



# Living with heart disease - survey of primary care coronary heart disease patients in Bristol

## Summary of key findings

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‘Living with Heart Disease’ Survey of Primary Care  
Coronary Heart Disease Patients in Bristol: Summary of  
Key Findings

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## **Abstract**

The 'Living with Heart Disease' patient postal questionnaire was conducted within 16 GP practices in Bristol, selected for having high proportions of patients of South Asian origin. The survey was designed to examine coronary heart disease (CHD) patients' knowledge and awareness of CHD; issues of access to primary care CHD services; communication and information; their involvement in decisions about care, and social support.

490 completed questionnaires were returned (response rate of 78%). Self-defined ethnicity was reported as White (n=373, 76.1%), and South Asian (n=117, 23.9%). Approximately two-thirds of all respondents were men, and respondents aged 65 years or above made up 35.5% of the sample. 39.0% of all respondents were in the lowest socio-economic group, with a quarter of all respondents in the highest group.

Patients, in general, reported poor awareness of the necessity to seek urgent medical attention when experiencing severe chest pain. In particular White respondents were approximately three-times more likely to seek urgent action than South Asians. Agreement between patient self-reported diagnosis and medical record of diagnosis varied by CHD condition. White respondents were more likely than South Asians to give false negative answers for ischaemic heart disease (IHD) diagnoses.

South Asians were more likely than White respondents to highlight problems in accessing CHD health care services, communicating with health care professionals, and in receiving sufficient information regarding their CHD condition. In addition, South Asian patients were less likely to feel involved in decisions regarding their CHD care, but were more likely to feel supported by friends and family outside the GP surgery than White respondents.

The findings suggest the need to increase awareness of CHD amongst all patients, including the potential to adopt innovative health education amongst South Asian patients in particular. Interventions that aim to empower patients to become more informed and active consumers of health care should be developed and evaluated.

## Introduction

This report details the findings of the *Living with Heart Disease Survey*, conducted within sixteen GP practices in Bristol, selected for having a high proportion of patients of South Asian origin, with the aim of ascertaining patients' views of the quality of coronary heart disease (CHD) care received. It presents findings of the survey - examining CHD patients' views overall, and between ethnic groups (South Asians; White), sexes (men; women), age groups (<65 years; ≥65 years), and socio-economic status groupings<sup>1</sup> (0, 1, 2). The survey forms part of a larger research project that aims to examine the equity of access to primary care services between South Asian and non-South Asian patients with CHD.

CHD is a major cause of morbidity and mortality in the UK and is regarded as a major priority for the National Health Service (NHS).<sup>1</sup> The prevalence of CHD in the UK is 3.6% in men and 2.1% in women;<sup>2</sup> however, South Asians (i.e. those ethnic groups originating from the Indian subcontinent) have been shown to be at a significantly higher risk of CHD compared with the general population. Mortality from CHD for South Asians is 40% higher than non-South Asians; with evidence that this is even higher in younger age groups and amongst women.<sup>3</sup> That age and socioeconomic differences in CHD morbidity and mortality exist is well recognized. National figures indicate that the elderly and those in lower socioeconomic groups have higher rates of CHD.<sup>4</sup> Given these variations, it is imperative that the health care needs and CHD management of patients from all socio-demographic subgroups are addressed. As the frontline of the health service, and very often the first point of contact for CHD patients, primary care has an important role to play in providing equitable CHD services, responsive to the needs of different population groups.

Improving the quality of primary care CHD services through reducing inequalities in the provision of health care, is a priority of the Governments' National Service Framework for Coronary Heart Disease (NSF:CHD).<sup>5</sup> This is a challenge however, as there are well recognized differences by socio-demographic groupings in both access to CHD services and in management of CHD patients.<sup>6-9</sup> In addition, patient groups have been found to vary in their subjective perceptions of difficulties encountered in accessing primary health care services.<sup>10-11</sup> Research examining patient perceptions of

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<sup>1</sup> SES score based upon the ownership of household utilities/consumer durables (<9= 0 / 9-10= 1 / ≥11= 2)

priorities for primary health care indicates key determinants of good quality primary care, as communication, the personal nature of care, and a participatory role in decision making.<sup>12-13</sup> Other studies have focused upon the importance of the patients' and GPs' sex and ethnicity;<sup>14</sup> physical barriers in accessing primary care services amongst South Asians and non-South Asians;<sup>15</sup> the issue of culture, language and the doctor-patient relationship,<sup>16-17</sup> and the availability of appropriate CHD information and education for patients of South Asian origin.<sup>18-20</sup>

Indeed the uptake of health services and attitudes to health are strongly affected by a persons' knowledge about disease and health risk. The provision of accurate health information may encourage individuals to seek preventative medical interventions and treatment, and may lead to the modification of behaviours that are linked to the disease. Yet, research examining the relationship between health knowledge, including the accuracy of self-reported diagnosis, and the uptake of health care services is sparse. Furthermore, the knowledge base regarding the awareness of CHD and its associated risk factors amongst South Asians is not only small, but also contradictory. In 2001, Rankin and Bhopal reported awareness of the causes and prevention of CHD to be low within the South Asian community of South Tyneside, with over a third of respondents stating that they were unable to understand the meaning of the term 'heart disease', and nearly one-fifth of respondents unable to suggest a preventative measure.<sup>19</sup> In contrast, Beishon and Nazroo's (1997) qualitative study reported that knowledge of CHD and its associated risk factors was high amongst South Asians living in Greater London and Leicester.<sup>21</sup>

Social support is another variable that has been linked to CHD. The lack of social support (measured either structurally, often by size of social network, or functionally, usually by perceived availability of emotional support) has been found to predict CHD in prospective studies.<sup>22</sup> Whilst much research has focused upon the relationship between social networks and CHD risk factors, particularly in comparing South Asians with Europeans,<sup>23-24</sup> there remains a gap in the literature in respect to the association between perceived level of social support and access to primary care CHD services. Furthermore, the body of research in the field of ethnic differences in levels of social support, which does exist, remains contradictory. Hemmingway et al. found that South Asian civil servants who participated in the Whitehall II study reported lower levels of social support than White participants.<sup>25</sup> The 1999 Health Survey for England observed

a higher proportion of South Asians reporting a level of social support categorized as ‘severely lacking’ when compared to the general population.<sup>26</sup> In contrast, relative isolation was not evident in data collected by Stopes-Roe and Cochrane from individuals of South Asian and European origins in the Midlands.<sup>27</sup> In addition, Pollard et al. found only partial support for the hypothesis that South Asians in the UK are socially isolated.<sup>28</sup> Some of the aims of the current study is to compare perceived levels of social support between CHD patients from different socio-demographic groups, and to examine the relationship between social support and access to CHD primary health care services.

A distinction can be made between *observed* quality of care and *perceived* quality of care.<sup>29</sup> The former focuses upon structural and process measures, relates to professionally defined standards of care, and refers to whether health care services provided adhere to these standards. Perceived quality of care relates to patients’ views and assessments, which are critical in understanding the relationship between quality of care and utilization of health services. There has been growing interest in using patient views to directly measure and evaluate components of primary care such as accessibility, communication, and involvement in decisions.<sup>15, 30</sup> The 2002 Survey of General Practice aimed to ascertain patients’ views of the quality of care received, focusing upon a number of key issues that included: *physical access*; *confidence in clinical skills*; *involvement and choice*; *information and education*, and *GP preference* (based upon the ethnic origin and sex of the GP). The results, based upon the views of 145,000 respondents, were examined by population sub-groups. Patients with less favourable views were younger people and those from minority ethnic groups. The differences between South Asians and White respondents were most prominent in the following areas: having prompt and convenient access to GPs; inter-personal relationship with their GP; and whether respondents felt GPs listened to them.<sup>31</sup>

The aims of this study are to ascertain patients’ views of the quality of CHD care they received with respect to the following determinants of care: *knowledge and awareness*, *physical access to care*, *information and communication*, *involvement in decisions*, and *social and emotional support*. Further, this study will investigate the interplay between these dimensions. The survey aims to examine the views for all CHD patients, and between the different socio-demographic groups of patients defined by age, sex, ethnicity, and socioeconomic status.

## **Methodology**

### **The questionnaire**

The questionnaire was loosely based upon the following scales of the General Practice Assessment Survey (GPAS): *access; communication; interpersonal care*, and *overall satisfaction*,<sup>11</sup> and was adapted for CHD patients. The questionnaire, information sheet and explanation letter (which were sent on behalf of the patients' GP) were translated into the five main South Asian languages (Bengali; Gujarati; Hindi, Punjabi, and Urdu) using the method of back-translation. An initial 'pilot' questionnaire was administered to twelve CHD patients attending their GP surgery to allow for adjustment of wording. Feedback from the respondents and analysis of the 'pilot' questionnaire resulted in some minor changes being made. The final questionnaire comprised approximately fifty-eight questions, which addressed five key dimensions of the quality of primary health care for CHD: *knowledge and awareness, physical access to care, information and communication, involvement in decisions*, and *social and emotional support* (appendix 1). Most questions were asked of all patients, however some questions (relating to issues of language and communication) were only asked of the South Asian sub-sample of patients to whom they were relevant. Further, assistance in completing the questionnaire was available to all South Asian patients. The initial questionnaire mailing, followed by two reminders took place between May and July 2002. Each potential respondent was offered the incentive of a five pounds supermarket gift voucher to complete and return the questionnaire. Ethical approval was obtained from two Local Research Ethics Committees.

