





# Views and experiences of primary care among Black communities in the United Kingdom: a qualitative systematic review

Oyinkansola Ojo-Aromokudu <sup>a</sup>, Anne Suffel <sup>b</sup>, Sadie Bell <sup>a</sup> and Sandra Mounier-Jack <sup>a</sup>

<sup>a</sup>Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London, UK; <sup>b</sup>Department of Infectious Disease Epidemiology, Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine, London, UK

## ABSTRACT

**Background:** In the United Kingdom, people with non-white ethnicities are more likely to report being in worse health conditions and have poorer experiences of healthcare services than white counterparts. The voices of those of Black ethnicities are often merged in literature among other non-white ethnicities. This literature review aims to analyse studies that investigate Black participant experiences of primary care in the UK.

**Methods:** We conducted a systematic literature review searching Medline, Web of Science, EMBASE, SCOPUS, Social Policy and Practice, CINAHL plus, Psych INFO and Global Health with specific search terms for appropriate studies. No publish date limit was applied.

**Results:** 40 papers (39 articles and 1 thesis) were deemed eligible for inclusion in the review. A number of major themes emerged. Patient expectations of healthcare and the health seeking behaviour impacted their interactions with health systems in the UK. Both language and finances emerged as barriers through which some Black participants interacted with primary care services. (Mis)trust of clinicians and the health system was a common theme that often negatively impacted views of UK primary care services. The social context of the primary care service and instances of a cultural disconnect also impacted views of primary care services. Some papers detail patients recognising differential treatment based on ethnicity. The review included the voices of primary care professionals where descriptions of Black patients were overwhelmingly negative.



**Conclusion:** Views and experiences of Black groups may be radically different to other ethnic minorities and thus, should be teased out of broader umbrella terms like Black and Asian Minority Ethnic (BAME) and Black Minority Ethnic (BME). To address ethnicity-based health inequalities, culturally sensitive

## ARTICLE HISTORY

Received 9 May 2022  
Accepted 24 April 2023

## KEYWORDS

Black; BAME; migrant health; health inequalities; primary care; United Kingdom

**CONTACT** Oyinkansola Ojo-Aromokudu  Oyinkansola.ojo-aromokudu@lshtm.ac.uk  Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, 15–17 Tavistock Place, London WC1H 9SH, UK

© 2023 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

interventions that engage with the impacted community including co-designed interventions should be considered while acknowledging the implications of being racialised as Black in the UK.

## Introduction

As defined by the World Health Organisation, primary care is ‘first-contact, accessible, continued, comprehensive and coordinated care’ (WHO 2021). Primary care settings, including general practice, community pharmacy, dentistry and optometry, serve as the first points of contact for people accessing the UK healthcare system. In the UK, primary care services act as a ‘gateway’ to further medical services with the National Health Service (NHS). 29.6 million GP appointments were made in January 2023 alone (NHS 2023). Primary care is free at the point of service.

In the United Kingdom, people of ethnic minorities are more likely to report being in worse health in comparison to white British groups and have poorer experiences of using health services when compared to white British people (The King’s Fund 2021). Health inequalities are systematic, avoidable and unfair differences in health outcomes that can be seen between populations (McCartney et al. 2019). Health inequalities are not a recent phenomenon, but COVID-19 has brought these health inequalities to the fore, as the pandemic has further entrenched inequalities (Bambra et al. 2020) in health outcomes between different ethnic groups (Razieh et al. 2021).

Language to describe African origin populations is often not precise enough to fully describe the group of interest (Agyemang, Bhopal, and Bruijnzeels 2005). This paper refers to African origin populations as people of ‘Black ethnicities’, encompassing ideas of both race and ethnicity. People of Black ethnicities were most likely to be diagnosed with the COVID-19 and people from Black and Asian ethnic groups were most likely to die (Public Health England, *Disparities in the risk and outcomes of COVID-19* 2020). In England and Wales, people from ethnic minority backgrounds made up 34.5% of those who were critically ill while only being 14% of the population (Intensive Care National Audit and Research Centre). COVID-19 vaccination uptake remains lower among ethnic minority groups in the UK particularly among Black groups compared with white groups (Gaughan et al. 2022).

In the UK, the specific narratives of people with Black ethnicities in literature reviews is often mixed within wider groupings of other communities (Khan 2021; Delanerolle et al. 2021; Robertson et al. 2019). However, this is problematic. It suggests that BAME is a homogenous group and does not give room for the needs and experiences of different groups to be discussed effectively. The initial months of the pandemic brought into sharp relief the reality that people of Black ethnicities specifically made up a disproportionate number of those who became infected with the virus, developed a severe illness and died (Office of National Statistics 2020). This indicated a healthcare system that was not meeting the needs of a population. This paper details a systematic review that considers the views and experiences of primary care among people of Black ethnicities in the United Kingdom. To the authors’ knowledge, this is the first review to systematically search and record people with Black ethnicities’ views and experiences of primary care in the United Kingdom.

## **Search methods**

### ***Types of studies***

This systematic review focuses on papers that make use of qualitative methodology, where authors discuss their findings narratively without primary focus on numerical data or statistics. In this review, included papers make use of interviews, focus groups and questionnaires with free text responses to document participant views and experiences of primary care. The search also targeted papers that make use of qualitative methods of analysis specifically thematic analysis, framework analysis, content analysis, interpretative phenomenological analysis and grounded theory. Papers that utilised quantitative methods of data collection and analysis were excluded. Non-English were also excluded.

### ***Types of participants***

This review includes papers that focused on people with Black ethnicities' views and experiences of primary care in the UK. The search was designed to simultaneously capture participants of mixed ethnicities, where part of their heritage is of a Black ethnicity. The review included terms that captured Black people living in the UK including 'BAME', 'BME' and 'ethnic minority'. Names of African countries with large migrant resident presences in the UK were also included such as Nigeria, Ethiopia and Somalia and the Caribbean. Articles were included in the review if there was a sufficient ethnicity breakdown to determine when comments and quotes came from people of Black ethnicities, in papers where there were participants of multiple ethnicities.

