

2013

BME People: Equity in Accessing GP Services in Carlisle

An AWAZ Cumbria report for Cumbria Link

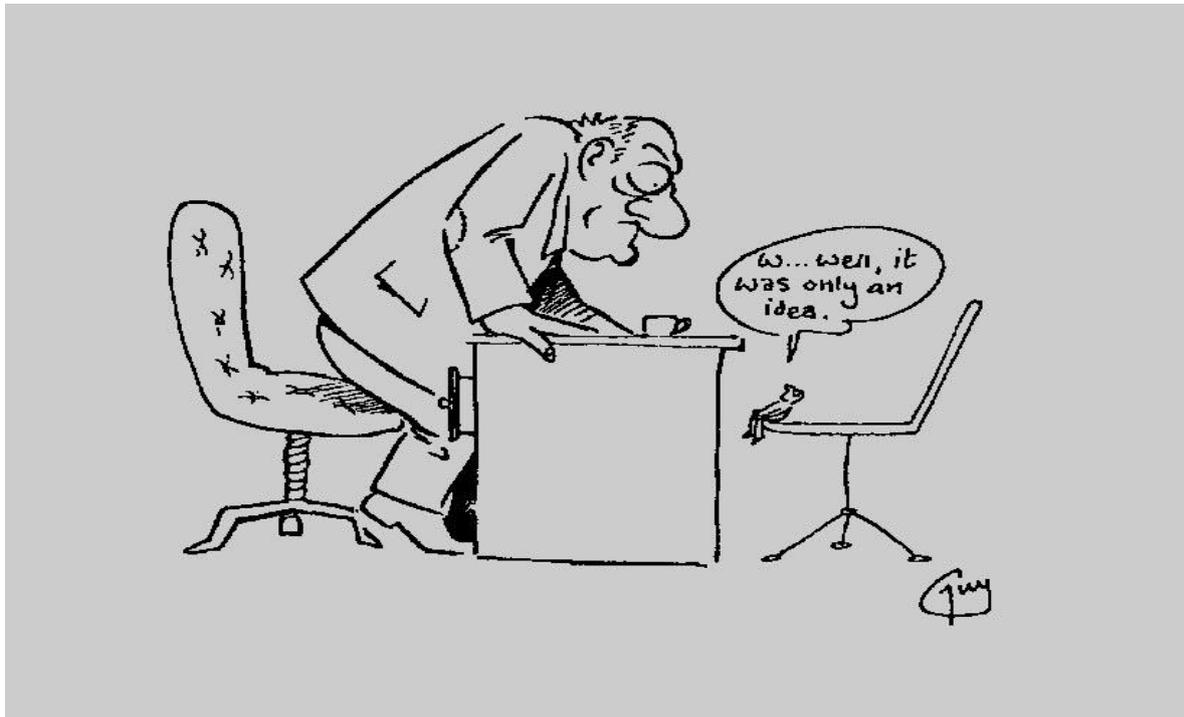


1/14/2013



BME People: Equity in Accessing GP Services in Carlisle

An AWAZ Cumbria report for Cumbria Link



Report written by:

Sardar Aftab Khan - Development Officer

AWAZ Cumbria

P.O Box 282

Carlisle

CA2 6WZ

01228 511115

E-mail: Aftab@awaz.info

Web: www.awazcumbria.org



Social Justice - Equality - Enterprise

January 2013

Acknowledgements

This small pilot community-based engagement project on assessing BME People Equity in Accessing GP Service in Carlisle was commissioned by Cumbria Link.

We would like to record our appreciation to all the members of BME Groups for giving us their valuable time, insights and contributions to add value to the quality of this report.

Particular thanks go to the representatives of Polish, Nepalese, Slovakian, Lithuanian, Pakistani, Thai and Bangladeshi community members for providing in-depth insight into the nature and dynamics of barriers in accessing GP Services in Carlisle in particular and other primary and secondary care services in general.

We also wish to thank Kay McGregor for her initial support in the development of this project, and Jane Macfarlane, Representation Team Manager, Cumbria CVS and members of the governing body of Cumbria Link for their support and commissioning of this research.

The author is thankful to Andrea Aldridge for her valuable help in designing and assistance in field research.

The author is thankful to Kate Lanka, AWAZ's Volunteer for reading the 2nd draft of this report and her valuable comments.

However, my special thanks must go to Rafal Piszczak, Biraj Gurung for their assistance in providing interpretation in the focus group and interviews with the service users of GP surgeries in Carlisle.