### **The study population**

Sixteen general practices from Bristol with sizable South Asian populations were invited to participate. In comparison to other practices in the five Avon Primary Care Trusts that make up the former Health Authority of Avon (population: 1 million), and to all general practices in England, the sixteen practices in our sample had smaller list sizes, more GP partners per practice and younger patient populations (see Appendix 2). Each practice provided their current CHD register, which was used to construct the South Asian and non-South Asian study population. These registers were based on Read codes conforming to the NSF:CHD and agreed upon by a committee of local GPs in Avon. All patients of South Asian origin were selected as the South Asian population, whilst non-South Asian patients were randomly selected by a ratio of 4:1

matched by age and sex from the same registers. At this initial stage, ethnic origin was identified by the researcher on the basis of patient surname, a method that has been successfully used in prior research.<sup>32</sup> Within the questionnaire, patients were asked for socio-demographic information, including information relating to age, sex, ethnicity, and ownership of household utilities/consumer durables. Respondents were allocated to one of two age categories: <65 years, and  $\geq 65$  years. Data obtained from minority ethnic groups other than South Asian or White (UK) was excluded from the analysis. A score of socioeconomic status was derived from responses to the question on ownership of twelve different household utilities/consumer durables. This allowed definition of three socioeconomic groups: 0 - the less affluent (owning less than 9 household/consumer durable items); 1 - those of modest means (owning 9 or 10 household/consumer durable items), and 2 - the advantaged (owning 11 or more household/consumer durable items).

### **Data analysis**

Initial analysis compared differences to the questions on the quality of health care received for age (<65 years;  $\geq 65$  years), sex (male; female), ethnicity (South Asian; White), and socioeconomic status (0; 1; 2). Differences in the proportion of responses between the different sub-groupings were tested using the chi-squared test. Multivariable analysis and calculation of odds ratios and 95% confidence intervals were conducted using logistic regression. The effects were then recalculated adjusting for socio-demographic factors and then again adjusting for other factors which potentially act as intermediaries. Data based upon the visual analogue scale (VAS) questions (questions 3.12, 3.17-3.20 and 4.1 of the questionnaire) were bi-modal, and were dichotomized at an ordinal value at the trough before it rose again. In relation to the analysis of questions measuring the accuracy of self-reported diagnosis, the self-report diagnosis of CHD conditions were compared with patient medical records, both data extraction stages were conducted simultaneously. All analyses were conducted using STATA version 8.

## Results

### 1. Demographic details and response rates

The questionnaire was posted to 680 patients listed on CHD registers within sixteen General Practices, but contact details were inaccurate for 22 and 30 were of Afro-Caribbean origin. Out of an effective sample of 146 South Asian and 482 randomly selected White patients, 490 completed questionnaires were returned (overall response rate 78.0% - see Table 1.1).

Overall	490/628 (78.0)
White	373/482 (77.4)
South Asian	117/146 (80.0)

Self-defined ethnicity was reported as White (n=373, 76.1%), and South Asian (n=117, 23.9%). The majority of the South Asian respondents were of Pakistani or Indian origin (47.0% and 41.0% respectively). 61.2% of the sample was male, and patients aged 65 years or above made up 35.5% of the total sample. 39.0% of the respondents had a socio-economic status (SES) score of 0, 36.5% had an SES score of 1 and 24.5% of all respondents had a SES score of 2 (see Table 1.2).

White	373 (76.1)
South Asian	117 (23.9)
<i>Pakistani</i>	55 (47.0)
<i>Indian</i>	48 (41.0)
<i>Bangladeshi</i>	13 (11.1)
<i>Sri Lankan</i>	1 (0.9)
Male	300 (61.2)
Female	190 (38.8)
<65 years	316 (64.5)
≥65 years	174 (35.5)
SES 0	191 (39.0)
SES 1	179 (36.5)
SES 2	120 (24.5)

Respondents of South Asian origin were older, more likely to be married or living with a partner, and more likely to have a low SES score than White respondents (see Table 1.3).

		South Asian	White	<i>p</i> -value
Sex	Female	38 (32.5)	152 (40.8)	0.109
	Male	79 (67.5)	221 (59.2)	
Age	<65	63 (53.9)	253 (67.8)	0.006
	>65	54 (46.1)	120 (32.2)	
SES	0	61 (52.1)	130 (34.9)	0.004
	1	33 (28.2)	146 (39.1)	
	2	23 (19.7)	97 (26.0)	
Married/Partner		97 (82.9)	240 (64.2)	0.000

Detailed analysis of responder and non-responder characteristics showed that responders were more likely to be older, male and South Asian, though not significant statistically (see Table 1.4).

		Total	Non-Responders	Responders	<i>p</i> -value
Ethnicity	South Asian	146 (23.2)	29 (21.0)	117 (23.9)	0.482
	White	482 (76.8)	109 (79.0)	373 (76.1)	
Sex	Female	246 (39.2)	56 (40.6)	190 (38.8)	0.701
	Male	382 (60.8)	82 (59.4)	300 (61.2)	
Age	<65 years	416 (66.2)	100 (72.5)	316 (64.5)	0.080
	≥65 years	212 (33.8)	38 (27.5)	174 (35.5)	

Patients who were of White origin, male, aged below 65 years, and with a high SES score were more likely to complete the questionnaire by themselves with no assistance from friends, family or surgery staff. The differences by ethnicity, age and SES reached statistical significance (see Table 1.5).

		Patient	Other*	<i>p</i> -value
Ethnicity	South Asian	52 (44.4)	65 (55.6)	0.000
	White	325 (87.6)	46 (12.4)	
Sex	Female	138 (73.0)	51 (27.0)	0.076
	Male	239 (79.9)	60 (20.1)	
Age	<65 years	260 (82.3)	56 (17.7)	0.000
	≥65 years	117 (68.0)	55 (32.0)	
SES	0	133 (70.0)	57 (30.0)	0.005
	1	142 (79.8)	36 (20.2)	
	2	102 (85.0)	18 (15.0)	
Combined		377 (77.3)	111 (22.7)	-

\* Other refers to help from friends, family, GP practice staff

## **2. Patient knowledge and awareness**

Almost two-thirds (63.1%) of patients overall reported that they would seek urgent action if they experienced severe chest pain lasting longer than 15 minutes. White patients were approximately three-times as likely to report taking urgent action (ringing 999 or attending emergency health care services) than South Asians (see Table 2.1). This difference became even more marked when differences by age, IHD as the specific diagnosis, level of social support, feeling of involvement in treatment decisions, and assistance with completing the questionnaire were taken in account. The South Asian/White difference was attenuated when the level of information received, access to health care, and communication levels were considered. There remained unexplained differences in ethnic responses. Patients aged 65-years or above were approximately half as likely to report taking urgent action than patients aged below 65-years. Adjustment for additional variables (listed above) did not moderate this difference, which remained unexplained. There were no significant differences between either sex of the patient or socio-economic status (SES) and reported urgent action for chest pain (see Appendix 3, Table 2.1a).

<b>Table 2.1 Take urgent action for chest pain</b>						
		%	OR	95%CI	<i>p</i> -value	RR* (%)
Ethnicity	South Asian	42.1	1.00	-		97.4
	White	70.2	3.25	2.09-5.03	0.000	90.1
Sex	Female	62.3	1.00	-		92.1
	Male	63.6	1.06	0.72-1.57	0.772	91.7
Age	<65 years	67.4	1.00	-		91.1
	≥65 years	55.6	0.61	0.41-0.89	0.013	93.1
SES	0	62.6	1.00	-		91.1
	1	63.8	1.05	0.67-1.63		89.4
	2	62.9	1.01	0.62-1.65	0.977 <sup>a</sup>	96.7
Combined		63.1	-	-	-	91.8

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

The agreement between questionnaire responses and medical records for IHD/heart failure, stroke/CVA, and peripheral vascular disease (PVD) diagnoses were examined (see Table 2.2). In general, the proportions of false positive and false negative answers varied by disease condition, and were consistently high for IHD/heart failure and low for both stroke/CVA and PVD. The primary diagnoses of the 61 patients who gave false-positive reports of IHD/heart failure included stroke/CVA (n = 34), PVD (n = 9), and other cardiovascular condition (n = 18). Eighteen of the 27 incorrectly classified strokes/CVA's, and twenty of the 28 false positives for PVD were actually IHD/heart failure. The proportions of false negative answers also varied by disease condition and were consistently higher for IHD/heart failure. The low level of false negative answers from South Asians for IHD/heart failure (6.8%) were in contrast to those of White respondents for the same condition (22.2%), this difference reached statistical significance ( $p = 0.0002$ ). A gradient in the reporting of false negative answers for IHD/heart failure was observed by SES, with those in the more affluent group less likely to report false negative answers ( $p = 0.023$ ).

