possible care of me … He listens and talks very patiently and politely … GP staff is also very caring and concerned. The nurse recognises each patient by face and she even scolds me if my [blood] sugar goes high."*

Despite this excellent service from her GP and his staff, when the woman is sent for hospital appointments, language support is not normally provided. The language barrier that exists between the participant and healthcare staff and her inconsistent access to interpreting services was one of the major issues that the woman kept repeating throughout the interview.

The woman expressed her frustration about the inconsistent interpreting support available when she attends hospital appointments. Even though her GP surgery pre-arranges for an interpreter to be available for her appointments, the interpreter usually does not attend. Because of her lack of language support, the woman felt that she was treated badly and even discriminated against by hospital staff.

> *"Hospital staff are not so concerned and dedicated like GP staff. At hospital I felt that they differentiate on skin colour and language … I feel that language does make a lot of difference in the attitude of staff."*

Clearly there has been a communication failure between the surgery, hospital staff and the Interpreting Service. What is not clear is whether the Interpreting Service is not processing requests effectively or if individual interpreters are failing to attend scheduled appointments. Whatever the reason, on many occasions without the interpreter present, the woman was unable to communicate with staff and did not understand why she was kept waiting in hospital or why she was not give treatment.

> *"Once I kept on waiting for X-ray for 3-4 hours. All other patients were seen, even those who came after me … They [NHS staff] just touched my leg and said nothing is wrong with the leg … I was in so much of pain but they didn't even bother to examine my leg properly … They should have given me medicine to at least reduce the pain."*

Without an interpreter present, this kind of confusion about treatments, medication and waiting times cannot be adequately explained.

Lack of Understanding about the Role of the Health Service

Another key issue that was apparent throughout the interview was the participant's lack of understanding about the role of the health service. When asked, *"What do you expect from the NHS?"* the woman did not understand the question because she had not heard the term 'NHS' used before. She had no information about the NHS and for her the health service only meant her GP surgery.

Although the participant had been referred to range of services such as healthy eating classes, exercise classes, and a weight management course in addition to her regular attendance for GP, pharmacy, dentist and optician appointments, she is totally unaware of the fact that all these programmes and services are the part of NHS.

She has used these services because her GP referred her to these programmes and services but she has never made the connection or no one has explained to her that all these services are part of larger organisation that is the NHS.

Perhaps because the participant is a recent immigrant to Scotland and because she has no family support might explain why she has so little understanding of the NHS as an organisation.

> *"I want more information on the NHS services available me in the community … My kids are in India; it's just my husband and me over here. We can't ask favours from outsiders to support us."*

It is surprising that a regular user of the health service would be so misinformed about how the services are interconnected. However, it is clear that some sort of public education programme about the role and remit of the NHS may need to take place.

Poor Staff Attitude and Bedside Manner

The participant had mixed feelings about her experiences with NHS staff. As was previously stated, she is extremely happy and satisfied with her GP surgery staff. However the woman felt that hospital staff are rude and insensitive to her feelings.

> *"Hospital staff are uncaring, unconcerned and undedicated towards patient suffering."*

This very strong statement about NHS hospital staff that is linked to her bad experiences in hospital and the lack of language support provided to her. She expressed her frustration by the lack of BME staff who could spend time listening to her needs.

> *"If NHS could employ just one person at hospital who is familiar with our language then it would be of great help not only to us [her and her husband] but to many more people like us who don't understand English."*

Interestingly, the woman also recognised that the poor attitude of staff may also be linked to the understaffing of hospital wards.

> *"[Because of] the lack of staff, the staff are not able to pay due attention to each patient. Maybe staff are under pressure."*

Certainly, staff shortages in hospital do play an important role in staff morale and their attitudes to their work. However understaffing is not a valid excuse for a poor bedside manner.

Recommendations

During the interview the woman clearly emphasized three issues that she would like to see changed about the NHS: interpreting support, more recruitment of BME staff, more information on health services available in her community.

All of these key issues are already present in the Greater Glasgow Health Board's Race Equality Strategy which is an important start to resolving these problems.

Public Review of Interpreting Service

Providing interpretation and translation support to non-English speakers is key to ensuring their equal access to healthcare services. GGHB has recognised this and should be commended. However, a key aspect of language support is its consistency. Clearly, the participant in this interview has had inconsistent access to an interpreter and this in turn has had a negative impact on her health. The system for booking interpreters needs to be reviewed to ensure that requests are processed in a timely manner and to ensure that interpreters attend scheduled appointments. If the booking system is effective but the individual interpreter fails to attend appointments then they should be appropriately disciplined.

There should also be better public accountability of the interpreting services. Evaluation reports should be made widely available so the public knows the standards and targets the service must achieve how well this service is performing.

More Recruitment of BME Frontline Staff

Increased recruitment of ethnic minority staff is another suggestion given by the woman to improve the health services. Again, GGHB has responded to this issue by supporting training and development programmes to encourage more BME people to work for the NHS. However, BME people working at the strategic level of NHS operations is only fulfilling part of what is required. There also needs to be a greater drive to recruit more frontline staff such as receptionists and nurses to ensure that the needs of patients are appreciated, understood and respected. However, with a worldwide shortage of nurses, this goal may be impossible to fulfil.

Better communication with the BME community is also required to raise awareness about available health services in neighbourhoods. A targeted publicity and public education campaign using a variety of media and conducted in a variety of languages may help to ensure that the public is aware of the role of the NHS and the services it offers.

In addition, by working with voluntary and community organisations and by involving the BME community directly in policy work may help in improving the health circumstances and lifestyle of BME population.

The participant, however, does not want to directly participate in policy work. She would, however, like her voice to be heard through a mediator, who should conduct survey work to gather her views and opinions and feed them back to the NHS. She felt that community organisations can also act as mediator between the community and the NHS in order to shape policies and services.

Conclusion

The participant has had a mixed experience with the NHS. She is provided with excellent service at her GP surgery where the GP and his staff are able to communicate with her and have the time to listen to her needs. However, due to her inconsistent access to an interpreter when she attends hospital appointments, she feels isolated and discriminated against by staff.

Even though she is a regular user of the health service, the does not understand the connection between the different services of the NHS and is not aware of the local services in her community. In order to overcome these problems, she would like to see more BME frontline staff and more information available in public spaces on the services available her community. She does not want to directly participate in the policy work of the NHS but she wants her views gathered by a mediator and feed back into the work of the NHS.

Vineeta Chauhan

Older Man Interview: Pollokshields

Introduction

The interview took place in the participant's home. The interviewee came from Pakistan and his English is quite good. For this research, the semi-structured interview was used because the researcher had the experience of interviewing the Chinese man and in that session the questions did not get all answered and the man did not show a lot of interest in half of the questions.

Findings of the Research

The interviewee is a very religious person. He is a Muslim and thinks that God will look after everything. He thinks God determines good and bad health and that no one should ever try to change God's decision. As a result of this perspective, the participant claims that he never goes to hospital and that he does not believe in medicine or doctors. He said:

> *"God determines everything, if he wants you to live, you'll live; if he wants you to die, nothing can prevent it. So why should we worry so much? I think I'm much happier than most of the people because I'm not really bothered about anything, including my health. I smoke 2 packs of cigarettes everyday; I am 67 now but still fighting fit."*

His words seem to indicate that he has made connections of two unnecessarily linkable issues – his belief in God and his 'fighting fit' health. He knows smoking is not good for him, but he is still in good health because God does not want him to die yet. It was very difficult to explain to him those are two different matters but for some people who have very strong religious beliefs, they simply believe everything is in God's hands and nothing can actually change it. Due to the participant's very strong opinions on the will of God, it was not surprising that he did not know much about the NHS or anything about Community Health Partnerships. He is not interested in participating in having a voice in making a better health service. For him, God will make everything work and man simply has to obey God's will.

Conclusions, Further Questions and Recommendations

This interview brought more questions than answers to the researcher:

- If health service were for everyone, what would it do for those people who have absolutely no interest in using it?
- If cultural and religious difference plays such an important role in influencing (preventing) some people using health services, should we promote health service in a different way that will meet different people's needs?

- Should we respect people's religious beliefs more than saving their lives? For example, if the interviewee fell ill and still insists not getting any treatment but waiting for God to save him or let him die, should we allow this to happen?

The issue of cultural difference in people's perception of the health service is similar to the issues raised in the older Chinese male interview. Culture difference is very complex; to find the way to deal with culturally sensitive issues in health services is even more complicated. It may be important for the NHS to provide a targeted public education campaign to highlight the benefits of receiving treatment whilst also demonstrating that participating in the health service may not violate a devout person's religious convictions. It seems that the NHS must work in partnership with faith-based organisations to ensure that the role, remit and purpose of the health service is clearly understood by very devout members of the public and that good health is seen as an important part of religious life.

It seems that the participant may be confusing the inevitability of death with the inevitability of ill health. Clearly, a balance must struck in which the NHS must combat this fatalistic attitude to poor health whilst also respecting the cultural differences with regard to preventative health and medicine.

Hua Cui

Findings for Young People

Young Women's Focus Group: Pollokshields

Introduction

This focus group consisted of a group of eight young Pakistani women with the age range of 16-18 years old. The group started off with an icebreaker, which allowed the girls to express themselves about their personality. We then carried out a mapping exercise in which each individual had to draw out their neighbourhood and express where their local health services existed. It was an exercise that put the girls at ease, and they actually began to enjoy drawing with their individual ideas. Unfortunately, the material from the mapping exercise has been misplaced and therefore cannot be interpreted. The mapping exercise was specifically good for young people as it allowed the participants to show creativity in their issues. Smiley faces and a cross or a tick was some of the methods the participants showed their approval or disapproval of various health services.

The focus group ended with a general discussion about specific questions asked. The discussion was a chance for the individuals to express their concerns, appreciation, and ideas. By the time the discussion took place, the participants were comfortable and felt they could freely speak up and even shout out their ideas; this made the atmosphere more relaxed and more information was drawn out from the participants.

Seven major themes were identified during the focus group, which will be discussed in detail below.

GPs Do Not Take their Health Concerns Seriously

The young people feel that doctors are not attentive enough towards them.

