Some perspectives on GP services in Oxfordshire
A report from a visit to an Asian women’s group by Healthwatch Oxfordshire
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Healthwatch England is supporting NHS England in its engagement with the public on the NHS long term plan¹. Local Healthwatchs are contributing to this. Healthwatch Oxfordshire is working with other Healthwatchs in the region² to provide people’s views on local health and care services.

As part of this collaboration, Healthwatch Oxfordshire visited a support group for Asian women in May 2019. The purpose of the visit was to hear from a community of people in Oxfordshire who may not always provide their feedback through Healthwatch Oxfordshire’s public outreach activities such as market stalls or through the Healthwatch Oxfordshire Feedback Centre on the website. The women were invited to reflect on their experiences and perspectives on using health services in Oxfordshire. Ten women were present during the session.³ This report presents the main themes that emerged.

Healthwatch Oxfordshire will share this feedback with local NHS providers and commissioners as they shape plans for local health services as part of the NHS long term plan.

Main themes

Repeatedly asking for help but not getting it

A number of women revealed a trajectory of long-term and complex health problems that had developed over many years, and often with diagnosis only after a long journey in which they kept saying something was wrong, but never quite getting to the point of getting a clear outcome. A few members of the group said they had been diagnosed with illnesses after complaining many times, some over many years. The women described feeling dismissed or ignored by their GPs.

After 20 years of collapsing and struggling to walk, 3 months ago they diagnosed me. I said to the doctor, my breathing is not good. The doctor said “It’s fine, go home”. They should have found out about my [condition] 20 years ago.

I kept saying to the doctor my [-] hurts, but they just don’t listen. Only when the infection had spread did they pay attention. It was the same after childbirth and I kept saying it hurt. Eventually they found a blood clot.

I would request they listen to the patient, and they treat them at the right time, and do things at the right time...rather than saying “Oh its ok”.

¹ The NHS long term plan can be read here https://www.england.nhs.uk/long-term-plan/
² The other Healthwatch are Reading, West Berkshire, Buckinghamshire and Wokingham
³ The discussion took place in both English and Urdu.
They described what the impact of not receiving medical support in a timely manner was on their health and on their wider families. Some said their conditions had left them unable to care for their children at times.

When I was pregnant, I was in a lot of pain, I couldn’t walk. I had to ask friends for help with the children. The doctor kept saying it’s common, it’s normal in pregnancy. But they gave me no medicines and didn’t pay any attention. I felt terrible and was in terrible pain.

Some said that they had faced criticism from family members about this.

I just don’t feel listened to, I was in real pain and had to go back repeatedly to ask for help. I couldn’t look after my child and had to ask my extended family to look after the child. I got a lot of comments and criticism from some family members and friends about not looking after my own child. I felt upset about this.

Some said it was stressful for their family and children to see them unwell.

It takes so long to diagnose a problem. When this happens, the family suffer, the children are affected when you collapse.

Mismatch between expectations of what treatments they should be offered and what they are offered

As they shared their experiences, it became clear that several members of the group felt puzzled by their GPs’ refusal to prescribe medicines for their symptoms. They couldn’t understand why they weren’t treated with anything beyond paracetamol. They said they were often told to “take paracetamol” when what they felt they needed was medication.

It highlighted an expectation in the group that in order to be ‘treated’ for their symptoms they needed medication. Some felt that people were being left to feel ill without treatment, and could not understand why doctors were unwilling to prescribe medication.

GPs always say take paracetamol. Give me medicine so I don’t have to go again and again. Don’t fob me off with paracetamol. It’s hard enough to get an appointment, once you get there they say take paracetamol. I wish they would give me medicine.

When you need an appointment with the doctor it is always 3 or 4 weeks, then if you go they always say it’s a viral infection, and you have to wait three weeks to recover. If you are a single mother, you can’t wait, as you can’t cope, then you go back still ill, and after this time, they say “Oh you need antibiotics”. They always say “Take paracetamol and wait two weeks”.

They don’t give medicines, even though I really feel like I need them.

They constantly say “take two paracetamol”. But that is not a cure all.

I feel that a lot of infections and diseases are spread because they don’t give enough medication.

Some of the group gave examples where they requested specific treatments but were refused, without understanding why their request had been turned down or feeling dissatisfied with the reasons they were given.

Once I asked the doctor if they could check my vitamin D levels and they said “No, I’m the doctor not you.” Sometimes they can be quite rude.
I get a very painful [condition] recurrently. They are very slow in the matter of looking into this. They just always say take paracetamol. I have gone to the extent of insisting they take another look but they still say just take paracetamol.

The conversation highlighted a need for clear explanation from the GPs about antibiotics and prescribing in a manner that is easy for people to understand.

