

# Managing Your Health

A survey of young  
BME men

Report to  
Haringey Clinical  
Commissioning Group



Haringey Race  
and Equality Council



**NHS**  
**Haringey**  
**Clinical Commissioning Group**

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# Managing your health: A survey of young BME men

## 1. Introduction

### 1.1 Background and context

This is a summary report of a survey and focus group conducted by Healthwatch Haringey. The survey forms part of a project that the Clinical Commissioning Group (CCG) asked Healthwatch to undertake to inform their five year commissioning plan. The CCG wanted to understand more about how men from ethnic minority groups accessed health care and how the CCG could encourage more men to take advantage of the services on offer.

This particular element of the work focused on a survey of young men from Black and Minority Ethnic (BME) backgrounds and included a focus group which 22 young men attended. Staff from Healthwatch Haringey moderated the focus group discussion.

The respondents were sourced through a youth group called "*Ummah Active*" who work with young men predominantly from BME backgrounds - they were self selected or snowballed - a common sampling method among hard to reach groups. The 22 completed questionnaires generated in the focus group are included in the total of 75 completed questionnaires. Three of the respondents will be chosen at random in a prize draw to win £20.

The focus group was held on the 17th April and attendees were paid a small sum to cover their expenses and time to encourage attendance. All those attending were asked to complete the questionnaire at the beginning of the session and then the facilitators opened up a discussion to gain a better understand of some of the reasons behind the responses.

### 1.2 Statistical reliability

The survey is small scale and is intended to give an indication of views about access to GP surgeries rather than population statistics. As the respondents to the questionnaire are only samples of the total "population" of young BME men in Haringey, we cannot be certain that the figures obtained are exactly those we would have if everybody had been interviewed. Furthermore, the sample size is small, 75 out of the total BME population of 158,875 in Haringey (including White Other and Gypsy or Irish Traveller). This means there will be variation between the sample results and the "true" values.

We can predict the variation between the sample results and the "true" values from knowing the size of the samples on which the results are based and the number of times that particular answer is given. The confidence with which we can make this prediction is usually 95% - that is, the chances are 95 in 100 that the "true" value will fall within a specified range.

The table below illustrates the predicted ranges for different sample sizes and percentage results at the “95% confidence interval”.

Size of sample on which the survey results are based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
75 interviews	7	10	11
200 interviews	4	6	7
500 interviews	2.6	4	4.4

*An indication of approximate sampling tolerances is given in the table below. Strictly speaking, the tolerances shown here apply only to random samples.*

For example, with a sample of 75 where 30% give a particular answer, the chances are 19 in 20 that the “true” value (which would have been obtained if the whole population had been interviewed) will fall within the range of plus or minus 10 percentage points from the sample result.

## 2. Main findings

### 2.1 Registration

The vast majority of respondents are currently registered with a GP (93%). There is no standout reason why the remainder (7%) have not registered. Only three people gave a specific reason and these are:

- *No time to register*
- *I never usually have to go and see a GP, and*
- *Never needed a doctor, went to chemist.*

Half had visited the GP surgery in the last six months (47%) with roughly similar proportions having visited between 6-12 months ago (26%) and over a year ago (24%). Two per cent have not ever visited despite being registered.

### 2.2 Most recent visit/making appointments

On their most recent visit, two in five of respondents (43%) went on their own, whilst over a half was accompanied - either by a parent or sibling (50%) or a friend (7%).

About half made their own appointment to see someone at the surgery (52%) and a roughly similar proportion got someone else to do it (48%). That person is most likely to be one or both parents - most likely the mother of the respondent (56%) as opposed to the father (18%) or both (7%). In some cases, a sibling makes the appointment (9%), and to a much lesser extent, someone else (7%) and in a very small number of cases a mixture of the two (4%).

Most respondents are aware they can be seen by a GP without a parent, although this is not the case for 18% of our respondents who reported that they are not aware.