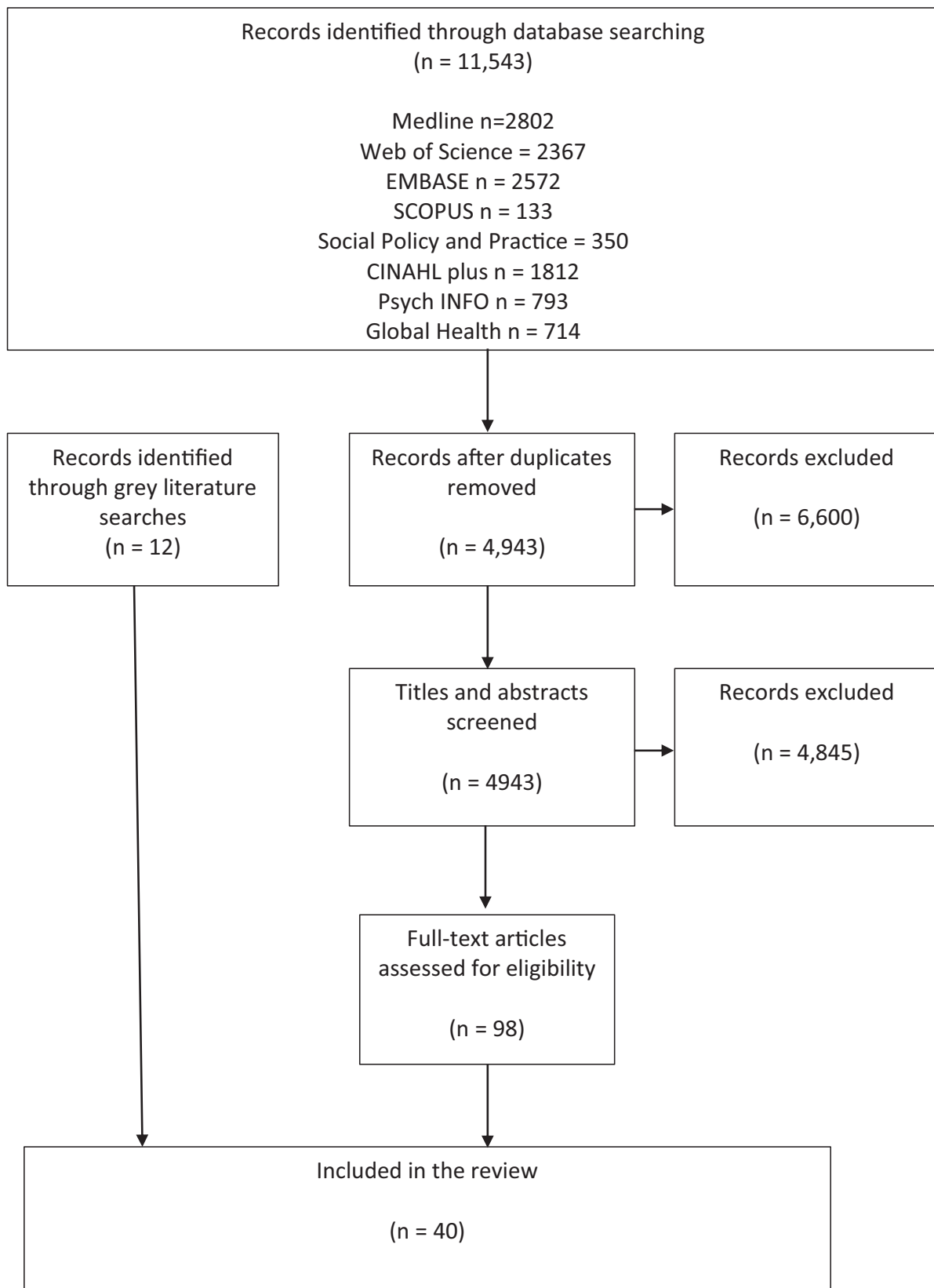
The search included papers where Black participants reported their experiences of accessing general practice, pharmacy, dentistry and optometry. This included if they were accessing it with or on behalf of their children. A comprehensive search strategy was developed using key terms to describe primary care services such as 'vaccination', 'screening', 'maternity', and 'dental care'. The review also included papers where primary care professionals of any ethnicity shared their views about Black experiences in navigating primary care. The review focuses on the UK alone as there is one comprehensive healthcare system, and Black experiences around the world carry specific nuances that should be addressed separately. Research done outside of the UK was excluded.

### ***Database searches***

The electronic database search for eligible studies was made across the following databases: MEDLINE, Web of Science, Embase, Scopus, Social Policy & Practice, CINAHL Plus, Psych Info and Global Health. Grey literature was also searched using the Dissertations and Theses Global platform and Open Grey. There were no date limits set to capture as many papers as possible (Figure 1).

### ***Screening, quality assessment and data extraction***

In total, 11,543 records were returned by the database searches. The papers were run through a de-duplication algorithm which returned 4943 papers. Titles and abstracts



**Figure 1.** Flow diagram of search strategy.

of all papers were screened in duplicate by the author (OOA) and a second reviewer (AS), using the screening platform Rayyan. Disputes were resolved by discussion. 98 articles were read in full, in duplicate and it was determined that 40 articles were suitable for

the review. 20 papers focused on participants with Black ethnicities exclusively and 17 included individuals with Black ethnicities alongside participants with non-Black ethnicities (Table 1).

Three papers detail the perspective of primary care professionals reflecting on the experiences of Black patients (Table 2).

Each paper did include Black participants, but not all papers recorded ethnicity in the same way. Many papers referred to Black African, Black Caribbean or Black British groups. Some papers were more granular and recorded country of origin which included Congo, Sudan, Somalia, South Africa, Zimbabwe, Zambia and Ghana. The papers included a variety of primary care services including maternity, GP, mental health, immunisation, screening and end of life care services (Table 3).

Reviewers did not exclude papers based on quality, so as to capture and critically analyse as many papers as possible. To critically assess the quality of included papers, the Critical Appraisal Skills Programme (CASP 2013) was used. Quality appraisal was conducted by OOA. Quality of included papers was mixed. Most papers included a clear statement of aims and findings and the various qualitative approaches were considered appropriate. However, around 50% of the papers were deemed not to have adequately considered the relationship between the researcher(s) and participants (Table 4).

To extract data for analysis, participant quotations and author commentary were lifted and coded by one researcher (OOA) and this was checked by a second researcher (SMJ). A thematic analysis was manually conducted by detecting patterns in papers and assigning the data codes. These codes were arranged as headings in MS Word and relevant data was collected under these headings. These codes were arranged into seven themes. OOA populated the data extraction table which was checked by a second researcher (SMJ).

## Results

### *Expectations of healthcare and health seeking journeys*

#### *a. Expectations of healthcare services*

The differences between healthcare systems in the countries of origin of some Black migrant communities and the primary care system in the UK, impacted on whether and how they interacted with the health system. These expectations around healthcare delivery directly informed people's behaviour towards primary care. 'Back home we only have hospitals. Whereas here you have primary care, specialists and whatever' (*Somali woman participant* in Davies & Bath, 2001). Patients were particularly vocal about their expectations for maternity care and cervical screening due to heightened sensitivity around intimate examinations. These interactions required delicacy and the literature reports that this was not always the experience of patients - 'They're not sympathetic because it's a job that the nurses do all the time, every day of the week, it felt like it was a conveyor belt ...' (*Participant* in Bache et al. 2012; Abdullahi et al. 2009). The theme of being 'sent away with paracetamol' and not being taken seriously by primary care professionals was also evident (Lindenmeyer et al. 2016). Among those who had survived cancer treatment in hospital, the role of the GP was not clear and there was confusion about which clinician