**Feeling frustrated at some assumptions made about them**

The women reported that at times they’ve felt their doctors have made certain assumptions about their health or wellbeing based on the fact that they are Asian, and this was not always helpful.

*Depression and Vitamin D are two big problems with the GPs.*

*When we went to the GP, sometimes when you have a problem, when you are a human being, you might cry when you are telling something, but if you do then all the GP says is because I am Asian, “you are depressed”. If you don’t have depression they make a label of depression for you...they don’t look into the other issues, they just assume. Then they ask if we have problems with our husbands. It’s good that they check but they should investigate all the issues and not make assumptions.*

*I went to GP feeling tired and my hair was falling out, and wanted a blood test. The GP said “All Asian people have vitamin D deficiency” and told me to go to the chemist and buy some vitamins. I said “you should check my blood”. When they finally did, my Vitamin D level was [very low]. I needed a high dose of Vitamin D, and only the GP could give this, the chemist ones, over the counter, would not help at all. The GPs need to do a good job and at least check.*

*Sometimes I wonder if it is because I am Muslim that I am not listened to. I feel the doctor can be quite rude.*

**Language barriers and wanting more interpretation support**

Some women said that not being able to speak English well enough was a barrier for them to be able to communicate with their doctor and that they would like to see more interpretation support offered at the point when they book their appointments at the surgery.

*At the GP, they should offer translation straight away, and put it up on the notice board that you can have this...you can’t explain everything in front of friends and family, some things are secret, don’t always want to tell the problem to them in front of them. They should have Pakistani doctors to speak with you. ...they need to show that translation is possible.*

**Preventing ill-health**

The conversation turned to preventing ill-health and the members of the group said that their GPs were often their first port of call and should give them information on staying healthy. When we asked about diabetes awareness as one example, very few women had discussed this with their GP. They did not seem to be aware of initiatives on diabetes locally and had not had the issue raised by their GP. One person said that her GP had proactively given her information on how to avoid diabetes because she had a family history of it. Another said she found out about it when she had gestational diabetes. One
woman said she had watched a helpful video on sugar awareness at the surgery and had asked her child to watch it too.

**The first point of contact as a patient is you go to the GP, they are the ones who know and can give advice on how to keep healthy.**

I know that if we eat too much sugar, diabetes will come...many people don’t know what has sugar in...it’s a cultural thing that we eat chapatis three times a day, people don’t realise that wheat flour has sugar in it. We are just told its in chocolate and cakes....this is the kind of thing the Doctor should be telling us, where is the sugar, and what is best to eat. The GP is your first contact; if the GP tells you how to keep healthy it would be good.

I was at the GP surgery and saw the screen, I was watching the video of how much sugar was in things⁴, it was clear. I told my son to watch and see it, it was really useful...we should have more like that.

Others also said schools could do more to support parents’ efforts at enabling their children to eat healthily.

At primary school, there is no advice from school about what to eat. I would really welcome things from school. I try and tell my child to stop eating sugary stuff, I don’t give him crisps and sugary drinks any more, I just give him fruit. But he came home and said “Mum, the other children are laughing at me, they think I just eat fruit”. I tried to tell him that fruit is better...fruit is more expensive, its £2 for grapes, £2 for a melon, and crisps is only £1 for 6 packets, a Fruit Shoot is £1. Children don’t understand, it’s pressure from them, but if the school led on this it would then be so much easier. It would be good at school if they showed things like a healthy lunchbox.

If they focus on these things, on the children, then in the future they are less burden on the NHS.

All the women said they would find a talk on diabetes awareness useful and the group will try and invite speaker.

**In summary**

From the discussions with the members of the group, it became clear that it would be helpful for them if GPs could take the time to listen to them and to understand their health concerns. It would also seem that there is a need to raise awareness about antibiotics and prescribing. Members of the group also thought it would be useful to have more information on staying healthy and preventing illnesses like diabetes, particularly from their GPs. It would be useful to have more culturally appropriate dietary information to support this. It would also be helpful if staff booking appointments could proactively make people aware of the interpretation support available to them.

**Next steps**

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⁴ The NHS Sugar smart information, which is available here https://www.nhs.uk/change4life/food-facts/sugar
The NHS in every area has been asked by NHS England to come up with a local plan explaining how they will deliver the priorities set out in the NHS Long Term Plan. Healthwatch Oxfordshire will share this report with the people who pay for and deliver NHS services in Oxfordshire to enable them to hear this feedback so that they take the group’s views into account in the plans they produce.

Acknowledgements

Healthwatch Oxfordshire would like to thank all the women who took the time to talk to us and share their experiences with us.