Table 2.2 Comparison of data from postal questionnaires and disease registers on ischaemic heart disease (IHD), stroke/CVA, and peripheral vascular disease (PVD)															
Medical condition diagnosis	Postal questionnaire responses														
	Patient demographics	No. agree with CVD register	PPV*	False positives		$\chi^2$	p-value	False negatives		$\chi^2$	p-value				
				No.	%			No.	%						
IHD/Heart failure	South Asian	98	89.1	12	10.2	0.65	0.419	8	6.8	14.2	0.0002				
	White	245	83.3	49	13.0			84	22.2						
	Female	129	84.3	24	12.7			36	19.0						
	Male	214	85.3	37	12.1			56	18.2			0.05	0.822		
	<65 years	228	85.4	39	12.2			53	16.6			0.01	0.919		
	≥65 years	115	83.9	22	12.5			39	22.2					2.35	0.125
	SES 0	123	84.8	22	11.5			47	24.5						
	SES 1	125	80.6	30	16.3			29	15.8						
SES 2	95	91.3	9	7.5	16	13.3	7.58	0.023							
Stroke/CVA	South Asian	106	93.8	7	5.9	0.07	0.789	5	4.2	1.13	0.288				
	White	349	94.6	20	5.3			9	2.4						
	Female	176	96.7	6	3.2			7	3.7						
	Male	279	93.0	21	6.9			7	2.3			0.86	0.352		
	<65 years	297	95.2	15	4.7			8	2.5			1.00	0.317		
	≥65 years	158	92.9	12	6.8			6	3.4					0.34	0.559
	SES 0	173	94.0	11	5.7			8	4.2						
	SES 1	172	95.5	8	4.3			4	2.2						
SES 2	110	93.2	8	6.7	2	1.7	2.13	0.344							
PVD	South Asian	112	95.7	5	4.2	0.58	0.448	1	0.8	1.62	0.203				
	White	344	93.7	23	6.1			11	2.9						
	Female	176	95.7	8	4.2			5	2.6						
	Male	280	93.3	20	6.5			7	2.3			0.07	0.797		
	<65 years	296	95.2	15	4.7			9	2.8			1.55	0.213		
	≥65 years	160	92.5	13	7.4			3	1.7					0.59	0.442
	SES 0	178	95.7	8	4.2			6	3.1						
	SES 1	166	92.7	13	7.1			5	2.7						
SES 2	112	94.1	7	5.8	1	0.8	1.75	0.416							

\* PPV = Positive Predictive Value

### 3. Access to health care services

Overall, 47.1% of all respondents reported having barriers (of either a physical or social nature) when attending their GP practice. South Asian patients were significantly more likely to report encountering these barriers in attending their GP practice than White patients (70.9%:39.7%, see Table 3.1). After adjustment for socio-demographic variables, the differences were modified by levels of information received and communication, but also by having assistance in completing the questionnaire. Even after these adjustments, unexplained differences remained (see Appendix 3: Table 3.1a).

		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	70.9	1.00	-		100.0
	White	39.7	0.27	0.17-0.42	0.000	100.0
Sex	Female	45.3	1.00	-		100.0
	Male	48.3	1.13	0.79-1.63	0.507	100.0
Age	<65 years	45.6	1.00	-		100.0
	≥65 years	50.0	1.19	0.82-1.73	0.347	100.0
SES	0	53.9	1.00	-		100.0
	1	43.0	0.64	0.43-0.97		100.0
	2	42.5	0.63	0.39-1.00	0.055 <sup>a</sup>	100.0
Combined		47.1	-	-	-	100.0

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

In total, only 19.8% of all respondents reported that waiting times for appointments with their GP were unreasonable. South Asians, patients aged 65 years or below, and patients with a SES score of 2 (i.e. patients that possess the most household items), were more likely to report waiting times for appointments with their GP as being unreasonable (see Table 3.2). After adjustment for socio-demographic variables, the differences were modified by levels of information received and communication (see Appendix 3: Table 3.2a).

		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	28.2	1.00	-		100.0
	White	17.1	0.53	0.32-0.86	0.010	97.1
Sex	Female	19.6	1.00	-		96.8
	Male	20.0	1.03	0.65-1.63	0.908	98.3
Age	<65 years	22.9	1.00			97.8
	≥65 years	14.1	0.55	0.33-0.91	0.021	97.7
SES	0	17.8	1.00			96.9
	1	14.3	0.77	0.44-1.35		97.8
	2	31.1	2.08	1.21-3.57	0.008 <sup>a</sup>	99.2
Combined		19.8	-	-	-	97.8

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

A similar pattern of interpretation to seeing a GP was seen in waiting times for appointments with the practice nurse. Whites reported unreasonable consultation times with the GP and practice nurse less frequently than South Asians (3.0%:11.9%; 1.1%:9.2%). These differences were also modified by level of information received and communication (see Table 3.3, and Appendix 3: Table 3.3a).

		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	20.0	1.00	-		94.0
	White	6.7	0.29	0.15-0.56	0.000	75.6
Sex	Female	10.1	1.00	-		78.4
	Male	10.7	1.07	0.55-2.09	0.843	81.0
Age	<65 years	10.8	1.00	-		79.1
	≥65 years	9.9	0.90	0.46-1.79	0.770	81.6
SES	0	14.0	1.00	-		82.2
	1	6.3	0.41	0.18-0.92		80.4
	2	10.9	0.76	0.34-1.68	0.088 <sup>a</sup>	75.8
Combined		10.4	-	-	-	80.0

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

Overall, 80.8% of all patients reported feeling relaxed when consulting their GP regarding their CHD condition (see Table 3.4). Whilst males were more like than females to report feeling relaxed when consulting their GP (OR for males being 1.76), these differences were largely explained by older age and specificity of IHD diagnosis.

There was a strong relationship between socio-economic status and whether the patient felt relaxed when consulting their GP (with those in SES group 2 being approximately three times more likely to report feeling relaxed than those in group 0 - see Table 3.4) this difference was explained partly by demographic variables, with some modification by the other intermediate variables (see Appendix 3: Table 3.4a).

		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	79.7	1.00	-		96.6
	White	81.2	1.11	0.65-1.88	0.711	91.4
Sex	Female	75.3	1.00	-		91.6
	Male	84.3	1.76	1.10-2.82	0.019	93.3
Age	<65 years	80.1	1.00	-		90.8
	≥65 years	82.0	1.13	0.69-1.85	0.621	95.9
SES	0	74.3	1.00	-		91.6
	1	81.6	1.53	0.91-2.56		93.9
	2	90.1	3.15	1.55-6.39	<0.001 <sup>a</sup>	92.5
Combined		80.8	-	-	-	92.7

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

#### 4. Communication and information

Only 41.3% of all respondents reported that it was very easy to ask their GP questions regarding their CHD condition. White respondents were approximately seven times as likely to report this view than South Asians (see Table 4.1).

		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	12.7	1.00	-		94.0
	White	52.0	7.44	4.06-13.63	0.000	78.8
Sex	Female	38.8	1.00	-		80.0
	Male	42.9	1.18	0.78-1.78	0.424	84.0
Age	<65 years	42.4	1.00	-		83.5
	≥65 years	39.3	0.88	0.58-1.33	0.542	80.5
SES	0	34.5	1.00	-		72.8
	1	44.5	1.52	0.95-2.43		86.6
	2	45.5	1.58	0.95-2.64	0.131 <sup>a</sup>	91.7
Combined		41.3	-	-	-	82.4

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

This difference became greater when the social support variable was included, but was modified by information received, involvement in decisions, and communication. Even after these adjustments, unexplained differences in the ease with which respondents felt able to ask their GP questions about their CHD condition remained (see Appendix 3: Table 4.1a).

Again only 35.7% of all respondents reported that it was very easy to ask their practice nurse questions regarding their CHD condition. White respondents were over five times as likely to report this view than South Asians (see Table 4.2). The difference became even more marked when the social support variable was included, but modified by the other intermediate variables (see Appendix 3: Table 4.2a).

<b>Table 4.2 Very easy to ask PN questions regarding my CHD condition</b>						
		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	12.8	1.00	-		93.2
	White	45.5	5.66	3.07-10.45	0.000	68.4
Sex	Female	38.1	1.00	-		70.5
	Male	34.4	0.85	0.55-1.33	0.476	76.7
Age	<65 years	38.6	1.00	-		74.7
	≥65 years	30.5	0.70	0.44-1.10	0.125	73.6
SES	0	32.1	1.00	-		70.2
	1	38.8	1.34	0.81-2.21		74.9
	2	36.5	1.21	0.70-2.11	0.510 <sup>a</sup>	80.0
Combined		35.7	-	-	-	74.3

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

In total, 35.1% of all respondents reported that they were very satisfied with their GPs listening skills. White respondents were over six times as likely to report this view than South Asians (see Table 4.3). This difference was not greatly modified with the inclusion of the intermediate variables, but showed a marked increase with the addition of social support (though with wide confidence intervals; see Appendix 3: Table 4.3a).

Overall, 36.0% of all respondents reported that they were very satisfied with their practice nurse's listening skills. White respondents were approximately seven times as likely to report this view than South Asians (see Table 4.4). This difference was not greatly modified with the inclusion of the intermediate variables, but showed a marked

increase when social support and access to health care were included (though with wide confidence intervals see Table 4.4a).

<b>Table 4.3 Very satisfied with GP listening skills</b>						
		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	10.9	1.00	-		94.0
	White	44.2	6.46	3.40-12.29	0.000	78.3
Sex	Female	32.9	1.00	-		80.0
	Male	36.4	1.17	0.76-1.79	0.475	83.3
Age	<65 years	36.3	1.00			82.9
	≥65 years	32.9	0.86	0.56-1.33	0.496	80.5
SES	0	31.2	1.00	-		72.3
	1	34.8	1.18	0.72-1.93		86.6
	2	40.4	1.50	0.88-2.53	0.321 <sup>a</sup>	90.8
Combined		35.1	-	-	-	82.0

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

<b>Table 4.4 Very satisfied with PN listening skills</b>						
		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	11.1	1.00	-		92.3
	White	46.8	7.45	3.71-14.97	0.000	67.0
Sex	Female	36.2	1.00	-		68.4
	Male	35.9	0.94	0.59-1.48	0.788	76.0
Age	<65 years	36.6	1.00	-		73.4
	≥65 years	34.9	0.90	0.61-1.54	0.901	72.4
SES	0	32.6	1.00	-		69.1
	1	38.4	1.39	0.83-2.34		74.3
	2	37.6	1.30	0.73-2.29	0.578 <sup>a</sup>	77.5
Combined		36.0	-	-	-	73.1

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

16.5% of all South Asian respondents reported that their GP was able to communicate in their Asian language. Whilst 7.9% stated that their practice nurse was able to speak their Asian language (see Table 4.5).

In total, 63.9% of all respondents reported that they had been given sufficient information regarding their CHD condition, with White patients initially being approximately three times as likely to report this view than South Asians, and males

being approximately twice as likely to report this view than females (see Table 4.6). The difference between South Asian and White patients became even more marked when the socio-demographic variables, IHD diagnosis, social support, and patient involvement in care decisions were taken into account, but modified by the inclusion of information received, communication and assistance in completing the questionnaire. The addition of intermediate variables did not greatly modify or exaggerate the differences between the sexes in receiving sufficient information regarding their CHD condition (see Appendix 3: Table 4.6a).

