

Service Provision Discussion

1. The perceptions of disease and health among different ethnic groups and their expectations in relation to health care provision require further research. For example the observation that many individuals from minority ethnic groups report late to their GPs may reflect a belief that help should be sought only once a serious medical problem has developed. The concept of screening healthy populations or of reporting early symptoms may be absent.

2. The role of socio-economic factors in relation to access to health care cannot be overlooked. Ethnicity probably serves to exacerbate these, although data are lacking. Uptake of health care also varies considerably between ethnic groups: in East London uptake of mammography is similar among African Caribbean and white women, but is very low among Bangladeshi women.

3. The primary care team has a vital role to play in ensuring equal and appropriate access to services such as palliative care. There are currently no plans to record ethnicity in primary care: this would however be very useful, especially for the NHS Breast and Cervical Screening Programmes which could then identify low uptake groups requiring special targeting. There is a need to lobby on this issue.

4. Greater sensitivity to cultural and religious needs among all health professionals is essential and should be incorporated into medical training along with communications skills. Minority ethnic groups are seriously under represented in the medical profession.

5. Certain groups have been particularly neglected in terms of research into health needs and perceptions e.g. people of Chinese and African Caribbean origin.

6. Although intervention studies have been described where link workers briefly discuss screening or other health issues with members of minority ethnic groups, there is no research on what type of intervention is effective and on the skills and training needs of the link worker.

7. Research data must be interpreted with due regard for the social values of the different cultures concerned.

8. Recommendations:

- i) Research is needed into the different perceptions of health and disease among the various ethnic groups and how these influence behaviour in relation to cancer prevention, screening and treatment.
- ii) Ethnic data should be collected by GPs.
- iii) Cultural issues and communications skills should be incorporated at all levels of medical training.