

Viewpoints



Race and Racism in Primary Care

The *Black Lives Matter* campaign has highlighted issues of race and racism which are present in all parts of our communities and organisations. BJGP Open is inviting Viewpoints to document experiences of racism in primary care as a patient, practitioner, trainee, or researcher.

This initiative sits outside the usual BJGP Open framework for research and commentary, and has been created as a rapid access format for sharing information.

What is your full name?

Kate Bellingham

What is your role?

GP Partner

Please describe the experience of race and/or racism that you would like to share

Funding for core primary care services

It is now widely accepted that primary care needs to offer flexible services depending on the patients that we serve. Our core funding is weighted to accommodate for differences in need and demand – a 55-year-old woman's appointment length will be different to that of a 20-year-old man; a remote surgery with very few registered patients still needs funding to employ a doctor and a nurse; deprived populations require more support to improve and maintain their health & wellbeing. Some of these differences are acknowledged in our weighted core funding, because this demographic data is available and accessible nationally.

However, data relating to race and language is not available or accessible nationally and thus currently cannot inform central funding for core primary care services.

Key to offering high quality healthcare is communication – be that verbal, visual or written. Clearly this is more complex when your patient does not speak English, and even more so when they have not been encouraged to learn to read and write in their native tongue.

At our practice in Sheffield, 30-50% of consultations require the support of an interpreter, and 20% of our adult diabetic patients are illiterate. We have countless examples of 'extra' work we do to attempt to communicate 'equally' with our patients.

Our weighting adjustment is 0.94. We receive less funding than an 'average' GP practice.

We currently cannot hope to offer the same service as a practice where interpreters are not required, yet our population is in the most deprived decile in the UK, and has huge need that we are desperate to address.

We have developed a simple 'live' data collection system to code for interpreter need and literacy levels, which could inform a national enhanced service to fund support for similar populations across the country. But no one wants to listen.

Continuing to ignore the health of populations like these will see health inequalities diverge further - an issue which has been starkly and painfully highlighted by Covid-19.

<https://bjgpopen.org>