		GP	PN
Sex	Female	4 (10.5)	2 (5.3)
	Male	15 (19.5)	7 (9.2)
Age	<65 years	9 (14.5)	4 (6.6)
	≥65 years	10 (18.9)	5 (9.5)
SES	0	15 (24.9)	7 (11.9)
	1	4 (12.5)	2 (6.3)
	2	0 (0)	0 (0)
Combined		19 (16.5)	9 (7.9)
RR* (%)		98.3	97.4

\* RR = Response rate

		%	OR	95%CI	<i>p</i> -value	RR* (%)
Ethnicity	South Asian	44.7	1.00	-		97.4
	White	70.2	2.91	1.88-4.49	0.000	93.6
Sex	Female	53.2	1.00	-		91.0
	Male	70.3	2.09	1.41-3.09	0.000	96.6
Age	<65 years	63.8	1.00	-		94.3
	≥65 years	64.2	1.02	0.69-1.52	0.917	94.8
SES	0	58.9	1.00	-		93.2
	1	67.8	1.47	0.95-2.27		95.5
	2	65.8	1.34	0.82-2.18	0.203 <sup>a</sup>	95.0
Combined		63.9	-	-	-	94.5

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

## 5. Patient involvement and social support

Overall, 34.3% of respondents felt they were involved in decisions regarding their CHD care. White respondents were initially approximately over four times as likely to report feeling involved in decisions than South Asians (see Table 5.1). This difference was modified by the inclusion of the information received and communication variables, and by the accumulation of all the intermediate variables (see Appendix 3: Table 5.1a).

		%	OR	95%CI	<i>p</i> -value	RR* (%)
Ethnicity	South Asian	13.1	1.00	-		91.5
	White	41.5	3.41	1.50-7.73	0.003	80.7
Sex	Female	32.3	1.00	-		81.6
	Male	35.2	1.14	0.75-1.74	0.546	84.3
Age	<65 years	34.2	1.00	-		83.2
	≥65 years	33.8	0.98	0.64-1.51	0.931	83.3
SES	0	30.7	1.00	-		73.3
	1	37.3	1.34	0.83-2.18		88.3
	2	33.6	1.14	0.67-1.95	0.481 <sup>a</sup>	91.6
Combined		34.3	-	-	-	83.3

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

In total, over three-quarters (77.9%) of respondents felt that their health care professionals (located within primary or secondary health care) were involved in decisions regarding their CHD care, with family/friends (15.9%) and the patient itself (6.2%) viewed as being less involved in decisions regarding such care (see Table 5.2).

Two-thirds of all patients felt very unsupported by family and friends with their CHD condition. Initially there appeared no strong associations between any of the socio-demographic variables and whether the respondent felt supported by friends and family (see Table 5.3). However, when communication, and the inclusion of all intermediate variables were adjusted for in the logistic regression model, South Asians were more likely to report feeling supported by friends and family than Whites (see Appendix 3: Table 5.3a).

		Myself	Family/ Friends	Health Prof's.	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	5.2	18.3	76.5	0.666	98.3
	White	6.5	15.1	78.4		90.6
Sex	Female	7.7	19.4	72.9	0.14	89.5
	Male	5.3	13.8	80.9		94.3
Age	<65 years	6.2	14.8	79.0	0.681	92.1
	≥65 years	6.2	17.9	75.9		93.1
SES	0	9.8	14.9	75.3	0.171 <sup>a</sup>	91.1
	1	3.6	16.9	79.5		92.7
	2	4.4	15.9	79.7		94.2
Combined		6.2	15.9	77.9	-	92.4

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

		%	OR	95%CI	<i>p-value</i>	RR* (%)
Ethnicity	South Asian	32.4	1.00	-	0.994	94.9
	White	32.3	0.99	0.62-1.60		76.1
Sex	Female	30.4	1.00	-	0.511	77.9
	Male	33.6	1.16	0.75-1.80		82.3
Age	<65 years	30.1	1.00	-	0.18	81.9
	≥65 years	36.8	1.35	0.87-2.09		78.2
SES	0	30.4	1.00	-	0.787 <sup>a</sup>	72.3
	1	32.7	1.11	0.67-1.83		82.1
	2	34.6	1.21	0.71-2.06		91.6
Combined		32.4	-	-	-	80.6

\* RR = Response rate

<sup>a</sup> *p*-value for overall effect of variable.

## **Discussion**

Prevalence rates for CHD have been shown to vary by age; sex; ethnicity, and socioeconomic status.<sup>2</sup> Primary care has an important role to play in providing equitable CHD services that meet the needs of different population groups. Previous work indicates contrasting evidence of inequalities in accessing CHD health care services among the different socio-demographic groupings, but the picture regarding equitable access to primary care CHD services among these groupings remains unclear. The aims of this study were to ascertain patients' views of the quality of CHD care they receive with respect to dimensions of care quality, and to investigate the interplay between these dimensions. A postal survey aimed to examine the views for all CHD patients, and between the different socio-demographic groupings of patients defined by age, sex, ethnicity, and socioeconomic status. Based upon a satisfactory response rate to the questionnaire, this study has shown significant differences by ethnicity with respect to assessments of variables reflecting quality of primary care CHD services. Differences between people by age and sex were less marked and were largely negligible for patient groups defined by socioeconomic status.

### **Patient knowledge and awareness**

The low proportion of all respondents (63%) reporting urgent action for severe chest pain is worrying, and suggests the need for further work in raising awareness of what to do if experiencing symptoms of an acute myocardial infarction. Given that the proportion of South Asian respondents (42%) who are aware of the action that should be taken when experiencing these symptoms is even lower, it could be argued that work to improve awareness should be a specific priority for this group. The marked difference in reported health care seeking for chest pain between South Asians and Whites remained significant when intermediary variables were taken into account, suggesting that these variables are largely unimportant in explaining this observed ethnic difference. The observed difference is in contrast to prior research suggesting that ethnic minority groups are at least as likely, if not more likely to report immediate action for severe chest pain than White respondents.<sup>32-33</sup> However in contrast to such research, the respondents in this study were older (over a third aged above 65 years) and we cannot be certain that the phrase 'severe chest pain' is interpreted in the same way by South Asian and White people at different ages.

Respondents aged over 65 years were less likely to seek urgent action for severe chest pain, than compared to those aged below 65 years (55.6%:67.4%). This difference remained consistent when adjusting for intermediary variables, remaining significant in the final model. Further, there were no systematic differences in seeking urgent action by sex or SES. The negligible effect of intermediary variables may be attributed to the crude nature of empirically measuring such complex entities. It is likely that better indicators for communication, information received, and access to services, in particular, would have further marked or attenuated the residual associations. Further work examining demographic differences in actual chest pain onset-to-call times, using ambulance data to confirm the questionnaire findings and as necessary to change attitudes to severe chest pain is planned.

It is useful to examine the extent to which self-reported diagnosis obtained by questionnaire can be verified by medical records. This exercise can reflect the quality of information received by patients and can have an impact upon the patients' subsequent health behaviours. The results presented above demonstrate that the accuracy of self-reported diagnosis varies by CVD condition. Indeed, the confusion of IHD and/or heart failure with other coronary disease may be responsible for the high proportions of false positive and false negative answers for these two conditions, compared to stroke/TIA or peripheral vascular disease, emphasizing the need for care in the use of self-reported diagnoses for such outcomes.

White patients were more likely to under-report IHD/heart failure than South Asians (22.2% versus 6.8%). Cultural differences in acceptance of disease may help explain this pattern, as research indicates that South Asians are more likely to adopt a fatalistic approach towards their illness, consequently, denial of the disease could be viewed as protesting against fundamental religious beliefs.<sup>18,34</sup> Further research examining cultural differences in the acceptance or denial of chronic conditions is needed. The GP practices involved in the study were practices with the highest South Asian patient populations in Bristol. It could be argued that these are exceptional practices, accustomed in consulting with patients of South Asian origins, and who are aware of the potential difficulties in diagnosing CHD amongst this ethnic group. Consequently, it may be the case that GP's in these selective practices are paying particular attention in picking out CHD conditions amongst the South Asian population.

Under reporting of IHD/heart failure also varied significantly by socio-economic status (SES). In-line with prior research, the dominant pattern was that of more under reporting amongst the less affluent (SES groups 1 and 0).<sup>35</sup> It may be that disease in less affluent and less educated persons more often goes undetected by clinicians, or is not fully understood by the patient. In general however, the high rates of false negative responses (for the most part amongst White CHD patients) are worrying, particularly if these patients go on to experience symptoms such as severe chest pain (acute myocardial infarction).

Neither of the two data sources is a perfect gold-standard measurement. Self-report questionnaires are not completely insensitive to individual's perceptions or lack of awareness, and in the case of the present study, doubts about the validity of clinical CHD registers may be raised when we consider the fact that this register was only just being created and endorsed within the primary care system when the data was extracted. However, combining these two data sources may partially alleviate these problems, especially if the conclusions based on each of the two sources point in the same direction.

