A secondary analysis of primary care survey data to explore differences in response by ethnicity.

A report commissioned by the National Association for Patient Participation Autumn 2006

1.1 Introduction

The Picker Institute has available a great deal of expertise in conducting and analysing patient experience surveys. As part of the research being carried out for the National Association for Patient Participation it was agreed to perform some secondary analysis on the data collected for the Healthcare Commission's Primary Care patient's survey. The aim was to explore whether there were significant differences in the experience of patients from different ethnic groups.

1.2 Survey of Primary Care Trust Patients

The Healthcare Commission has been responsible for surveying the experience of NHS patients since 2003. The latest Primary Care survey for which results are available was completed in 2005. Each PCT in England was asked to select 850 of their patients at random. Postal questionnaires were sent between January and March 2005 to 257,505 people who had up to two reminder letters. A translation service was available for any participants whose first language was not English. Patients responses were anonymised. They were asked to record their age, sex and own definitions of their ethnicity.

Completed questionnaires were received from 116,939 people (47% overall response rate). When completing, the survey respondents were asked to think about their most recent contact with local health care services either for themselves or a child in their care. 89% of respondents had visited their GP surgery or local health centre in the previous 12 months. 58% of respondents were female. 94% described themselves as white, 3% as Asian or Asian British, 1% as mixed race, 1% as black or black British and 1% as Chinese or other ethnic groups.

This compares with data produced for the office for national statistics estimating the population of England in mid 2003 as 90% white, 4% as Asian or Asian British, 1% mixed, 3% black or black British and 1% Chinese or other (Large and Ghosh 2006).

Table 1 Ethnicity of respondents in 2005 PCT survey compared to 2003 ONS population estimates

	White	***Asian or Asian British***	***Mixed race***	***Black or black British***	***Chinese or other***
Survey response	95%	3%	1%	1%	1%
ONS Estimate	90%	4%	1%	3%	1%

The phenomenon of a reduced response from minority ethnic communities to surveys is one that is well recognised by researchers. Ethnic minority response rates to general population surveys are lower than Whites. This will be due to a range of possible factors including language problems and cultural barriers as well as issues around respondent enumeration and identification (for example it is probable that many people whose immigration status is contentious do not appear on official lists). Whilst the disparities are perhaps striking the response rates for this survey are very similar in their profile to almost every other survey of this kind.

Whether or not the ethnic minority sample is representative, comparisons can still be made between the responses of different ethnic groups about their primary care healthcare experience.

1.3 Dataset

The data used in this analysis was from the 2005 PCT survey (N=116,939 on a 47% response rate). The questionnaire consisted of a set of 48 core questions about 8 dimensions of the patient's experience of Primary Healthcare . A large sample size, from a national survey of all PCT's allows robust examination of differences between sub groups. Sub group effects such as differences between ethnic groups may not be demonstrable with limited data from a single PCT..

1.4 Methodology for our secondary analysis

From the completed questionnaires ethnicity was coded as White, Mixed, Asian, Black, and Chinese/other. Age was derived from date of birth and categorised in to 5 age bands. The proportion in each category was calculated and compared using a chi^2 test. A further analysis was performed using age and sex adjusted logistic regression to calculate the likelihood of "less than ideal" experience of primary care. Each categorical question was transformed into a binary outcome, with 0 reflecting "an ideal outcome" and 1 "less than ideal outcome". The white group was the reference group against which the odds of "a less than ideal" experience for each ethnic group was compared. The results of the secondary analysis are expressed in terms of the odds ratios (OR). These compare the proportion of minority ethnic respondents reporting a poor or very poor experience to the proportion of white people reporting a poor or very poor experience.

Patient experience of healthcare varies significantly with age and a little by sex. In very broad terms in most surveys older people report better patient experience than younger people. Further, ethnic groups differ in their age profile compared to majority white group, for example British Asians have a younger age profile than the white population. It's therefore important to take into account such differences when comparing ethnic minority healthcare experience with the majority White group. As such both unadjusted and age, sex adjusted OR's with 95% confidence intervals are reported.

1.5 Headline results from survey as published

- 89% of respondents had visited the doctors within the previous 12 months.
- Three quarters (76%) felt they had been seen as soon as necessary.

- A similar proportion (74%) reported that they had been seen within the governments 48 hour waiting time target.
- Six percent of people said that they were often deterred from going to the doctors because of the opening hours, a further 15% said they were sometimes put off.
- 72% of respondents rated their practice or health centre as very clean.
- 92% recorded that their doctor treated them with dignity and respect,
- 76% had trust and confidence in their doctor.
- Three quarters of people received answers that they could understand when they had questions for their doctor.
- 59% of patients felt they were involved in decisions as much as they wanted to be about their medication and 86% felt they had enough information about how to take their medication.

WAITING TIMES

All ethnic minority groups were more likely to report that that they had to wait for more than one or two days for an appointment than their white counterparts. Asian and Asian British respondents were 1.56 times as likely as white patients to report this (95% CI 1.42 to 1.70).

All minority ethnic groups were more likely to report that they would have preferred to see the doctor either a *bit* or *a lot sooner* than white patients. Asian/Asian British patients were 3.39 (CI 3.11 to 3.69) times as likely to report this as their counterparts, black/black British patients 1.83 (95% CI 1.61 to 2.07) and Chinese/Other 2.19 (95% CI 1.81 to 2.64)

There was little difference between ethnic groups on the question whether they wished that somebody had told them how long they would have to wait in the waiting room- suggesting that all patients would want to know how long they had to wait.