> *"They should treat young people like adults."*

> *"Nobody takes us seriously enough."*

These comments seem to indicate a breakdown in the relationship between the young people, the more 'sophisticated' doctors and the rest of the health service. All the participants agreed to the statement that they feel as though they are not important to doctors and that *"they [doctors] don't pay attention to us"*. The participants all agreed to the idea that respect and attitude towards young people go hand in hand: *"They don't respect us so they are not attentive and look fed up."*

It is a clear issue for young people that doctors do not seem concerned for them. This could be due to the fact that doctors do take on a lot, they have many patients to deal with and they are focusing on the quantity of patients rather than they quality of service being offered to patients.

Perception of Better Care for the Elderly than for Young People

It is of no doubt that young people feel they do not get easily referred to hospitals when they have health problems.

> *"Older people are taken in straight away"*

> *"Just because we're young doesn't mean we don't need medical attention"*

Doctors do regularly see older people rather than younger patients because elderly patients regularly go into surgeries due to ongoing health issues, whereas the younger generations tend to go only when

absolutely necessary. Thus, doctors may develop a personal relationship with older people rather than young persons.

Stressed out about Various Issues

The participants talked about various issues which stressed them out. Exams, family, menstruation and weight were a few examples of their concern. They felt that there is not enough information about where they can go for help when they have to deal with embarrassing issues. Sometimes they have to go to the doctors with their mums and they feel embarrassed to fully express their problem in front of their parent.

> *"If only the doctor would treat us like adults then mum wouldn't have to go with me to show authority."*

The above statement clearly indicates that young women tend to take a parent with them as they feel that the doctor would only help them if a parent is with them.

Strong Preference for Female GPs

A few participants felt that culture was an issue and they want more health professionals to be from the BME community. They also talked about how they feel they would prefer to go to a female than a male doctor for their health needs.

It is a difficult task for young BME people to adjust to two forms of culture. Many young BME persons are from a generation whose parents are originally from countries where culture and religion plays a major role on their lifestyle. These young people find it difficult to adjust to cultural traditions as well as trying to adopt their own 'cultural tradition' from the west. Some participants made comments like *"Aye, mum just makes me eat yoghurt when I get a sore tummy",* whereas this may be a time for the person to make an appointment and see a doctor.

Poor Access to Interpreters for their Parents

Language is not a problem for these young people but it is a problem for their parents and so some of them have to go with their parents to the doctor to act as an interpreter. Some of the young women felt that being an interpreter for their parents is not an issue because they understand that they are a support for their parents when they are accessing health services.

Waiting Times

Although the health service is good in many ways, there is still a need for great improvements in terms of waiting times and meeting BME needs. The young people felt that the waiting times are not only a BME issue, but more an issue for each individual using the health service.

The group indicated that waiting times prevents many of them from accessing services:

> *"We call for an appointment today and we get an appointment 4 days later … What's the point of that? By that time we are better again."*

Bad Attitude from Receptionists

The participants complained that many receptionists are so overloaded with work that they forget that their prime job remit is to welcome a patient. Their attitudes prevent patients from inquiring about health information and making appointments.

> *"I'm just not comfortable to approach the receptionist … her attitude stinks."*

Many felt that the bad attitude from the receptionist prevents their parents, for whom English is a second language, to even phone the reception for an appointment. It makes the parents lose their confidence

even over the phone. The receptionists are the first point of contact for any patient and they should be approachable under all circumstances.

RECOMMENDATIONS FROM THIS FOCUS GROUP

Establishing a Young People's Health Forum

The Community Health Partnership (CHP) strategy is a good method to involve the community. It can be a stepping-stone for the community to engage in what they want from their health service providers. The key themes from the focus group clearly suggest a breakdown in communication between young people and doctors. The results show that young people want more concern shown to them by health professionals. A good way of increasing young people's participation in the health service and getting the health service to understand the needs of young people is to establish a CHP Forum for schools, colleges and universities where the young people can come together and voice their health needs. It is then the duty of the CHP Forum to inform the NHS Board of those needs. This would be a step to show young people that they are important and their needs are taken into account.

Linking Policy into Practice: Changing Staff Attitudes

The Greater Glasgow Health Board's Race Equality Strategy and the establishment of CHPs clearly show that BME needs are being recognised to a certain degree. It is understood that Glasgow is a multi-cultural city and needs from all faiths and cultures need to be taken into account.

The policies for better practice are all very well on paper, however not all of them define the deep-rooted problems which are faced by many service users. Its not just legislations and constitutions which make a service full of quality and professionalism; it is the people working for the service which make it a better place to approach. We can all clearly see that if the service providers do not to show adequate care and concern for a patient then no matter how good the equipment may be and no matter how clean a surgery may be, the service user will not feel comfortable in approaching the service when required.

Staff Training on Young People's Health Issues

The Race Equality Strategy is clearly a step in the right direction for the NHS. The strategy has put its finger on a number of key issues which are important to the BME community. However, the policy targets the BME community as a whole and not as individual age groups.

Young people feel they are not taken seriously enough and that they are not treated with respect. This is a very important issue, as the majority of the participants did not attend services due to this perception. The policy makers need to do further research into how individual age groups have different needs with respect to the services being provided. Staff also could train in this field where they get a one-day course to be trained up with a youth group where staff can participate with the youth clubs to experience and understand the best methods to working with a young person. The training should also be in the form of role-playing where members of staff act as patients and they experience the kind of problems service users are faced with.

Overcoming Perceptions of Unequal Treatment

Young people complain that more care is given to elderly people than young people. This could be a mere illusion as the elderly people interviewed equally say that more care is given to young people as they can speak the language and they know the system. This could be due to the fact that young people can see the help being available for the elderly. The elderly may require more support than young people. However this perception of unequal treatment can be overcome if health professionals take more time to listen to needs of young people and give them respect during consultations.

More Information on Stress Relief for Young People

Young service users say they are stressed out about things and they do not have enough information to deal with their stress. Glasgow's Race Equality Strategy thoroughly looks at giving out information to the BME community, but it also needs to address issues specific to certain age groups. Therefore, there needs to more information available for young people on how to initially detect stress, what they can do to relieve stress and what services are available in the community for them to manage their stress levels.

Another possibility would be for the NHS to provide schools-based stress specialists. This provision would support young people to easily approach the specialist when required. Furthermore, not only would the specialist help young people, the stress specialist would also help teachers who may feel stressed and support teachers to deal with the stress their pupils are facing.

Conclusion

This young women's focus group shows that young people want to be taken more seriously by health service staff and given respect when they access health services. Because of this lack of respect, the young people have the perception that staff treat older people more favourably. These young women are dealing with a lot of complex, and in their minds, embarrassing issues, but do not feel they are being properly listened to by staff. More training needs to be carried out by staff to ensure that the needs of young people are well understood and respected. Furthermore, more information needs to be provided which is age appropriate and discusses issues of importance to young people.

Rabia Baber

Young Men's Focus Group: Pollokshields

Introduction

A focus group was organised in Pollokshields with young Asian men; there were 9 participants in total and the men ranged in age from 17 to 21 years old.

Two researchers conducted the focus group using the 'Wall/Tree' participatory method to foster discussion. This group was very difficult to control in the beginning and it took time to calm them down and to bring order to the group. However the two researchers managed to calm the group down and decided to divide the participants into two groups so that each researcher would take a group each and this way it would be easier to speak to the young men. After the icebreaker, each group was assigned two questions selected from the key research questions.

Group A was asked two questions: 'What do you expect from health services?' and 'What are your major health concerns?' While Group B was asked: 'What health services do you use, what health services are you aware of in the community, what services don't you use and why?' and 'What issues/problems prevent you from using health services?'

Four main issues clearly emerged from the group discussion.

Macho Attitudes to Men's Health

When Group A were asked questions about the purpose of health services and their major health concerns, many replied:

> *"We need more information we don't know."*

It is not clear that the participants were forthright with answers especially when asked about their major health concerns, as one of the researchers knew many of them smoked, but no one replied with the expected answers. None of the participants mentioned any issues to do with smoking, drugs or alcohol

or even any other health concerns like something simple such as healthy eating. Instead they talked more about general issues with the health service and not about their own personal or social situation. Some of the responses the participants did give with regard to their health needs included language barriers, bad service, waiting times, and a lack of staff, especially doctors.

The reasons for their limited responses could be due to their participation in a large focus group. Maybe they would have been more open about certain things if they were spoken to individually.

Surprisingly, many participants stated that they did not readily access any health services and many of the young males believed that thinking about health issues was a 'women's issue'. Many of the men felt that it was not necessary for themselves or other men to access health services. There was a lot of this bravado and macho attitudes coming through in the discussions.

Perception of Poor Services from the NHS

The young people continuously spoke about bad service from doctors and in hospitals. They had concerns with *"waiting lists for operations"*, hospitals being *"too busy"*, *"hospitals far away"*, *"mistakes in operation"*, and *"doctors' and medical staff's [bad] attitudes."* What is interesting is that the young men talked about experiencing 'bad service' but according to their previous statements about their poor attendance rates for any health services it is interesting that they expressed such strong negative opinions about the quality of these services.

Despite their perception of poor services and the lack of access to local health services, the young people were aware of which health services were available in their area and this included dentists, opticians and GP surgeries.

More Nurses and Doctors from BME Backgrounds

The participants did raise something that was of interest, which was more doctors and nurses from black and ethnic minority backgrounds, but particularly more 'Asian nurses'. The reason they gave was that they would have a better cultural understanding than white members of staff.

Perception of Racism within the NHS

Another issue linked with the participants' desire to have more staff from a BME background is that when asked what issues and problems prevent them from using health services, the majority of the young people put down 'racism' as an issue. This is surprising as this is one of the only groups that brought up the issue of racism. It is also surprising because this group admitted that they did not readily access health services.

What remains unclear about this issue is whether the young men had a direct experience of racism with NHS staff which is preventing them from using any future health services or whether the young men have an assumption that racism exists among NHS staff and this perception is stopping them from accessing health services in their community.

RECOMMENDATIONS

Recruitment of More BME Frontline Staff

With regards to policy which tends to focus on the religious and cultural needs of this group, there was not a lot of emphasis on this issue from this young male group. However, the young men wanted the NHS to employ more BME doctors and nurses.

Language was not an issue for these young people, but they did raise it as an issue for some of their parents and grandparents.

It seems that an improved attitude of medical staff towards young Asian men and the better service that is clearly linked to a more understanding workforce is of far more importance to these young people.

