Supporting New Pathways to Healthier Lives

Piotr Teodorowski[1]

Grampian Regional Equality Council

October 2017

This research project has been funded through Neighbourhood Health: The Health Improvement Fund

Table of Contents

[1] Researcher in Grampian Regional Equality Council, email: piotr@grec.co.uk

1. Introduction

In the recent years, Grampian Regional Equality Council (GREC) through its Ethnic Minorities Health Project and NHS/GREC Consultation Days in Aberdeen and Fraserburgh, conducted a variety of studies looking into how to make NHS services more accessible and acceptable for ethnic minorities.[2] It has answered many questions and assisted NHS in shaping their services. Nevertheless, some of the answers produced even more questions. This piece of work aims to fill these gaps by investigating what are the key differences between NHS services in Scotland and in the home country of participants and how it influences their perspective on the Scottish health system. Secondly, the motivational factors of turning to different NHS services will be explored and specifically why people may prefer a GP over a pharmacist. Lastly, the engagement with promotional materials will be looked into with a special emphasis on what participants searched for upon their arrival, where they search for information now and how they would like to see NHS services promoted.

2. Methodology

In the study, there were three focus groups with Polish individuals who live in Aberdeen who differed in their current status: youth, students, and adults. As Table 1 shows it allowed investigation into differences in views based on age and ensures that the study has a good share of various experiences based on the reason of arrival, knowledge of health services in a home country and a familiarity with the Scottish NHS. We learned from our previous project that the reason of arrival can have a significant impact on the "pathway" that people follow when they arrive in Aberdeen.

	Reason of arrival	Knowledge of health services in a home country	Familiarity with Scottish NHS
Youth	Family reunion	Limited	Medium
Students	Studies	Medium	Limited
Adults	Employment or family reunion	Excellent	Varies

Table 1

The focus groups were conducted by a Polish speaker so participants were able to discuss any issue in their mother tongue. Discussions were recorded and transcribed. Later, all data were analysed by themes in the CATMA 5 (Computer Aided Textual Markup & Analysis). Participants were recruited through Polish community groups in Aberdeen and social media, and a £15 shopping voucher was offered for participants to thank them for their participation. Both adult and student groups had seven participants each and there were eight participants in the youth group. Students are currently enrolled at the University of Aberdeen (5) and the North East College (2); young people and adults were living in different areas across the city. Adults were in various age groups with one person retired. Each group followed the same question schedule which is available in Appendix 1.

3. Analysis

The analysis of focus groups is divided into three main parts. Firstly, the comparison of experiences between Polish and Scottish health systems will be discussed. Secondly, motivating factors will be analysed. Finally, suggestions will be made on how NHS could most effectively promote its services. The analysis will be supported through the use of direct quotes from participants.

[2] Reports are available at: www.grec.co.uk/research/

A) Comparison of Scottish and Polish Health Services

In this section, we will discuss the difference between Polish and Scottish services, how participants feel about them and how it influences their decision where to turn to. It is important to point out that only services which will be compared are where participants used them in both countries.

B) GP

When asked what are differences between the health care systems in the two countries the first raised issue was how a GP examines people. Participants said that in Poland if they go to a doctor, he or she at least auscultate them personally and personally examines a patient. On the other hand, in Scotland, they complain that their GP firstly asks them what they think is wrong with them and sometimes no examination is conducted.

In Poland, when moving to the new area a local resident can choose where they would like to register for a GP. On the other hand in Aberdeen, one is registered to a GP practice because of the area they live in.

When making an appointment they say neither system is perfect. In Poland, they can get to the GP the same day as they call for an appointment but usually, they would have to wait in a very long queue. On the other hand, they like that the appointment is made for the particular hour in Scotland but find that when the matter is urgent for them but not the GP Practice it is difficult to get a same-day appointment.