### **Access to health care services**

One role that the NHS has in reducing inequalities in health is to ensure that access to health care services are equitable for all sections of society. However, the questionnaire findings show that South Asian respondents generally reported greater difficulty in accessing primary care health services than White patients, including experiencing more physical (disability, lack of transport, distance to travel) and social (personal commitments, work obligations) barriers. In addition, South Asian patients were more likely to report waiting and consultation times of appointments with primary care health professionals as being unreasonable. This finding is interesting, particularly when we consider data from a clinical audit of secondary prevention of IHD amongst the same sample. The audit showed South Asian patients as making more mean number of visits to see their GP and practice nurse within a defined 12-month period than White patients.<sup>36</sup> What remains unanswered is whether South Asian patients are themselves actively making more visits to see their GP and practice nurse, or whether these patients are being targeted by the practices due to their increased risk of CHD conditions. The observation that South Asians rated their primary care access lower than did Whites, yet made more primary care visits, suggests they may have interpreted or otherwise responded to the question in a systematic manner that was distinct from

the level of access they actually experienced. Alternatively, it can also be argued that there may be cultural differences in levels of expectation for what constitutes ‘optimal’ access. These data may provide clinicians and health care planners with cues to the issue of what makes distinct cultural groups feel ‘satisfied’. Nevertheless, it was pleasing to observe that a high majority (80%) of all respondents felt relaxed when consulting their GP regarding their CHD condition.

### **Communication and information**

That a communication barrier often exists between health care professionals and first generation South Asian patients is well recognized.<sup>18,37-38</sup> In total, 41% of all respondents reported that it was easy to ask their GP questions regarding their CHD condition, with White respondents being more likely to hold this view than South Asians. In contrast, the National Survey of NHS Patients: General Practice 2002 found that most respondents (88%) felt that they were able to ask as many questions as they wanted, with no major differences in such responses by ethnic group.<sup>39</sup> However, respondents of the present survey were from selective practices within areas of high South Asian residents, and therefore may not be representative of GP practices in the UK in general. A similar pattern of results was observed in relation to the question of whether the patient felt satisfied with their GP’s listening skills. Our findings are not surprising when we consider that from the sixteen GP practices participating in the research there was only one GP of South Asian origin. Consequently, only one-sixth of all South Asian respondents reported that their GP was able to communicate in their native language.

Two-thirds of all respondents stated that they had been given sufficient information regarding their CHD condition. Whites were initially three-times more likely than South Asians to report such an opinion, however, this may well be attributable to the issue of communication, and the lack of South Asian health care professionals as well as resources in appropriate languages. Indeed, when the variables of ‘communication’ and ‘information received’ were entered into the statistical model, the difference between the ethnic groups was modified.

### **Patient involvement and social support**

It was disappointing to observe that only one-third of all respondents to the questionnaire felt they were involved in decisions regarding their CHD care, with

White respondents being approximately four-times more likely to hold this belief than South Asians. Once again, the importance of the ‘information received’ and the ‘communication’ variables is highlighted, as we observe a modification in the initial ethnic difference when these variables are taken into account. Consequently, it is of no surprise to ascertain that the majority of patients (77.9%) perceived their health care professionals as being involved in decisions about care, with friends and family (15.9%) and the patient itself (6.2%) deemed as being less involved in decisions regarding care management.

The relatively high rates of CHD observed amongst people of South Asian origins not just in the UK,<sup>3</sup> but also in other parts of the world,<sup>40</sup> have not been fully explained, and psychosocial factors have been proposed as potential contributing factors to this excess CHD.<sup>41</sup> It has been argued that social support, which may be informational, instrumental, financial, or emotional, may be directly health enhancing and a buffer to stressors. Researchers suggest that social support may influence CHD risk via three pathways: either through direct physiological effects; via psychological pathways, for example improving self-esteem and coping strategies; or by affecting health-related behaviours such as diet, physical activity, and smoking.<sup>42</sup> It is therefore of concern to observe that approximately two-thirds of all respondents to the questionnaire felt a lack of social support from friends and family outside the health care setting, with Whites more likely to take this view than South Asians in the fully adjusted regression model. Indeed the findings of the questionnaire show that compared to Whites, South Asians were more likely to be married or living with a partner. Furthermore, it has also been suggested that South Asians generally have larger households and are more likely to attend a place of worship than their European-origin counterparts.<sup>28</sup>

### **General discussion**

This study has shown significant differences between South Asians and Whites with respect to their knowledge and awareness of both CHD risk factors and their specific disease condition, as well as in their assessments of primary health care services. Differences between people of varying age, sex, and SES were less marked and in some cases negligible. However, prior research examining patients listed on IHD registers from the same questionnaire sample cohort, suggests that in general the differences in assessments of primary health care services by ethnicity, as observed here, are not reflected in variations in actual provision of secondary prevention of

IHD.<sup>36</sup> This leads to the discussion of the limitation in using a cross sectional survey to examine assessments of health care provision. Indeed the major limitation of such an approach is the difficulty in distinguishing between two potential explanations of differences. These being: (i) whether differences in reported assessments reflect cultural differences between and even within population groups in willingness to report unfavourable assessments, and (ii) whether differences in reported assessments reflect variation in expectations of or needs for primary care between and within population groups.

There are calls to study South Asians within their own heterogeneous subgroups rather than pooling them all together as one group.<sup>43,44</sup> Indeed, the separate sub-groupings of Indian, Pakistani, and Bangladeshi populations that make up the term ‘South Asian’ have been shown to have dissimilar rates of CHD,<sup>2,3</sup> different levels of understanding of CHD risk factors,<sup>19</sup> and have different cultures, levels of articulation, social networks, income levels and standards of living.<sup>45</sup> However, due to low numbers of the South Asian sub-group samples, it was not possible to compare them directly. In relation to ethnicity, throughout this report a comparison has been made between South Asians and Whites. One can criticize such an approach on the implication that the health experience of the White population may in some manner be viewed normative. Yet, as Kelaher et al argue, the main reason to use such socially constructed categories in public health context is to examine whether the health of minority ethnic groups is compromised as a result of societal factors.<sup>46</sup> Consequently it can be argued that the White group is the appropriate reference group if we assume that ethnic differences in primary health care assessments, if any, may be attributable to the possibility of the healthcare system being designed to meet the needs of the majority population. This report does not imply that the assessments and views of the White group are either the ‘gold standard’ that needs to be met, or are ‘normal’ (the same argument would apply to the categories of sex, age group, and socio-economic status).

The findings of this study demonstrate the feasibility of conducting an assessment of disease knowledge, and quality of health care indicators within a selective patient population. A number of additional strengths can be associated with this study. A relatively large number of patients from practices of Bristol with the largest proportions of South Asian residents volunteered to participate in the study. Furthermore, the proportion of single-handed practices and the proportion of practices with the average

patient list size per GP in the patient samples were similar to those found in Bristol as a whole. Finally, in British cities with growing ethnic minority populations, this type of study can support the provision of a more rational basis for resource allocation, thereby improving pathways of access for patients seeking health care.

## **Implications, recommendations and conclusions**

While acknowledging the limited ability to generalize these findings beyond the select Bristol patient population, this study highlights the complex challenges inherent in the task of assessing patients' current knowledge and awareness of their condition, as well as how these diverse populations of patients perceive they are being treated and how well their needs are being met. There appears to be a need to increase awareness and knowledge of heart disease amongst all populations. Indeed, this study may reflect the notion that current health promotion messages are not having the required impact; consequently, studying new ways of delivering health education may be warranted.

One strategy to improve access to health care services for all patients, and especially for those of South Asian origin, is to increase their participation in care. Consequently, interventions that aim to empower patients to become more informed and active consumers of health care should be developed and evaluated. A cultural competence training programme for practicing health care professionals is underway within Bristol, and it is hoped that such training will address the needs of a patient population that is becoming more culturally diverse. However, it is also imperative that such a programme should be incorporated within the training curriculum of medical students. Finally, improving cross-cultural communication in the health care setting may lead to an increase in patient awareness of their condition, more patient involvement in care, increased adherence to recommended treatment, higher quality of care, and improved health outcomes.

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# **Appendix 1**

Questionnaire Number: SA



CONFIDENTIAL

## HEART DISEASE QUESTIONNAIRE

This questionnaire asks about your background, your views about heart disease and your contact and experiences with Primary Care Services (your local doctors' surgery). This will give vital information for our research.

All the information collected will be treated as strictly confidential.

**Please complete the questionnaire and return it in the reply paid envelope.** If you have difficulties with the questions or general queries regarding the questionnaire, please phone us on **0117 900 2653**.

**Thank you for your help.**

**HimP Performance Scheme  
King Square House  
King Square  
Bristol BS2 8EE**

## Section 1: Information about you

### 1.1 Gender (please tick the appropriate box):

Male

Female

### 1.2 Age (please tick the appropriate box):

20-29

30-39

40-49

50-59

60-69

70+

### 1.3 Ethnic Origin (please tick the appropriate box):

White

Indian

Pakistani

Bangladeshi

Sri Lankan

Any other ethnic group (*please describe*): \_\_\_\_\_

### 1.4 Country of birth: \_\_\_\_\_

### 1.5 Marital Status (please tick the appropriate box):

Single, never married

Married/Living as married

Widowed

Divorced/Separated

### 1.6 Number of years resident in the UK (please tick the appropriate box):

Less than 1 year

Between 1 and 5 years

Between 5 and 10 years

Between 10 and 20 years

More than 20 years

Don't know/Not sure

**1.7 Occupational status** (please tick the appropriate boxes):

Paid employment, full time

Paid employment, part time

Voluntary work

Housework

Unemployed

Retired

**1.8 If employed, what is your occupation?** \_\_\_\_\_

**1.9 If your partner is employed, what is your partners' occupation?** \_\_\_\_\_

**1.10 Do you possess any of the following household items?** (please tick the appropriate boxes):

Fridge

Telephone

Freezer

Car or van

Tumble drier

Home computer

Colour television

Washing machine

Video recorder

Microwave

CD player

Dishwasher

## Section 2: Your understanding of heart disease

### 2.1 Have you ever been told by a doctor that you have had any of the following conditions? (Please tick the appropriate boxes):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Heart attack; Myocardial infarction; Angina:     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ischaemic heart disease; Coronary heart disease: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart failure:                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Atrial fibrillation:                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Transient ischaemic attack:                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stroke/CVA:                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Peripheral vascular disease:                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| High blood pressure:                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (please describe):                         | _____                        |                             |

