



**healthwatch**  
Surrey

# Our **Health** Matters

**The healthcare experiences of  
BME communities in Surrey**

March 2015



## **Contents**

<b>Foreword</b>	3
<b>Summary</b>	4
Case studies:	4
Questionnaires:	4
<b>Background</b>	5
The Surrey context:	5
<b>Why does it matter?</b>	6
<b>How the research was carried out</b>	7
<b>What did people tell us?</b>	8
Level of information	9
Ease of use	10
Experiences	11
Cultural understanding	12
Barriers	13
<b>Conclusions</b>	14
<b>Next Steps</b>	15
<b>Contacting Healthwatch Surrey</b>	16
<b>SMEF Surrey Minority Ethnic Forum</b>	17
<b>References &amp; Appendices</b>	18

# Foreword

**The views of people from Black and Minority Ethnic (BME) communities can often be ignored, especially as users of services like health and social care. All people, whatever their ethnicity, are entitled to receive appropriate healthcare, and they and their families need to be at the heart of decision-making for services.**

Healthwatch Surrey is committed to seeking out this consumer voice and bringing it to the attention of decision makers. We are delighted to have worked with Surrey Minority Ethnic Forum, a community organisation with a membership of 52 grass root ethnic minority community and voluntary groups in Surrey, to explore BME views and experiences of the health and care system in the county.

There is good news within this report, particularly in that many members of the BME community are using services and are largely satisfied, particularly in their experiences with GP surgeries. However, there are also concerns about barriers to access, notably in the area of communication, and it is a subject that Healthwatch Surrey believes warrants further consideration by local decision makers.

We hope this report will support decision making and commissioning of services to improve the lives of people from BME communities in Surrey.

We would also like to encourage people wishing to speak up on behalf of this seldom heard group to consider this report in their work and to consider joining Healthwatch Surrey to amplify this voice.

Finally, Healthwatch Surrey and SMEF would like to thank all the SMEF member groups who took part in the project, either by disseminating Healthwatch information or by giving their time to tell us about their experiences and share their views with us. Thank you also to Yangchhen Yeschi for conducting the research.

**Mike Rich**  
**CEO Healthwatch Surrey**

# Summary

## Case studies:

Over 50 individual face to face or telephone case studies were carried out.

- Nearly 60% of interviewees rated their experience as good or excellent. Just over 30% rated it as poor
- A common feature of the experiences was difficulty in making appointments and in communicating. Interviewees reported becoming more anxious because they did not understand clearly what was going on. In some cases, an interpreter was made available, but in others little support was offered
- Lack of confidence is cited by many as a reason for not asking or seeking help when they do not understand
- There was also reluctance on the part of patients to ask for further information or explanation when health service staff were seen to be very busy
- Those who reported good experiences usually also reported that things were well explained to them (with or without an interpreter) so that they were reassured
- Explanation and reassurance were the most commonly cited reasons for a satisfactory experience
- Use of diagrams as an explanatory tool was appreciated by a number of interviewees
- Many did not know that they have the right to ask for language support
- Some were reluctant to mention any bad experiences as they considered it would be impolite and ungrateful to express their views
- Respondents were willing to share their story and some were quite enthusiastic about it, and keen to know what further action would be taken as a result

## Questionnaires:

Over 200 questionnaires with members of Black and Minority Ethnic Communities in Surrey showed that:

### Information:

- Over 70% said they were confident that they had enough information about the health services available to them

### Ease of use:

- 75% said it was easy to use their GP surgery
- 71% said it was easy to use their hospital
- 60% said it was easy to use their dentist

### Cultural understanding:

- 70% say that health services understand their culture and community

### Barriers:

- 44% said that communication was a barrier to accessing services

### Experiences:

- 89% described their overall experience of using a GP surgery as good
- 80% described their overall experience of using hospital as good
- 60% described their experience of using the dentist as good



# Background

## **The Surrey context:**

Compared to England, on average there is a lower proportion of ethnic minority residents living in Surrey. There is, however, considerable variation between the 11 different districts and boroughs, with many of the boroughs in the north of the county that border London authorities having a higher proportion of people from ethnic minority groups than for England as a whole. <sup>(1)</sup>

The largest proportion of residents in Surrey define themselves as White British (83.5%), with the second largest ethnic group defining themselves as Other White (6.9%). Non-white ethnic groups account for 9.6% of the Surrey population, and Asians are the largest minority within this group.