"*When it is not a so-called emergency that I am dying then I have to wait for a week or two to get an appointment.*" (Students)

Services differ as well. One of the participants shared his story that when he received the blood test results he did not get a copy with them to take home unless he would pay £10 for it. In Poland, it is standard that patients receive a copy of results free of charge. Although the same participants pointed out that the explanation of what the results mean was much better in Scotland than in Poland. The second example could be the responsibility for checking what required immunisations are when one travels to Asian or African countries. In Poland, there is one designated doctor who specialised in rare sickness whereas in Scotland the participant was surprised that a nurse was assisting them.

Participants really appreciate when a GP knows them personally and he or she is aware of their history.

"*I prefer Poland because doctors know my history and it makes everything much easier*." (Students)

It can be argued that if this person moved to another city in Poland they would still prefer the same doctor as they are used to them.

C) Dentist

Dentist services received some of the most opposing views; both positive and negative. Many participants are influenced by anecdotal stories around Scottish/British dentists, often negative ones.

"*It is a story from a friend who had a bad experience so when it isn't emergency I would prefer to wait; to return home and go to my long-term dentist who I trust.*" (Students)

"*To be honest, I have never used a dentist here because I was afraid of black fillings.*" (Adult)

These comments appear to have a strong impact on the Polish community, even if one of the participants said that his sister works in Poland as a dentist and she says that Scottish dentistry is one of the best in Europe. It seems that there is still a myth of "*Scottish blacksmiths*". Thus, many participants prefer to travel to Poland for dental treatment.

The examples of differences in approach are about the length of appointments. A young person shared their experience that in Scotland the work on their teeth was not finished because it was the end of the shift for the dentist and when comparing the same type of case in Poland the dentist stayed longer to complete the treatment. The second example is about the cosmetic changes, participants said that in Poland scaling is included in a public health service and here it is paid.

D) Optician

All groups had experience of optician services in Poland and Scotland. There are three main differences: waiting time, registration and equipment.

"*In Poland, you have to register to an optician through your GP and here you can go directly to an optician. I think this is very comfortable.*" (Students)

"*In Poland to get an appointment, I would have to wait a very long time.*" (Youth)

Clearly, participants appreciate that services are easier to get to in Scotland. However, the adult group had concerns regarding the methods used to assess what type of glasses one needs.

"*In Poland, there are different tests because in Poland a doctor will do through general tests, looks at the board and here everything is done through a machine.*" (Adult)

The discussion continued with people sharing views on which approach is better and what is their preference. One of participant said that they did these two tests the same time in both countries and received various results. One person disagreed saying that the machine tests in Scotland are only to support results and not a final one. It should be noted that only people who wear glasses have participated in this part of the discussion. People are confused about what services are and it may be important to explain them step-by-step what happens when they undertake eye checks.

E) Pharmacy

Pharmacy services differ between Poland and Scotland. In Poland, they are mostly responsible for providing medicine, whereas in Scotland they have a much more significant role. Furthermore, participants really appreciate the Scottish prescription system; not only that it is free of charge but that prescriptions are available in a local pharmacy (including repeating prescriptions).

"*They give basic advice and recommendations* (in Scotland)" (Students)

Participants were happy with the services offered through a pharmacy.

"*I would consult it with the pharmacist. Their diagnosis is always 100% right (…) the pharmacy service is especially good for children.*" (Adult)

Often, participants were not clear on the range of services which are offered in the pharmacy. However, participants realised that there are differences between Poland and Scotland such as flu immunisation; in Poland, flu immunisation is conducted only at a GP practice.

F) Emergency Services

The emergency issues discussed by participants included broken legs, dizziness, and difficulties with breathing. Based on these cases, participants have the same views on the Scottish and Polish emergency services and find there are the same issues to be resolved.

"*There are exactly the same here as what they are in Poland. No one looks after us.*" (Adult)

"*We waited four hours. He even didn't look at it and said that the arm is swollen so he will give me some tablets. That's it. Here is the same. I don't see any difference.*" (Adult)

Although there are two differences. Firstly in Scotland, one can call and arrange the time when you should go to the emergency unit so they do not have to wait for a few hours in the waiting area. The second issue is related to who is doing the examination.