### 2.2 Which of the following can contribute to someone getting heart disease (Please tick as many boxes as you think appropriate):

- |  |  |
|--|--|
| Smoking <input type="checkbox"/>               | Stress/worries <input type="checkbox"/>    |
| High alcohol intake <input type="checkbox"/>   | Family history <input type="checkbox"/>    |
| Low physical activity <input type="checkbox"/> | Too much work <input type="checkbox"/>     |
| Overweight <input type="checkbox"/>            | High cholesterol <input type="checkbox"/>  |
| High fat diet <input type="checkbox"/>         | Too much thinking <input type="checkbox"/> |
| Diabetes <input type="checkbox"/>              | Curries/spice <input type="checkbox"/>     |
| High blood pressure <input type="checkbox"/>   |  |

### 2.3 Which of the following are ways to prevent heart disease

(Please tick as many boxes as you think appropriate):

- |   |   |
|---|---|
| Take more exercise <input type="checkbox"/>           | Take medication <input type="checkbox"/>            |
| Eat a healthy diet <input type="checkbox"/>           | Control weight <input type="checkbox"/>             |
| Reduce fat in diet <input type="checkbox"/>           | Stop/reduce alcohol intake <input type="checkbox"/> |
| Stop/reduce smoking <input type="checkbox"/>          | Control blood pressure <input type="checkbox"/>     |
| Regular check up with doctor <input type="checkbox"/> | Control cholesterol <input type="checkbox"/>        |
| Reduce stress/worries <input type="checkbox"/>        |   |

**2.4 If you experience or have experienced severe central chest pain for more than 15 minutes, what action would or did you take first** (Please tick one box):

Make a routine appointment to see your family doctor

Phone for an emergency doctor

Ring 999

Wait to see if the pain goes away

Consult friends or family

Other (please describe):

\_\_\_\_\_

**What would or did you think was the cause of this severe chest pain?**

(Please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions such as 2.5 (and other questions later in the Questionnaire) with a long black line require you to put a slash through the line with a pen. For example a slash marked on this point on the line would mean that you think that people of South Asian origin are 'more likely' to get heart disease than the white population, but not 'extremely likely'.

Less likely \_\_\_\_\_ Extremly likely

**2.5 Compared to the white population of the UK, how likely do you think people of South Asian origin are of getting heart disease?**

(Please mark the line with a slash through it)

Less likely \_\_\_\_\_ More likely

### Section 3: Your contact with Primary Care Services

**3.1 Do any of the following cause you difficulties attending your practice nurse or family doctor?** (please tick the appropriate box(es)):

- Traffic                                       Lack of transport   
 Physical disability                                       Personal commitments   
 Distance to travel                                       Work commitments   
 Other (please describe) \_\_\_\_\_

**3.2 How do you feel about attending your family doctor for your heart disease?** (please tick the appropriate box):

- I feel very relaxed   
 I feel at ease   
 I feel nervous   
 I feel very nervous   
 Don't know/Not sure

**What makes you feel this way?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3.3 How do you feel about the waiting time between making an appointment with your family doctor/practice nurse and attending the appointment?** (please tick the appropriate box(es)):

	Family Doctor	Practice Nurse
-The waiting time is very reasonable	<input type="checkbox"/>	<input type="checkbox"/>
-The waiting time fairly reasonable	<input type="checkbox"/>	<input type="checkbox"/>
-The waiting time is unreasonable	<input type="checkbox"/>	<input type="checkbox"/>
-The waiting time is very unreasonable	<input type="checkbox"/>	<input type="checkbox"/>
-Don't know/Not sure	<input type="checkbox"/>	<input type="checkbox"/>

**3.4 How do you feel about the length of consultation time of your appointments with your family doctor/practice nurse?** (please tick the appropriate box(es)):

	<b>Family Doctor</b>	<b>Practice Nurse</b>
-It is very reasonable	<input type="checkbox"/>	<input type="checkbox"/>
-It is fairly reasonable	<input type="checkbox"/>	<input type="checkbox"/>
-It is unreasonable	<input type="checkbox"/>	<input type="checkbox"/>
-It is very unreasonable	<input type="checkbox"/>	<input type="checkbox"/>
-Don't know/Not sure	<input type="checkbox"/>	<input type="checkbox"/>

**3.5 Is your family doctor of the same gender as you?** (please tick the appropriate box): Yes  No

**If 'No', how do you feel about consulting with a family doctor of the opposite gender?** (please tick the appropriate box):

- I feel very relaxed
- I feel at ease
- I feel reasonably at ease
- I feel nervous
- I feel very nervous
- Don't know/Not sure

**What makes you feel this way?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3.6 Is your practice nurse of the same gender as you?** (please tick the appropriate box): Yes  No

**If 'No', how do you feel about consulting with a practice nurse of the opposite gender?** (please tick the appropriate box):

- I feel very relaxed
- I feel at ease
- I feel reasonably at ease
- I feel nervous
- I feel very nervous
- Don't know/Not sure

**What makes you feel this way?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.7 Is your family doctor of the same ethnic origin as you?** (please tick the appropriate box): Yes  No

**If 'No', how do you feel about consulting with a family doctor of a different ethnic origin?** (please tick the appropriate box):

- I feel very relaxed
- I feel at ease
- I feel reasonably at ease
- I feel nervous
- I feel very nervous
- Don't know/Not sure

**What makes you feel this way?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3.8 Is your practice nurse of the same ethnic origin as you?** (please tick the appropriate box): Yes  No

**If 'No', how do you feel about consulting with a practice nurse of a different ethnic origin?** (please tick the appropriate box)

-I feel very relaxed

-I feel at ease

-I feel reasonably at ease

-I feel nervous

-I feel very nervous

-Don't know/Not sure

**What makes you feel this way?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3.9 Does your family doctor communicate in your native language during your consultation?** (please tick the appropriate box):

Yes  No  Sometimes

**If 'No' or 'Sometimes', would you like someone available in the clinic to interpret information to you in your own language?** (please tick the appropriate box):

Yes  No  Someone is already available

**3.10 Does your practice nurse communicate in your native language during your consultation?** (please tick the appropriate box):

Yes  No  Sometimes

**If 'No' or 'Sometimes', would you like someone available in the clinic to interpret information to you in your own language?** (please tick the appropriate box):

Yes  No  Someone is already available

**3.11 How often do you feel fully satisfied with your consultation for heart disease with your family doctor/practice nurse?** (please tick the appropriate box):

	Family Doctor	Practice Nurse
-Always	<input type="checkbox"/>	<input type="checkbox"/>
-Very often	<input type="checkbox"/>	<input type="checkbox"/>
-Often	<input type="checkbox"/>	<input type="checkbox"/>
-Occasionally	<input type="checkbox"/>	<input type="checkbox"/>
-Rarely	<input type="checkbox"/>	<input type="checkbox"/>
-Never	<input type="checkbox"/>	<input type="checkbox"/>

**3.12 How involved do you feel you are in decisions made about your heart disease treatment?** (Please mark the line with a slash through it, as before)

Not involved \_\_\_\_\_ Very much  
at all involved

**3.13 With regard to decisions about your heart disease treatment, would you like to be** (please tick the appropriate box):

More involved

Less involved

Neither because you are content with the current level of involvement

Don't know/Not sure

**3.14 Do you feel you have been given sufficient information about your heart disease/treatment?** (please tick the appropriate box):

Yes  No  Don't know/Not sure

**3.15 How do you currently receive information about your heart disease/treatment?** (please tick the appropriate box):

Through groups, classes, courses

Through leaflets and posters

Through videos and audiotapes

Through television/radio

Through newspapers/magazines

Through the internet

Through a link/community worker

Through friends/family

Any other ways (please describe)? \_\_\_\_\_

**3.16 Would you like more information about heart disease?** (please tick the appropriate box): Yes  No

**If 'Yes', how would you like to receive more information about heart disease? Would you like this information translated?** (please tick the appropriate box(es)):

<b>Information required:</b>	<b>Translated</b>
- Through groups, classes, courses <input type="checkbox"/>	<input type="checkbox"/>
- Through leaflets and posters <input type="checkbox"/>	<input type="checkbox"/>
- Through videos/audiotapes <input type="checkbox"/>	<input type="checkbox"/>
- Through television/radio <input type="checkbox"/>	<input type="checkbox"/>
- Through newspapers/magazines <input type="checkbox"/>	<input type="checkbox"/>
- Through the internet <input type="checkbox"/>	<input type="checkbox"/>
- Through a link/community worker <input type="checkbox"/>	<input type="checkbox"/>

**3.17 How easy do you find it to ask your family doctor questions regarding your heart disease illness/treatment?** (Please mark the line with a slash through it, as before)

Not at all easy \_\_\_\_\_ Very easy

**3.18 How satisfied are you with the degree to which your family doctor listens to your needs and concerns about heart disease?** (Please mark the line with a slash through it, as before)

Not at all satisfied \_\_\_\_\_ Very much satisfied

**3.19 How easy do you find it to ask your practice nurse questions regarding your heart disease illness/treatment?** (Please mark the line with a slash through it, as before)

Not at all \_\_\_\_\_ Very easy

**3.20 How satisfied are you with the degree to which your practice nurse listens to your needs and concerns about heart disease?** (Please mark the line with a slash through it, as before)

Not at all satisfied \_\_\_\_\_ Very satisfied

**3.21 Do you think that the services for your heart disease could be improved?** (Please tick the appropriate box):

Yes  No  Don't know/Not sure

**If 'Yes', please explain your answer?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Section 4: Social and professional support**

**4.1 Regarding your heart disease, how well supported do you feel by friends/family outside the surgery/clinic/health center?** (please mark the line with a slash through it, as before)

Not at all \_\_\_\_\_ Very much

**4.2 Who do you feel is involved in decisions about your heart disease/treatment?** (tick as many boxes as applicable):

Yourself  Partner

Mother  Father

Sister  Brother

Friend  Doctor

Practice Nurse  Son

Daughter

Other (Please identify): \_\_\_\_\_

**4.3 Other than your family doctor or practice nurse, is there someone to talk through any heart disease-related problems with you in the surgery/clinic/health center?** (please tick the appropriate box):

Yes  No  Don't know/Not sure

**If 'Yes' who?** (Please identify): \_\_\_\_\_



**Did you complete this questionnaire with the help of any of the persons listed in the accompanying letter?** (please tick the appropriate box): Yes  No

*Thank you again for your time in completing this questionnaire.*

Please check carefully that you have answered each page and then return it in the reply paid envelope provided.