(1) See tables 1 and 2 in appendix 2 for a detailed breakdown of ethnic groups in Surrey - appendices available on the Healthwatch Surrey website

# Why does it matter?

"By nearly all measures of health, the health of the UK's minority ethnic populations is poorer than that of the majority White British population. Even where inequalities in health status are not present, there is evidence of inequity in access to health care and preventive services, and worse patient experience."<sup>(2)</sup>

In 2012 the Department of Health published an NHS Patient Experience Framework providing evidence based guidance on a number of issues known to affect the patient experience.<sup>(3)</sup> These included the need for respect for patient centred values such as cultural issues, the need for information, communication and education, and the need for emotional support. It also drew attention to the requirement for public sector healthcare organisations to have regard to the three aims of the Public Sector Equality Duty which includes the need to 'advance equality of opportunity between people who share a protected characteristic and people who do not'.<sup>(3)(4)(5)</sup>

Investigations into the patient experience, report that BME groups tend to describe less positive experiences relating to their healthcare than their White counterparts.<sup>(6)</sup> Black, Minority and Ethnic encompasses a wide range of different groups, among and between which there are wide variations. The least positive responses tend to be from the Asian, Chinese/Other and Black groups of patients, who are less likely than White patients to give positive responses to questions about their healthcare experience.<sup>(6)</sup> Responses tend to be more negative around issues relating to 'access and waiting', or 'better information and more choice'.<sup>(6)(7)</sup>

Studies also highlight the fact that patients from BME communities are more likely to say they did not get understandable answers to their questions, are less satisfied with communication about their care, and are less likely to feel involved in their treatment. They are also less

likely to feel that they were given enough emotional support, or received sufficient care and help from health and social services following discharge from hospital.<sup>(8)</sup>

Certain BME groups, notably South Asians, and people from African and Caribbean backgrounds are more likely to suffer from some diseases and health conditions. Coronary heart disease is more common among South Asians, whilst diabetes is five times higher among South Asians than the general population and three times higher for people from African and Caribbean backgrounds.<sup>(9)(10)</sup>

## **The Joint Strategic Needs Assessment for Surrey notes therefore that:**

- "This provides a challenge to ensure that the health needs of these small communities and individuals are appropriately met. It is essential to work across partner organisations to ensure a good understanding of the varying needs this diversity brings.
- It is important that NHS Surrey and Surrey County Council and partners consider the total population in developments, access to services and cultural/religious sensitivities."<sup>(9)</sup>

## **In order to facilitate understanding of these varying needs, Healthwatch Surrey commissioned Surrey Minority Ethnic Forum (SMEF):**

- To gather information on the experience of Black and Minority Ethnic communities in the use of health services
- To disseminate information about Healthwatch Surrey within the Black and Minority Ethnic community



# How the research was carried out

Fifty one case studies of the healthcare experiences of members of various Black and Minority Ethnic communities were completed in spring and summer 2014. Participants were asked to share their stories and experiences - what happened, what was good, what could have been better and how they felt.

In addition over 200 questionnaires about their healthcare views and experiences were completed with members of BME communities in Surrey. These included general questions on ease of use and experiences of different services,

understanding of community and cultures, and barriers faced in accessing services.

Additional information about the methodology used can be found in Appendix 1.

# What did people tell us?

51 case studies were completed, and the resulting stories and experiences refer to hospitals, including one mental health hospital (30), dentists (4), GP surgeries (21), walk-in clinics (2), A&E (6) and 1 home visit. The respondents were from nine different ethnic groups and 61% were female. 59% were aged over 50, 31% were aged between 25 and 49 years, and 10% were under 25 years of age.