Contents

1. Introduction	4
2. Context	4
3. Purpose of the Research and Methodology	5
4. Findings	7
5. Recommendation	11
6. References	12
7. Appendix	13

1. Introduction

This report is the result of a small pilot community-based engagement project commissioned by Cumbria Link, to carry out a qualitative engagement with the Black and Minority Ethnic (BME) service users' of GP surgeries in Carlisle.

Firstly, this community-based engagement project is to understand the situation on the ground with regards to equality of access for BME people in accessing GP surgeries and identify the barriers to equitable access to primary health care, and whether the existing means of booking appointments are adequately meeting the needs of BME community.

Secondly, the project aim is to provide recommendations for GPs to help them in making appropriate improvement for BME people to enable them in accessing GP services equally, and equitable engagement of BME people in the decisions affecting their health and wellbeing.

2- Context

"You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services." **The NHS Constitution¹**

Over the past two years, AWAZ Cumbria, through its community engagement and public policy advocacy work highlighted the health inequalities BME people are experiencing in accessing health care and well-being services and provided policy advice for improvement in service delivery, and for the advancement of race equality across Cumbria. AWAZ has supported a number of Black and Minority Ethnic (BME) people in Carlisle who don't have English as their first language, people with hearing difficulties and hard of hearing and the elderly who have been experiencing barriers in booking appointments with GPs via automated appointment booking systems, and access to interpretation services. We have acted to intercede with the PCT and GPs on a number of occasions and based on our experiences we suggest that there are a sizeable number of Black and Minority Ethnic (BME) people in Carlisle who are disempowered by automated communication systems used by GPs as a first point of contact for booking appointments, and they are experiencing difficulties in accessing primary care facilities equitably due to lack of the availability of interpreters during their appointments with doctors/nurse practitioners, (See Appendix 4). There is also concern among the people surveyed that they do not receive their reports from the health service providers in an accessible format.

This delay in early access to primary care health services puts them at risk of having their needs met inadequately. This poor start is symptomatic of wider health inequalities, compounded by healthy life expectancy in Carlisle which is only 69.9 years indicating that "residents of Carlisle can expect to spend around seven and a half years or 10% of their lives in poor health", (Huntington, F. and McKerr, 2010:8).

¹ See, Engagement and Experience, [online], Available at:
http://www.institute.nhs.uk/building_capability/general/engagement_and_experience.htm

Fulton, R. (2010:1) suggests that individuals from black and minority ethnic groups experience poorer health than the overall UK population. Statistics that the elderly population in Cumbria shows growth faster than the national average is well known, but Carlisle's minority ethnic population has also increased rapidly from 2.2% in 2001 to 5 % in 2011. However, there is a lack of ethnic monitoring across primary care, and there are no systematic data results available for ethnic health inequalities in Carlisle.

The percentage of hospital admissions in 2010/11 that were emergencies for BME group in Cumbria suggests a high percentage of emergency admissions. This reflects some patients may not access or receiving the care most suited to managing their conditions, (DoH, 2012).

Cumbria's public health director, Professor John Ashton, has welcomed the growth of BME population and said that "the arrival of ethnic minority groups would help plug the jobs gap which will be created by falling birth rates and the increasingly elderly population". He also points out that "Our population is changing dramatically: the future in Cumbria is multi-cultural, multi-racial, and grey, so people will have to get used to it and we will have to plan for it. The influx of people from outside is good because the workers we'll need in Cumbria have to come from somewhere," (Coleman, P. 2012).

However, Technological "advances" now being used in GP surgeries for bookings of appointment has meant that there is now a significant population struggling to get an appointment through 'one size fit for all' mainstream booking systems.

3. The Purpose of the Research and methodology

This project aims to bring together marginalised BME people of Carlisle who are experiencing barriers in accessing GP's services to find and develop ways in which these can be overcome, thereby allowing vulnerable people to get the medical attention they need for their health and wellbeing.

We used the principle of community-based participatory research methodology as part of our research because CBPR is useful in accessing patients' experience² and contribute both to the practical concerns of people in an immediate problematic situation and it furthers the goals of engaging and empowering Carlisle's marginalised BME groups to become actively involved in influencing health services.

From the Service users we want to find out;

- a) What are the experiences of BME people in booking appointments using the automated communications systems and in person;
- b) Whether an interpretation facility is available during their appointments being provided by GP services, and its quality and availability on the time of need;
- c) What is the state of equity in choice, information and accessing health and wellbeing services not specifically asked for;
- d) What are the experiences of BME service users in accessing alternative communications services through referral arrangements;

² See, Transforming Patient experience: the essential guide, [online], Available at: http://www.institute.nhs.uk/patient_experience/guide/home_page.html (last accessed 02 August 2012).

- e) How much trust in relationship BME Service users have with their General Practice service providers?
- f) What suggestions they have for improvements and alternative solutions?