"*After all, it was a nurse who examined me because I have received prescription where it was written nurse, on the stamp I was so shocked. I was waiting for 5 hours for a doctor and got a prescription for a medicine which I could easily buy myself in Boots.*" (Adult)

After the long discussion, all members of the Adult group agreed that in Poland they would see a doctor, even if they had to wait so long. Therefore, it is their expectation that in Scotland it would be the same.

G) Hospital

As with the emergency cases, people find hospitals very similar in both countries in terms of the quality of the service. However, in the cases of hospitals, participants have very positive views on the support they received.

"*In the hospital, everyone was very nice."* (Youth)

Women in the adult group shared their views on the child delivery experiences in both countries. They agreed that everywhere people can have both positive and negative experiences as the place does not have so much influence.

H) Other Issues

Prescribed medicine, especially the use of paracetamol was commented in every group; often causing laughter and comments such as "*my liver won't handle them anymore*" or "I *have a good backup already so no need to visit GP*". These comments can be explained by a long time approach in Poland that doctors quite often prescribed antibiotics. As one participant pointed out it is changing nowadays but it seems the view will be difficult to change among older generations.

One of the popular themes was that in Poland, it is necessary to know someone to get to the specialist or a good doctor. Participants raised issues with the waiting time to meet with the specialist in Scotland but find it as a general rule that the Scottish system is much fairer.

When people spend a lot of time in both countries they raised an issue that when they take some medicine on a regular basis and receive a prescription from a Scottish GP, compared to in Poland where they can get it but they have to pay.

I) Use of Scottish and Polish NHS

One of the regular patterns appearing in each group is that the majority of participants keep regular contact with Polish health services and use them. There are different reasons why they do so. Some of the most popular answers were: to receive treatment faster; higher trust in Polish doctors and specialists; difficulty in accessing specialists in Scotland or lack of knowledge of how the Scottish NHS system works; and visiting Polish NHS during holiday time. There is also one story from an adult group where a participant spoke about their "long-term relationship" and a "mutual trust" with their GP. The participant has been going to the same Scottish GP over several years and is very happy with him. The participant and their GP assumed that there is a problem with the blocked vein in the participant's leg. The GP referred them twice to various specialists and both of their diagnosis found nothing conclusive. As the last resort, the GP recommended them to travel to Poland for another opinion. The participant did so and this time the problem has been identified and treatment implemented.

It is important to understand with what type of service they compare the Scottish NHS with. Participants usually travel to Poland for private health services.

"*Generally speaking if we were living in Poland we could not afford this extra. So when living here we just can't afford it. That's why we take money earned here and travel to Poland for treatment. Here at least I cannot afford private treatment.*" (Adult)

"*Our trips to Poland include dentist treatment, going to a specialist and to private doctors.*" (Adult)

The youth groups also spoke about dentists and private doctors. On the other hand, students pointed out that they have their regular doctors in the public health service who they prefer to consult whenever they can. It is also relevant to mention that in the adult group one person said that she uses only NHS services as she does not need to travel to Poland and she is almost always satisfied with the health services in Scotland.

4. Motivating Factors

In the past, GREC has investigated where people look for support when they have a different sickness. The report on the Knowledge of the Know Who To Turn To Campaign among Ethnic Minorities has shown that almost all participants were not aware of what services pharmacy can provide. They often were confused when to go to a pharmacy and when to a GP. The follow-up report on Interaction of Ethnic Minorities with Pharmacy Services in Aberdeen investigated people's knowledge of pharmacy services. In contrast to the former report, it proved that people are often aware what services are available in their local pharmacies. Therefore, the gap in our understanding seemed to be why they prefer one service over another. This study has looked into motivating factors why participants would choose one service over another when sick.

The participants were given six examples of sickness or health issues: sore belly, vomiting, athlete's foot, diarrhoea, flu immunisation, advice how to quit smoking; and asked to discuss where they would go with them. There is not enough space in this short piece of work to discuss each of these sicknesses. However, the analysis has explored common motives behind a choice of services.