- Nearly 60% of respondents rated their experience as good or excellent. Just over 30% rated it as poor
- A common feature of the experiences was difficulty in making appointments and in communicating. Interviewees reported becoming more anxious because they did not understand clearly what was going on. In some cases, an interpreter was made available, but in others little support was offered
- Lack of confidence is cited by many as a reason for not asking or seeking help when they didn't understand
- There was also reluctance on the part of patients to ask for further information or explanation when health service staff were seen to be very busy
- Those who reported good experiences usually also reported that things were well explained to them (with or without an interpreter) so that they were reassured
- Explanation and reassurance were the most commonly cited reasons for a satisfactory experience
- Use of diagrams as an explanatory tool was appreciated by a number of interviewees
- Many did not know that they have the right to ask for language support
- Some were reluctant to mention any bad experiences as they considered it would be impolite and ungrateful to express their views
- Respondents were willing to share their story and some were quite enthusiastic about it, and keen to know what further action would be taken as a result

**All of the individual Case Studies can be found in Appendix 3 available on the Healthwatch Surrey website.**

## Questionnaires:

Over 200 questionnaires were completed by respondents from eight different ethnic groups. Pakistanis were the largest individual ethnic group completing questionnaires, followed by Indians. 85 questionnaires included no gender information, of the remainder 62% were from females, 38% from males. Of the 128 records where age data was provided, 54% of respondents were aged under 50, 46% were over 50, with the majority in the 50-64 year age bracket.



# Level of information

Over 70% said they were confident that they had enough information about the health services available to them, but more than a quarter were not confident.

I had a huge swelling on my eye which was painful and impairing my vision. I went to the walk in clinic. After waiting a while I was seen by a nurse instead of a doctor. She did not seem to take the case seriously and told me to come back later. I could not understand why she could not attend to me right away particularly when she could see that I was in pain. I had no alternative but to go to A&E. I was seen by a doctor and given antibiotics. I will never go back to the walk in clinic now but will go to A&E instead. This of course is not always the best use of A&E services, but I feel that I have no option. **Female, Chinese**

I do not speak English very well and I am not confident to make a call. I am diabetic and have very high blood pressure. I have difficulty walking and cannot get to the doctors without help. I have a lot of medication to take and very often get confused. When I have been too ill to get to the doctor, my daughter asked for a house visit but no one has come and I have been advised to go to the surgery. I only ask when it is an emergency. I have difficulty walking and do not want to be a bother to my daughter all the time. I am so very isolated so it would be helpful if my GP could signpost me to diabetes support groups. If my daughter was not there I do not have any language support. I feel that although the services are there it is not always easy to access them.

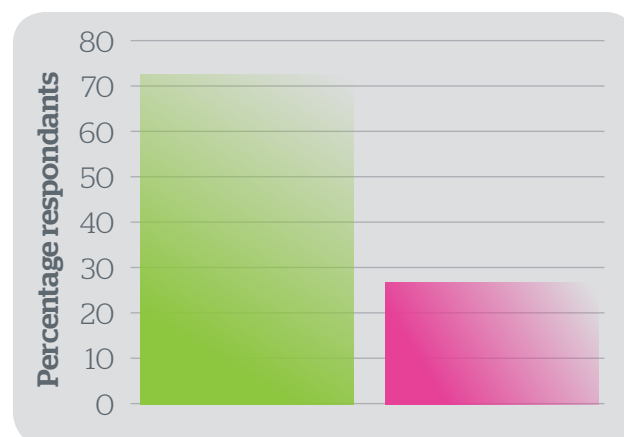
**Female, Pakistani**

Although I access the GP services and the hospital I do not feel confident that I know enough about what the health service offers... I had an appointment at the hospital and had the appointment letter. However, when I got to the hospital, I was told I did not have an appointment. I know that they are busy but could not understand how this could happen. **Female, Indian**

There is so much to know about the health service. I do not know about it. My worst experience was at the walk clinic when I went for emergency dental treatment. There was simply no communication to me. I was in visible pain but there was no attempt to make me feel reassured. I was simply asked to open my mouth, there was no effort made to put me at ease or any sign of empathy. It was frightening. I was scared. A dentist should treat the person and not just the aching tooth. **Male, other Asian**

## How confident are you that you know what health services are available?

● Confident/Very confident ● Not confident



\*Some respondents could not answer questions on dentists and local hospitals because they had not used these services, therefore percentages do not always total 100.