**Table 1.** Data extraction for papers that had Black patient participants.

Author and year	Participants	Method	Aims/objectives of study	Primary care service	Black participants exclusively or included among other ethnicities?
Abdullahi et al. (2009)	50 Somali women	Interviews and focus groups	To explore barriers to cervical screening among Somali women	Cervical screening	Black participants exclusively
Ahmed et al. (2014)	18 French speaking African women	Semi- structured interviews	To explore understandings of autonomy and advice in antenatal screening choices.	Maternity services	Included among other ethnicities
Alidu and Grunfeld (2020)	26 Ghanaian migrant men	Semi- structured interviews	To explore help seeking behaviour among older migrant men	GP services	Black participants exclusively
Bache et al. (2012)	8 participants of African or Black Caribbean origin	In-depth interviews	To explore ethnic disparities in satisfaction with care services among cancer survivors	GP and Nursing services	Black participants exclusively
Bailey and Tribe (2021)	8 Black Caribbean participants aged 65–74 years	Interviews	To understand decision making and help seeking behaviours within an older group	GP and Mental Health services	Black participants exclusively
Binder et al. (2012)	39 Somali and 11 Ghanaian participants	Interviews and focus groups	To explore conceptions of obstetric care and to record experiences of receiving sensitive care using an interpreter	Maternity services	Included among other ethnicities
Brewin et al. (2006)	53 immigrants of mixed ethnicity	Interviews	To assess acceptability of tuberculosis screening	Tuberculosis screening	Included among other ethnicities
Bulman and McCourt (2002)	12 Somali women	Interviews and focus groups	To explore experiences of maternity services in the UK	Maternity services	Black participants exclusively
Chinouya and Madziva (2019)	23 Black African women	Interviews	To explore why women present after 13 weeks of pregnancy	Maternity services	Black participants exclusively
Comerasamy et al. (2003)	32 Somali women	Interviews	To understand their perspective of family planning services.	Maternity services	Black participants exclusively
Condon (2002)	5 Somali, 3 Afro-Caribbean, 1 Black UK and 1 Black Caribbean	Interviews	To explore attitudes of parents to preschool immunisations	Immunisation	included among other ethnicities
Davies and Bath (2001)	13 Somali women	Interviews and focus groups	To explore maternity information concerns and to investigate the relationships with	Maternity and women's health services	Black participants exclusively

*(Continued)*

**Table 1.** Continued.

Author and year	Participants	Method	Aims/objectives of study	Primary care service	Black participants exclusively or included among other ethnicities?
Edge and MacKian (2010)	12 Black Caribbean women	Interviews	maternity health professionals To examine the prevalence and psychosocial risks for perinatal depression	Mental health services	Black participants exclusively
Edge (2011)	42 Black Caribbean women and 42 healthcare professionals	Focus groups	To examine perspectives on low levels of consultation for perinatal depression among a group of women who are vulnerable.	Perinatal mental health services	Black participants exclusively
Forster et al. (2015)	113 Black participants	Questionnaire and free text responses	To explore reasons for being un-/under vaccinated	Immunisation - HPV vaccination	included among other ethnicities
Forster et al. (2017)	5 participants of Black ethnicities	Interviews	To explore factors that prevented ethnic minority parents from vaccinating	Immunisation	Included among other ethnicities
Giuntoli and Cattani (2012)	7 African – Caribbean migrants and carers	Interviews and focus groups	To investigate the accessibility and acceptability of care and support services	Home care services	Included among other ethnicities
Higginbottom (2006)	36 participants	Interviews and focus groups	To illuminate participants' access, utilisation and perceptions of primary care services	GP services	Black participants exclusively
Islam, Rabiee, and Singh (2015)	3 Black African, 8 Black Caribbean service users and 3 Black African and 5 Black Caribbean carers	Focus groups	To examine cultural appropriateness, accessibility, and acceptability of Psychosis Services	Mental health services	Included among other ethnicities
Jomeen and Redshaw (2013)	40 Black African, 11 Black Caribbean, 5 Black other ethnicity participants	Questionnaires and responded to open-ended questions	To explore women's experiences of maternity care	Maternity services	Included among other ethnicities
Koffman and Higginson (2001)	106 Black Caribbean carers of deceased patients	Interviews	To explore satisfaction with service provision in both primary care and acute settings	End-of-life care	Included among other ethnicities
Kolvenbach et al. (2018)	5 Black African and 1 Black Caribbean	Semi-structured interviews	To identify barriers to parents when accessing specialist services for	Mental health services	Included among other ethnicities

(Continued)

**Table 1.** Continued.

Author and year	Participants	Method	Aims/objectives of study	Primary care service	Black participants exclusively or included among other ethnicities?
Lindenmeyer et al. (2016)	23 migrants of mixed ethnicity	Interviews	obsessive–compulsive disorder (OCD) for their children To explore experiences of and attitudes to antibiotics	GP services	Included among other ethnicities
Loewenthal et al. (2012)	30 Somali participants	Interviews and focus groups	To investigate feasibility of achieving Improving Access to Psychological Therapies (IAPT)	Mental health services	included among other ethnicities
Margariti et al. (2019)	8 African-Caribbean men	Focus groups	To study their experiences of discharge to primary care following successful prostate cancer treatment	GP services	Black participants exclusively
Marlow et al. (2009)	30 Black and Black British participants	Interviews	To explore attitudes to HPV vaccination	Immunisation - HPV vaccination	Included among other ethnicities
Marlow, Waller, and Wardle (2015)	12 Black participants	Interviews	To explore facilitators and barriers to help-seeking for breast and cervical cancer	Breast cancer screening	Included among other ethnicities
Mclean, Campbell, and Cornish (2003)	30 African-Caribbean participants	Interviews	To address perceptions of mental health services	Mental health services	Black participants exclusively
Mupandawana and Cross (2016)	10 UK based African parents (5 mothers and 5 fathers)	Interviews	To explore factors influencing acceptance of HPV vaccine	Immunisation - HPV vaccination	Black participants exclusively
Nanton and Dale (2011)	16 first generation African-Caribbean migrants	Interviews	To explore perceptions and experiences of men with prostate cancer	GP services	Black participants exclusively
Newton et al. (2001)	193 participants of mixed ethnicity including Black African, Black Caribbean and Sudanese	Focus groups	To describe barriers to dental services	Dental care	Included among other ethnicities
O'Donnell et al. (2007)	18 African participants	Interviews and focus groups	To identify barriers and facilitators to accessing medical and dental care	GP services	Included among other ethnicities
Phillips (2014)	40 Caribbean adult service users and 26 health professionals	Interviews	To explore how current treatment provided under the mental health system re-	Mental health services	Black participants exclusively

(Continued)



**Table 1.** Continued.

Author and year	Participants	Method	Aims/objectives of study	Primary care service	Black participants exclusively or included among other ethnicities?
			traumatised Caribbean service users		
Rabiee and Smith (2007)	8 service users from Somalia and Congo and 7 carers	Interviews and focus groups	To explore the extent to which current services met user needs	Mental health services	Black participants exclusively
Shangase and Egbe (2015)	30 participants from African countries	Focus groups	To explore barriers to equal access to HIV services	HIV services	Black participants exclusively
Straus, McEwen, and Hussein (2009)	8 Somali participants	Interviews	To explore perceptions of experiences of childbirth from Somali health workers	Maternity services	Black participants exclusively
Thomas, Aggleton, and Anderson (2010)	70 migrants from Zimbabwe, Zambia and South Africa	Focus groups	To explore confusion over health care entitlements and explore policy impact on HIV testing	GP services	Black participants exclusively

