

# Healthwatch Cornwall

Black Minority and Ethnic  
Report on Access to  
Health and Social Care.

June 2015





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# Executive Summary

Healthwatch Cornwall (HC) commissioned work to specifically collect patient feedback from Black Minority and Ethnic groups (BME). This was to ensure the use of publicly funded health and social care services in the last year as experienced by people from these minority groups were represented.

50 people, both professionals and patients, contributed and the feedback was analysed by HC, with its main findings and recommendations included in this report.

A number of trends were highlighted about quality of care, staff attitude and difficulties with language and understanding. Although some people felt some issues were discriminatory those particular issues could also reflect concerns of a wider population - such as access to mental health services.

The research indicates simple measures are needed to improve awareness of, or access to, information about NHS services and booking appointments.

Both positive and negative feedback has been received, however this was a small sample of 50 people and further work is needed to contact groups that are still under represented (see recommendations).



# Main Findings

Healthwatch Cornwall (HC) has analysed the feedback from the 50 participants in this study. The main findings are listed below:

62 per cent of the feedback comments received are positive - 41 per cent of all other HC feedback shows as positive. This potentially indicates people of a BME background are generally more positive about the service they receive from health and social care than the wider population.

75 per cent of feedback relates to people accessing primary care (GP, dentists, pharmacy etc.). 15 per cent relates to services provided by hospitals with the remaining percentage focusing on social care and the community mental health team.

66 per cent of people spoken to were female with more than 90 per cent of the respondents being of working age (18 - 64).

## Top Trends:

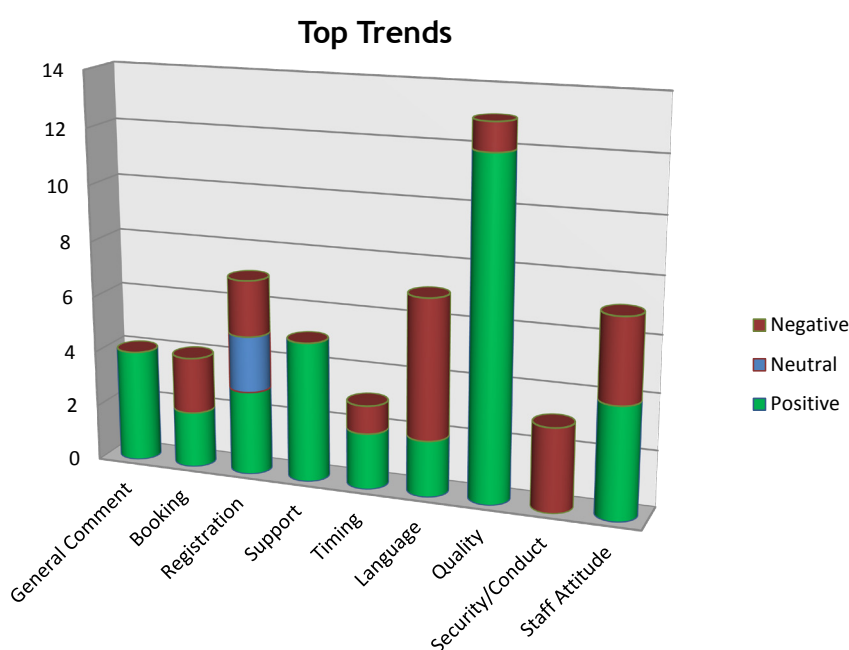
The feedback comments show there are eight 'Top Trends' (shown in the graph below). Quality and support comments are predominantly positive, where as language, staff attitude and security/conduct show more negative feedback.

## Booking:

Generally, 'Booking', is the most commented on issue. Booking relates to the ability to book an appointment with a GP practice. There is an equal split of positive and negative feeling towards the differing booking systems across the county, as shown below. The negative comments made about 'Booking' relate mostly to the difference in systems

between England and the individual's native country; see feedback below:

*"The British medical system is very different from the French one. Especially in terms of seeing your GP. In France you have a choice about which GP you want to see. Over the years living in Cornwall, I have learned the hard*





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*way that to, generally, even get to see a GP you have to insist and demand.”*

*“It seems strange that it is so difficult to get an appointment. In Hong Kong you’d normally be able to go to a clinic and get seen the same day.”*

### Registration:

Registration relates to people’s ability to access or register with a health and or social care service. The comments received relate mainly to accessing a GP, with one negative feedback comment about accessing community mental health services. A number of comments received have come from professionals with a BME status. The comment below shows the importance of explaining the differences in health services in order to manage expectations and avoid disappointment for patients.

*“A fundamental difference means that when I see patients who have recently moved to the UK, I not only have to deal with the health problem at hand, but also carefully explain to them the systemic differences between the health system in the UK and their country of origin... I often have to explain the whole system to them in principle... But I know that some of my fellow UK-born colleagues would often find such “demands” from patients to see a specialist confusing and frustrating.”*

### Support:

This trend received only positive feedback, relating to both primary and secondary care as well as social care. Patients expressed their gratitude to the health and social care professionals that take

their time to explain current and future treatment and pathways:

*“I’ve visited a social worker in student support in Falmouth University. She sent several e-mails to me after the meeting just to check if I needed anything. Thanks to her, I feel much better now.”*

*“I gave birth to my children in Cornwall, and was always treated with care and respect. The same goes for my surgery - always helpful. ”*

### Timing:

The negative feedback around timing relates to GP practices not managing patient expectation on how long they would have to wait for an appointment. This issue isn’t just an identifiable issue for BME groups but for the whole Cornish population. However positive feedback on a minor injuries unit was also received:

*“My knee was swollen, so I went to the Minor Injuries Unit in Falmouth. Despite the fact that there were four people in front of me I was seen within an hour. Pleased with quick service.”*

### Language:

This theme received more negative than positive comments.