Improving Young Men's Access to Health Services

Because the participants were quite clear about their poor access to health services and their lack of adequate information about their health issues, the NHS needs to be proactive in targeting young BME men for support. Since men's participation rates in health services are traditionally lower than women, dedicated resources must be put in place to engage young men about health issues and encourage this group to take their health more seriously.

Working with socially excluded young men must also be a key piece of work for the NHS. The question of community participation was not asked to this particular group but it is clear from their responses that a lot more work needs to be done in engaging with 'hard-to-reach' youths as their participation is vital when planning for community based health services.

Another key issue that may be of concern to health professionals is the fact that the young people wanted to 'legalise dope'. In terms of doing work or targeting young Asian males, there needs to be more work focused on health and Asian males which includes drug and alcohol education and information. This targeted work with young Asian men may in turn galvanise them into action and support their wider participation in the development of health policy.

Conclusion

It was extremely difficult to engage with this group and as a result there was a serious lack of information generated from this particular focus group. Perhaps should not be surprising given the nature of the group and there has to be different ways of doing research and obtaining information form socially excluded groups and young people in general. Many answers given by the young males were of a very cheeky and sarcastic nature, e.g., 'more nurses in mini-skirts' and 'free dope'. However their participation is imperative, and the health services need to work on how to engage with young men and how to provide better information and enhanced services for these groups and address the issues in this focus group.

Uzma Alam

Young Man Interview: Pollokshields

Introduction

A 19-year-old man of Pakistani origin was approached from the young men's focus group to take part in a one-to-one interview. This young man lives in Pollokshields, is currently unemployed and at the time of the interview was doing community service at local youth centre.

Three main themes emerged from this interview.

Lack of Respect by NHS Staff

A major recurring theme was lack of respect and the bad attitudes from health service staff. When asked whether he was satisfied with the quality of services the participant's response was quite surprising:

> *"Nope – not satisfied with the quality of services. It's respect, the lack of respect from staff. I've been in hospital for different things, broken my arm and jaw and every time I've been [to hospital], I've had an argument with staff. I've been kicked out of hospital for causing a riot. They don't listen to you; they aren't concerned about you. They think you're being disruptive. They say they'll call the police."*

This lack of respect by staff seems to be reflected in the lack of information he was given about a recurring medical condition with his jaw.

> *"I was awake, got few jags in my mouth. She ripped my mouth open with a blade. I was numb, sitting there screaming … She [the nurse] … took 2 screws out. Never been in that much pain in my life … [She] stitched me back up and couldn't get the other 2 screws out. She told me to go home [and] … didn't give me a reason why 2 screws were still in my mouth. Haven't been to the GP or nothing. Done nothing about it."*

Waiting Times

The participants also showed a great concern about waiting times. He expressed a great dislike towards hospitals, particularly the Victoria Infirmary and he equated his experiences in hospital to that of Barlinnie prison.

> *"Got a metal plate in my jaw. Was in hospital for it. Got an operation 24 hours later … was waiting in the hospital for a good few hours, at least 4 or 5 hours … I hate the Victoria Infirmary, hate hospitals big time. It's worse than Barlinnie. A lot of people say that it is."*

When asked what health services he uses, he talked about his GP and again he complained about waiting times.

> *"They give you an appointment but you wait good few hours. I get pissed off. They see you couple of hours later. All doctors are like that."*

Disillusionment with the Health Service

Throughout the interview it seemed that the participant was completely disillusioned with the NHS. There were many negative comments filled with strong language and frustration. For example, when the participant was asked what issues affect the quality of health services he said it was

> *"Attitudes of staff affect quality of services. Sometimes I feel, when I think back, it could be because I'm black, but more so for elders in the community it's language barriers."*

The issue of racism was raised but he was not sure whether the problems he has had with the health service has anything to do with his race or colour. When he talked about the hospital he said

> *"I don't think it's an issue because I am Black. It's the way they are with everyone."*

In addition, his comments pose the question of whether hospital staff are trained to deal with vulnerable young people. This is noted in his comments about his personal experience in hospitals.

> *"Been to hospital for jaw, broken arm and an overdose. Overdosed on paracetamols and other tablets 2 years ago. Ran away several times from hospital. It's like being in jail. Food is stinking … I am starting to get pains in my head, don't know if it's because of jaw. Haven't seen GP about it."*

RECOMMENDATIONS

Effective Support for Vulnerable Young People

When discussing Black and Ethnic Minority Health, policymakers tend to focus on the cultural and religious needs of this group. While culture and religion are important considerations in BME health, BME young people have not prioritised these issues.

This young man's comments are similar to the other young males from the focus group. The main issues are waiting times, bad service and lack of respect from staff and also a complete disillusionment with the health service.

Again the participant suggests just like the young males from the focus group that there should be more ethnic minority nurses and doctors,

"But they should be reliable people, people you can trust. Not just rich people."

It seems that he is suggesting that he feels that the more affluent members of his community have not done enough for the betterment of the community and may not be easily trusted. It also raises issues of his own socio-economic position. He may also be saying this because he feels staff from a variety of socio-economic backgrounds would treat him better and have a better understanding of his needs and wants to see himself reflected in NHS staff.

When asked whether he eels he has a say in the way health services are delivered and whether he would like to participate or be consulted his response was

"No, do I get a say? I would like to have a say."

He also added that he would like to share his story. To ensure that the participant had meaningful opportunities to participate, he will require guidance, support and help. His participation and contribution would be much needed as he is a perfect example of a young socially excluded Asian male who has many qualms with the way the health service currently operates.

The key issues that have emerged is that there seems to be a trend amongst young Asian males of being completely disillusioned by the health service this group seems to experience a lot of conflict with staff which may be linked to the poor attitudes of staff towards this group.

These young men do have serious health concerns like smoking or drugs but are not motivated to have them addressed by hospitals or GPs due to negative personal experiences and also waiting times, which seems to exacerbate the problem.

Conclusion

Throughout the interview a lot of frustration was displayed and there was not any positive remarks given about the health service. The participant felt that the health service was not achieving what it was set out to do. He does not feel that he has enough information; he does have some major health concerns but does not take his health very seriously. The health services need to address and rectify how they are able to reach out and be an inclusive service especially to vulnerable young people and be able to cater for the needs of young people like the participant in a sensitive and professional manner.

Uzma Alam

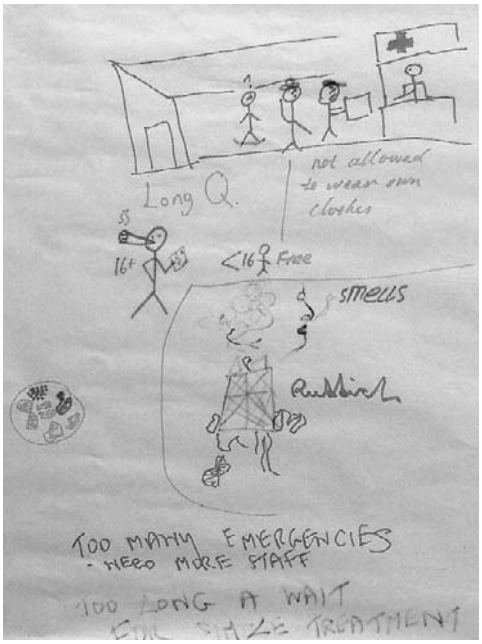
Young People's Mapping Exercise: Hillhead

Introduction

A mapping exercise took place at Hillhead secondary school to reflect Chinese young people's thoughts about health services. The participants are members of the Dragnet Chinese Youth Group. 10 young men aged between 13 to 17 came to participate in the exercise.

Methodology

There are a lot of tools for doing participatory research. The focus group that took place with the Chinese women's group was only one of them. Because young people have shorter attention spans, focus group or interviews might not be the most suitable methods to obtain information. The researcher asked Chinese young people to do this research and they chose to draw their opinions in order to express them fully. The Mapping exercise was carried really well because it was not only a drawing exercise; young



people talked to each other and communicated with the researcher throughout the whole process.

Findings of the Research

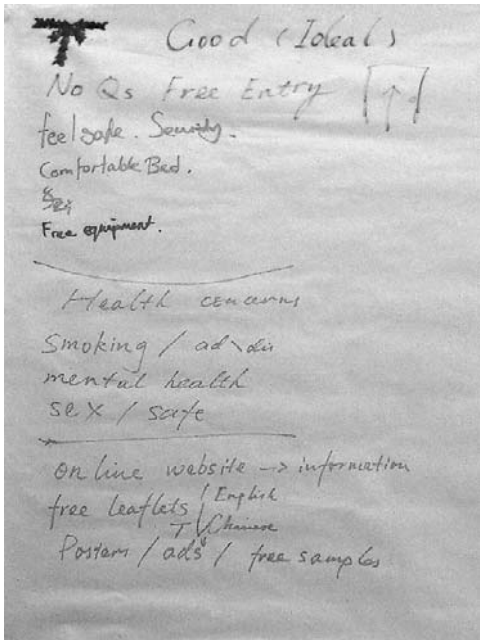
Most young people participating in this exercise did not have much experience of using health services. They never mentioned about regular health checks and it is quite understandable, when people are young and energetic, they probably do not worry about their health that much. The only experience they had of health services was when they got ill or got injuries, they went to hospitals, that is why they talked a lot about their impressions of hospitals.

Mixed Feelings about Hospitals

The first issue that was highlighted was that young people felt that waiting lists were too long even for simple treatments. They appeared to dislike the hospital environment, one of the boys who had an experience of staying in hospital said,

"It's pure smelly, rubbish on the floor and the food was horrible."

The young people do not like the idea of not getting to wear their own clothes in hospitals and wondered why all the lights go out after a certain time in the evening. But they like the idea that they get free treatment, they feel safe in the hospital, and the beds were comfortable.



Lack of information

According to their drawings and the discussion, the young people wanted to know more about specific health services, such as smoking cessation, mental health, safe sex but they find there are limited resources available. One of the boys kept saying:

"I want to know more about safe sex."

But the rest of the group were giggling about his words. That might indicate that even though some information is available, young people may not access it due to peer pressure.

RECOMMENDATIONS

Hiring more Staff

For long waiting times, Chinese young people would like to have more staff and they think it might not solve the problem overnight but it will make the waiting shorter.

Increased Access to Information

Chinese young people would like to find out more information about health services through the Internet, TV or through free trials of certain services to see if they liked them. They also would like to have leaflets about health services both in English and Chinese. Also when designing the leaflets, attention must be paid to ensure the information is 'youth friendly'.