**Table 2.** Data Extraction for papers with primary care professionals of any ethnicity.

Author and Year	Participants	Method	Aims/objectives of study	Primary care service
Edge (2010)	42 healthcare providers including specialist midwives, hospital midwives, community midwives, GPs and health visitors	Interviews and focus groups	To investigate health professionals' views' about perinatal mental health care for Black and minority ethnic mothers	Mental Health
Puthussery et al. (2008)	30 primary care professionals including midwives, obstetricians, GPs, health visitors and practice nurses of various ethnic backgrounds	In depth interviews	To explore attitudes and expectations of maternity care professionals to UK- born ethnic minority mothers	Maternity
Wagstaff, Graham, and Salkeld (2018)	11 white British and 1 Black British Caribbean Assertive Outreach Team workers	Focus groups	To explore clinician perception on patients with severe mental health problems, particularly Black men who disengage with mental health services	Mental Health

to go to after being in hospital - 'you've got to make your own conclusion what the GP is all about' (PS *Participant* in Margariti et al. 2019).

Attending primary care to access preventative services like screening and general health checks emerged as an unfamiliar area for several patients (Abdullahi et al. 2009; Alidu and Grunfeld 2020). The system itself has specific expectations of its users which causes confusion particularly regarding vaccination schedules and issues around receiving the same vaccine twice. This was highlighted by Somali participants who had

**Table 3.** Number of papers referring to primary care services with Black patient participants.

Primary care service	Number of papers
Maternity Care	8
Mental Health	8
GP	7
Immunisation	5
Screening (cervical, tuberculosis, breast cancer)	3
GP & Nursing	1
GP & Mental Health	1
Home Care	1
End of Life Care	1
Dental Care	1
HIV Services	1

**Table 4.** Summary of CASP qualitative quality assessment.

CASP Question	Yes	Can't Tell	No
Was there a clear statement of aims of the research?	39	1	0
Is a qualitative methodology appropriate?	38	2	0
Was the research design appropriate to address the aims of the research?	22	16	2
Was the recruitment strategy appropriate to the aims of the research?	27	11	2
Was the data collected in a way that addressed the research issue?	29	11	0
Has the relationship between researcher and participants been adequately considered?	8	13	19
Have ethical issues been taken into consideration?	30	2	8
Was the data analysis sufficiently rigorous?	21	16	3
Is there a clear statement of findings?	29	11	0
Is the research valuable?	35	5	0

also lived in Holland and Kenya (Condon 2002), and were juggling multiple expectations of various health systems. Differences between systems meant that patients found the UK health system a difficult system to navigate. At times, this led to participants feeling like a burden to professionals and to the UK as a host country (Brewin et al. 2006; Edge 2011; Jomeen and Redshaw 2013).

#### b. *Health beliefs and behaviours*

Beliefs about health, the body and medicine influenced health behaviours. Many participants recognised God as part of the health landscape and at times, conditions were deemed to be 'God's will' (Abdullahi et al. 2009) and 'everything happens because of God' (Binder et al. 2012). Spiritual explanations featured very heavily in explanations around mental health (Islam, Rabiee, and Singh 2015; Kolvenbach et al. 2018; Loewenthal et al. 2012). Religious and spiritual explanations for ailments were common, as well as the same medium through which relief was sought- 'There [is] a lot of lack of medical culture. In European countries they don't know about djin and evil eye, they don't know they need to recite the Koran'. (Rabiee and Smith 2007). Another health-seeking strategy was to get access to what biomedical health professionals offered in their country of origin, in the UK - 'When we come from abroad, we would be used to antibiotics ...' (Zimbabwean woman, Lindenmeyer participant 2016). When patients did make it to primary care, some reported wanting familial support in addition to formal primary care services. At times, this caused friction between the patient, their family and the primary care professionals - 'I've got a large extended family who all wanted

to visit [my mother]. The nursing staff used to get ‘stropky’ and throw them out’ (Koffman and Higginson 2001; Jomeen and Redshaw 2013; Giuntoli and Cattan 2012).

Health seeking strategies reciprocally inform health decision making. Only after practices like prayer and fasting to address symptoms did some people seek biomedical attention, when they deemed their symptoms ‘serious’. This resulted in a self-negotiation where people considered if their condition was eligible to be treated in primary care - ‘I will not go to the GP if it’s a cold or a cough’ (Alidu and Grunfeld 2020). A participant commented that they had never been to a doctor while living in Jamaica and Higginbottom notes that ‘participants view resourcefulness and self-care, as an essential component of life in the Caribbean’ (Higginbottom 2006). Feeling autonomous was very important to participants who accessed primary care where patients wanted advice that was sufficient for them to use to make their own decisions - ‘It’s not like you are asking them to make a choice for you but you are asking their professional view’ (Ahmed et al. 2014). A patriarchal family dynamic emerges as a barrier to the HPV vaccination for a girl as her mother felt unable to vaccinate her daughter - ‘If it was up to me I would consent, but I am not the head of the family. Her father said no’ (*Marita participant* in Mupandawana & Cross, 2016).

### **Language**

Language was a barrier to information for Somali participants in written and spoken form. Participants addressed this through arranging for interpreters. Using an interpreter eased communications, as information could be more accurately shared - ‘it’s like talking to your brother or sister’ (Binder et al. 2012). However, adding a formal (hired through the primary care service) or informal (arranged by the patient such as a friend or family member) interpreter to the consultation, brought an added fear of being a burden to the interpreter and fear of gossip within the community (Bulman and McCourt 2002; Davies and Bath 2001; Loewenthal et al. 2012). In some cases, working with an interpreter precluded patients from disclosing certain information (Davies and Bath 2001).

### **Finances**

At times, there was a belief that there was a cost for medical care, even if there was no such cost. The financial implication of taking time off work and/or seeking childcare for young children emerged as a theme (Margariti et al. 2019; Thomas, Aggleton, and Anderson 2010; Alidu and Grunfeld 2020; Abdullahi et al. 2009; Edge and MacKian 2010). Desperate to circumvent this perceived financial barrier, some patients reported scenarios where they used the identity of another patient with ‘legal status’ in order to be seen, even though legal guidelines at the time said treatment deemed immediately necessary should be given regardless of legal status (Thomas, Aggleton, and Anderson 2010). The financial barrier to dental care stopped patients from accessing care - ‘I can’t afford to go to the dentist, it’s too expensive’ (Newton et al. 2001).