To find answers to these questions, we have used community-based engagement and the research findings draw on feedback from;

- Twelve participants in a focus group;
- three original face to face interviews (Nepali Female, Aged 19+, Bangladeshi Male, Age over 55 and Pakistani Male, *Age over 45*) using a questionnaire, allowing additional exploration of some of the issues;
- seven questionnaire responses from members of the community through community groups, and;
- NHS Cumbria engagement with and use of services by BME people in Cumbria meeting with a public health professional facilitated by Barnardo's for representatives of BME groups, (14 August 2012).
- AWAZ existing knowledge based on public policy advocacy support for BME service users/patients who experience inequality and in their perception discrimination in accessing health care services, (see Appendix 4).

The questionnaire was comprised of a mixture of quantitative and qualitative questions derived from the list of potential questions identified in the research paper titled *The Quality of Patient Engagement and Involvement in Primary Care*, (The King's Fund, 2010). This is to ensure that results from our research are comparable to the other researches or surveys carried out on similar issues in Cumbria within wider public.

All the participants were resident in Carlisle and registered with four different local surgeries. The ethnic origins of participants are Polish, Nepalese, Pakistani, Thai, Bangladeshi, Lithuanian and Slovakian. A detailed analysis of the diversity profile of all the participants is attached in Appendix 1. In order to gain informed consent, all participants were provided with the project information with an explanation about the purpose of this community-based engagement project, who is undertaking it, why it is being undertaken and how the input from the participants will be used to inform AWAZ's recommendations, and their agreement for the use of their perceptions in the final report. Participation was voluntary; in order to secure anonymity, privacy and confidentiality, no names of individuals were used. This research also draws on secondary research; an analysis of BME participants from Carlisle in the national patients/services users survey, "**The GP Patient Survey: making an appointment 2012**" results³ and a review of current literature on the subject matter and seeks to put this small pilot community-based engagement project into a wider context.

AWAZ Cumbria carried out this pilot project during June – December 2012.

AWAZ Cumbria exists to empower the voice of Black and Minority Ethnic (BME) people and communities in Cumbria; Working with people to improve their quality of life and social mobility, Supporting community development initiatives and partnerships, Delivering training, engagement and enterprise solutions for all sectors and providing public policy advocacy.

³ See, The GP Patient Survey: making an appointment,[online], available at: <http://practicetool.gp-patient.co.uk/Pct/Search?id2=CUMBRIA&index=1> (last accessed November 2012)

4. Findings

Below is the summary of the key findings from the Focus Group, face to face interviews and the perspectives of BME group representatives noted during the meeting with a public health professional facilitated by Barnardo's, and an analysis of responses to the questionnaire (see appendix 2) used as part of this community-based engagement project to prepare this report.

Although the number of BME participants in this community-based engagement project is higher than any other recent available GP patient survey results⁴ in Carlisle, care should be taken over the interpretation of these results due to the small number of BME participants.

There are 850 households in Carlisle where no people in the household have English as the main language; 511 households have at least one but not all people aged 16 and over in the household who have English as main language; and there are 66 number of households where no people aged 16 and over in the household but at least one person aged 3-15 has English as the main language, (Source: Census 2011).

4.1 Equality in Accessing GP Service

In order to find the answer to the key research questions;

- a) What are the experiences of BME people in booking appointments using the automated communications systems and in person?
- b) Whether an interpretation facility is available during their appointments being provided by GP services, and its quality and availability on the time of need;

Firstly, we have analysed the results and the number of BME participants from Carlisle in the national **"The GP Patient Survey: making an appointment (2012)"**.

Secondly, we have asked specific supplementary questions (see Appendix 2); an analysis of questionnaire responses, the feedback from the focus group and observations from the discussions with BME community groups' representatives suggests that;

4.1.1 A significant number of BME people who took part in this research do not have Equality in accessing GP Services.

BME people feel that in three out of the four surgeries in Carlisle where participants of this research are registered service users, experience discrimination due to the existing "one size fit all" appointment's booking system. Particularly, those who have little English speaking capacity and are in full time employment, cannot book an appointment due to the strict time limits on booking appointments, and no option to book an appointment for the following day.

Below are some quotes from BME people who took part in this research.

⁴ See, The GP Patient Survey: making an appointment,[online], available at: <http://practicetool.gp-patient.co.uk/Pct/Search?id2=CUMBRIA&index=1> (last accessed November 2012)

“I work in the local factory and I have to leave home for work before 7:00am. I have a break at 11:00 and by that time the time for booking appointments at my surgery finished. I am the only person in the home who can speak English and book the appointment. My wife finds it impossible to book an appointment over the phone because she can’t understand the pre-recorded message on the phone. Whenever my child or wife got ill I have to take a day off from work to book the appointment and accompany them to the surgery because there is no interpretation available either”.