# Ease of use

- 75% said it was easy to use their GP surgery.
- 71% that it was easy to use their hospital,
- Only 60% said it was easy to use their dentist

I was referred by my GP to the eye clinic at the hospital, I was provided with an interpreter and able to communicate fully... Everything was excellent. **Male, Nepali**

I feel very disappointed with the system and how long it has taken for me to get an appointment with a consultant and that to an out of area hospital. **Female, Indian**

Sometimes I feel that because of my age, the doctors do not care very much. I feel that although the services are there, it is not always easy to access them. **Female, Pakistani**

I was seen quickly by the doctor in the hospital. Things were explained well and the X-ray was done without delay. The staff at the fracture clinic were kind and understanding. When the plaster was done, the nurse kept explaining what was being done. This was reassuring. **Male, Nepali**

I feel that I am receiving very good treatment not just medical but excellent care and empathy. **Male, African**

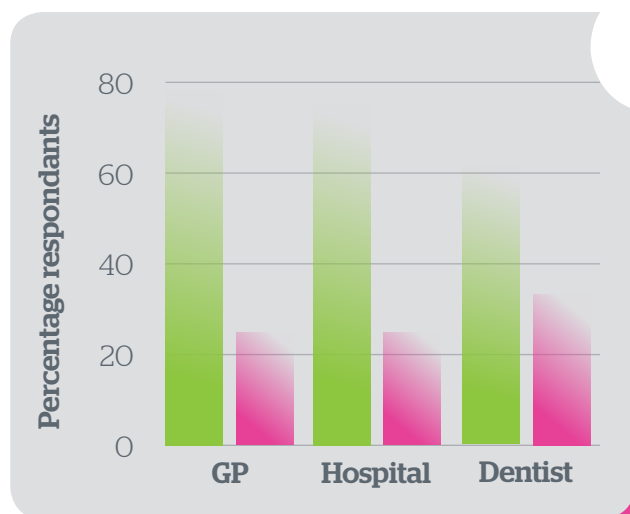
I am diabetic and have been having eye problems for some time... The diabetic clinic was very supportive and did the follow ups very thoroughly.. At every visit I was comforted and my condition was explained through diagrams as well. I felt that I was given the choices and was making the decisions. **Male, African**

It would have been better if I could have had the referral earlier and if there was signposting to a support group. **Female, Other Asian group**

There was not much choice in getting an NHS dentist in the local area. **Male, Bangladeshi**

## How easy do you find it to use health care services?

● Very easy/easy ● Not easy



My experience of making GP appointments has not been positive. The receptionists seem to assume that every patient understands updated systems. I was going back to the GP after 2 years so did not know about having to take a number. Instead of explaining it she made me feel stupid. **Female, other ethnic group.**

\*Some respondents could not answer questions on dentists and local hospitals because they had not used these services, therefore percentages do not always total 100.

# Experiences

- 89% described their overall experience of using a GP surgery as good
- 80% described their overall experience of using hospitals as good
- Only 60% described their experience of using the dentist as good

It was very good that the lady doctor explained everything very clearly. Even before having any treatment I felt much better for having been understood. **Female, Pakistani**