### **(Mis)trust**

Instances of poor treatment directly to an individual or someone known to them meant patients expressed they would be less likely to engage with primary care in future. ‘That is

probably why a lot of Black women don't bother going to the system ... the majority have had nightmares' (Edge participant, 2011). Mistrust was noted between the patient and the healthcare professional, as well as mistrust of an overall 'system'. Where trust was sought and found was among Black psychological therapists who patients felt 'would be more likely to understand and empathise with their lived experiences' (Edge and MacKian 2010) although the theme of trust did not always imply a common ethnicity (Giuntoli and Cattani 2012; Binder et al. 2012). The literature reports mistrust due to ethnicity - 'Some of the African Caribbean community ... take a very rational view that mental health services are punitive, they're sectioning a lot of them ...' (COM4; Islam, Rabiee, and Singh 2015) evidence that patients already embody the knowledge of their likelihood for harsher treatments before they even enter the mental health system. Despite this, when mental health services are sought by Black participants, one paper describes primary care itself as a barrier to receiving care as a GP is recorded as dismissing a participant saying 'you're not depressed ... you're doing too much ... you're not depressed' (Edge and MacKian 2010). Additionally, historic racial injustices framed patients' experience of care. Marlow et al, report of a Caribbean woman who described how she felt being examined by a white male GP - '... a strange white man ... you always remembering your history about all the horrible things that were done to ... Black females in those days' (*Black Caribbean woman* participant in Marlow et al. 2014). With HPV vaccinations, mistrust is linked to a perceived lack of information and medical research - '[I]et [white people] vaccinate their own children first' (*South African mother participant* in Mupandawana & Cross, 2016). In the case of vaccinating their children, some parents believed it was in the best interest of the child, whilst holding the simultaneous belief that health professionals would receive 'brownie points' if they vaccinated more children (Condon 2002).

### **Social context of primary care service**

Primary care service interactions occur within social contexts for patients. Patients described various reasons as to why they felt unable to develop a social relationship with the professionals looking after them. In GP and maternity appointments, patients disliked that the clinician changed between appointments, causing them to raise concerns around continuity of care 'You can't get to see who you want' (Margariti et al. 2019; Edge 2011). Patients also felt dismissed and rushed by healthcare professionals (Koffman and Higginson 2001; Jomeen and Redshaw 2013), and unable to develop a consistent relationship with the nurse or GP (Marlow et al. 2014). Poor quality of care was reported across maternity services where women described being physically handled roughly and feeling invisible (Edge 2011; Jomeen and Redshaw 2013), GP services were participants describe racist and uncaring staff (Rabiee and Smith 2007; Nanton and Dale 2011), home care where staff showed no consideration for patient privacy (Koffman and Higginson 2001) and dental care where procedures led to excessive pain and blood (Newton et al. 2001).

The symbolism of vaccinations was a focus for participants. In comparison to other primary care services, patients and parents are recorded more often seeking information about vaccinations and this having a large impact on their views towards the immunisation. With the HPV vaccination, patients and parents expressed concerns about the age

it was administered and the level of medical research (Marlow et al. 2009; Mupandawana and Cross 2016; Forster et al. 2015). The social link of receiving the vaccine and subsequently engaging in sexual promiscuity was a large concern - 'She might see it as a green card to have sex' (*Patrick participant* in Mupandawana & Cross 2016).

### **Cultural disconnect**

Circumcised Somali women (victims of female genital mutilation) were concerned about the presentation of their bodies and they felt they would be judged by British healthcare staff - 'There are many reasons you would avoid [maternity services], it's so embarrassing' (Abdullahi et al. 2009; Chinouya and Madziva 2019). Patients also reported feeling pressured into unnecessary caesarean section procedures because of health professionals were not familiar with circumcised women delivering babies naturally (Straus et al. 2009). Another paper explores why African women attended their 13-week pregnancy check-up late, and pointed towards cultural taboos about announcing a pregnancy before this time (Chinouya and Madziva 2019). Another cultural disconnect for Somali participants was in the fact that information is traditionally passed orally in their community and as such they are unlikely to respond well to written information (Abdullahi et al. 2009). Relatedly, other patients reported that it was difficult to find a leaflet that showed a meningitis rash on Black skin (Condon 2002).

There were also issues of cultural sensitivity in the context of mental health services. The literature reports stigma surrounding mental health issues in Black communities where they feared social ostracisation because of the diagnosis often tied to a belief that there is a spiritual cause - 'We would actually prefer our child to have a physical problem than a mental health problem, because it is like a mark on you for life' (Kolvenbach et al. 2018).

### **Treated differently because of ethnicity**

Repeatedly, patients reported that they were treated unfairly because of their ethnicities across mental health services and maternity care. 'If there's a mental health patient who is big, a big black man, six foot two, somehow they are afraid of him more than a six-foot, seven-foot, white man' (McClean, Campbell, and Cornish 2003). Racist stereotyping defined participants' experience of mental health services where participants felt the treatment they received (or did not receive) was based on the fact that they were Black - 'they really don't believe that Black people can be treated, that Black people can be given therapy, that you can talk to Black people' (McClean, Campbell, and Cornish 2003; O'Donnell et al. 2007; Shangase and Egbe 2015; Margariti et al. 2019; Phillips 2014). Similarly, Davies and Bath note that Somali maternity patients believed they received less attention from healthcare professionals because they were seen to be 'difficult patients' (2001).

### **Primary care professionals' voices**

The literature search also included articles where participants were healthcare professionals describing their interactions with Black patients and expressing what they

thought the views and experiences of Black patients were. Edge reports of a GP who was challenged about why she rarely diagnosed Black women with postnatal depression even though she knew she had such patients - 'Possibly we're missing them [nervous laughter], I don't know, but they don't kill themselves. So, even if we're missing them, we are managing them' (Edge participant 2010). Generally, primary care professionals recognised the notion of stigma surrounding mental health in some Black communities (Wagstaff, Graham, and Salkeld 2018) as well as the lack of Black healthcare workers who can offer cultural insight (Edge 2010). Health professionals determined that 'UK-born women are not as submissive as migrant women and were more empowered and autonomous in decision-making' describing them as 'loud and aggressive', saying that 'the West Indian girls are very in your face (Puthussery et al. participants 2008).

There were sections of few papers where patients reported positive experiences of primary care where they felt well looked after, were comfortable with their GP surgery and felt well supported (Binder et al. 2012; Abdullahi et al. 2009; Jomeen and Redshaw 2013).

## Discussion

Literature on Black experiences of medical services is mainly US-based, set in a heavy historical and contemporary context of racial oppression, segregation, and injustice. In line with this UK-based review, US literature overwhelmingly reports negative views and experiences of healthcare and medical research as experienced by African-American communities (Abrums 2004; Freimuth et al. 2001). Until now, UK studies have considered specific health conditions such as sickle cell in Black ethnic groups (Thomas and Taylor 2002) (Bennett et al. 2015) and many more have considered health conditions and health priorities within the 'BAME' community (Iqbal et al. 2021; Sass et al. 2009; Garcia et al. 2015). However, this review considers all aspects of primary care, and encompasses all Black ethnicities excluding other ethnic minority groups. The literature demonstrates that primary care services are not devoid of the impact of racism and prejudice in the UK and this reality frames the primary care interactions themselves.