We asked those who did not make their own appointment why they were unable to. Some respondents gave a number of responses. The most commonly given response is that respondents were too busy (38%), followed by not being sure how to (25%) and the fear of not being taken seriously (19%). Almost one in five (17%) said some other reason was applicable but did not specify.

When asked how they would prefer to make GP appointments, most respondents were able to prioritise one mode but a few chose multiple options. Telephone received the most mentions (39%). This is followed by booking in person (19%). However, taken collectively, two in five mentions relate to text (18%), online (14%) or email (7%) - this is perhaps not a surprise among such a young age group, used to employing technology. Indeed, one person in the focus group felt that being able to make an appointment via a smart phone app would be good. He felt that apps are less prone to crashing than online booking systems and are not expensive to make. The group agreed that young men would prefer to book via an app rather than email.

## 2.3 Choice

Only 38% say they **always** get a choice of appointment time compared to half (53%) who sometimes get the choice. One in ten (10%) says they have no experience of choice.

Similarly, when it comes to emergency appointments, a third (31%) say they can **always** be seen compared to over a half (56%) who say they can usually be seen. One in seven (14%) say they never get a choice or have no experience of it.

Continuing the trend, about two-thirds (38%) say they get a choice of days or times for advance appointments compared to 28% who say they do not. Understandably, a third (35%) does not know how to answer given a large proportion do not make their own appointments.

## 2.4 Reception services

The majority of respondents (74%) describe reception staff as friendly and/or helpful and only a small proportion (6%) feel they are otherwise. A sizable minority (21%) have no opinion.

## 2.5 Involvement

Whilst the majority of respondents feel that their GP or nurse involves them in decisions about their care, around half say this happens sometimes (46%) compared to 37% who say it **always** does. A small proportion (6%) feel they are not involved and one in ten (11%) has no opinion.

## 2.6 Telephone and Skype consultations

Seven in ten respondents (72%) are not aware that a GP may be able to give them a telephone consultation rather than having to go into the surgery.

In about three in ten cases (28%), respondents would prefer to have a telephone consultation with a GP rather than attend the surgery. Publicising this option might help to encourage uptake of telephone consultations. A core two-fifths (44%) would prefer to be seen in person, however. The focus group confirmed that some people simply would not feel comfortable with a telephone consultation as the doctor cannot see what is wrong with the patient. Most young people at the meeting said that they would prefer to visit in person.

When the idea of Skype is introduced, it is the preferred option in a quarter of cases (26%), matching telephone (26%) consultations. Still, a core of 48% would prefer to be seen in person.

## 2.7 Accident and emergency and what to do in an emergency

Eight in ten (86%) have attended A&E with over a half (57%) within the last year including a quarter attending within last six months (25%).

Out of the people who have attended A&E in the last year, marginally more have been only once (24 people) as opposed to two times or more (19). The latter group of 'multiple users' represents roughly a third of A&E visitors in this survey.

Of note, a quarter of respondents say they do not know what to do (19% are not sure) or would take no action if they had a pain in their chest or felt unwell (4% would do nothing). Clearly, some awareness-raising is required among this group. Among the remainder, half (52%) would see their GP. The reasons given for going to the GP largely relate to the perception that it is easier, quicker and more convenient to go to the surgery. A few state they would see someone at their GP surgery to establish whether the illness or pain is serious enough to warrant a trip to hospital and similar numbers would rather avoid the long waits associated with A&E. Other reasons given include:

- *It depends on the severity of the chest pains. Most of the time the GP can help.*
- *May not be serious.*
- *They know me well so I can trust them and the decision they make.*
- *I've known them for a long time.*
- *I know them well - trustworthy.*
- *Because it might not be that serious and I wouldn't want to wait in a long queue at the hospital.*

Roughly similar numbers would go to A&E (11 people) or see a pharmacist (8 people). A&E was chosen largely because it would be better equipped to deal with something serious:

- *[If the] chest pain is serious.*
- *I could get treated straight away if I was seriously ill.*
- *More professional and reliable.*
- *More resources.*
- *They know what they are doing.*

In the focus group, the participants distinguished between chest pains and feeling unwell, stating they would not go to A&E if they simply felt unwell.