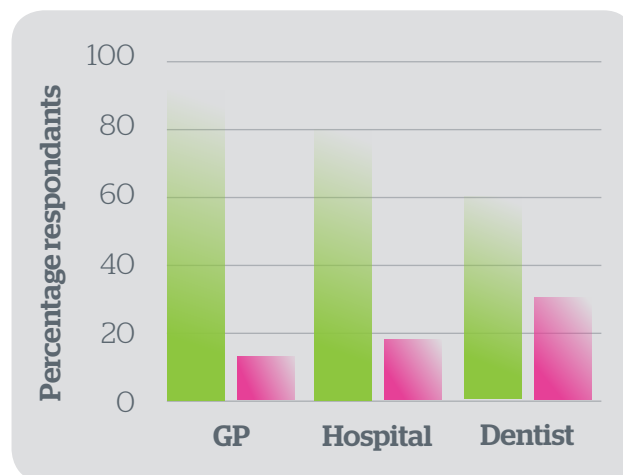
The nurses on the ward, although very busy looked after me well. The checks were done regularly and I was made to feel comfortable. I could not understand who was who, and what the different colour uniforms meant. When the doctor came on his rounds in the morning, he always seemed to be in a rush so that made me reluctant to ask any questions. It was sometimes confusing. **Male, Other Asian**

After some difficulty I had an appointment with my GP. He helped with the push chair as I entered the surgery. He was very understanding and explained things well. I was prescribed medication and advised to make another appointment if I did not recover soon. It was not the treatment in giving me medication but the respect and the understanding shown that made me feel good. **Female, African**

It was really good that my GP took time to listen so was able to diagnose. I got treated very quickly and am well supported by the asthma clinic. I have been given all the necessary information and am confident that support is always there. **Male, African**

## How would you describe your overall experience of using healthcare services?

● Very good/good ● Not good



\*Some respondents could not answer questions on dentists and local hospitals because they had not used these services, therefore percentages do not always total 100.

The most negative experience was the way I was discharged. I was discharged much earlier than 4.30. I was discharged at 2pm and had to keep waiting in the waiting room for nearly 3 hours. It was not very comfortable at all and I still felt very weak and shaky. No attempt was made to contact my family and I did not have the confidence to ask. My complaint is that someone should have called my family and told them I was discharged early. I was very anxious and not sure what to do. **Over 80 year old, Male, Indian**

# Cultural understanding

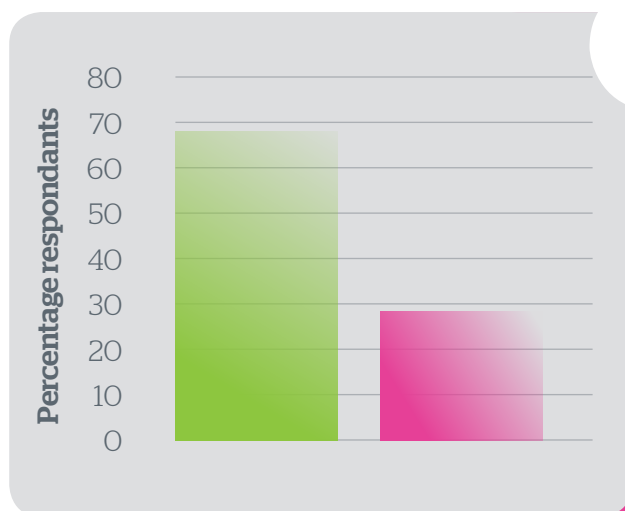
- 70% say that the health services understand their culture and community

When I was called in for the smear test the nurse who was carrying it out was a male nurse and I was very embarrassed. I did not know what to do or where to look. It was the most dreadful thing for me as this is not acceptable in my culture but I did not have the confidence to ask for someone else.

**Female, African**

## How well do you feel the health services understand your culture and community?

● Well/Very well ● Not well



It was good that the doctor tried to find out my past medical history in a very respectful way. When he advised me to discontinue the medicines from Nepal he did it in a way so as not to belittle the treatment I received in Nepal. I was made aware of lifestyle changes affecting health too. He also spoke to my son about the signs of stroke and how to seek help.

**Male, Nepali**

\*Some respondents could not answer questions on dentists and local hospitals because they had not used these services, therefore percentages do not always total 100.

# Barriers

- 44% said that communication was a barrier to accessing services

It was fortunate that the doctor spoke Hindi so we could communicate. I was very satisfied with how the doctor listened to me and how persistent she was in diagnosing correctly. She explained things clearly when sending me for tests and always made sure that I had understood properly.