An individual's propensity to access primary care is influenced by their pre-existing health seeking behaviours inside and outside of the UK, as well as features of the primary care system (Cornally and McCarthy 2011; Norman and Conner 1996). A pluralistic approach to health that extends beyond biomedicine, may mean that primary care may not be the first port of call for members of these ethnic groups (Higginbottom 2006). Research should also consider the impact of language in registering with a GP, arranging appointments and understanding the differences between primary and secondary care. Mistrust of clinicians and of the medical system are embodied in primary care interactions. There is a sociality embedded within primary care, and if this is unaccounted for in interactions, patients record poor experiences. Negative experiences of maternity care, mental health services and GP consultations were tied to expectations of the service and a poor experience. The apprehension surrounding immunisation was not usually about the physicality of receiving a vaccination, but were about a social implication. The vaccination symbolised something socially such as trust in an authority, or approval towards promiscuity in the case of HPV vaccination. Cultural disconnects led to women who had been circumcised feeling that they were treated differently because of an

anatomical difference, which could have been handled routinely in their home country. Cultural disconnects also highlighted incongruous understandings of health and the body. Stigma and shame stopped people from seeking help to assist with mental health and defined their experiences when they did interact with mental health services. The literature records instances where healthcare workers knowingly treated Black people differently. There is evidence that health care professionals have some knowledge about social stigma around mental health and the reasons for delayed presentation.

The way we talk about ethnicity is dynamic and changeable, and this impacts on the review findings. The authors generally did not include a definition as to who is considered Black, other than in some instances noting where participants say they are from as a means of recording their country of origin. In most cases, information as to whether the ethnicity is self-reported or assumed by the researcher is also not included. In the UK census, overseen by the Office of National Statistics (ONS), Black is an ethnic category, with Black-African, Black-Caribbean and any other Black background as subgroups. In some papers, Black Caribbean or Black African, is used interchangeably with Black, whilst in others the subgroup is specified. The majority of the records did not include any discussion or footnote elucidating whether the participants had self-identified as having a Black ethnicity or how the category in their paper was defined. Most of the data also did not consider the number of years the participants had lived in the UK, or whether they were second or third-generation migrants. These experiences are nuanced, to which researchers should be sensitive. There is not, nor was the review initiated to find a monolithic 'Black experience'. However, there is a commonality of being 'read' as Black in the UK and this permeates all aspects of society, including primary healthcare provision.

### **Limitations**

This review has a number of limitations. The database searches returned articles where Black participants were included among other ethnicities, however, the paper did not offer enough granularity to ascertain when comments were made about or Black people. As such, some papers that did report on Black people's views and perceptions were excluded. 51% of eligible papers in the review included data about Black participants amongst other ethnicities, and thus, in half of the papers exclusive focus was not given to those of Black ethnicities. If these papers were excluded, only 20 papers would have been eligible for the review highlighting the need for more qualitative research documenting Black experiences. Some experiences may not be tied to ethnicity and have been reported by people of various ethnicities such as feeling dismissed and concerns about quality of care. Although the review provides an insight into Black experiences alone there are other socio-economic factors that impact on individuals' experiences that should also be taken into consideration. The review was also impacted by the mixed quality of the studies where 48% of included papers were not sufficiently reflexive failing to rigorously consider the relationship between the researcher and participants.

### **Statement on positionality**

Like the reader, the authors are impacted by their own social, political and historical contexts. OOA (primary author) identifies as a second-generation Nigerian migrant living in

the UK, who uses the Black African ONS category to self-identify. The subject of the review is of personal and scholarly interest to the authors.

## Conclusion

The literature shows a negative picture of primary care experiences for Black people in the UK. This has large implications for discussions about health inequalities, as communities' views and experiences of primary care will inform whether and how they engage with the healthcare system in future. This provides an evidence base to begin more research in the area, and the COVID-19 pandemic has shone a light on deep roots of health inequalities in the UK. There is a need for primary care professionals to be culturally sensitive and to champion the decolonisation of medical training. This will improve awareness of their own biases and will result in better health outcomes for minoritised groups. Interventions to improve experiences should be co-designed with the communities they are designed to help.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Funding


This study is funded by the National Institute for Health and Care Research (NIHR) Health Protection Research Unit in Vaccines and Immunisation (NIHR200929), a partnership between UK Health Security Agency (UKHSA) and the London School of Hygiene and Tropical Medicine. The views expressed are those of the author(s) and not necessarily those of the NIHR, UKHSA or the Department of Health and Social Care.

## ORCID

Oyinkansola Ojo-Aromokudu  <http://orcid.org/0000-0003-3487-3478>

Anne Suffel  <http://orcid.org/0000-0002-9021-0487>

Sadie Bell  <http://orcid.org/0000-0003-4381-0030>

Sandra Mounier-Jack  <http://orcid.org/0000-0002-2801-379X>

## References

- Abdullahi, A., J. Copping, A. Kessel, M. Luck, and C. Bonell. 2009. "Cervical Screening: Perceptions and Barriers to Uptake among Somali Women in Camden." *Public Health* 123 (10): 680–685. doi:10.1016/j.puhe.2009.09.011
- Abrums, M. 2004. "Faith and Feminism: How African American Women from a Storefront Church Resist Oppression in Healthcare." *Advances in Nursing Science* 27 (3): 187–201. doi:10.1097/00012272-200407000-00004
- Agyemang, C., R. Bhopal, and M. Bruijnzeels. 2005. "Negro, Black, Black African, African Caribbean, African American or What? Labelling African Origin Populations in the Health Arena in the 21st Century." *Journal of Epidemiology & Community Health* 59 (12): 1014–1018.
- Ahmed, S., L. D. Bryant, Z. Tizro, and D. Shickle. 2014. "Is Advice Incompatible with Autonomous Informed Choice? Women's Perceptions of Advice in the Context of Antenatal Screening: A Qualitative Study." *Health Expectations* 17 (4): 555–564. doi:10.1111/j.1369-7625.2012.00784.x