There is no standout reason why people might see a pharmacist and the responses vary as shown below:

- *To see if it was serious or not.*
- *I don't think my chest pains are critical.*
- *For advice.*
- *Medical treatment straight away.*
- *No waiting time.*
- *Closer than the rest.*

## 2.8 Pharmacies

Almost three-quarters of respondents (72%) are not aware that some pharmacies can offer a consultation and give medicine without the patient needing to go to a GP. Again, some awareness-raising is required among this group as to which pharmacies can do this and in what circumstances this may be appropriate. A number of the participants in the focus group reported they would now go to the pharmacist instead of the GP now they know consultations are possible.

When asked if they would consider going to a pharmacist rather than a GP the next time they felt unwell, around two in five say they would not (37%). This leaves the majority either willing to do so (22%) or unsure but possibly open to it (40%). Again, some awareness-raising might be required among as to the pros and cons of using a pharmacy in this way.

## 3. Appendices

### 3.1 Focus group report

## Managing Your Health: a BME Young Men Focus Group

### Introduction

On the 17<sup>th</sup> April 2014, Healthwatch Haringey carried out a focus group with twenty-two Black and Minority Ethnic (BME) young men aged between 16 and 23 to gather their views and experiences of how they manage their health; whether they accessed health services; what their experiences were of accessing these services; and where they did not access services, the reasons why.

The young men were given a questionnaire to complete about how they currently manage their health.

Following the questionnaire, staff gave an introduction to the focus group about Healthwatch Haringey. They informed the group about the purpose of the questionnaire and focus group and that Healthwatch Haringey had been commissioned by the Haringey Clinical Commissioning Group to carry a project looking at how young BME men manage their health. Staff informed the group that the information provided would be analysed and put into a report and that the information would be used to try to improve health services in Haringey.

Healthwatch staff facilitated a discussion with the young men to elaborate on some of their responses to the questionnaire.

### Main findings

#### Registration

- Two of the young men were not registered with a GP. One of them had not gone to the GP because they had moved home.

#### Most recent visit/making appointments

- All of the twenty-two young men had been to the GP in the last 12 months.
- Eight of the young men made appointments with the GP themselves. Two people had their parents help them to make their appointments.
- When asked about how they preferred to make their GP appointments, three people said that they preferred on the phone, six said in person, three people said they would like to book online, one person liked to text, and none said they would like to email.

- One person suggested that for appointments the NHS could develop a smart phone app for people to use. He said that systems do crash if they are online and apps are not expensive to make. He said when people use the app you could have the other person receiving the information. He added that there could be problems processing it. **The group agreed that young men do not use email and use apps instead.** They said it is easier to text or call and what they prefer is different from their parents.

### Receptionist service

- When the young people were asked about what they thought about the receptionist service at their GP surgery, one person said that the receptionist was rude at their surgery.
- One person said that “the receptionists see you as another number and not as a person.”
- One young person said that “sometimes the receptionists can be friendly, and sometimes they are hard to deal with people who aren’t really ill.”

### Involvement

- When the young people were asked about whether they feel the doctor/nurse involves them in their decisions about their care, one person said that they have to go back to the doctor when the medicine they gave them didn’t work—they went back and the doctor changed their medicine.
- One person said that “doctors just give me antibiotics”.

### Telephone and Skype consultations

- When asked about whether they prefer to have a telephone consultation rather than attend a surgery, three people in the group preferred a telephone consultation. One person said that they would not feel comfortable with a telephone consultation as the doctor couldn’t see what was wrong with him. Most young people at the meeting said that they would prefer to go in person.
- One person said that “you would want to go in person and have something looked at if it was severe”.
- One person said that with all the people that go to the surgery “calling them is less hassle”.
- When the young people were asked about if they would like a consultation via Skype, all of the people attending the meeting said no. They said “people don’t like Skype”. One person commented, will they be suggesting Facebook also.