Conclusion

This was a very active group. The only way to get the young men to sit down and concentrate on the task was to make the research interesting to them. It was said that this group of young people are quite into arts and crafts, so the drawing exercise was used and it went really well. The participants' feedback was positive and one the boys said,

> *"I enjoyed it totally; I don't want it to end. When are we doing this again?"*

Hua Cui

Young Women's Vox Pop Session: Pollokshields

Introduction

The Vox Pop session was meant to consist of 9 people, however, only 2 turned up. Both young women are 23-year-old Pakistani Muslims. They have recently moved to Britain from Pakistan and are working.

The vox pop took place in the form of a general discussion about the NHS and what they know about it. The young women then asked each other questions about their perceptions of the health service.

Three main issues emerged from the discussion.

GPs Do Not Listen to Health Concerns

The participants feel that the health service staff only do what they want and do not listen to the patients

> *"I want them to listen to me, I don't think they understand."*

There seems to be an issue about communication. The participants feel that the doctor does not communicate with them and calls every symptom 'depression.'

> *"If I go to complain about a headache and nausea, then it's depression. If I go to complain about stomach pains, then its depression. When is it not depression?"*

The women feel neglected and do not like being treated in such manner.

> *"We want the doctor to show care."*

> *"It only takes the doctor a few extra minutes to patiently listen to me, but it can make a big difference to my state of health."*

The participants feel that the service can be improved especially when it comes to prescribing medicine:

> *"Sometimes I'm given 3 to 4 different kinds of medicine. I don't even know which medicine I'm taking for which symptom."*

They also felt that the doctors are increasingly not giving time to their patients to do proper check-ups:

> *"My BP has never been checked, despite the fact I had chest pains."*

Waiting Times

The women also felt that waiting times are too long. The participants feel that there is no point approaching doctors because they are always too busy and they get turned away by the receptionist and get told:

> *"Come back on a week on Monday … I'll be fit by the time I go back!"*

"I don't understand why appointments are given after such a long time. For the receptionist it's just a 9 to 5 job; for us, it's a matter of our aches and pains."

Lack of Information

Participants feel that there is not enough information available for them to know what is happening in terms of health.

"I am a young girl from Pakistan, I'm not familiar with the internet or other places where I get information, the only way I know about some health issue is when I look at the leaflets in the waiting room when I'm at the doctors' [surgery]."

Service users are not aware of policies and procedures and they do not know what their rights are. Young people from foreign countries have a real problem with the NHS because they do not have any idea of what is available for them.

"I didn't even know I could see a separate nurse if I had female issues … I just don't know what is free for us and what we have to pay for."

The participants are concerned that they sometimes hesitate when accessing the health service because they do not know how much they will be charged as it is not clearly defined anywhere.

RECOMMENDATIONS FROM THIS VOX POP SESSION

Staff Need to be More Empathetic

This problem has been highlighted again and again where patients feel neglected and let down by health service staff. The NHS is not just about providing a service but also about showing concern and care to patients. All GPs need to be sent on a 'befriending' training course to understand that they need to develop a warm rapport with the patients. The best form of this kind of training can be provided by an organisation that truly works in the heart of communities and knows the real value of empathy and showing concern.

Decreased Waiting Times

Waiting times is again a re-occurring problem. More incentives need to be present to attract the public to train up and become part of the NHS. The best method would be to increase pay and provide quality support for service providers who can then provide a quality service to the service users. The government needs to acknowledge that there is a national crisis on board.

Increased Information in Communities

The health service needs to have more information stalls set up at events where it can be easily accessed by a range of information. The health service should focus on putting up information stalls in colleges, universities, shopping centres and planned 'information days' where all kinds of information is available to promote the services available in communities. In addition, more information leaflets about the costs of services and an introduction to the policies and procedures of the NHS need to be provided to foreigners living in Scotland.

Conclusion

These young women are looking for a better service, which provides much more attention and information than they are currently receiving. Waiting times and the lack of concern is clearly a very big issue for these participants, thus this must be the initial point of focus for the NHS to satisfy service user needs.

Rabia Baber

Findings for Mid-Range Adults

Mid-Range Mixed Focus Group: City Centre

Introduction

This Chinese focus group consisted of 7 women and 1 man aged between 30-50 years old. The focus group took place in the Sanjai Project, a voluntary-sector organisation, after the group's English class. The conversation was in Chinese because most of the participants could not speak English.

Methodology

For the mid-range Chinese group, the researcher decided to use focus groups. Focus groups are informal techniques that can help you assess user needs and feelings both before interface design and long after implementation. Focus groups are open ended, discursive, and are used to gain a deeper understanding of respondents' attitudes and opinions.

There are several reasons the researcher considered focus groups to be the best way to carry out the research.

- There is a natural Chinese woman's group in Sanjai project. It is reasonable to interview all of them in a group. Since they know each other quite well, it is easier for them to break up and talk about their experiences.
- The women do not speak English very well and it is comfortable if they stay in a group that they could talk to each other in their own language.
- Focus group interviewing is particularly suited for obtaining several perspectives about the same topic. The purpose of this research is to know people's perspectives about health services, people's views vary because of their different experiences. In this case, focus group is the best way to obtain the information.
- The benefits of focus group research include gaining insights into people's shared understandings of everyday life and the ways in which individuals are influenced by others in a group situation. Many hidden issues might emerge through conversations.

Findings from the Focus Group

Many people in this group could not speak much English, so the focus group discussion took place mostly in Chinese. Many of the women in this group have not had lots of experience using health services, neither did they have sufficient information about what health provision is available in their communities.

But for what they have used, they had some comments:

Long waiting lists

One of the interviewees talked quite drastically about her experience, she said

> *"I had a very sore back problem and I went to see my GP, they told me my appointment was in two weeks' time, by the time I went my appointment, my back was OK then. What is the point of the GP if all I did was cure myself during [the] waiting time? What if someone had something really serious? He could be dead in two weeks' time."*

In the group, long waiting times appeared to be the biggest problem people have with the health services.

Language

Most of the group could not speak English very well, so they need interpreters when they use health services. Unsurprisingly, the need for interpreters seems to make it more difficult for the participants to use the health services. According to one of the interviewees, she waited six hours for the interpreter to come in the middle of the night when she had an emergency.

> *"If I could speak English, I could have suffered a lot less."*

Another interviewee said sometimes if she felt like she was not well, she could not even be bothered to go to the hospital because then she would need to ask for an interpreter. She felt that not only is it embarrassing for her – she is ashamed that she can not speak the language – but also very time-consuming.

Lack of information

Many of the interviewees would like to have more information, such as leaflets about what is available in community but they simply found it is so difficult to find any information. They are very busy at work during the day and they do not go out much after work. Most of the women in the group said the English class in Sanjai project is the only community service they use because they think it is useful and not very far from where they work or live.

Because they never had a lot of experience of using health services, their views about NHS are considerably limited. When the facilitator asked them about the impact that community councils and Community Health Partnerships might have on their greater participation in the health service, they did not have any opinions of those. But they showed interests in knowing more.

RECOMMENDATIONS

Decreasing Waiting Times

In the researcher's opinion, long waiting times is not a problem specific to ethnic minority groups; it is the problem for everyone. More staff might solve the problem but to make the current services more effective might require something more feasible in the short-term.

Overcoming Language Barriers and Providing Targeted Information

Language barriers when accessing health services is a key issue that affects many ethnic minority people, especially the older generation. Also many people do not know what services are available in their communities. This seems to be the biggest problem this group is facing. At the moment, the participants know that the Sanjai Project provides telephone numbers they can phone to ask for an interpreter. However, for the people who do not use the services provided by the Sanjai Project it is unclear where they would obtain the appropriate information. To have interpreting and translation services is a positive thing but it is also equally important to ensure that the service is well publicised in the communities who are most likely to use the service.

There is a list of ethnic minority organisations in Glasgow and it is updated every year. It is good to get information leaflets from the health service passed on to all of these organisations in order to better publicise available community services.

Also it is vital to make the information or leaflets relevant to the specific community; consultation might be needed regarding what different communities wish to know about the health services. It is also positive to have information provided in different languages.

To get different communities involved in Community Health Partnerships it is vital that the NHS passes on the relevant information to the relevant communities. If people could see how their voices can be heard and how things can change, they would surely participate.

Conclusion

In Chinese history, people were not supposed to comment on the government's policies; this was part of Chinese culture. Although participants had some concerns about health services, they still think health services are good. Also, because they think health services are free, compared what people have to pay in China, they are satisfied with what they get here.

Hua Cui

Mid-Range Man Interview: Pollokshields

A one to one interview took place with a British born Pakistani Muslim man. He is a young educated individual who has a sound knowledge of what the health service should ideally be providing compared to what they are actually providing. The interview kicked off with briefing the individual about the research and then generally discussing the current NHS crisis. The interview carried on with asking specific questions related to the research.

Three main themes emerged from the interview.

Professionalism of NHS

The participant felt that there was not enough professionalism in the health service.

> *"Everybody in the health sector provides a service, but it's their professionalism that makes the difference."*

The participant said that being a young BME male makes no difference to the service he receives, because he was born and brought up in this country and does not feel that he needs any different treatment than all other service users.

> *"I'm generally satisfied with the service, although I know that the health service has to focus on many aspects which are the missing link for the BME community."*

The participant is happy with the service he is getting and believes that this is due to him knowing the system.

> *"But I do know that there is more of a concern for my elders whom are not fluent in English and are not well aware of the system."*

Lack of Information

The participant complained that he has no information on policies and procedures; the most he would know is to complain to the receptionist.

> *"If I had a complaint, I wouldn't know where to go or who to contact … I would like to have a say in what's happening around us, we need more information."*

The participant feels that there is a definite lack of understanding of what kind of information should be out there for the BME community:

> *"Information needs to be out there written in many languages. Basic concepts of health needs should be distributed."*

Waiting Times

> *"The first thing that needs to be done is to cut down waiting lists."*

This again is an issue that has been brought up by all age groups, genders, and ethnicity. Waiting time is most probably the most common complaint that patients have.