Firstly, it is worth to mention that the pharmacy is seen as the fastest place to receive help and assistance.

"*I think it is important to react fast and the pharmacy would be much faster. If I have an athlete's foot, then faster is the better and the pharmacy would give me some medication and I could use it.*" (Students)

According to the NHS, this is an appropriate service to use. If the assistance from the pharmacy does not help and the situation gets worse NHS would recommend getting in touch with a local GP. However, it seems that participants prefer to turn directly to the A&E.

"*I would wait three days and if there is no change, I would go to emergency as I would wait extra for GP and it makes it much longer.*" (Adult)

"*For GP is to wait in the queue and maybe there will be a visit or won't be one.*" (Student)

This approach is mostly related to people's views that it is really difficult to register to the GP and even if one is successful they have to wait for a few days for the appointment unless they exaggerate their symptoms. Although young people disagree on it as they think that people who go to the A&E are in a need of an urgent assistance and they "really need" it. Thus, they would try to go to their GPs.

Participants also see pharmacists as a more informed source of ongoing bugs and sickness.

"*Pharmacist knows what happens here in the world. For example, if there is any virus*." (Adult)

On the other hand, the GP is seen as a more experienced professional. As one of the participants said on the flu immunisation:

"*I would go to the GP because they have more experience and they can support more patients.*" (Youth)

"*I think a GP is a right choice as (...) a pharmacist can never be sure in 100% what is going on.*" (Youth)

"*Yes but you can also go to your GP (for an advice how to quit smoking) A doctor is better… maybe not better but can do different things.*" (Students)

This reflects the mixed experience in the two countries. As discussed earlier, in the Polish health system a pharmacy does not have such an advisory role like in Scotland. Thus some of the participants believe that first you get checked (by a doctor) and then you go to pick up your medicine (to a pharmacist). The quote from the youth group is especially interesting as this young person has been living in Scotland for the past twelve years and prefers their local GP. The possible reason for this choice is influenced by their family views or regular visits to Poland.

"*I am used to going to GP first and then for medication.*" (Students)

The same applies to presumptions that services are the same or at least similar. This can lead to right and wrong choices:

"*I think that GP here is responsible for flu immunisation as it is in Poland*." (Youth)

"*We thought with my husband that it must work in the same way like in Poland so we just went to GP to check it and then we registered.*" (Adult)

Another factor is the length of a sickness and knowing one's body.

"*It depends on what pain but I know my body if this is some food poisoning. If it is longer (then 3 days) I would go to GP.*" (Adult)

"*It all depends on pain. If there is a pain which we cannot handle then I would go much earlier.*" (Adult)

When discussing the motives of going to the emergency services the adult group also raised their personal experiences with NHS services and times when they went there and were refused assistance as it was not urgent enough. This experience has shaped whom they approach first.

5. Promotion

Participants firstly discussed how they search for NHS information upon their arrival and how they look for it now. In the previous works (e.g. Migrant Pathways Paper I and II), the quantitative data was collected. This time, the participant expressed in their own words how they search for any NHS related information and what would be the best way for them to learn more about health services in Scotland.

A) Upon Arrival

Everyone has found that it is relatively easy to find information at the start as there is a lot of leaflets in Polish at GP practices, local pharmacies and in the Job Centre. Family and friends are a regular source of information too and it will be discussed more in detail in the later section. For young people schools are often a place when they first learn about health services when NHS staff comes to school and speaks with the class or has a stall during the lunchtime. On the other hand, students were happy with the services such as the GP registration offered during the Fresher's Week (at the University of Aberdeen). They have pointed out that it forces them to register and read basic information about the NHS. However, one of the participants who lives in private accommodation raised the issue that only students who live in halls can use this service and others are turned away. It happened personally to him and this pushed him away from the NHS and this participant has registered only when he actually needed assistance.