**Female, Nepali**

It would be better if the doctors on rounds introduced themselves properly and there was more privacy when details are being taken at surgery admission. Some terminologies need to be explained clearly, 'Have you come for a procedure?' was quite puzzling.

**Female, other Asian ethnicity**

I had an appointment for a blood test and an X-ray at the hospital. My husband was away so I had to go on my own. I went by bus. When I got to the hospital I was very nervous. I did not know where to go. I do not know English so could not ask anyone. I went to the front desk and showed the appointment letter. They pointed to the corridor and upwards. I went up the stairs but still did not know where to go. I went around the corridors looking for the X-ray department. I felt more anxious and helpless. I did not know what to do. I then began to feel that I was lost and would not be able to find my way out. By then I was panicking and just wanted to go back home. Thankfully I found the exit. I walked to the bus stop and after ten minutes was on my way back home. I blame myself for not having the confidence to ask anyone else. I should have tried harder.

**Female, Bangladeshi**

I had an appointment with the GP. He explained that the results showed that I was allergic to some kind of house dust. I did not understand this properly but did not have the confidence to ask. I still do not know why I had the swollen lips and rash. **Male, Pakistani**

...he then said that I may have whiplash. He explained it well and also made a diagram of the upper part of the spine and muscles around it. I had never heard of it before and would not have understood it if he had not explained it so well. The reassurance and the care was very good. By the time I left the surgery, I was a lot less worried, and it even seemed my pain was hardly there.

**Male, Pakistani**

# Conclusions

The project was a first step in understanding the views and experiences of some of the BME communities in Surrey. It provides rich insight into the perspective of people within these communities. It also draws attention to areas where there is cause for further investigation and future work should be focussed. The following areas in particular warrant additional exploration and discussion:

- Barriers to accessing services, especially the importance of ensuring good communication. Why over 40% of people completing questionnaires felt that communication was a barrier to involvement with health services and how this can be remedied? The most positive stories nearly always involved communication and reassurance as key components of the experience
- Why there is less satisfaction with both access to and experiences with dentists than other health care areas?
- Cultural sensitivity - why 30% of respondents felt the health services were not sensitive to their culture and community?
- How to address the lack of confidence which was a common theme amongst case study participants?

The questionnaires prompted queries about the system and services offered by the health care system. This in itself revealed that members of BME communities are having difficulty in finding information about health services. 30% of respondents said they were not confident that they knew what services are available. It suggests that there is a need:

- To find ways to improve the means by which information about health services is made available to Black and Minority Ethnic communities
- For discussion around issues such as communication and language support

**Community members who participated were keen that their voices were heard and wanted to contribute to shaping services.**

# Next Steps

Healthwatch Surrey will be raising awareness of the findings with the following individuals, groups and organisations:

**Members of the Health & Wellbeing Board**

**County and Borough Councillors**

**Commissioners of services:**

- Surrey County Council
- Clinical Commissioning Groups
- NHS England

**Providers of services:**

- South East Coast Ambulance Service NHS Trust
- NHS Hospital Trusts
- Surrey and Borders Partnership NHS Foundation Trust
- Community Care Providers
- GP Surgeries
- Pharmacies
- Independent Providers

This evidence base of views and experiences provides a firm footing from which Healthwatch Surrey and the community of Surrey can champion the voice of BME communities in the forums and meetings it is involved with.

On-going application of the report will be the responsibility of the BME Engagement Group hosted by Healthwatch Surrey.



# Contacting Healthwatch Surrey

People can contact Healthwatch Surrey about any concern, experience, issue or feedback they wish to share about a health or social care service in Surrey.

Telephone: **0303 303 0023** (local rate number)

Text (SMS): **07592 787533**

Text Relay: **18001 0303 303 0023**

Email: **enquiries@healthwatchesurrey.co.uk**

Website: **www.healthwatchesurrey.co.uk**

Or pop into any of the Citizens Advice Bureaux in Surrey. A list of the Citizens Advice Bureaux in Surrey is available on the Healthwatch Surrey website.