“I have specifically requested interpretation facility for my father at the time of booking an appointment but I have been told that there is no such facility available. In our culture it is not appropriate for a father to discuss some of his medical conditions in front of his daughter. As I provide interpretation for my father during his appointments he cannot tell the doctor about his real medical condition and he is suffering in silence”.

“I don’t have a mobile or landline phone, I asked how I can book an appointment in person at the surgery. The surgery staff said, “You have to book the appointment over the phone”.

“In my surgery I don’t have any problem in booking appointments. I can book any time over the phone or in person.”

“I do not get an appointment with my preferred GP”.

“There is no option to book an appointment for the next day”.

“My surgery offers me next day appointment if they are fully booked. I am offered to see another doctor if my GP is not available.”

4.2 Equity in choice, information and accessing health and wellbeing services from General Practice

“You have the right to be given information about your proposed treatment in advance, including any significant risks and any alternative treatments which may be available, and the risks involved in doing nothing.” (NHS Constitution, 2012:7)

The relationship between a service user (patient) and the GP or Nurse Practitioner has wide divergences in power, information, resources and influence. Equity is not the same as ‘equality’. Equity implies an equal right to be heard at the table during consultations and a validation of concerns a patient has with regards to his/her health and wellbeing, and those contributions that are not measurable simply in terms of cash value or diversity profile.

In order to find the answer to the key research questions;

- a) What is the state of Equity in choice, information and accessing health and wellbeing services not specifically asked for;
- b) What are the experiences of BME service users in accessing alternative communications services through referral arrangements;

Firstly, we have analysed our engagement findings' on the basis of our knowledge base and understanding in this area based on the existing research by The King's Fund (2010) as part of their inquiry into the quality of general practice in England and in particular the research paper titled "**The quality of patient engagement and involvement in primary care**" that identifies the domains and the six indicators of the extent to which health professionals are supporting patients to become more engaged in their healthcare:

- quality of doctor-patient communication
 - access to alternative sources of information and advice
 - provision of preventive care and advice
 - informed choice of provider
 - risk communication and involvement in treatment decisions
 - support for self-care and self-management,"
- (Source: The King's Fund, 2010)

Secondly, on the basis of the feedback from the BME participants in the focus group held on 23rd September at Carlisle; three original face to face interviews using the same questionnaire with the opportunity to provide further insight and "A case study- Carlisle", notes from NHS Cumbria engagement with and use of services by BME people in Cumbria meeting with a public health professional facilitated by Barnardo's for representatives of BME groups, and the analysis of responses to our questionnaire suggests that;

4.2.1 BME service users do not have Equity in choice and information for accessing health and wellbeing services from some General Practice providers in Carlisle.

4.2.2 The use of family members including children as an interpreter is a common practice. A number of participants in this research stated that a GP service actively encourages and in some cases compels vulnerable patients to use their children as an interpreter.

4.2.3 There is no good practice example to suggest that there are any systems or mechanisms in place for sharing information between GP surgeries and other primary and secondary care health service provider with regards to interpretation and translation needs of service users when referrals are made between these health and wellbeing service providers.

A Case Study- Carlisle

One female BME service users has been referred by the GP to Specialist Consultant at Carlisle Infirmary who prescribed her necessary medication. She didn't receive appropriate advice on the timescale for medication from the pharmacist. She has limited English speaking skills. After taking the medication for a month, when she visited her GP on her own without a family member interpretation help, the GP questioned the patient in an extremely 'harsh' manner and asked her why she is taking the particular medication for so long. She felt terrorised and embarrassed. She cried. She couldn't provide an explanation to the GP for taking the medication for a month due to lack of her capacity to speak in English. She was unable to express her feelings and she was not offered with the appropriate communication support.



- 4.2.4 The BME services users do not feel that they have equity in communication, and they feel vulnerable in communicating their health and wellbeing needs to the GP or nurse practitioners.
- 4.2.5 The BME service users do not receive adequate advice and information with regards to dosage and timescale of the medication from the GPs or nurse practitioners at the time of prescription or from the pharmacists.

Whilst we recognise that this is a small study, the above feedback is disquieting and further research is recommended to establish whether these experiences are replicated throughout the wider BME community.

4.3 The Trust and Relationship with the GP

“You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.”(NHS Constitution, 2012:7)

The recent results from GP Patient Survey report assessing patients’ experiences of local NHS Services, and Trust and confidence in GPs suggest a positive and good trusting relationship between patients and GPs. However, careful analysis of the diversity profile of the participants of these surveys in Carlisle reveals an acute underrepresentation of BME participants in the GP Patient Survey⁵.