- Alidu, L., and E. A. Grunfeld. 2020. "What a dog Will see and Kill, a cat Will see and Ignore it': An Exploration of Health-Related Help-Seeking among Older Ghanaian men Residing in Ghana and the United Kingdom." *British Journal of Health Psychology* 25 (4): 1102–1117. doi:10.1111/bjhp.12454
- Bache, R. A., K. S. Bhui, S. Dein, and A. Korszun. 2012. "African and Black Caribbean Origin Cancer Survivors: A Qualitative Study of the Narratives of Causes, Coping and Care Experiences." *Ethnicity & Health* 17 (1-2): 187–201. doi:10.1080/13557858.2011.635785
- Bailey, N. V., and R. Tribe. 2021. "A Qualitative Study to Explore the Help-Seeking Views Relating to Depression Among Older Black Caribbean Adults Living in the UK." *International Review of Psychiatry* 33 (1-2): 113–118. doi:10.1080/09540261.2020.1761138
- Bambra, C., R. Riordan, J. Ford, and F. Matthews. 2020. "The COVID-19 Pandemic and Health Inequalities." *Journal of Epidemiology & Community Health* 74 (11): 964–968. doi:10.1136/jech-2020-214401
- Bennett, N. R., D. K. Francis, T. S. Ferguson, A. J. Hennis, R. J. Wilks, E. N. Harris, M. M. MacLeish, and L. W. Sullivan. 2015. "Disparities in Diabetes Mellitus among Caribbean Populations: A Scoping Review." *International Journal for Equity in Health* 14 (1): 1–17. doi:10.1186/s12939-015-0149-z
- Brewin, P., A. Jones, M. Kelly, M. McDonald, E. Beasley, P. Sturdy, G. Bothamley, and C. Griffiths. 2006. "Is Screening for Tuberculosis Acceptable to Immigrants? A Qualitative Study." *Journal of Public Health* 28 (3): 253–260.
- Binder, P., Y. Borné, S. Johnsdotter, and B. Essén. 2012. "Shared Language is Essential: Communication in a Multiethnic Obstetric Care Setting." *Journal of Health Communication* 17 (10): 1171–1186. doi:10.1080/10810730.2012.665421
- Bulman, K. H., and C. McCourt. 2002. "Somali Refugee Women's Experiences of Maternity Care in West London: A Case Study." *Critical Public Health* 12 (4): 365–380. doi:10.1080/0958159021000029568
- Chinouya, M. J., and C. Madziva. 2019. "Late Booking Amongst African Women in a London Borough, England: Implications for Health Promotion." *Health Promotion International* 34 (1): 123–132. doi:10.1093/heapro/dax069
- Comerasamy, H., B. Read, C. Francis, S. Cullings, and H. Gordon. 2003. "The Acceptability and use of Contraception: A Prospective Study of Somalian Women's Attitude." *Journal of Obstetrics and Gynaecology* 23 (4): 412–415. doi:10.1080/01443610310001209342
- Condon, L. 2002. "Maternal Attitudes to Preschool Immunisations Among Ethnic Minority Groups." *Health Education Journal* 61 (2): 180–189. doi:10.1177/001789690206100208
- Cornally, N., and G. McCarthy. 2011. "Help-Seeking Behaviour: A Concept Analysis." *International Journal of Nursing Practice* 17 (3): 280–288. doi:10.1111/j.1440-172X.2011.01936.x
- Critical Appraisal Skills Programme. 2013. *Qualitative Research Checklist: 10 Questions to Help you Make Sense of Qualitative Research*. Oxford: England: Public Health Resource Unit.
- Davies, M. M., and P. A. Bath. 2001. "The Maternity Information Concerns of Somali Women in the United Kingdom." *Journal of Advanced Nursing* 36 (2): 237–245. doi:10.1046/j.1365-2648.2001.01964.x
- Delanerolle, G., P. Phiri, Y. Zeng, K. Marston, N. Tempest, P. Busuulwa, A. Shetty, et al. 2021. "A Systematic Review and Meta-Analysis of Gestational Diabetes Mellitus and Mental Health among BAME Populations." *EClinicalMedicine* 38: 101016. doi:10.1016/j.eclinm.2021.101016
- Edge, D. 2010. "Falling Through the net—Black and Minority Ethnic Women and Perinatal Mental Healthcare: Health Professionals' Views." *General Hospital Psychiatry* 32 (1): 17–25. doi:10.1016/j.genhosppsych.2009.07.007
- Edge, D. 2011. "It's Leaflet, Leaflet, Leaflet Then, 'see you Later': Black Caribbean Women's Perceptions of Perinatal Mental Health Care." *British Journal of General Practice* 61 (585): 256–262. doi:10.3399/bjgp11X567063
- Edge, D., and S. C. MacKian. 2010. "Ethnicity and Mental Health Encounters in Primary Care: Help-Seeking and Help-Giving for Perinatal Depression among Black Caribbean Women in the UK." *Ethnicity & Health* 15 (1): 93–111. doi:10.1080/13557850903418836

- Forster, A. S., L. Rockliffe, L. A. Marlow, H. Bedford, E. McBride, and J. Waller. 2017. "Exploring Human Papillomavirus Vaccination Refusal among Ethnic Minorities in England: A Comparative Qualitative Study." *Psycho-Oncology* 26 (9): 1278–1284. doi:10.1002/pon.4405
- Forster, A. S., J. Waller, H. L. Bowyer, and L. A. Marlow. 2015. "Girls' Explanations for Being Unvaccinated or Under Vaccinated Against Human Papillomavirus: A Content Analysis of Survey Responses." *BMC Public Health* 15 (1): 1–8. doi:10.1186/s12889-015-2657-6
- Freimuth, V. S., S. C. Quinn, S. B. Thomas, G. Cole, E. Zook, and T. Duncan. 2001. "African Americans' Views on Research and the Tuskegee Syphilis Study." *Social Science & Medicine* 52 (5): 797–808. doi:10.1016/S0277-9536(00)00178-7
- Garcia, R., N. Ali, C. Papadopoulos, and G. Randhawa. 2015. "Specific Antenatal Interventions for Black, Asian and Minority Ethnic (BAME) Pregnant Women at High Risk of Poor Birth Outcomes in the United Kingdom: A Scoping Review." *BMC Pregnancy and Childbirth* 15 (1): 1–13. doi:10.1186/s12884-015-0657-2
- Gaughan, C. H., C. Razieh, K. Khunti, A. Banerjee, Y. V. Chudasama, M. J. Davies, T. Dolby, et al. 2022. "COVID-19 Vaccination Uptake Amongst Ethnic Minority Communities in England: A Linked Study Exploring the Drivers of Differential Vaccination Rates." *Journal of Public Health (Oxford, England)* 45: pp. e65–e74. doi:10.1093/pubmed/fdab400
- Giuntoli, G., and M. Cattani. 2012. "The Experiences and Expectations of Care and Support among Older Migrants in the UK." *European Journal of Social Work* 15 (1): 131–147. doi:10.1080/13691457.2011.562055
- Higginbottom, G. M. A. 2006. "African Caribbean Hypertensive Patients' Perceptions and Utilization of Primary Health Care Services." *Primary Health Care Research & Development* 7 (1): 27–38. doi:10.1191/1463423606pc266oa
- Iqbal, H., J. West, M. Haith-Cooper, and R. R. McEachan. 2021. "A Systematic Review to Identify Research Priority Setting in Black and Minority Ethnic Health and Evaluate Their Processes." *PloS one* 16 (5): e0251685. doi:10.1371/journal.pone.0251685
- Islam, Z., F. Rabiee, and S. P. Singh. 2015. "Black and Minority Ethnic Groups' Perception and Experience of Early Intervention in Psychosis Services in the United Kingdom." *Journal of Cross-Cultural Psychology* 46 (5): 737–753. doi:10.1177/0022022115575737
- Jomeen, J., and M. Redshaw. 2013. "Ethnic Minority Women's Experience of Maternity Services in England." *Ethnicity & Health* 18 (3): 280–296. doi:10.1080/13557858.2012.730608
- Khan, Z. 2021. "Ethnic Health Inequalities in the UK's Maternity Services: A Systematic Literature Review." *British Journal of Midwifery* 29 (2): 100–107. doi:10.12968/bjom.2021.29.2.100
- The Kings Fund. 2021. *The Health of people from Ethnic Minority Groups in England*. [online]. Accessed 2 September 2021. <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england>.
- Koffman, J., and I. J. Higginson. 2001. "Accounts of Carers' Satisfaction with Health Care at the end of Life: A Comparison of First Generation Black Caribbeans and White Patients with Advanced Disease." *Palliative Medicine* 15 (4): 337–345. doi:10.1191/026921601678320322
- Kolvenbach, S., L. Fernández de la Cruz, D. Mataix-Cols, N. Patel, and A. Jassi. 2018. "Perceived Treatment Barriers and Experiences in the use of Services for Obsessive–Compulsive Disorder Across Different Ethnic Groups: A Thematic Analysis." *Child and Adolescent Mental Health* 23 (2): 99–106. doi:10.1111/camh.12197
- Lindenmeyer, A., S. Redwood, L. Griffith, S. Ahmed, and J. Phillimore. 2016. "Recent Migrants' Perspectives on Antibiotic use and Prescribing in Primary Care: A Qualitative Study." *British Journal of General Practice* 66 (652): e802–e809. doi:10.3399/bjgp16X686809
- Loewenthal, D., A. Mohamed, S. Mukhopadhyay, K. Ganesh, and R. Thomas. 2012. "Reducing the Barriers to Accessing Psychological Therapies for Bengali, Urdu, Tamil and Somali Communities in the UK: Some Implications for Training, Policy and Practice." *British Journal of Guidance & Counselling* 40 (1): 43–66. doi:10.1080/03069885.2011.621519
- Margariti, C., K. Gannon, R. Thompson, J. Walsh, and J. Green. 2019. "Experiences of UK African-Caribbean Prostate Cancer Survivors of Discharge to Primary Care." *Ethnicity & Health* 45: 1–15. doi:10.1080/13557858.2019.1606162