SEEING THE DOCTOR

All minority ethnic groups expressed the sentiment that they wished to be more involved than they were in decisions about care and treatment than white patients. This was an issue that was particularly marked before the effects of differing age and sex profiles were removed. Having adjusted for age and sex Asian and Asian British people were still 1.99 times more likely (95% CI 1.84 to 2.16) to express the desire to be more involved than their white counterparts, Chinese/other patients were 1.9 times (95% CI 1.58 to 2.29) as likely to feel that way. Black/black British patients were 1.48 times (95% CI 1.32 to 1.66) as likely.

All minority ethnic groups were more likely to report that their doctor *had not explained the reasons for any treatment in a way that they could understand*. Chinese/other patients were twice as likely (OR 2.00 95% CI 1.65 to 2.41) to express this sentiment than the majority white population. Asian/Asian British patients responded in a similar way (OR 1.98 95% CI 1.82 to 2.15).

On the question of getting answers they could understand when they had questions for the doctor, ethnic minority groups had a less positive experience than white people. In particular Asian/Asian British patients (OR 1.7 95% CI 1.56 to 1.85) and Chinese/other patients (OR 1.73 95% CI 1.43 to 2.11) recorded a poorer experience.

On the question about *having trust and confidence in the doctor* there were again some disparities. Chinese/other patients were twice as likely (OR 2.06 95% CI 1.71 2.48) and Asian/Asian British patients were one and half times as likely (OR 1.50 95% CI 1.28 1.63) to answer "to some extent" or "no" than were white patients.

A key question for the research work that Picker does is *Did the doctor treat you with respect and dignity?* Chinese/other patients were three times as likely as white patients (OR 3.04 95% CI 2.44 to 3.81) to answer only *some of the time* or *no.* The figure for Asian/Asian British is nearly as stark (OR 2.32 95% CI 2.09 to 2.58) and for black/black British patients is 1.52 (95% CI 1.29 to 1.81)

MEDICINES MANAGEMENT

There were also some ethnic minority differences in responses to the question "*Were you as involved as much as you wanted to be in decisions about the best medicines for you*?" Chinese/other (OR 1.89 95% CI 1.48 to 2.41), Asian/Asian British (OR 1.65 1.50 to 1.82) and black/black British (OR 1.51 1.31 to 1.73) patients all indicated that they had not been involved in decisions about the best medicines for them as much as when compared white respondents.

On the question about information about how to use the medicine Asian/Asian British patients (OR 1.96 95% CI 1.75 2.21) and Chinese/other patients (OR 1.81 95% CI 1.36 2.42) were much more likely than white patients to report that they would have liked some more (or any) information about how to use their medication.

OTHER PROFESSIONALS FROM A HEALTH CENTRE

On the question about whether the patients felt that they had been treated with dignity and respect by a health professional other than a doctor, there were positive response as with the question about doctors overall. However a significant minority of patients felt there was room for improvement. In particular the Asian/ Asian British group were over 2 times more likely to report that they had not or only some of the time been treated with respect and dignity.

Table 2. Odds of reporting being treated with respect and dignity by ethnicity

	Unadjusted results				***Results adjusted for sex and age***		
	Odds ratio	***Lower CL***	***Upper CL***		***Odds ratio***	***Lower CL***	***Upper CL***
White	1.00	1.00	1.00		100	1.00	1.00
Mixed	2.54	1.74	3.72		1.59	1.08	2.33
Asian/Asian British	3.37	2.82	4.04		2.32	1.93	2.78
Black/black British	1.61	1.17	2.22		1.14	0.83	1.58
Chinese /Other	2..36	1.53	3.63		1.62	1.05	2.50

THE ENVIRONMENT

The question *In your opinion how clean is the surgery/health centre?* is interesting for us. This may indicate differing perceptions of cleanliness. Usually older people report better satisfaction with the levels of cleanliness. This is a good example of how adjusting for age and sex shows a reduction in the OR's in perceptions of cleanliness in all groups..

Table 3. Perceptions of GP surgery cleanliness by ethnicity

	Unadjusted results				***Results adjusted for sex and age***		
	Odds ratio	***Lower CL***	***Upper CL***		***Odds ratio***	***Lower CL***	***Upper CL***
White	1.00	1.00	1.00		1.00	1.00	1.00
Mixed	2.01	1.70	2.38		1.45	1.22	1.72
Asian/Asian British	3.78	3.49	4.08		2.83	2.61	3.06
Black/black British	2.07	1.85	2.31		1.56	1.39	1.75
Chinese /Other	3.49	2.92	4.16		2.60	2.17	3.11

However, it shows that patients from all ethnic minority groups were more likely to perceive a lack of cleanliness in the surgery than white patients. It is nearly three times as likely in the case of Asian/Asian British and Chinese/other patients.

OPENING HOURS

This again is interesting; from Asian/Asian British patients were twice as white patients to have been *often* or *sometimes* been put off from going to their doctors/health centre because of difficulties with GP surgery opening hours. (OR 2.10 95% CI 1.95 to 2.27). Similarly, for Chinese/other respondents (OR 1.59 95% CI 1.34 to 1.88).

(Some PCTs asked a further question about whether patients, if there were to be extended opening hours, would prefer them to be in the morning, the evening or the weekend. For the reasons explained earlier, the number responding to these optional questions are fewer. In this data there are strong indications that ethnic minority groups preferred weekend opening though claims for statistical significant differences still need to be examined.

1.6 Conclusions

There are real differences in the perceived primary health care experience of ethnic minority patients that are not just due to differences in age and sex. It is certainly worth primary care organisations and patient groups being aware of these when planning and delivering services. It will be important to be sensitive to these differences at an organisational and a patient level.

1.7 References

Large P and Ghosh K	Estimates of the population by ethnic group for areas within England	2006 ONS