> *"I hate waiting, it annoys me that by the time we are given an appointment, the illness is away … More effort needs to be put in to decrease waiting times, it's a real turn off."*

> *"How can a good service be provided when the first point of contact is really disappointing? Its definitely not well organized if waiting times have come to a crisis point."*

POLICY IMPLICATIONS FOR THIS INTERVIEW

Quality of service

Many policies and procedures aim to resolve specific problems in specific areas. However, it seems that a more holistic strategy needs to be put in place not only to properly define problems in service provision but also to qualitatively measure how services are being provided and at what standard is it being provided. Services need to meet the needs individuals, but they should also be provided at a very high standard for all service users. Furthermore, these outcomes of these measurements should be disseminated to patients so they can be kept informed of standards within the NHS.

Information

Service users need knowledge and information about the NHS, whether that is for various illnesses or the general policies and procedures of the organization. The health service needs to take into account various kinds of technology, which is now available to provide information. The technology could include allowing service users to sign up for e-mail services on various topics, text alerts to sign up to and access required information, and also through local newspapers and free phone information help-lines. All these techniques must be advertised widely using a variety of media, and in this case BME media, to ensure that a maximum amount people can access information when required.

Waiting Times

This major problem across the board is one that is currently being addressed by policy makers. It is an issue that can be taken to either extreme. On one hand filtering patients by allowing them to access GPs and hospitals only when absolutely necessary can cut down the waiting times. On the other hand, too many patients being filtered can be a means of neglecting those who may truly need medical attention. The core of the problem is that the ratio of health professionals to patients is too low. There needs to be more qualified individuals taking on the responsibility for patients.

Students should be given an incentive to study medicine and there needs to be more access courses available to allow students to get into the health service. Students who may not have studied medicine should have some sort of training scheme, which they could enter to get their foot through the door.

Conclusion

This young man is fairly satisfied with the service he is getting. He has a major concern due waiting times but generally feels this is an issue for all people. Although he is young and knows where to access information, he still feels there is not enough information around about NHS policies and procedures. This is most definitely a point to note: if someone young and fluent in English feels the need to acquire more information then how much more important may it be for BME individuals for whom English is a second language?

Rabia Baber

Mid-Range Woman Interview: Govanhill

A one to one interview was conducted with a 29-year-old British born Italian Muslim. She is a mother of three who not only has concerns for herself but also for her children, aged: 11, 9, and 8 years old. The entire interview took place in English. It began with a general discussion about the NHS proceeded by specific questions relating to the research.

Four key themes emerged from the discussion.

GP Does Not Listen to Health Concerns

"I feel very embarrassed going to the doctor because I know he doesn't bother about me."

This statement is the first point the interviewee made about her doctor. She feels that her doctor looks at her as though she deliberately makes up illnesses.

"Sometimes he just looks at me as though I'm stupid and I'm making a fuss over nothing."

She feels that service providers forget that they are dealing with individuals and not a machine that may be malfunctioning.

"I don't go to my doctor because he picks on me in a subtle manner, it makes me uncomfortable."

The participant feels that she is wasting the doctors time if she goes to him; *"he looks at me like, 'you again'."*

Waiting Times

The interviewee felt that sometimes she puts her children's health at risk because she cannot be bothered waiting for appointments when her children are ill, therefore she does not bother to phone up to arrange an appointment.

"If my son feels ill then I just give him Calpol and paracetamol until he is better."

She feels that waiting times in Accident and Emergency are appalling and that the treatment they give does not match any form of quality.

"I waited 4 hours for my leg pain due to a blood clot, only to be told that I should take aspirin and it will help my circulation."

Preference for Female GPs

She felt that what also stops her from using the health service is that she does not like to be seen by a male doctor, but she is too shy to speak up and ask for a female doctor, especially in hospital.

"I don't know how to say it … I just panic."

She feels that her cultural and religious needs are not taken into account when she is being treated for her varicose veins. The male doctor has to see her leg to check her veins but she does not like it.

"I know I don't want him to see my legs, but I also know that I'll be sighed upon if I ask for a female doctor."

The participant admitted that this is a very big issue for her, but nevertheless she puts up with it because she thinks there is no two ways about it.

"I feel that I'm being too fussy … I don't think they understand."

The participant admitted that this is also the reason why her varicose veins have gotten worse; she does not like going for check-ups and would miss her appointment.

"I overlook my hospital appointments sometimes, only because I know he will just look at my legs and then not do much about it … he would probably just give me a repeat medicine."

Lack of Information on Services and Policies of the NHS

The interviewee feels that being a mum, she does not have adequate information available on basic health advice for her children. She wants to know more about certain issues regarding her children but does not know who to phone up to get the information.

She also did not where to go to get information to make a complaint against a certain service provider. Tellingly, she did not want to just complain and become a mere statistic.

"I once wanted to complain about my doctor, but I just didn't know who to turn to."

The participant also feels that she does not know about the general rules and regulations of the NHS, such as GP home visits.

"My daughter was ill and I wanted the doctor to come out and see her, I phoned and was told to take my daughter to casualty if she was bad … I didn't even know that the doctors don't come out anymore."

"I would never take her to Casualty, they make you wait for 5 hours at a time."

Knowing about GP home visits is important to a young mum who may not know even the basics of what she can do to urgently get her daughter seen by a doctor.

POLICY IMPLICATIONS

Counselling Skills Training for Staff

This is an issue, which cannot be strictly defined to the service but to individuals who provide the service. Many service providers do an excellent job in showing concern to the patients; however, there can be certain individuals who let the whole system down. Showing concern does not mean individual providers have to give up their time to really show appreciation to the patient; what it means is that doctors and specialists show a little warmth towards the patient and actually listen to the patient before giving a diagnosis. Many doctors have pen to paper even before the patient completes their sentence. Service providers should all be trained on core counselling skills to allow them to acquire listening skills and to show empathy and approachable body language to patients.

Providing Good Practice with Female Patients

Gender sensitivity is an area, which can be easily addressed. Female patients should be given a choice if they want to be seen by a female rather than a male doctor. It should become standard practice that male specialists in hospital should ask female patients if they would rather be seen to by a female specialist. Although it may not always be possible to provide a female doctor, however, for male doctors to suggest a female nurse to be present during examinations would be a step in the right direction.

Providing Targeted Information to Specific Groups

Young mothers should be given handbooks to refer to if they may have young children at home. This could be a method to allow parents and other individuals to know the regulations of the health service as well as basic first aid techniques. The handbook should also include complaint procedures and essential help-line numbers.

Conclusion

This mother has many issues with the health service. A lack of choice over the gender of attending staff, a lack of empathy for her medical conditions and a lack of information on her children's health needs. This

woman is one of many people who want to speak about their concerns but do not know who to approach. Many of these issues raised in this interview can be dealt with in a quick and effective way, and it is not clear why practice on the ground is not reflecting policies designed to such concerns.

Rabia Baber

Mid-Range Man Interview: Pollokshields

Introduction

A structured in-depth interview took place with a man of British Pakistani origin, aged 26, who is working as an auditor and living in the Southside of Glasgow.

Major Themes from the Interview

The participant was asked various questions relating to expectations and attitudes towards the health service. The following issues emerged:

Flexibility of Services

The participant highlighted how some health care services, such as the local GP surgery, can be quite inflexible towards needs of the patient. Appointments are made weeks in advance rather than within a few days, which does not suit the participant as he does not know whether he can keep the appointment. This inflexibility usually prevents the participant from using his GP for "small health problems".

> *"With my job, I do a lot of travelling, so if I make an appointment with my doctor in the next couple of weeks, usually I don't know at that point in time where I am going to be in the country."*

Therefore, the inflexibility of the appointments system can be seen as a barrier that prevents young busy professionals from using health services.

Waiting Times and GP Surgery Opening Hours

The participant felt that although the services provided to him were of adequate standards, the waiting lists and general waiting times for patients to receive care and attention was a concern.

> *"Generally they [the health services] are good but it takes too long to be seen. When you are ill you expect to have to go during working hours; it would be better if they were open later."*

Waiting times could potentially be seen as a barrier that prevents people from using such services, as the frustration of waiting leads to feelings of being "fed up". Also, the current hours of operation of his local surgery may be preventing him from using local services effectively because the operating hours clash with his work schedule.

Ability to Voice Concerns

The participant felt that there was not an opportunity to voice opinions about how the health services are run but the participant seemed to be content with this due to his good health and as a result he felt that he did not need to speak out.

> *"Apart from election time there is no other way of having a say in how health services are run … I don't particularly need to be heard as I don't have a specific problem, my needs are catered for."*

It is interesting that the participant was not aware of the different methods of voicing his opinions about the health service. It is also interesting that he only perceived community participation in a negative light: it seems he believes that the only reason to participate is if a person is unsatisfied with a service or if individual health needs are not being met. What is also surprising is how he has not linked his previous

issues of inflexibility of the health service to working people's needs to his analysis of the need for voicing his concerns.

Lack of Barriers Linked to Ethnicity

The participant felt he faced no barriers to accessing health services which are linked to his ethnic origin. This perception may be due to the fact that he is a young man who does not suffer from major illnesses that would require constant use of the health services.

> *"I have asthma, but I don't class it as a problem because my medicine controls [the condition], but when I was younger it was a problem."*

The participant felt that he does not have any specific health needs linked to ethnicity as he is British born and does not have any communication difficulties. Therefore he felt that any needs he might have will be general across all communities regardless of race or ethnicity. However, he does believe that older Asian people may experience problems because of language barriers.

> *"The Asian aspect does not bother me. For example, there are no language barriers. But I can see how it could be an issue for some people, in particular older members of the Asian community."*

POLICY IMPLICATIONS OF THIS INTERVIEW

More Focus on Preventative Health Care in the Asian Community

Many points were raised as to how the health services can be improved which would then in turn improve the quality of care for people. Preventing ill health in communities rather than trying to treat people after diseases had developed was highlighted as an effective way of cutting down on costs.

> *"If you help people out in the short run then in the long run there's less cost anyway, prevention is generally cheaper than cure."*

It was therefore felt that some sort of government intervention should take place.

> *"Asians have more chance of [developing] heart disease; there should be more work on prevention. Even although I have no problems, in most Asian families it's common to have heart disease, so it has to be tackled at the root of the problem."*

The participant also felt that the number of people employed by the NHS has an adverse effect on the quality of care provided, and so the government should look at increasing staff numbers within the health service.

Providing Services that Meet the Needs of Working People

Cultural and religious needs were never raised as issue for this participant. This may be due to the background of the participant who took part in the interview because he is young, British born and fluent in English.