- Marlow, L. A., L. M. McGregor, J. Y. Nazroo, and J. Wardle. 2014. "Facilitators and Barriers to Help-Seeking for Breast and Cervical Cancer Symptoms: A Qualitative Study with an Ethnically Diverse Sample in London." *Psycho-Oncology* 23 (7): 749–757.
- Marlow, L. A., J. Waller, and J. Wardle. 2015. "Barriers to Cervical Cancer Screening among Ethnic Minority Women: A Qualitative Study." *Journal of Family Planning and Reproductive Health Care* 41 (4): 248–254. doi:10.1136/jfprhc-2014-101082
- Marlow, L. A., J. Wardle, A. S. Forster, and J. Waller. 2009. "Ethnic Differences in Human Papillomavirus Awareness and Vaccine Acceptability." *Journal of Epidemiology & Community Health* 63 (12): 1010–1015. doi:10.1136/jech.2008.085886
- McCartney, G., F. Popham, R. McMaster, and A. Cumbers. 2019. "Defining Health and Health Inequalities." *Public Health* 172: 22–30. doi:10.1016/j.puhe.2019.03.023
- Mclean, C., C. Campbell, and F. Cornish. 2003. "African-Caribbean Interactions with Mental Health Services in the UK: Experiences and Expectations of Exclusion as (re) Productive of Health Inequalities." *Social Science & Medicine* 56 (3): 657–669. doi:10.1016/S0277-9536(02)00063-1
- Mupandawana, E. T., and R. Cross. 2016. "Attitudes Towards Human Papillomavirus Vaccination among African Parents in a City in the North of England: A Qualitative Study." *Reproductive Health* 13 (1): 1–12. doi:10.1186/s12978-016-0209-x
- Nanton, V., and J. Dale. 2011. "'It Don't Make Sense to Worry Too Much': The Experience of Prostate Cancer in African-Caribbean men in the UK." *European Journal of Cancer Care* 20 (1): 62–71. doi:10.1111/j.1365-2354.2009.01155.x
- Newton, J. T., N. Thorogood, V. Bhavnani, J. Pitt, D. E. Gibbons, and S. Gelbier. 2001. "Barriers to the use of Dental Services by Individuals from Minority Ethnic Communities Living in the United Kingdom: Findings from Focus Groups." *Primary Dental Care* (4): 157–161. doi:10.1308/135576101322462228
- NHS. 2023. *Appointments in General Practice January 2023 - NHS Digital*. [online] NHS Digital. Accessed 23 February 2023. <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/january-2023>.
- Norman, P., and M. Conner. 1996. "Predicting Health-Check Attendance Among Prior Attenders and Nonattenders: The Role of Prior Behavior in the Theory of Planned Behavior." *Journal of Applied Social Psychology* 26 (11): 1010–1026.
- O'Donnell, C. A., M. Higgins, R. Chauhan, and K. Mullen. 2007. "They Think We're OK and we Know We're not". A Qualitative Study of Asylum Seekers' Access, Knowledge and Views to Health Care in the UK." *BMC Health Services Research* 7 (1): 1–11. doi:10.1186/1472-6963-7-75
- Office of National Statistics. 2020. *Coronavirus (COVID-19) Related Deaths by Ethnic Group, England and Wales: 2 March 2020 to 10 April 2020*. [online]. Accessed 19 April September 2022. <https://www.ons.gov.uk/releases/coronavirusrelateddeathsbyethnicgroupenglandandwales2march2020to10april2020>.
- Phillips, K. M. 2014. "Rivers of Blood and Babylon: An Ethnography of Social Suffering and Resilience Among Caribbean Service Users in London." Doctoral diss., Emory University.
- Public Health England. 2020. *Disparities in the Risk and Outcomes of COVID-19*. Public Health England.
- Puthussery, S., K. Twamley, S. Harding, J. Mirsky, M. Baron, and A. Macfarlane. 2008. "'They're More Like Ordinary Stropky British Women': Attitudes and Expectations of Maternity Care Professionals to UK-Born Ethnic Minority Women." *Journal of Health Services Research & Policy* 13 (4): 195–201. doi:10.1258/jhsrp.2008.007153
- Rabiee, F., and P. Smith. 2007. "Too Much Overlooking." *Mental Health Today (Brighton, England)* 2007: 26–29.
- Razieh, C., F. Zaccardi, N. Islam, C. L. Gillies, Y. V. Chudasama, A. Rowlands, D. E. Kloecker, M. J. Davies, K. Khunti, and T. Yates. 2021. "Ethnic Minorities and COVID-19: Examining Whether Excess Risk is Mediated Through Deprivation." *The European Journal of Public Health* 31 (3): 630–634. doi:10.1093/eurpub/ckab041
- Robertson, J., R. Raghavan, E. Emerson, S. Baines, and C. Hatton. 2019. "What do we Know About the Health and Health Care of People with Intellectual Disabilities from Minority Ethnic