The most important information upon people's arrival was: where and how to register for a GP, the prescribed medicine is free of charge, and how the dentist operates. It is relevant to point out any

differences between England and Scotland as some people moved to Aberdeen from England and thought the services are the same. This expectation has its bases in how NHS operates in their home country. Poland is divided into regions but the central government in Warsaw administers the health system so health services are exactly the same in each region.

B) After Settling In

Later, participants said how they would look now for any information related to health services if they did not know how it works.

Students and young people would mostly look online.

"*I never look so deep into the NHS page rather google it first.*" (Students)

There is a number of reasons why people use the Google search. Firstly, it is easier and more accessible. Secondly, the number of NHS websites is very confusing to them. One of the possible solutions for a young generation would be the creation of a phone app explaining the Know Who To Turn To campaign. It could be similar to what is already available on the NHS page.

"*At the NHS page, there is this kind of script where you can write what is wrong with you and it tells you if you should go to GP, wait or to an emergency. This is very beneficial*" (Students)

It is worth mentioning that a similar project has been worked on by young people in Aberdeen through GRADE A (Get Real About Drugs Education in Aberdeen).

Students added that they are willing to use NHS websites to search for information but sometimes they may have follow-up questions, especially if the issues are not clear. It may not be necessary for them to call the GP or NHS24 but the online chat on the website could be an alternative option.

Adults, on the other hand, rely on the word of mouth through their friends, family, and colleagues at work.

"*Colleagues from work who have children and know everything about NHS from back pain to cancers, specialists, what is in Aberdeen and what is not. They have had it all with their children.*" (Adult)

They turn to people who they consider to have more knowledge than they have.

The adult group also spoke about Polish doctors in terms of them being a source of information as well as reaching them. There is a lot of Polish-speaking doctors in Aberdeen (both in hospitals and in GP practices). The discussion in the group was very heated with some people saying that Polish doctors are more qualified or at least better to explain some nuances of health services in Scotland. The other half of the group thought that they are too demanding and it does not make any difference what is the nationality of the health professional. They gave one example of a non-medical case where the word of mouth caused a Polish-speaking professional to be overworked.

"*We know Polish mentality and you know that if we were aware that there is Mr. X or let's give a real example of Ms. Dorota from Bank. If someone needed something in the bank they went to Ms. Dorota. No matter, there were more people working in banks. No matter, they could have sorted it out through the phone.*" (Adults)

Later, Ms. Dorota's branch was closed and she moved, but Polish people were trying to identify for a long time where she had gone. This story shows the danger of what could happen if people are told where Polish-speaking doctors are.

Another discussed subject was if people are interested in joining groups in which they could advise NHS how services could be shaped. Students and adults did not show any interest in this. On the other

side, young people said it can be valuable for them as individuals to put something on their CV. They compared it to the youth groups which are run in Poland:

"*In Poland, there is PC, which trains youth first aid workers and has qualifications and knows what to do if someone lies on the street (…) Also, these groups could help with finding new jobs for the future*." (Youth)

Lastly, participants felt that they are kept being exposed to various leaflets (both in English and Polish), Facebook ads and posters. Each group has been asked if they ever visited the Healthpoint, the answer has been that they have never heard of it.

C) Word of Mouth and its Dangers

Word of mouth is the main source of knowledge for all participants both upon the arrival and now. However, there is a danger that the information may be misleading or untrue. The participants recognised that this is a possibility but did not find it very worrying. However, as the discussion progressed they often compared different services or what they have heard of them. One of the hot topics was the access to interpreting services.

"*They do not have obligation nowadays to get Polish interpreter*." (Adult)

This statement has been checked after the group has been conducted and it is untrue. No question was asked how they have learned that non-native speakers do not have access to interpreting services. It seems that they may have been misinformed though their friends of staff. For more information on translation and interpreting services please refer to NHS/GREC Engagement with Ethnic Minority Communities 2015 and 2016.