However the needs he identified are linked to those people in the workforce. The NHS needs to do more to ensure that needs of working people are reflected in the organisations of services. Specifically, hours of operation need to be extended so those who are working during the day can still access services without taking crucial time off of work to do so.

Encouraging Public Participation in Health Policy

Also, the participant stated that he did not want to participate in the design and delivery of the health services because he did not have any BME barriers. It seems the NHS and its partner organisations in the voluntary-sector need to do more to advertise the different opportunities to participate in health policy work. Organisations must also demonstrate that people can participate in a positive way to changes

within the health service and participation does not necessarily have to be linked to barriers they may face when accessing health services.

Conclusion

This interview highlighted how different segments of the BME community may have different barriers that prevent them from using the health services available. The younger BME community may not necessarily have any specific BME-related barriers. The barriers that they might face may be same issues that all communities might face regardless of race or ethnicity.

However, it was appreciated that other segments of the BME community such as the elderly may face BME-related barriers such as language and communication problems.

Zahid Zafar

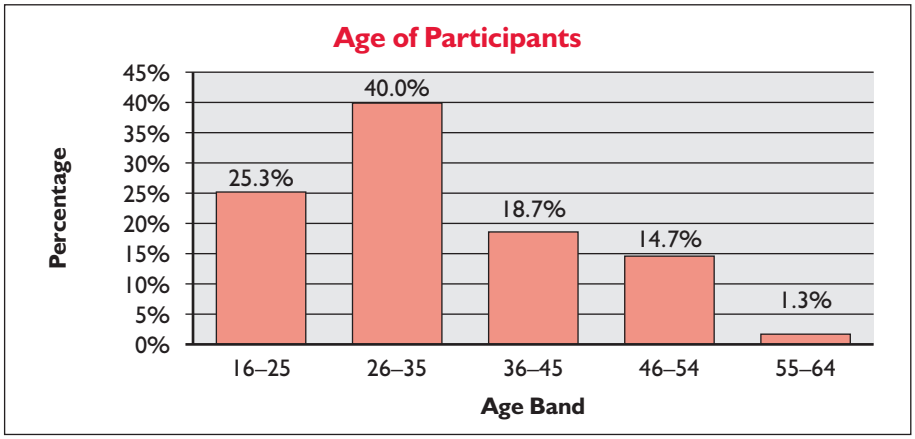
Mid-Range Adults Questionnaire Results

Introduction

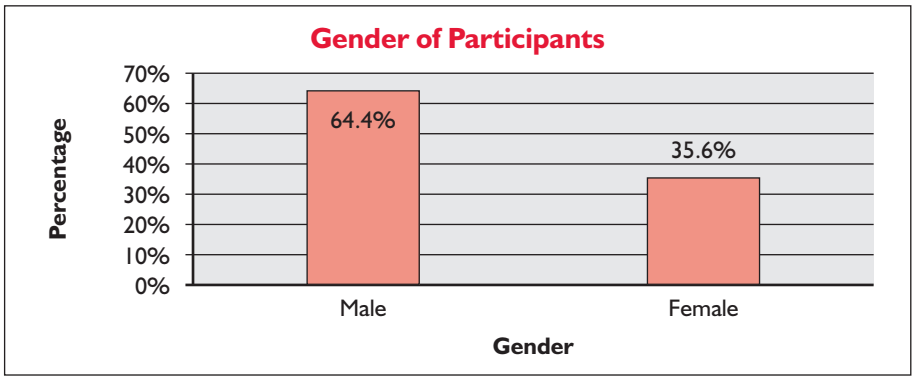
Over the course of two months, three co-researchers contacted a range of individuals between the ages of 26-54 to complete a questionnaire for this research project. The aim of the survey is to capture important demographic information about the participants, such as ethnicity and gender, whilst also attempting to measure people's opinions, understanding and awareness about their health, their local health services and their preferred method of participating in the design of health policy and services.

Demographic Profile of Participants

Of the 77 people taking part in this survey, the majority fell into our key target group of 26–35.



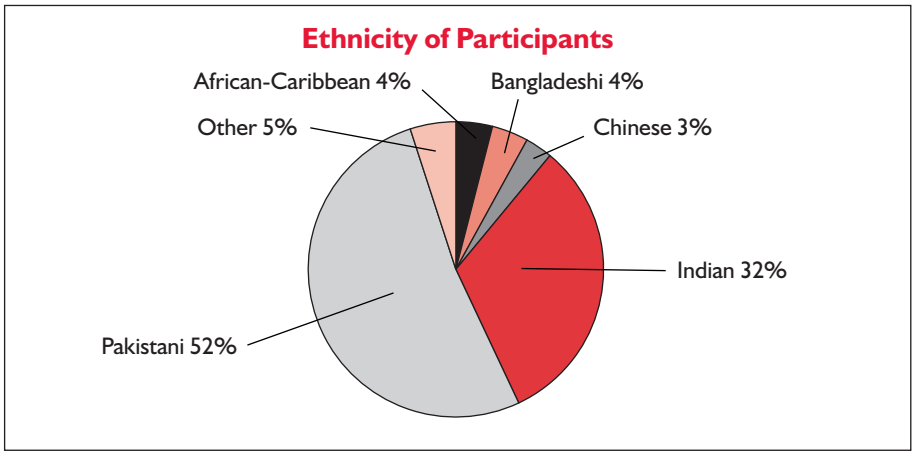
The co-researchers were proactively targeting men to participate in the survey in order to gather further information on this notoriously hard to reach group. As a result, the majority of respondents are men.



The majority of the BME population living in the Govanhill and Pollokshields East postcode areas is of Pakistani or Indian ethnic origin, thus it is not surprising that these are the two largest groups taking part in the survey. The co-researchers worked proactively to involve other ethnic groups, however, these groups remain very difficult to contact and thus are not well represented in this survey.

Postcode Area of Participants

Postcode	Percent
G41	61.3%
G42	30.7%
Other	8.0%
Total	100%



Opinions on Health

When asked specifically about their major health concerns, no one issue has an overall majority for participants. What is also interesting is that these health issues do not correlate to either ethnicity or gender. It is clear that participants' concerns about their health are highly individualised, varied and complex.

Health Concerns

Health Issue	Percent
Diabetes	4.5%
Heart Disease	4.5%
High Blood Pressure	4.5%
High Cholesterol	1.5%
Healthy Eating	13.6%
Weight Loss/Management	1.5%
Asthma	6.1%
Substance Misuse	1.5%
Other	15.2%
Diabetes, Heart Disease and High Blood Pressure	4.5%
Diabetes, Cholesterol, and Healthy Eating	4.5%
Diabetes, High Blood Pressure, Healthy Eating and Weight Loss	9.1%
Healthy Eating and Substance Misuse	1.5%
Diabetes, High Blood Pressure, Healthy Eating and Asthma	4.5%
Healthy Eating, Weight Loss and Substance Misuse	7.6%
Healthy Eating and Weight Loss	9.1%
Healthy Eating and Asthma	3.0%
All of the above	3.0%
Total	100%

Participants were asked to describe a healthy person encompassing some of the key definitions of the Social Model of Health. It is clear that the people taking part in the survey take a holistic view of good health which includes not just physical and mental well being but also strong social connections and emotional fulfilment.

Healthy Person: Physically and Mentally Fit

Response	Percent
Strongly Disagree	2.7%
Disagree	4.1%
Neither Agree or Disagree	4.1%
Agree	55.4%
Strongly Agree	33.8%
Total	100%

Healthy Person: Regular Exercise

Response	Percent
Disagree	5.5%
Neither Agree or Disagree	19.2%
Agree	57.5%
Strongly Agree	17.8%
Total	100%

Healthy Person: Social Connections

Response	Percent
Strongly Disagree	4.1%
Disagree	8.1%
Neither Agree or Disagree	29.7%
Agree	52.7%
Strongly Agree	5.4%
Total	100%

Healthy Person: Balanced Diet

Response	Percent
Disagree	5.5%
Neither Agree or Disagree	15.1%
Agree	61.6%
Strongly Agree	17.8%
Total	100%

Healthy Person: Spiritual and Emotional Fulfillment

Response	Percent
Strongly Disagree	2.7%
Disagree	12.2%
Neither Agree or Disagree	24.3%
Agree	50.0%
Strongly Agree	10.8%
Total	100%

Awareness and Access to Local Health Services

Participant's awareness of local services in their communities was restricted to the three most popular and heavily used NHS services: GP, Dentist and Pharmacy. Perhaps surprisingly, participants' knowledge of other local services, such as Physiotherapy and Counselling services, was very low. There was, however, a small minority who are aware of all the services listed in the survey.

Awareness of Services

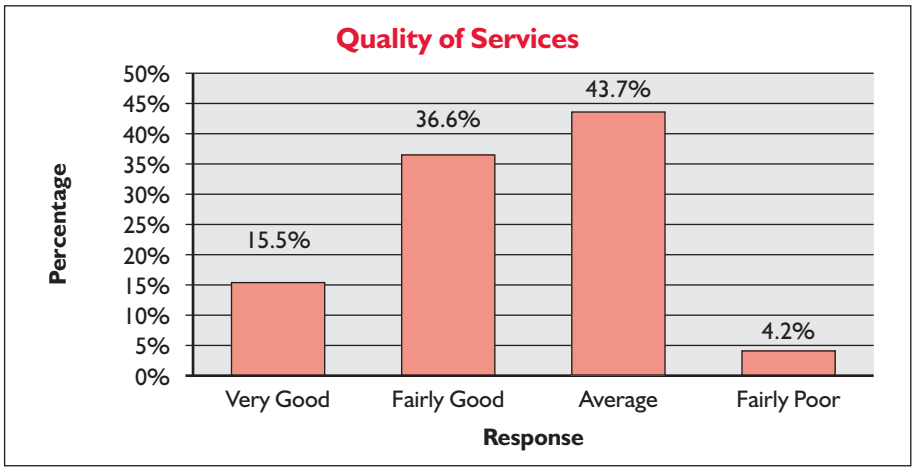
Type of Service	Percent
GP	4.0%
Dentist	1.3%
GP, Dentist and Pharmacy	44.0%
GP, Dentist, Pharmacy, Counselling	20.0%
GP, Dentist, Pharmacy, Counselling and Parental Support	5.3%
GP, Dentist, Pharmacy, Counselling, Parental Support and Physiotherapy	1.3%
GP, Den, Pharmacy and Physiotherapy	5.3%
Other	1.3%
All of the above	17.3%
Total	100%

Unsurprisingly, participants' usage rates of the listed services have a clear correlation to their knowledge of these services. As a result, the vast majority of people seem to only use three services: GP, Dentist and Pharmacy.