In order to find answer to our key research questions;

- g) How much trust in relationship BME Service users have with their General Practice service providers?
- h) What suggestions they have for improvements and alternative solutions?

“Recently I made an appointment for my mom in the GP Surgery and I asked for the interpreter; the receptionist said ‘ok’ doctor or nurse will arrange that but when my mom went to see the doctor, there were no such interpretation facilities and instead doctor or nurse told her to bring someone with you who can talk English next time,” (Quote from a BME Service user’s experience received via e-mail).

AWAZ’s existing anecdotal evidence suggests that the BME patients and service users are disproportionately underrepresented in the patient participation groups and our finding suggests that;

- 4.3.1 The level of BME patient’s engagement during GP/Nurse practitioners regarding their own health, care, treatment and wellbeing is very low, and there is no equality of engagement in the GPs/Nurse practitioners’ relationships with BME services users who can’t converse in English.
- 4.3.2 The BME service users predominantly feel that the GPs and nurse practitioners do not ask or discuss with them any cultural, religious or belief needs, anxieties or fears about their medical conditions and/or treatment.
- 4.3.3 The attitudes and behaviours of GP Surgeries’ appointment booking staff and receptionists towards BME service users in their perceptions in general and in some cases in particular are unsatisfactory and possibly discriminatory.

Recommendations

⁵ See, The GP Patient Survey – Profile Analysis: Survey Data (2012), [online], Available at: http://results.gp-patient.co.uk/report/1/rt1_result.aspx?sid=4&qid=49 (Last accessed December 2012).

As part of this community-based engagement project we have used all possible means of communication to engage four GP Surgeries in our efforts and research to contribute their perspective but unfortunately none of them responded to our requests.

Therefore, on the basis of our finding above we suggest that the Cumbria Clinical Commissioning Group should ask the General Practice Service providers in Carlisle to ensure;

- That all GP Practices urgently review their current access procedures and practices for BME service users to ensure compliance with the Equality Act 2010.
 - a) A speedy change in the unsatisfactory and possibly discriminatory practices in the provision of services for BME service users;
 - b) Provide training and support to front line reception staff on race equality to better understand and be able to meet the needs of service users who have limited English speaking ability or verbal communication difficulty, hard of hearing and elderly BME people;
 - c) Identify specific needs of the practice population so that BME service users' communication needs are made available in an appropriate format;
 - d) Involve BME services users' (both as individuals and Groups) in the design, planning and delivery of primary care services at the GP-practice or health centre.
 - e) Provide an alternative accessibility method for booking of appointments and interpretation and translation facilities to access GP and primary care services;

We also recommend GP Practices and health centres should;

- a) Work with BME Voluntary and Community organisation/groups to find meaningful solutions for equitable access to GP services;
- b) Establish information sharing systems between primary and secondary care health service providers about the alternative communication needs of BME service users;
- c) Provide professional interpretation facility during appointments with healthcare professionals including pharmacists;
- d) Introduce effective monitoring and evaluation systems to assess the effectiveness of current systems and procedures to distribute information on the outcomes of race equality monitoring with all stakeholders;
- e) Provide choice in appointments' booking methods and an increase in the booking times options.

AWAZ Cumbria would welcome an opportunity to work with the Cumbria Clinical Commissioning Group and local GP surgeries in the design, development and delivery of engagement solutions for the development of equally accessible and equitable primary care health services for all.