D) How NHS Should Promote its Services

Above, we discussed how people have learned about NHS services. Participants later also said how they would like to learn about the services. One of the most conclusive themes was the comment how the services should be promoted

"Interviewer: *Should there be any difference in the promotion of a GP and a pharmacist?*

Participant 1: *All options should be in one place. It helps when we do not know what to choose.*

Participant 2: *Exactly everything in one leaflet*." (Students)

It seems that the ongoing Know Who To Turn To Campaign has the right approach to providing the comprehensive list in one widely available booklet. At the same time participants have pointed out that the material has to be "educational" and "beneficial" to anyone who is exposed to it. Although some of the current promotional materials do not use opportunities offered by modern technology which led participants to suggest what NHS could produce.

E) New Ways of Engagement: Videos

Each group has mentioned the need for videos to engage more with ethnic minorities. They said it is a more "*interactive*" "*catching*" and "*modern approach*" to promote one's services. It does not mean that videos are better than a leaflet but a good alternative, especially as participants said: "*every source of information is a good one*". However, there are significant differences based on the age of participants and how these videos should look like.

	Youth	Students	Adults
Specialist	Yes	Yes	Yes
Nationality of Specialist	Scottish	Scottish	Scottish/Polish
Patient	Yes	Yes	Yes
Cartoon	Yes	Mix comments	No
Subtitles	Polish (if someone needs)	English	Polish

Table 2

As the Table 2 shows participants agreed on the need for a specialist (such as a doctor, nurse) speaking in the video. Both students and young people agree that a specialist in the video should be Scottish or employed in the Scottish NHS. However, adults would appreciate if a Polish person (who has been working in Scotland) could speak as they can be more qualified to show differences between the health system and nuances. Everyone agreed on the role of the patient as an important voice and showing that he or she as an individual is satisfied with the service. Consequently, participants were asked if they would like to take part in this type of video.

"*We would improve our language skills, create new friendships, learn new things and I am sure it would be an adventure.*" (Youth)

"*At least I would take part in something which would be useful because I would know I do it for another person.*" (Youth)

The usage of an animated video had mixed feedback in different groups.

"*An animated character would be interesting and catch an eye.*" (Youth)

"*I don't think we can discuss our lives through cartoons.*" (Adult)

"*Older people like my mother's generation would ignore cartoon.*" (Adult)

"*I think the graphics would be the best, maybe with the drawings of a tree, if something happens this is your health path*." (Students)

It is not easy or possible to satisfy in one video all age groups. Therefore, it may be necessary to choose an age group to target for each campaign.

There was some advice given what to avoid in videos:

"*It can't be boring with someone standing in front of the wall and speaking something for five minutes.*" (Youth)

"*I also would prefer specialists but sometimes professionals use this kind of vocabulary, medical words, the ordinary people do not understand.*" (Students)

Subtitles are another significant difference among age groups. Young people do not mind if there are any subtitles but they have recommended giving a choice for people for whom English is not their first language. Students, on the other hand, prefer English subtitles as:

"*There can be subtitles but English ones because the medical language varies from every day one. Medical words are sometimes like from the space.*" (Students)

"*Especially in English so people know how to write it.*" (Students)

However the adult group would prefer Polish subtitles so it is easier to understand. Thus, one may argue that the student's solution would make everyone happy as it would offer the choice of different languages so it would not be limited to Polish or English.

In a way, this advice goes back to the jargon used by NHS staff and in materials. This issue has appeared already in the Paper How to Make Blood Borne Viruses Testing More Accessible and Acceptable for Ethnic Minorities and the report on the Know Who To Turn To Campaign Booklet; both of them showed the importance of avoiding jargon and even the most obvious (to native speakers) like "*GP*", "*ARI*" or "*Grampian*" should be explained as they may not be clear to a reader or a translation is not easily accessible through a dictionary.

Participants spoke about videos or campaigns they were exposed to in the past providing some positive examples.