Healthwatch Surrey also provide a free independent complaints advocacy service. If you would like to use this service please contact us using the details above

A comprehensive list of other advocacy support services in Surrey, including mental health advocacy, can be found on the Surrey County Council website.



# Surrey Minority Ethnic Forum



SMEF is a community organisation with registered charity and company status. It has a membership of 52 grass root ethnic minority community and voluntary groups in Surrey and its bordering areas. SMEF is the voice of the ethnic minority communities of Surrey and acts as a conduit for their participation in all aspects of citizenship.

SMEF's vision is of an engaged and active Black and Minority Ethnic community working in partnership with local organisations for the benefit of all Surrey's communities. It is SMEF's intention to facilitate an ongoing dialogue with service providers so that any inequalities are addressed and people feel able and valued and are in a position to contribute to the general benefit of all.

We would like to thank our member groups who took part in the project by disseminating Healthwatch information and generously sharing their views and experiences with us and also Yangchhen Yeshe for conducting the research.

In the course of the research SMEF contacted and distributed leaflets at 20 Black and Minority ethnic events, meetings and ESOL classes. Language support was provided and Healthwatch cards were translated into Nepali and Urdu.

#### **Events and meetings included:**

- Dementia Awareness Events
- African Voices volunteer induction and training sessions
- Working British Gurkha Veterans Society
- Amandmilan Social Event
- Friendship Group meeting of Guildford Nepali Community
- Gurkha Sunrise sports club
- Chinese Association Woking
- Management Committee Induction training for SMEF members
- LIAISE
- 6 ESOL classes
- Shifa
- Gurkha Cup
- Nepali Cancer Ambassadors meetings
- Nepali Diabetes Support Group
- International Women's Group meetings
- Asian supermarkets
- Taxi ranks
- Neighbourhood Advice Centre

# References

1. ONS, Census 2011. Surrey. <http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=55&cookieCheck=true>. Surrey-i. [Online] <http://www.surreyi.gov.uk>.
2. Association of Public Health Observatories. Ethnic Minority Health. <http://www.apho.org.uk/resource/view.aspx?RID=78571>. Public Health England. [Online]
3. Department of Health. <https://www.gov.uk/government/publications/nhs-patient-experience-framework>. www.gov.uk. [Online]
4. <https://www.gov.uk/government/news/a-framework-for-nhs-patient-experience>. www.gov.uk. [Online]
5. Government Equalities Office and Department for Culture, Media & Sport. <https://www.gov.uk/equality-act-2010-guidance>. www.gov.uk. [Online] Feb 27, 2013.
6. Department of Health. Report on the self reported experiences of patients from black and minority ethnic groups. <https://www.gov.uk/government/.../BME-report-June-09-FINAL3.pdf>. [Online] June 2009.
7. Health and Social Care Information Centre. <http://www.hscic.gov.uk/pubs/hse04ethnic>. www.hscic.gov.uk. [Online]
8. NHS National Cancer Equality Initiative. Patient Experience by Equality Group. [www.screening.nhs.uk/getdata.php?id=14470](http://www.screening.nhs.uk/getdata.php?id=14470). www.screening.nhs.uk. [Online]
9. JSNA Surrey: Ethnicity Chapter. <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=681&cookieCheck=true>. Surrey JSNA. [Online] 2011.
10. Parliamentary Office of Science and Technology. [www.parliament.uk/documents/post/postpn276.pdf](http://www.parliament.uk/documents/post/postpn276.pdf). www.parliament.uk. [Online] 2007.
11. King's Fund. [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/access-to-health-care-minority-ethnic-groups-briefing-kings-fund-february-2006.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/access-to-health-care-minority-ethnic-groups-briefing-kings-fund-february-2006.pdf). www.kingsfund.org.uk. [Online] 2006

# Appendices.

Appendices are available for download on the Healthwatch Surrey website.

- Appendix 1** Ethnic groups in Surrey, Census 2011.
- Appendix 2** Methodology
- Appendix 3** Case Studies



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Surrey

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