## Accident and emergency and what to do in an emergency

- When asked about in an emergency, can you always be seen if you are prepared to wait, one person suggested that for an “emergency” GPs need a different system to free up A&E.
- One person said that people go to A&E for small issues because it is quick. The young people attending the focus group said that they went to their GP rather than going to A&E.
- One person suggested that “there could be a system where you first speak to a nurse who decides if you can see a doctor as they didn’t want to go through the whole system”.
- The young people were asked how many times they have attended A&E in the last year. One person said that they attended A&E in the last 12 months and that was for a torn ligament.
- Two people had attended A&E in the last 24 months. They said “In A&E they give you ibuprofen and check you out”. One person said that they had gone for “stitches in their knee”. The young people at the meeting felt that people should not go to A&E unless it was an emergency.
- When asked if they had a pain in their chest and felt unwell would they go to the GP, the pharmacist, or A&E, six people said that they could go to their GP. One person said that “with A&E it depends as there is at least a 4 hour wait for people, and because of the wait they didn’t want to go. It would be useful to be told in A&E how people are prioritised”. Most people preferred to go to their GP if they had a chest pain as they said “it is not as strict as A&E”.
- The young people at the meeting said that they don’t go to the A&E if they feel unwell.

## Pharmacies

- When the group were asked whether they could consider going to the pharmacist rather than the GP next time they felt unwell, seven people didn’t know that you can go to the pharmacist for treatment, whilst the other people attending knew. Of the seven people we spoke to, they said that after now knowing that they can go to the pharmacist, they said that they would go to the pharmacist first.
- One person said that it is difficult to access the pharmacist as they have some people who are not medical experts but sales.
- One person said that they have been on the same medication for 3 years.
- One young person asked whether their prescription would be for free.

- One person said that they have experienced difficulty at the pharmacist because they have been trying to pick up a prescription for their mum and were not allowed to pick up their mum's medicine although she has asked him to.

## Suggestions from the young people about how to improve health services

- The NHS to develop a smart phone app to help people book appointments.
- A&E staff informing people waiting at A&E how people are prioritised and how long their wait could be.
- In an emergency GP surgeries having a different system to free up A&E.
- One person said that he uses holistic medicine and suggested that the NHS could have a holistic unit. He said that many health issues can be treated with ginger and garlic and that this could save the NHS money.
- Improving how receptionist staff communicate with patients in GP surgeries.
- To have nurses assess what treatment a patient needs when they first arrive at the health service.

## Conclusions

The focus group raised some interesting points. All the young men had accessed health services in the last year. The young men felt people should not go to use A&E unless it was an emergency, as two of the young men who had gone to A&E were for stitches and serious injuries. All of the young men who were registered with the GP were not reliant on going to A&E as the first resort.

An interesting point raised was that the young men we spoke to did not like Skype and would not use that as a method of consulting with their GP. The focus group also highlighted that the young men did not use email and preferred to use apps on their smart phones; and they preferred communicating via the phone or via text messaging.

Some of the young men also commented on the long wait in A&E and said, "When you go to A&E all they give you is Ibuprofen".

## HOW DO YOU MANAGE YOUR HEALTH?

Please put a X in the box that applies to you

1) ARE YOU REGISTERED WITH A GP?

Yes

No  Please state 'why not' and then go to question 12

.....

2) WHEN DID YOU LAST VISIT YOUR DOCTORS SURGERY?

Within last 6 months  6-12 months  12 months+  Never

3) ON YOUR MOST RECENT VISIT TO THE DOCTOR DID YOU ATTEND

On your own  with parent/sibling  with a friend

4) DO YOU NORMALLY MAKE YOUR OWN APPOINTMENT TO SEE SOMEONE AT YOUR DOCTORS?

Yes  Please go to question 7      No

5) IF YOU DO NOT NORMALLY MAKE YOUR OWN APPOINTMENT WHO DOES?

Mother  Father  Sibling  Other

6) CAN YOU TELL US WHY YOU FEEL UNABLE TO MAKE YOUR OWN APPOINTMENT TO SEE SOMEONE AT YOUR DOCTORS SURGERY?