"*I have a good experience here with an optician when I wait there are different ads how to put drops in your eyes, how the contact lenses work. I still remember everything, somewhere it stays.*" (Adult)

Furthermore, recommendations were made about what kind of information should be available in the video:

"*Where to call in the case of emergency*"

"*How to register to optician, dentist*"

"*Advice how to get in touch* (with GP)"

"[That] *there are some programmes and groups for older people.*"

"*Free medicine*"

The videos should be "short, max 2 minutes" so there should be one theme (e.g. how to register to the GP, differences between services) per video. The references to another topic should be easily accessible. These videos should be accessible both on the NHS website and YouTube as participants think that portals like YouTube are easier to operate in finding the information than on NHS pages. One of the participants recommended putting all these videos in one big video so it could operate like an introductory video to the NHS, especially if someone would like to watch all of them at once without opening new pages every few minutes.

6. Recommendations

1. To create a leaflet or improve current information in the Know Who To Turn To Campaign Booklet explaining what is the order of approaching services (pharmacy-GP-emergency).
2. To challenge main stereotypes about NHS health services in Scotland among ethnic minorities.
3. To develop videos promoting and explaining NHS services in Grampian/Scotland.
4. During Fresher's Weeks extend the registration system to students who rent privately.
5. Promote Healthpoint as a signposting resource.
6. To create an app version of the Know Who To Turn To campaign.
7. To pilot live chat on the NHS website for anyone who is looking for information.
8. There is already an active NHS Grampian Youth Forum, its activities should be promoted among ethnic minority youth groups and schools.

7. Proposals for Future Research

1. Investigate stereotypes of NHS services in Scotland among ethnic minorities so they can be tackled through promotion.
2. When developing new videos consult with ethnic minorities on working versions to make them more accessible and interesting.
3. Services, activities, and groups for older people differ significantly between Scotland and Poland. It seems some older people do not know how they could get involved in the community. It may be worth to research what retired ethnic minorities and migrants do in their spare time and what can be done to utilise their volunteering potential for the community they live in.

Appendix 1 Interview Schedule

1) **Welcome participants and explain the ground rules. (5 min)**
2) **General chat: (10 min)**

Aim of the section: Learn who participants are, their familiarity with NHS services and if there are much there are willing to discuss their personal experience with NHS

- How long have been you living in Scotland?
- Do you use NHS services?
- Is anyone interested in sharing any experience with their local GP?

3) **What are the key differences between key NHS services and equivalent services in people's country of origin (15 min)**

The interviewer will familiarise themselves with the health care system of the home country of participants.

- What are different NHS services in Scotland?
- What NHS services have you used in Scotland?
- Have you used the same services in your home country? (Timescale- how recently)
- Was there any difference between them? If yes please describe
- If you could choose between Scottish or your home country's service which one would you pick? Why? If the choice is home country ask what should be improved to change one's mind.

4) **What are the motivating factors for why people go to particular services (such as GPs) when other services (such as pharmacies) may be more appropriate? (20min)**

Give examples of services and ask participants to tell you where they would go and why. In the brackets, the right answer is provided.

- Advice, how to quit smoking (Pharmacy)
- Advice on flu immunisation (Pharmacy)
- Diarrhoea (Pharmacist)
- Athlete's foot (Pharmacist)
- Vomiting (GP)
- Sore belly (GP)

5) **What are the key bits of information that would help people understand how the health services works in Aberdeen, particularly when they first arrive, but also as a refresher for people who have been in the City for longer (15min)**

- What is the most important information on NHS when people arrive in Aberdeen?
- Does it change with time?

6) **What format would be the way to communicate information to people recently arrived or unaware of how services work (e.g. videos in people's first language with basic explanations?) (20 min)**

Method: everyone receives 4 type of stickers (one per service) and writes how they learn and on the reverse side how they would like to learn about the particular service and then answers are discussed in public.

- Discuss why people suggested any differences for the promotion of various services?
- Which way to communicate is the best?
    - Accessibility
    - Time

7) **Ask if anyone would like to add anything to what was discussed and thanks participants. (5 min)**

Total time: 1 hour 30 min