Use of Services

Type of Service Used	Percent
GP	14.1%
Dentist	4.2%
Pharmacy	2.8%
Other	1.4%
GP, Dentist and Pharmacy	52.1%
GP, Dentist, Pharmacy and Counselling	4.2%
All of the above	1.4%
GP, Dentist, Pharmacy and Physiotherapy	19.7%
Total	100%

When asked to rate the quality of the services that they regularly use, a majority of participants seem to be happy with the services provided by the NHS.



However, when assessing whether participants' cultural and religious needs are taken into account by NHS staff, opinions were mixed. While some people believe that staff do take into account their needs, a significant minority of participants also believe that staff do not understand their needs. Interestingly, some respondents do not seem to know whether their needs are being met at all.

Think Culture and Religion Understood by NHS Staff

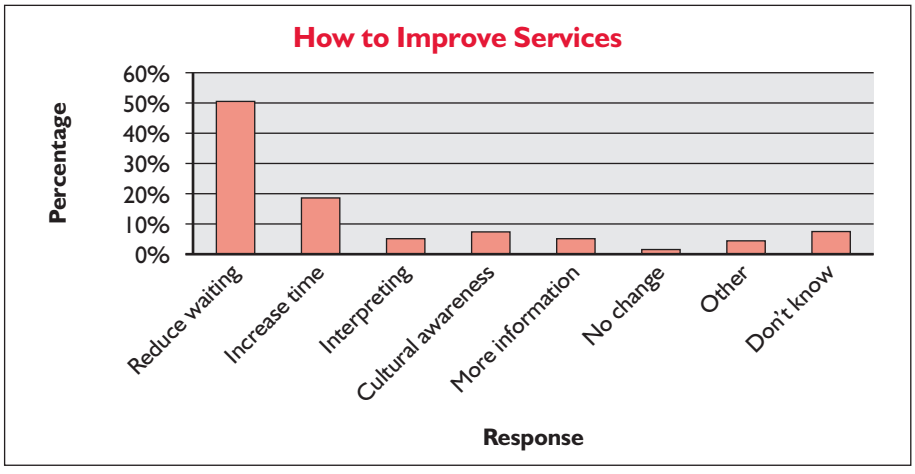
Response	Percent
Yes	34.7%
No	29.2%
Don't Know	36.1%
Total	100%

When asked about potential barriers that might hamper their access to health services, participants' responses were again mixed. While some people believe that nothing prevents them from accessing services, others believe that opening hours is a key barrier for them when attempting to use health services.

Barriers to Accessing Services

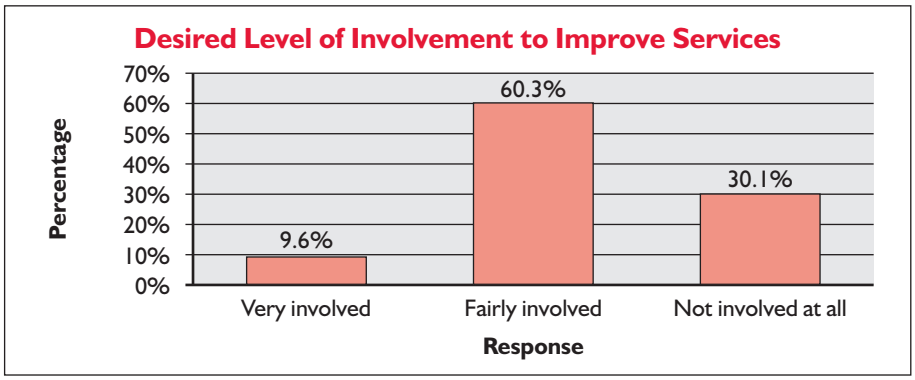
Type of Barrier	Percent
Language	12.7%
Opening times	28.2%
Family/work commitments	4.2%
Lack of information	4.2%
Transport	2.8%
Racism	4.2%
Cost	2.8%
No barriers	26.8%
Other	2.8%
Don't know	11.3%
Total	100%

Although a majority of people are happy with the quality of their local health services, participants were quite clear in their responses that they want to see some aspects of these services improved. For respondents, the key improvement they would like to see is a reduction in waiting times.

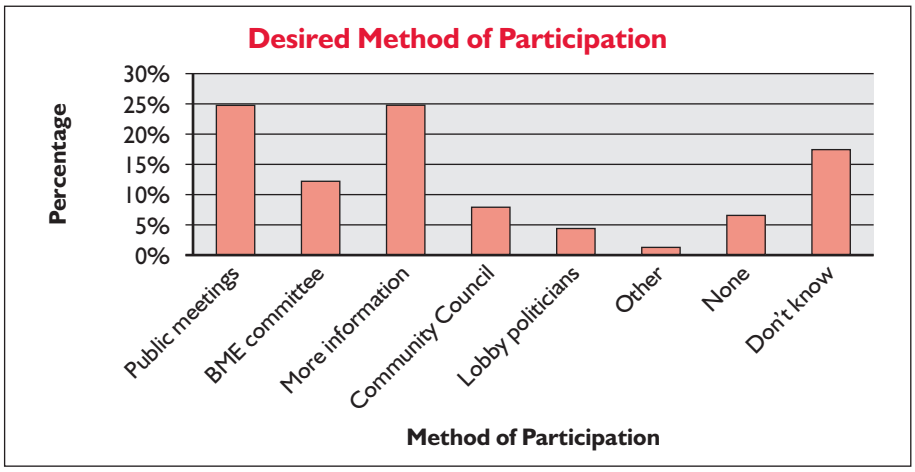


Methods of BME Community Participation

When asked how they wanted to involved in helping to change health services, a majority of respondents wanted a moderate amount of involvement. However, it should be noted that one-third of respondents did not want to participate at all.



When asked how they wanted to participate, responses were mixed. It seems that there may not be one key method used to engage the BME community, but rather a variety of tactics must be used to ensure there are meaningful opportunities to participate in improving health services in local communities.



Conclusions

The participants in this survey are a young and diverse group. Their health concerns are highly individualised thus it seems that service providers must ensure that the services available in communities are tailored to the needs of the individual rather than to a specific gender or ethnic group.

Respondents have a broad understanding of what it means to be a 'healthy person' and perceive good health as much more than simply the absence of illness. Overall, participants are happy with the quality of services that they received. However, their knowledge of the breadth of services available in their communities is very limited. Interesting, opinions are mixed as to whether individuals' cultural and religious needs are taken into account by staff.

By targeting this particular age group that is of working age and that may not have the same level of language difficulties as an older age group, significant minorities believe that opening hours of services is a key barrier that prevents them from using health services. Perhaps unsurprisingly with this age group, a significant minority also believes that no barriers prevent them from using health services.

The key aspect of the health service that this group would like to see changed is a reduction in waiting times for services.

With regard to community participation in improving health services, a majority of participants would like to have some sort of involvement in this process. While it is clear that mix of methods must be used to involve this particular sector of the BME community, significant minorities would like to participate in a

BME committee working closely with NHS staff to improve services whilst others would like more information and public education on health services in their communities.

Akwugo Emejulu

Appendices

Appendix 1

SCARF Research Questions

Aims of Research:

1. How can the BME community achieve equal access to mainstream primary care services?
   - Identify major barriers
   - Propose practical solutions

Key Themes for Research Questions:

The following are proposed questions that the co-researchers will ask the sample population. Bulleted under the questions is the section of the research aim that these questions attempt to answer.

1. What do you expect from health services? What do you think health services are for?
   - Knowledge/opinion on services and BME health needs
2. What are your major health concerns? What health issues are important to you?
   - BME health needs
3. What health services do you use? What services are you aware of in the community? What services don't you use? Why?
   - Access/ knowledge of services
4. Are you satisfied with the quality of these services? What issues do you believe affect the quality of services?
   - Opinion on services
5. Do you feel health services are designed for you? Are services designed to meet your needs? How can services be better designed?
   - Opinion on accessibility
6. What issues/problems prevent you using health services?
   - Barriers to access
7. Do you feel you have a say in the way services are delivered/policy formulated? Do you want a say? How would you like to be consulted? How would you like to participate?
   - Barriers to access/participation
8. How would you like to see health services improve/change? Make suggestions that will deliver better access.
   - Practical solutions
9. Can you give examples of good and bad services you have received? Give suggestions for improvement/discuss why service was good.
   - Working examples of good and bad practice and possible solutions

Appendix 2

Training Programme for Co-researchers

All training will take place in Network House, 311 Calder Street, Glasgow G42 7NQ

- Introduction to REACH, NHS Structures and Race Equality Strategy: Shehla Ihsan and Akwugo Emejulu of REACH Community Health Project
  - 2:00pm – 3:30pm Thursday 29 January 2004
- Policy Context: Community Planning and the NHS Reform Bill: Janet Muir of Community Health Exchange (CHEX)
  - 10:30am – 12:30pm Tuesday 3rd February 2004
- BME Health Needs/Barriers to Access: Shehla Ihsan and Akwugo Emejulu of REACH Community Health Project
  - 1:30pm –3:30pm Tuesday 3rd February 2004
- Race Equality and Anti-Discriminatory Practice: Fariha Thomas of The Muslim Women's Resource Centre
  - 1:30pm – 4:00pm Wednesday 4th February 2004
- Research Methods, Ethics and Analysis: Peter Kelly of The Poverty Alliance
  - 10:15am – 5:00pm Monday 9th February 2004
- Participatory Action Research: Ian McKenzie of The Scottish Community Development Centre
  - 2:00pm –5:00pm Wednesday 11 February 2004
  - 2:00pm –5:00pm Thursday 12 February 2004

Appendix 3

'Accessing Primary Care Services for Black and Minority Ethnic Communities in Glasgow'

Participant Information Sheet

INTRODUCTION

REACH Community Health Project is an innovative voluntary sector organisation based on the Southside of Glasgow and dedicated to bridging the gap in mainstream primary healthcare services for members of the Black and Minority Ethnic (BME) community. The project is also committed to influencing change within mainstream health services to better address the health needs of this particular community.

