

Systematic review: the barriers and facilitators for minority ethnic groups in accessing urgent and prehospital care

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Introduction

Research addressing inequalities has focused predominantly on primary and community care; few initiatives relate to the prehospital environment. We aimed to identify in the literature barriers or facilitators experienced by patients from minority ethnic communities in accessing prehospital care and to explore the causes and consequences of any differences in delivery.

Aims & objectives

- Exploring and understanding the deficiencies, barriers and facilitators to the delivery of high quality urgent and ambulance service care to patients from minority ethnic groups; and
- Exploring the causes and consequences of those differences in delivery to minority ethnic groups.

Methodology

We conducted a systematic literature review and narrative synthesis. Electronic and journal hand searches from 1999 through to 2013 identified relevant evaluative studies (systematic reviews, randomised controlled trials, quasi-experimental, case and observational studies). A researcher extracted data to determine characteristics, results and quality, each checked by a second reviewer. The main outcome measures were delays in patient calls, mortality rates and 30-days survival post-discharge.

Results

Sixteen studies met criteria for the review: two concerned services in the UK and 14 were United States-based. Reported barriers to accessing care were generic (and well-known) given the heterogeneity of minority ethnic groups: difficulties in communication where English was the patient's second language; new migrants' lack of knowledge of the health care system leading to inappropriate emergency calls; and cultural assumptions among clinical staff resulting in inappropriate diagnoses and treatment. There were limited reported facilitators to improvement, such as the need for translation services and staff education, but the latter were poorly described or developed. Where outcomes were discussed, there was evidence for race-related disparity in mortality and survival rates. This could reflect differences in condition severity, delays between onset and initiation of calls, or the scope of response and assistance.

Data extraction process

Design data extraction tool



Search 16 databases using search terms in data extraction



432 publications selected for analysis



408 records screened out



24 full-text articles analysed for eligibility



8 articles screened out



16 studies included

Limitations

The US has been the main point of reference because of the scarcity of UK-based literature and data on access to prehospital care by minority ethnic groups. The US health system is very different from the UK's NHS, which makes cost a major barrier to accessing healthcare in the US; less so in the UK.

Conclusion

The paucity of literature and difficulties of transferring findings from US to UK context identified an important research gap. Further studies should be undertaken to investigate UK differences in prehospital care and outcomes for minority ethnic groups, followed by qualitative approaches to understand barriers and enablers to equitable access.