References

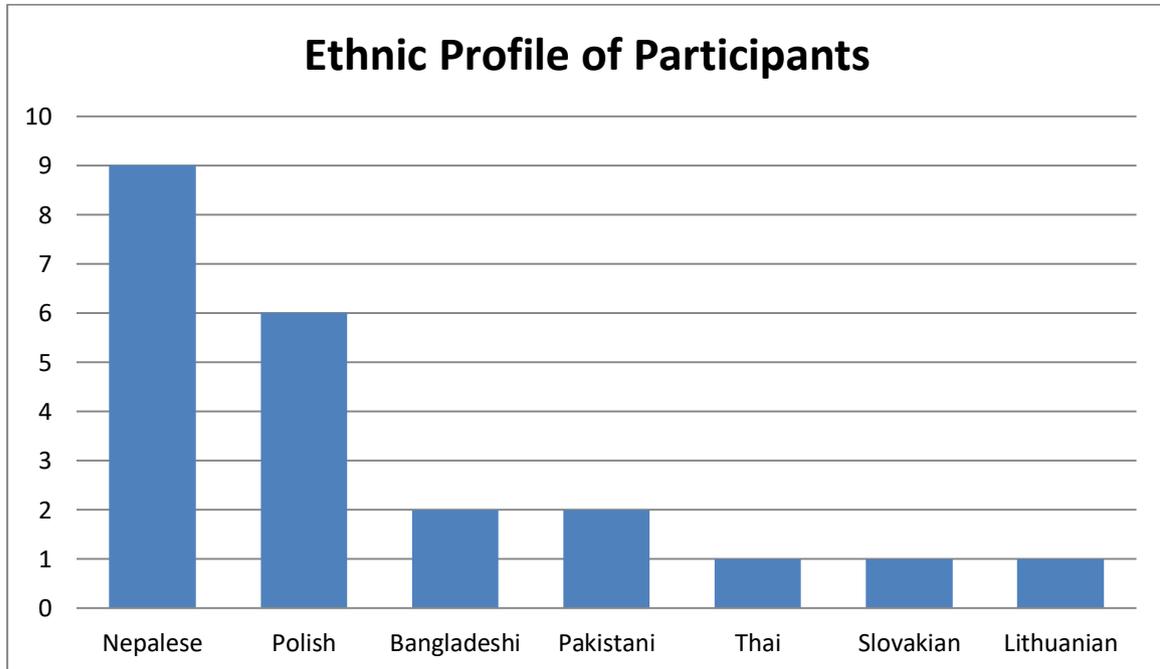
- (Coleman, P. 2012). Ethnic Diversity Grows, [online], Available at: <http://www.newsandstar.co.uk/ethnic-diversity-grows-1.1022242?referrerPath=home/2.1962> (Last accessed, 3 January 2013)
- Coulter, A. (2006). *Engaging patients in their healthcare*. Picker Institute Europe. Oxford.
- The King Fund (2010). *The quality of patient engagement and involvement in primary care*, [online], Available at: http://www.pickereurope.org/assets/content/pdf/Project_Reports/Quality_Patient_Engagement_Primary_Care_King's_Fund_July_2010.pdf (last accessed June 2012).
- Department of Health (2012). Health Profile 2012: Cumbria, [online], Available at: www.healthprofile.info , (last accessed November 2012).
- Department of Health (2012). The NHS Constitution: the NHS belongs to us all, [online], Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132958.pdf (last Accessed 12December 2012).
- Fulton, R. (2010). *Ethnic Monitoring: Is health equality possible without it?* Better Health Briefing 21. Race Equality Foundation: London.
- NHS Surveys: Focused on Patient Experience, [online], available at: <http://www.nhssurveys.org/publications> (Last accessed 20 July 2012).
- Office for National Statistics (ONS, 2011). [online], available at <http://www.ons.gov.uk/ons/index.html> (last accessed 12 December 2012)
- Face to Face Interviews - BME People: Equity in Accessing GP Services in Carlisle.**
Interviews in Carlisle with the Development Officer
- Bangladeshi Male, Age over 55 (09 October 2012).
- Pakistani Male, Age over 45 (09 November 2012).
- Nepali Female, Aged 19+ (11 December 2012).

Other Communication

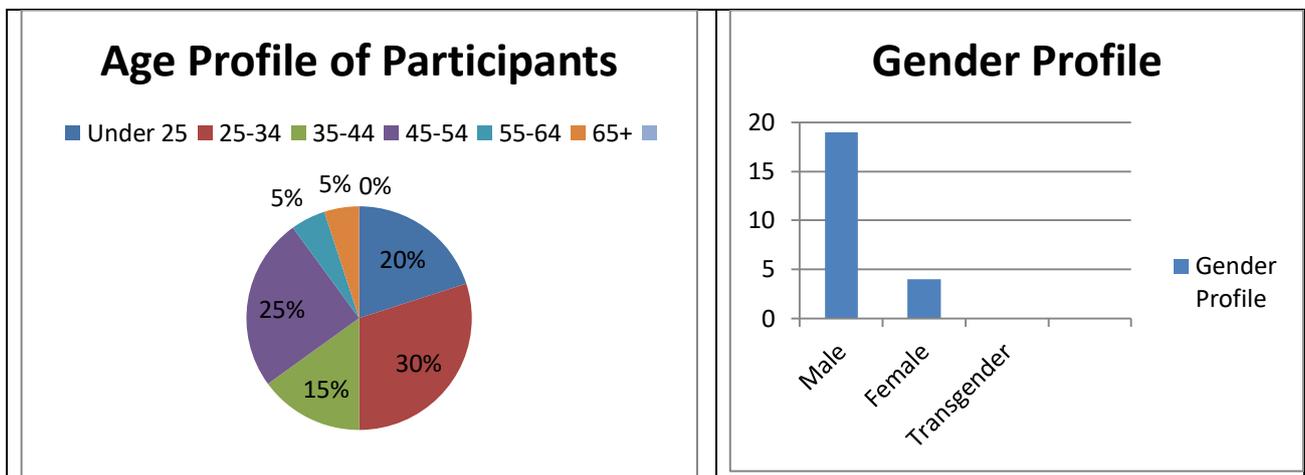
- Gurung, D. (2012) *Hi*. [Personal Communication – e-mail, to Khan, S.A.] 9 January 2013.
- Dexter, K. (2012) Notes of meeting 14 August 2012-NHS engagement with and use of services by BME people in Cumbria, [Personal Communication-e-mail, to Khan, S.A.] 21 August 2012.