THE PURPOSE OF THIS RESEARCH PROJECT

You are invited to take part in a research project called 'Accessing Primary Care services for Black & Minority Ethnic Communities in Glasgow'. The aim of this research is to investigate how the BME community can equally access primary care health services by identifying major barriers to access and recommending practical solutions to over-coming these barriers.

There is a lack of information about the BME community's knowledge and access to primary health care services in Glasgow. Through the use of participatory methods, where BME community members take an active role in participating in the research, REACH will gather information using one-to-one interviews, focus groups, and surveys. The information collected from this research will then be used to contribute to the development of the policies and services of the Greater Glasgow NHS to help the BME community's more equal access to primary health care services.

DO I HAVE TO TAKE PART?

Participation in the research is strictly voluntarily. You can withdraw at anytime. However, if you do wish to take part, your privacy will be maintained at all times and all information collected from the research will be kept confidential and will only be available to REACH staff.

If you require further information on REACH or the research project, or if you have any questions or concerns regarding this research, please do not hesitate to contact us. A REACH member of staff will be more than happy to speak to you on 0141 585 8022 or email akwugo@reachhealth.org.uk

Thank you for your assistance.

Informed Consent Form

TITLE OF RESEARCH PROJECT: 'Accessing Primary Care Services for Black and Minority Ethnic Communities in Glasgow'

I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I agree to take part in the above study.

_____	_____	_____
Name of participant	Signature of participant	Date
_____	_____	_____
Name of researcher	Signature of researcher	Date

Appendix 4

Awareness of Primary Care Services by Black and Minority Ethnic Communities Living in Glasgow Survey

Thank you for taking part in this research. This survey will take approximately 10 minutes to complete. Once you have completed this survey, please return it to the address at the bottom of the page. Thank you for taking the time to answer these questions.

Please give us some background information about you.

Please TICK ONE:

1. **How old are you?**

   ❑ 16-25 ❑ 26-35 ❑ 36-45 ❑ 46-54 ❑ 55-64

2. **Are you** ❑ Male ❑ Female

3. **Are you** ❑ African-Caribbean

   ❑ Arab

   ❑ Bangladeshi

   ❑ Chinese

   ❑ Indian

   ❑ Pakistani

   ❑ Other, please specify_____

4. **What is your postcode?**

   ❑ G41 ❑ G42 ❑ Other

The following questions ask about your opinions, experiences and knowledge of health services in your community, please answer the questions to the best of your ability.

Please TICK as many as apply:

1. What are your major health concerns?

   ❑ Diabetes

   ❑ Heart Disease

   ❑ High Blood Pressure

   ❑ High Cholesterol

   ❑ Healthy Eating

   ❑ Weight Loss/Management

   ❑ Asthma

   ❑ Substance Misuse (Smoking, Alcohol or Drugs)

   ❑ Other, please specify_____

Please Circle ONE:

2. How would you describe a healthy person?

A healthy person is physically and mentally fit.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

A healthy person exercises regularly.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

A healthy person has strong connections with family and friends.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

A healthy person eats a balanced diet.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

A healthy person is spiritually and/or emotionally fulfilled.

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Please TICK as many as apply:

3. What health services are you aware of in your community?

❑ GP

❑ Dentist

❑ Pharmacy

❑ Counseling/Mental Health services

❑ Parent/Carer support services

❑ Physiotherapy

❑ Occupational Therapy

❑ Other, please specify_____

Please TICK as many as apply:

4. What health services do you use on a regular basis?

   ❑ GP

   ❑ Dentist

   ❑ Pharmacy

   ❑ Counseling/Mental Health Services

   ❑ Parent/Carer support services

   ❑ Physiotherapy

   ❑ Occupational Therapy

   ❑ Other, please specify_____

Please FILL in the blank:

5. If you don't use some of the health services listed in question 4, please tell us why you don't use them:

Please TICK ONE:

6. How would you rate the quality of the health services you use regularly?

   ❑ Very Good

   ❑ Fairly Good

   ❑ Average

   ❑ Fairly Poor

   ❑ Very Poor

Please TICK ONE:

7. For the health services that you use regularly, do you think your cultural and/or religious needs are taken into account by health service staff?

   ❑ Yes ❑ No ❑ Don't Know

Please tell us how your needs are or are not taken into account by staff:

Please TICK as many as apply:

8. Are there any barriers that prevent you from using the health services in your community?

❏ Language

❏ Opening/closing times of services

❏ Family and/or work commitments

❏ Lack of information on available health services in my area

❏ Transport difficulties

❏ Racism by health service staff

❏ Cost of treatment/service

❏ No barriers prevent me from accessing health services

❏ Other, please specify_____

❏ Don't Know

Please TICK ONE:

9. How would you like to see health services in your community improve or change?

❏ Reduce waiting times for services

❏ Increase time with my GP to talk about my health

❏ Increased access to interpreting and translation services

❏ More awareness by staff of my cultural/religious practices

❏ More information about available health services in my community

❏ No change is required

❏ Other, please specify_____

❏ Don't Know

Please TICK ONE:

10. To what extent do you want to be involved in changing health services in your community?

❏ Very involved ❏ Fairly involved ❏ Not involved at all

Please TICK ONE:

11. What do you think is the best way for you to participate in changing health services in your community?

❏ Attending regular public meetings with local health service staff to discuss changes

❏ Organising a Black Minority Ethnic Committee to work closely with health service staff

❏ More information leaflets and public education about health services available

❏ Work through the local Community Council to raise issues with health service staff

❑ Lobby local city councillors, MSPs and MPs to work on behalf of the community

❑ Other, please specify_____

❑ None

❑ Don't Know

Thank you for taking the time to fill out this questionnaire. Now please return it to:

REACH Community Health Project
Network House
311 Calder Street
Glasgow G42 7NQ
Tel: 0141 585 8022

Appendix 5

A 'How To' Guide to Data Analysis

What is Data Analysis?

Data analysis is a mix of creativity and systematic searching for meaning using the raw data that you have collected through your focus groups and interviews. The ultimate goal of data analysis is to decipher the data you have collected into a meaningful report that answers the research question. The report you produce should be rich in descriptive detail of what participants have said and full of explanatory evidence—that you provide—which gives further answers to the research question.

A STEP BY STEP GUIDE TO ANALYSING DATA

1. Data Management

The first step in analysing data is to manage or organise your data to make it easy for you to draw out important information. You can do this through '**Data Reduction**' and '**Themeing the Data**'. Before you go about doing this, however, it is important that all of your work is grounded and informed by the raw data. It may be obvious to state this, but it is important that you continue to return back to data to ensure that you have not lost the meaning of what has been said during your focus groups and interviews.

Data Reduction means that you cut down participants' statements to their core meaning. With your raw data and direct quotes you should summarise them making sure that the views of the participants remain clear and are not lost in this process. This makes the analysis of the data much more manageable.

Following Data Reduction you should then Theme the Data. This means that you should organise your now summarised data into themes or subjects based on recurring patterns within the raw data. For example, during a focus group people may have identified problems with the health service such as waiting times, opening hours and the amount of time spent with a GP. When organising your data, the overall theme for this part of the data could be called 'Time Management'. Another theme from a focus group might be 'Attitude of Staff' if people have identified racism, rudeness or a poor bedside manner among health service staff.

To get an overall picture of the major themes that have emerged from a focus group or interview, you should make a chart with the themes and the summarised data that proves this theme.

The themeing of your data should provide you with a sound structure that you can use to develop explanations for the themes that have emerged and see how the data fits into the overall policy context in Scotland.

2. Data Analysis

There are no agreed rules for analysing qualitative data. Several different methods exist to 'extract' meaning from raw data but for our purposes in this research project, we will be using two techniques: **Content Analysis** and **Policy and Evaluation Analysis**.

Content Analysis is when you give a description of the data and themes that have emerged from your focus groups and interviews. You discuss the themes by analysing:

- How often themes occurred in your session
  - For example, how many people identified waiting times as a problem? Did cultural or religious needs emerge as an issue? Why might the theme that did emerge be important to the research question?

- How a theme was discussed by participants
  - For example, how many people agreed or disagreed with a certain issue? Did they prioritise certain issues and not others? Why might this be meaningful?
- How age, gender or social class might impact on how a theme was discussed
  - For example, did older Asian women discuss issues that are surprising given their social position? Did young people talk about things that you expected given their age? How were issues discussed given that some participants might be socially excluded?

This Content Analysis should also be 'peppered' with direct quotes from participants to reinforce your points and explanations. With Content Analysis you need to also make a judgement on what people have said. Is their account/experience of the world truthful? Are their expectations from the health service realistic? You should discuss the experiences of participants in-depth to provide further meaning.

What is key about Content Analysis is that you should not just describe the data but develop a theory based on the data you have collected. Creating themes is important but you need to move one step beyond this process to try to understand the patterns and the 'repeat occurrences' that have emerged from your data.

From this description and discussion of the data you should then move on to a Policy and Evaluation Analysis. This is where you use the themes and patterns that have been identified and try to see how they relate or inform the current policy context. For this, you need to review the information that has been previously given to you about the Greater Glasgow Health Board's Race Equality Strategy, the NHS Reform Bill and Community Health Partnerships.

Things to think about with regard to Policy and Evaluation Analysis in your work:

- When discussing Black and Ethnic Minority health, policy makers tend to focus on the cultural and religious needs of this group. Through your research, have cultural and religious needs been prioritised by participants? If not, what main issues have been identified? How might these different issues affect policy with regard to BME health?
- Community participation in the design and delivery of health policy and services is a new trend emerging in the policy arena. Did participants want to participate? How did they want to participate? What issues do you think might galvanise them into action?
- What key issues have emerged from your work that you and participants think need to be better understood, appreciated or prioritised by community members and professionals interested in BME health?

Conclusions

Using the structure outlined above, you should be able to develop an informative and analytical report on your individual focus groups and interviews. The first key step is to familiarise yourself with the data and organise it to make it manageable. Then you must move to the 'real' data analysis stage where you describe the key themes that have emerged and link these themes to the wider policy discussions on BME health.

It is important to remember that your analysis is not free from bias. No research is purely objective. However, the explanations and discussions that you construct must be logical and grounded in the evidence made available to you through the raw data.

Akwugo Emejulu
Health Information Research Officer
REACH Community Health Project
April 2004

REACH COMMUNITY HEALTH PROJECT

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