Language issues are rarely highlighted in the majority of HC’s collected data, indicating this is specific to BME patients. The feedback comments have been received from both professionals and patients and relate to communications issues that affect the patient experience such as the professional doesn’t understand the patient and the patient is reluctant to



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access a service because of their limited understanding of English.

Professionals have stated that differences in language mean that they struggle to treat their patient effectively, though they are aware of telephone interpreting services; see feedback comment below:

*“I am a dentist... One of our biggest problems when I have patients who have recently arrived in the UK and speak little English is the difficulty in getting the message across. We usually use either a telephone interpreting service, or one of the patients relatives. This slows down things a lot.”*

Feedback from patients clearly showed a lack of awareness of the availability of an interpreting service in Cornwall. This impacts on their willingness to access primary care services such as GPs and dentists. There is a strong reliance on family members and friends to help bridge the communication gap, but patients can feel uncomfortable when discussing personal matters in front of friends and family.

There also seems to be a lack of foresight by professional to arrange interpreting services when discharging a BME patient into another service; see feedback comment below:

*“A mental health patient was admitted to Treliske Hospital and a Russian interpreter was called in so that staff were able to properly assess him and his treatment could be properly explained to him, and this proved successful. However, upon his transfer to Bodmin Mental Hospital, an interpreter was not arranged for him in advance so that it was a full 24 hours*

*before the same interpreter arrived in order to clarify matters for the staff and patient, which obviously caused a lot of distress.”*

One comment was around advice and guidance from 111 where consideration for the persons first language would have been helpful.

*“My English isn’t brilliant, and so I don’t feel confident talking on the phone to professionals and it makes me very anxious. On my arrival to St Austell I had to register myself with the dentist. I had no idea where to go and what to do. My Chinese friend, who knows the system better than me, told me to call 111 (NHS Choices). I couldn’t fully understand the instructions on the phone, and after trying it a few times I got so confused and stressed, I gave up.”*

#### Quality:

Quality was the most commented on trend receiving 24 per cent of the feedback, which was predominantly positive.

Comments have reflected the total comments received by HC from the wider population. The majority of feedback relates to treatment received at Treliske hospital; see feedback below:

*“At the end of 2013 I broke my ankle while playing football. My friend, who speaks English very well, took me to the A&E Department at the Royal Cornwall Hospital, where I received excellent care.”*

*“My husband and I really appreciate Royal Cornwall Hospital and NHS Service. During my son’s birth my midwife was kind and*



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*heart-warming. She kept holding my hand and cheered me during my contractions.”*

### Conduct:

Though this trend only received three comments they were all negative. This related to patient experience at their GP or dental practice and the conduct of the health professional. Feedback stated that they felt that the health professional focused more on their ethnic background rather than the health condition. Inappropriate questions were asked which were interpreted by the patient as racism. Sharing these experiences with peers also discouraged patients with a BME background from accessing primary care services:

*“I went to talk to my GP who didn’t want to talk about my problem - just offered me some antidepressants. She asked me where I was from... and whether I paid national insurance contributions etc. I found this GP racist, incompetent, and uncaring. I will never go and see her again.”*

*“I went to see my GP for a general visit... I found the whole experience traumatising. In the end of our conversation the doctor sent me back home to bring copies of my passport to check I was entitled to NHS care.”*

### Staff Attitude:

There is almost a 50/50 split of positive to negative feedback comments, with all 7 of the comments received relating to services provided by a GP practice. The positive feedback relates to reception staff being

polite and helpful and GPs being caring and empathetic towards diversity issues.

*“In the evening, when I was at my absolute lowest, my GP rang me and we talked about the situation. He asked me to come to see him the following day. We had a very helpful conversation. My GP knows me very well - since the day I arrived in the UK heavily pregnant with my son, he helped me during my cancer, and he helped me on that day, to see the light. I have to say that my GP is a very caring, sympathetic professional who does his job 100 percent and above. I never felt like a second class citizen.”*

The negative feedback related to the perceived negative attitude from a GP. This type of feedback has also been received more widely from Cornwall’s population and HC does not view this as a specific BME issue.

*“Overall my experiences have been both good and bad. Again I learned the hard way to avoid one specific GP at my surgery as I found him very rude.”*

*“The other GPs at the surgery are not so sympathetic, and we have had some unpleasant experiences with them.”*



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# Recommendations and Conclusions

## Recommendations and future work:

1. There is a need for clear, visual information about how to navigate through the NHS system that is readily available. HC is not aware of what may be available for patients already and requests detail of this from major health and care providers in Cornwall.
2. GP practices, dentists and secondary care services to consider routinely booking longer appointments for patients where English is not their first language. HC would be happy to hear from any NHS professional who operate specific services for this group to enable us to share good practice.
3. There is a need for further focused work on groups not represented in this study such as migrant/seasonal workers.

Allowing for longer appointment times with appropriate interpretation services or pre-prepared information could support patients and professionals.

## Conclusions

This small study indicates that a lack of understanding of the differences in accessing health services in the UK compared to a patient's original country can lead to confusion and disappointment with the NHS.

Consideration of the language needs by healthcare professionals, receptionists and information services is essential for people where English is not their first language.





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