Appendix -1

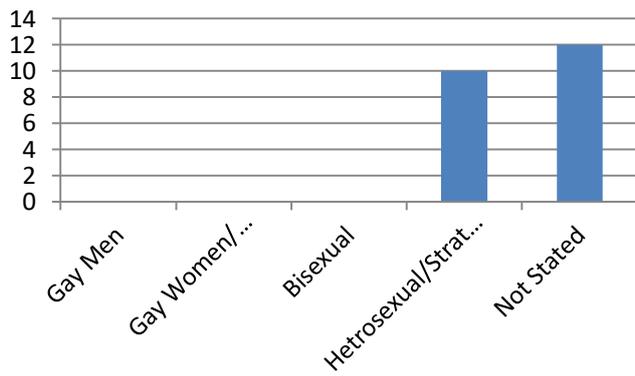
AWAZ's community-based engagement project- diversity profile of the participants in this research.



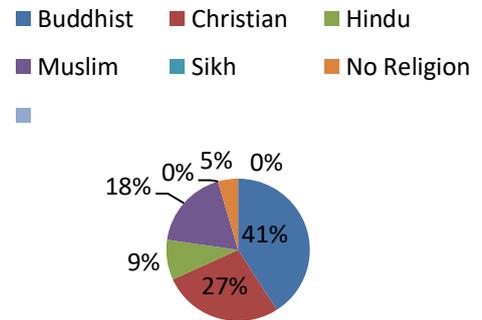
The diversity profile containing age, gender, religion, or belief sexual orientation, disability and socio-economic status of all the participants is as under.



Sexual orientation of Participants

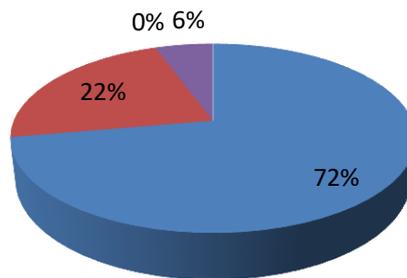


Religion or Belief Profile of Participants



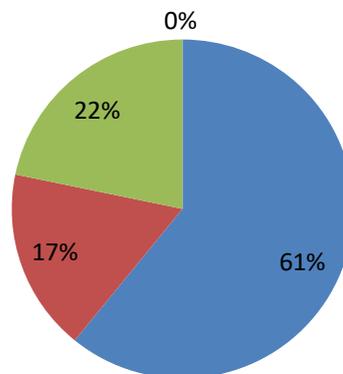
Socio-Economic Status

- Employed: Full-time or part-time Or Self-Employed
- In Education or Training
- Not In Education, Employment or Training
- Retired



Disability Profile of Participants

- No
- Yes
- Not Stated
-



Appendix 2- Research Questionnaire

AWAZ Cumbria Action Research Project: Equity in Accessing Primary Care Health Services in Carlisle

Equality in accessing GP Surgeries

- 1- Are you registered with a GP Surgery in your local area?**
Yes
No
Don't know
- 2- How do you normally book your appointments to see a GP or nurse at your GP surgery?**
In person
By phone
Online
Someone else books appointment for me
- 3- Do you need help or an interpreter to book an appointment for you to see a GP or nurse at your GP surgery?**
Yes
No
Don't know
- 4- Do you understand the pre-recorded message played when you call to book your appointment?**
Yes
No
Don't know
- 5- Is your GP surgery current appointment booking systems are convenient for you?**
Yes
No
Don't know
- 6- Is your GP surgery current time limits for booking an appointment is convenient for you?**
Yes
No
Don't know
- 7- In the last 12 months, have you ever been unable to book an appointment with your GP surgery/health centre because the booking times or systems are inconvenient?**
Yes
No
Don't know
- 8- Which of the following additional appointment booking times would make it easier for you to book an appointment?**

