

Minority ethnic patients not satisfied with NHS primary care

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Minority ethnic patients are not satisfied with NHS primary care services, despite the fact that they are using a national healthcare system that is supposed to be providing universal coverage, reveals research published online in *BMJ Quality & Safety*.

Patient experience surveys are increasingly being used to assess the quality of primary and hospital care alongside the evaluation of clinical outcomes.

As is the case with clinical quality measures, consistent differences have emerged in how patients from different socioeconomic backgrounds view their care, with younger patients, those from ethnic backgrounds, wealthier patients, and those who feel they are in poor health generally reporting less positive experiences of health services. But it is not clear exactly why this should be, say the authors.

They looked at data from the 2009 English General Practice Patient Survey, comprising more than 2 million respondents from 8,000 general practices across the country.

They focused on 11 measures of the [patient experience](#), covering communication with doctors and nurses; access to and continuity of, care; and overall satisfaction with care.

Their analysis showed that there were relatively large and significant differences in the average scores for all measures of the patient

experience studied among patients of different ages, health status, and ethnicities.

On the other hand, the differences between men and women's experiences and between the wealthy and the poor were relatively small.

Older patients were significantly more satisfied with their care than younger patients, with a difference of up to 16 points on a 100 point scale.

Bangladeshi, Pakistani, Indian, and Chinese patients also reported significantly lower scores for their experiences of professional communication than did white British patients, with between 6 to 9 points difference on the scale. But black patients reported experiences that were similar to those of white British patients.

Importantly, say the authors, the fact that patients from these ethnic backgrounds tended to be clustered in generally low performing practices - on measures of patient satisfaction - accounted for half of this difference for South Asian patients and for 14% of that for Chinese patients.

"If the overall performance of low performing practices were improved (as is the goal of a series of major UK government policy initiatives), this would also help improve the patient experiences of South Asian and Chinese patients," say the authors.

But clustering does not explain the wide differences in satisfaction between ethnic and white British patients of differing ages and self reported health status within the same poorly performing practice.

Nor, why in some practices, Chinese and South Asian patients rated their care the same or better than white British [patients](#).

Differences in care provision may therefore at least partly explain some of these ethnic differences, suggest the authors.

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