**Contact Details**

For further information contact:

Mr. Habib Naqvi  
Avon HImP Performance Scheme  
King Square House  
King Square  
Bristol BS2 8EE

Tel: (0117) 900 2653

## **Appendix 2**

<b>Practice profile comparison of the 16 GP practices with Avon PCTs and England</b>					
	Average list size per GP	Average number of partners within a partnership	% of single-handed practices	% of patients aged between 0 and 4 years	% of patients aged 75 years or above
16 Practices	1449	4.8	6.3	5.8	6.4
Avon PCTs	1610	3.8	9.8	5.3	7.5
England	1838	3.2	8.9	5.4	7.4

## **Appendix 3**

**Table 2.1a Take urgent action for chest pain: Adjusted responses**

		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI	OR <sup>i</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	3.29	2.08-5.18	3.38	2.12-5.41	3.67	2.22-6.07	2.91	1.80-4.71	3.55	2.13-5.92	2.83	1.71-4.66	2.98	1.75-5.08	3.52	2.11-5.85	2.74	1.41-5.33
	<i>p-value</i>		0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.003
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.16	0.77-1.74	1.15	0.76-1.74	1.15	0.73-1.82	1.05	0.68-1.62	1.22	0.77-1.93	1.12	0.73-1.73	1.11	0.71-1.77	1.19	0.79-1.80	1.04	0.62-1.74
	<i>p-value</i>		0.478		0.500		0.550		0.827		0.393		0.601		0.633		0.406		0.892
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	0.66	0.43-0.99	0.65	0.43-0.99	0.56	0.35-0.89	0.64	0.41-0.99	0.51	0.32-0.81	0.60	0.39-0.93	0.01	0.34-0.86	0.66	0.43-1.01	0.47	0.28-0.79
	<i>p-value</i>		0.049		0.050		0.015		0.044		0.005		0.023		0.02		0.054		0.004
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	0.81	0.50-1.30	0.79	0.49-1.28	0.70	0.41-1.22	0.82	0.50-1.34	0.73	0.42-1.27	0.80	0.48-1.31	0.68	0.39-1.18	0.80	0.49-1.28	0.64	0.34-1.20
	2	0.75	0.44-1.26	0.73	0.43-1.24	0.60	0.33-1.08	0.71	0.41-1.23	0.62	0.34-1.11	0.66	0.38-1.16	0.58	0.32-1.05	0.74	0.44-1.26	0.49	0.25-0.97
	<i>p-value</i>		0.259		0.236		0.086		0.220		0.102		0.151		0.070		0.660		0.063

<sup>a</sup> Adjusting for other socio-demographic variables in the table

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and access to services

<sup>g</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>h</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>i</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, access to services, communication, help received in completing questionnaire

Table 3.1a Experience physical barriers in attending GP practice: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	0.28	0.18-0.45	0.28	0.17-0.44	0.25	0.15-0.42	0.32	0.20-0.53	0.27	0.17-0.45	0.32	0.19-0.53	0.40	0.24-0.65	0.38	0.21-0.69
	<i>p-value</i>		0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.001
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.05	0.72-1.54	1.06	0.72-1.55	1.06	0.69-1.62	1.22	0.81-1.83	1.06	0.70-1.61	1.10	0.72-1.69	1.14	0.77-1.68	1.39	0.86-2.21
	<i>p-value</i>		0.788		0.764		0.798		0.345		0.787		0.656		0.521		0.173
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	>65 years	0.99	0.67-1.47	0.99	0.67-1.47	1.06	0.68-1.67	1.08	0.71-1.63	1.07	0.69-1.66	1.03	0.66-1.62	0.95	0.63-1.42	1.11	0.69-1.79
	<i>p-value</i>		0.970		0.965		0.786		0.714		0.769		0.881		0.791		0.667
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	0.74	0.48-1.14	0.75	0.49-1.16	0.94	0.57-1.56	0.80	0.51-1.25	0.82	0.50-1.34	0.85	0.52-1.41	0.76	0.49-1.17	1.07	0.63-1.82
	2	0.71	0.44-1.16	0.73	0.45-1.18	0.94	0.54-1.61	0.80	0.48-1.32	0.83	0.49-1.42	0.93	0.54-1.60	0.76	0.46-1.24	1.12	0.62-2.00
	<i>p-value</i>		0.154		0.177		0.812		0.341		0.490		0.769		0.229		0.769

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, communication, help received in completing questionnaire

Table 3.2a Waiting times for appointments with the GP are unreasonable: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	0.45	0.27-0.75	0.39	0.23-0.67	0.46	0.26-0.81	0.59	0.34-1.01	0.47	0.27-0.83	0.57	0.31-1.02	0.48	0.27-0.85	0.57	0.27-1.18
	<i>p-value</i>		0.002		0.001		0.007		0.055		0.009		0.062		0.012		0.128
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	0.95	0.59-1.54	0.99	0.61-1.61	0.83	0.49-1.38	1.12	0.68-1.86	0.79	0.47-1.32	0.83	0.49-1.38	0.97	0.60-1.57	1.04	0.59-1.82
	<i>p-value</i>		0.847		0.981		0.470		0.658		0.371		0.470		0.900		0.889
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	0.53	0.31-0.89	0.52	0.31-0.89	0.61	0.35-1.08	0.57	0.33-0.99	0.55	0.31-0.97	0.59	0.33-1.04	0.52	0.30-0.89	0.63	0.34-1.17
	<i>p-value</i>		0.018		0.017		0.092		0.045		0.041		0.069		0.017		0.145
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	0.78	0.44-1.40	0.85	0.47-1.53	0.84	0.44-1.61	0.86	0.47-4.10	0.74	0.39-1.40	0.77	0.40-1.47	0.79	0.44-1.41	0.96	0.48-1.93
	2	2.10	1.19-3.69	2.28	1.28-4.06	2.31	1.22-4.33	2.28	1.26-4.11	2.08	1.11-3.88	2.11	1.13-3.96	2.13	1.21-3.75	2.49	1.26-4.93
	<i>p-value</i>		0.013		0.040		0.009		0.008		0.018		0.016		0.012		0.012

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, communication, help received in completing questionnaire

Table 3.3a Waiting times for appointments with the PN are unreasonable: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	0.29	0.15-0.58	0.26	0.13-0.54	0.25	0.12-0.55	0.33	0.16-0.68	0.31	0.15-0.68	0.43	0.19-0.98	0.37	0.17-0.79	0.43	0.15-1.19
	<i>p-value</i>		0.000		0.000		0.001		0.003		0.003		0.046		0.010		0.106
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	0.97	0.49-1.94	0.98	0.49-1.96	0.69	0.33-1.47	1.08	0.52-2.25	0.62	0.29-1.31	0.72	0.33-1.52	1.06	0.52-2.15	0.74	0.32-1.68
	<i>p-value</i>		0.942		0.957		0.325		0.841		0.21		0.384		0.868		0.471
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	0.67	0.33-1.39	0.66	0.32-1.37	0.82	0.38-1.80	0.74	0.36-1.54	0.83	0.38-1.79	0.82	0.37-1.81	0.63	0.31-1.32	0.85	0.36-2.00
	<i>p-value</i>		0.283		0.268		0.624		0.426		0.631		0.625		0.221		0.715
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	0.46	0.20-1.06	0.49	0.21-1.14	0.43	0.17-1.11	0.51	0.22-1.19	0.36	0.14-0.92	0.39	0.15-1.01	0.46	0.20-1.07	0.46	0.17-1.26
	2	0.82	0.36-1.88	0.88	0.38-2.05	0.92	0.37-2.28	0.96	0.41-2.22	0.81	0.33-1.97	0.82	0.33-2.02	0.84	0.37-1.92	0.98	0.38-2.55
	<i>p-value</i>		0.43		0.542		0.645		0.311		0.437		0.513		0.678		0.681

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, communication, help received in completing questionnaire

Table 3.4a Feel relaxed consulting GP regarding my CHD condition: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	1.07	0.61-1.87	1.24	0.70-2.23	1.13	0.62-2.05	0.88	0.48-1.59	0.93	0.49-1.74	0.78	0.41-1.47	0.89	0.48-1.67	0.69	0.32-1.49
	<i>p-value</i>		0.805		0.451		0.694		0.665		0.811		0.440		0.733		0.344
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.83	1.13-2.96	1.81	1.11-2.93	1.59	0.92-2.74	1.45	0.87-2.41	1.64	0.96-2.81	1.59	0.92-2.74	1.77	1.09-2.88	1.40	0.78-2.51
	<i>p-value</i>		0.014		0.017		0.091		0.155		0.07		0.094		0.001		0.259
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	1.35	0.81-2.25	1.38	0.83-2.31	1.03	0.58-1.80	1.31	0.77-2.22	1.03	0.59-1.80	1.09	0.62-1.93	1.40	0.83-2.35	1.15	0.62-2.14
	<i>p-value</i>		0.245		0.218		0.92		0.327		0.92		0.757		0.204		0.660
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	1.61	0.95-2.74	1.49	0.87-2.55	1.61	0.88-2.94	1.72	0.98-2.99	1.47	0.81-2.68	1.65	0.90-3.03	1.58	0.93-2.69	1.55	0.80-2.99
	2	3.38	1.64-6.97	3.15	1.51-6.65	3.24	1.47-7.07	3.15	1.51-6.55	3.28	1.49-7.25	3.33	1.51-7.36	3.28	1.58-6.78	3.09	1.35-7.06
	<i>p-value</i>		0.001		0.002		0.002		0.001		0.004		0.002		0.001		0.001