Between 6:30 am - 8:00 am
Between 12:00 pm - 2:00 pm
Between 5.30 pm - 7:30 pm
Online – anytime (Choose and Book)
On Weekends
None of these

- 9- **Do you have any suggestions to make GP's appointment booking systems more accessible and convenient for you?**

Equity in access, better information, more choice

- 1- **When did you last see or speak to a GP from your GP surgery?**
In the past 3 months
Between 3 and 6 months
Between 6 and 12 months
More than 12 months
- 2- **Do you need an interpreter to discuss your medical condition with your GP or Nurse?**
Yes
No
Don't know
- 3- **Do you receive an independent interpretation service at the time of your need during your appointment with your GP or Nurse?**
Yes
No
Don't know
- 4- **Who does provide you interpretation service during your appointments with a GP or nurse at your GP surgery?**
Independent Professional Interpreter in person
Independent Professional Interpreter over the phone
Family Member
A Child
Friend
I have no one to help
- 5- **Were you involved as much as you wanted to be in decisions about your health care, wellbeing and Treatment?**
Yes
No
Don't know
- 6- **Did the GP or Nurse practitioner explain the purpose and side-effects of the medications you were prescribed in a way you could understand?**
Yes
No
Don't know
- 7- **When you had important questions to ask the GP, did you get answers that you could understand?**

Yes
No
Don't know

8- When you had important questions to ask a Nurse practitioner, did you get answers that you could understand?

Yes
No
Don't know

9- Did the pharmacist explain the timescales and dosage of the medications you were prescribed by your GP/Nurse Practitioner in a way you could understand?

Yes
No
Don't know

Your Trust and relationships with Your GP

1- If you had questions to ask the doctor, did you get answers that you could understand?

Yes
No
Don't know

2- If you had questions to ask the Nurse practitioner, did you get answers that you could understand?

Yes
No
Don't know

3- Were you given enough time to discuss your health and wellbeing or medical problem with the doctor?

Yes
No
Don't know

4- Were you given enough time to discuss your health and wellbeing or medical problem with the Nurse practitioner?

Yes
No
Don't know

5- Did the doctors or Nurse Practitioner listen to what you had to say?

Yes
No
Not sure

6- If you had any cultural, religious or belief needs, anxieties or fears about your medical condition or treatment, did a doctor or Nurse practitioner discuss them with you?

Yes
No
Not sure

- 7- **Would you recommend your GP surgery to someone from your community who has just moved to your local area?**
 Yes
 No
 Not sure
- 8- **How helpful do you find the receptionists at your GP surgery?**
 Very helpful
 Fairly helpful
 Not very helpful
 Not at all helpful
 Don't know
- 9- **Overall, did you feel you were treated with respect and dignity while you were in the GP Surgery?**
 Yes
 No
 Not sure
- 10- **Do you have any suggestions to make GP's more accessible and empowering for you?**
- 11- **What is your experience of accessing Services in the Hospital/Secondary care?**

Name (optional) ----- Post Code:-----

Appendix -3

**Do you want to talk about
 Equality of access in G.P services
 in Carlisle ?**

*Join us in a
 BME Service Users
 Focus Group*

**Have your say in making
 Primary Care Services equally
 Accessible for All**

Sunday
September 23rd at 1pm
 Grey stone Community Centre,
 Close Street, Carlisle, CA1 2HA
 RSVP to Aftab Khan:
 (Aftab@awaz.info)

MAKE IT HAPPEN!

Cumbria LINK

AWAZ Cumbria
 Social Justice - Equality - Enterprise

Appendix 4

Examples of Advocacy undertaken by AWAZ on behalf of BME people in Cumbria:

- Weaving, P. (2012) *Clarification around the clinical commissioning groups policies relating to BME and minority faiths communities*. [Personal Communication – e-mail, to Khan, S.A.] 31 January 2012.
- Harrison, C. (2012) *Denial of Service at Warwick Road GP Surgery- Interpretation Service*. [Personal Communication – e-mail, to Khan, S.A.] 5 January 2012.
- Rasbash, J. (2012) *Interpreters and GP's*. [Personal Communication – e-mail, to Khan, S.A.] 20 June 2011.
- Clarke, P. (2010) *Access to Language Line*. [Personal Communication – e-mail, to Khan, S.A.] 27 April 2010. AWAZ public policy advocacy - communication between AWAZ and Deputy Director NHS Cumbria on behalf of two patients told by GP that if they wanted Interpretation during their visit to the surgery, they would have to arrange and pay for it themselves.
- Holliday, C. (2010) [Personal Communication – letter, to Gurung, D.] 17 May 2010. Awaz advocacy support for individual who was threatened with being struck off for not attending appointments. This was due to no interpretation services being made available.