Too busy  Not sure how  Will not be taken seriously  Other

7) DO YOU GET A CHOICE OF APPOINTMENT TIME?

Yes  Sometimes  No  No experience

8) **IN AN EMERGENCY, CAN YOU ALWAYS BE SEEN IF YOU ARE PREPARED TO WAIT?**

Always  Usually  Never  No experience

9) **DO YOU GET A CHOICE OF DAYS / TIMES FOR ADVANCE APPOINTMENTS?**

Yes  No  Don't know

10) **WHAT DO YOU THINK ABOUT THE RECEPTION SERVICE AT YOUR GP SURGERY?**

Friendly / helpful  Not friendly / Not helpful  Don't know

11) **DO YOU FEEL THAT YOUR GP/NURSE INVOLVES YOU IN DECISIONS ABOUT YOUR CARE?**

Yes  Sometimes  No  Don't know

12) **ARE YOU AWARE YOU CAN BE SEEN BY A GP WITHOUT YOUR PARENT?**

Yes  No

13) **DID YOU KNOW THAT A GP MAY BE ABLE TO GIVE YOU A TELEPHONE CONSULTATION RATHER THAN GOING INTO THE SURGERY?**

Yes  No

14) **HOW WOULD YOU PREFER TO MAKE YOUR GP APPOINTMENTS?**

Phone call  Online  Email   
In person  Text  Other  Please state.....

15) **WOULD YOU PREFER TO HAVE A TELEPHONE CONSULTATION WITH A GP RATHER THAN ATTEND THE SURGERY?**

Yes  No  Not sure

16) IF YOU COULD ALSO HAVE A CONSULTATION WITH A GP ON SKYPE WHICH WOULD YOU PREFER?

Use Skype  Telephone consultation  Attend in person

17) HAVE YOU ATTENDED ACCIDENT & EMERGENCY IN A HOSPITAL?

Within last 6 months  6-12months  12 months+  Never (go to Q19)

18) HOW MANY TIMES HAVE YOU ATTENDED ACCIDENT & EMERGENCY IN THE LAST 12 MONTHS?

Never  Once  Twice+

19) IF YOU HAD A PAIN IN YOUR CHEST AND FELT UNWELL WOULD YOU GO TO THE GP, THE PHARMACIST OR GO TO A&E AT YOUR LOCAL HOSPITAL?

GP  Pharmacist  A&E  Not sure  Do nothing

What is your reason for this choice?

.....

20) DID YOU KNOW THAT SOME PHARMACIES CAN OFFER YOU A CONSULTATION AND GIVE YOU MEDICINE WITHOUT GOING TO A GP?

Yes  No

21) WOULD YOU CONSIDER GOING TO A PHARMACIST RATHER THAN A GP NEXT TIME YOU FELT UNWELL?

Yes  No  Not sure

Please see overleaf

PLEASE WOULD YOU TELL US THE FOLLOWING ABOUT YOURSELF

AGE?

Under 18  18-25  over 25

WHAT IS YOUR ETHNIC ORIGIN?

African  Albanian  Bangladeshi  Bosnian

Caribbean  Indian  Kosovan  Pakistani

Somali  Turkish  Other  Please state.....

.....

THANK YOU FOR TAKING PART IN THE SURVEY.  
ALL THE INFORMATION YOU HAVE PROVIDED WILL BE TREATED AS CONFIDENTIAL.



Haringey Race and Equality Council



### 3.3 Sample profile

<b>Ethnicity</b>	<b>n</b>
African	18
Albanian	12
Caribbean	7
Turkish	6
Somali	5
Bangladeshi	5
Black African	1
White African	1
English	3
Indian	2
Cypriot	2
Polish	2
Romanian	2
Greek	1
Croatian	1
Italian	1
Kosovan	1
Mixed race	1
Filipino	1
Algerian	1
Bosnian	1
Not stated	1
<b>Age</b>	<b>n</b>
Under 18	45
18-25	24
25+	4
Not stated	2

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