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, communication, help received in completing questionnaire

Table 4.1a Very easy to ask GP questions regarding my CHD condition: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	7.76	4.15-14.51	7.73	4.09-14.58	11.09	5.52-22.26	5.70	2.98-10.90	6.84	3.47-13.49	6.93	3.58-13.43	7.24	3.73-14.06	5.83	2.54-13.38
	<i>p-value</i>		0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.000
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.38	0.88-2.14	1.38	0.89-2.15	1.11	0.69-1.79	1.07	0.67-1.72	1.41	0.87-2.30	1.26	0.79-1.99	1.35	0.87-2.10	0.91	0.51-1.59
	<i>p-value</i>		0.153		0.153		0.666		0.769		0.160		0.335		0.185		0.730
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	1.19	0.75-1.88	1.18	0.75-1.88	1.08	0.65-1.81	1.03	0.63-1.68	0.99	0.60-1.66	1.14	0.70-1.86	1.23	0.77-1.96	0.99	0.55-1.80
	<i>p-value</i>		0.472		0.473		0.766		0.909		0.747		0.583		0.386		0.989
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	1.09	0.65-1.82	1.09	0.65-1.84	0.99	0.56-1.76	1.12	0.65-1.93	1.05	0.59-1.84	0.88	0.51-1.53	1.09	0.65-1.84	0.93	0.47-1.85
	2	1.22	0.64-1.97	1.13	0.64-1.98	1.06	0.57-1.96	1.16	0.64-2.10	1.16	0.63-2.13	0.97	0.53-1.77	1.11	0.63-1.95	1.14	0.55-2.39
	<i>p-value</i>		0.665		0.664		0.929		0.662		0.639		0.969		0.694		0.742

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and access to services

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, access to services, help received in completing questionnaire

Table 4.2a Very easy to ask PN questions regarding my CHD condition: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	5.59	2.98-10.48	5.40	2.85-10.24	8.17	4.06-16.44	4.13	2.10-8.14	5.33	2.64-10.75	4.81	2.43-9.53	4.61	2.36-8.99	3.47	1.47-8.17
	<i>p-value</i>		0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.004
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	0.92	0.58-1.47	0.93	0.58-1.49	0.82	0.49-1.37	0.68	0.40-1.14	0.92	0.55-1.55	0.96	0.58-1.59	0.87	0.54-1.40	0.74	0.39-1.39
	<i>p-value</i>		0.725		0.764		0.439		0.142		0.764		0.883		0.579		0.352
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	0.85	0.52-1.40	0.84	0.52-1.38	0.68	0.39-1.19	0.76	0.45-1.29	0.69	0.40-1.21	0.81	0.48-1.37	0.91	0.55-1.50	0.59	0.31-1.14
	<i>p-value</i>		0.528		0.503		0.183		0.303		0.193		0.427		0.722		0.118
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	0.98	0.57-1.68	0.99	0.58-1.72	0.83	0.45-1.51	1.00	0.56-1.79	0.94	0.52-1.71	0.76	0.42-1.38	0.98	0.57-1.70	0.75	0.36-1.56
	2	0.86	0.48-1.56	0.89	0.49-1.62	0.68	0.35-1.31	0.83	0.44-1.58	0.76	0.40-1.47	0.62	0.32-1.19	0.84	0.46-1.52	0.51	0.22-1.17
	<i>p-value</i>		0.632		0.710		0.224		0.536		0.438		0.198		0.576		0.052

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and access to services

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, access to services, help received in completing questionnaire

Table 4.3a Very satisfied with GP listening skills: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	6.91	3.56-13.42	6.87	3.51-13.45	9.71	4.69-20.07	6.20	2.98-12.90	7.52	3.49-16.19	6.30	3.08-12.89	7.21	3.55-14.66	6.42	2.56-16.09
	<i>p-value</i>		0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.000
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.33	0.85-2.08	1.33	0.85-2.09	1.10	0.67-1.81	1.11	0.68-1.68	1.46	0.88-2.44	1.18	0.73-1.89	1.32	0.84-2.07	0.88	0.49-1.59
	<i>p-value</i>		0.215		0.213		0.700		0.684		0.138		0.502		0.230		0.672
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	1.11	0.69-1.77	1.11	0.69-1.77	0.86	0.50-1.47	1.02	0.62-1.68	0.96	0.56-1.64	1.10	0.67-1.81	1.12	0.70-1.79	0.83	0.45-1.54
	<i>p-value</i>		0.665		0.667		0.558		0.951		0.884		0.702		0.647		0.559
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	0.84	0.50-1.43	0.84	0.50-1.44	0.74	0.41-1.34	0.84	0.48-1.48	0.77	0.42-1.39	0.74	0.41-1.29	0.86	0.50-1.45	0.84	0.41-1.71
	2	1.07	0.61-1.90	1.08	0.61-1.91	0.96	0.51-1.80	1.08	0.59-1.99	1.07	0.58-2.02	0.90	0.48-1.67	1.08	0.61-1.92	1.06	0.49-2.28
	<i>p-value</i>		0.792		0.774		0.894		0.841		0.798		0.799		0.765		0.702

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and access to services

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, access to services, help received in completing questionnaire

Table 4.4a Very satisfied with PN listening skills: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	7.91	3.86-16.21	7.66	3.70-15.85	12.31	5.53-27.39	5.48	2.61-11.46	6.89	3.21-14.79	9.13	4.02-20.72	7.49	3.49-16.04	7.31	2.76-19.36
	<i>p-value</i>		0.000		0.000		0.000		0.000		0.000		0.000		0.000		0.000
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.05	0.65-1.71	1.06	0.65-1.72	0.83	0.48-1.43	0.79	0.47-1.34	1.07	0.62-1.82	1.14	0.68-1.93	1.02	0.63-1.67	0.78	0.41-1.48
	<i>p-value</i>		0.843		0.816		0.498		0.380		0.815		0.606		0.929		0.440
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	1.32	0.79-2.19	1.31	0.78-2.18	1.05	0.58-1.89	1.20	0.71-2.05	1.14	0.65-2.00	1.34	0.77-2.29	1.37	0.82-2.29	1.06	0.54-2.06
	<i>p-value</i>		0.283		0.299		0.868		0.494		0.647		0.295		0.229		0.870
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	1.03	0.59-1.81	1.05	0.59-1.86	0.91	0.48-1.71	1.09	0.61-1.97	1.02	0.55-1.89	0.74	0.41-1.36	1.05	0.60-1.84	0.77	0.36-1.64
	2	0.97	0.53-1.81	0.99	0.53-1.87	0.81	0.40-1.63	0.99	0.52-1.91	0.96	0.49-1.88	0.68	0.34-1.33	0.97	0.52-1.80	0.66	0.29-1.23
	<i>p-value</i>		0.946		0.980		0.478		0.946		0.900		0.332		0.919		0.180

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and access to services

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, patient involvement, access to services, help received in completing questionnaire

<b>Table 4.6a Given sufficient information regarding my CHD condition: Adjusted responses</b>																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	3.23	2.04-5.12	3.25	2.03-5.21	4.54	2.72-7.58	2.32	1.33-4.03	3.60	2.16-5.99	2.56	1.54-4.28	2.98	1.79-4.93	1.91	0.96-3.79
	<i>p-value</i>		0.000		0.000		0.000		0.001		0.001		0.001		0.001		0.064
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	2.38	1.58-3.58	2.37	1.57-3.58	2.16	1.36-3.42	2.12	1.30-3.45	2.38	1.50-3.79	2.22	1.42-3.45	2.30	1.52-3.47	2.28	1.30-3.98
	<i>p-value</i>		0.000		0.000		0.001		0.001		0.001		0.001		0.001		0.004
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	1.29	0.84-1.99	1.29	0.84-1.99	1.34	0.82-2.19	1.44	0.86-2.40	1.20	0.74-1.96	1.23	0.77-1.95	1.36	0.88-2.10	1.43	0.80-2.59
	<i>p-value</i>		0.239		0.239		0.240		0.165		0.453		0.381		0.172		0.227
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	1.33	0.83-2.19	1.32	0.83-2.12	1.05	0.61-1.80	0.96	0.54-1.68	1.01	0.59-1.73	1.06	0.64-1.76	1.35	0.84-2.15	0.81	0.43-1.56
	2	1.20	0.71-2.02	1.19	0.70-2.02	0.87	0.48-1.57	0.87	0.48-1.64	0.95	0.53-1.70	1.02	0.57-1.82	1.18	0.70-1.99	0.75	0.37-1.52
	<i>p-value</i>		0.432		0.451		0.660		0.665		0.797		0.860		0.460		0.482

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>e</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>f</sup> Adjusting for other socio-demographic variables in the table and access to services

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, communication, patient involvement, access to services, help received in completing questionnaire

Table 5.1a Feel very involved in decisions regarding my CHD care: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	3.62	1.56-8.39	3.54	1.51-8.31	4.01	1.68-9.54	2.31	0.96-5.52	3.54	1.44-8.68	0.96	0.36-2.58	3.72	1.51-9.16	1.09	0.34-3.47
	<i>p-value</i>		0.003		0.004		0.002		0.059		0.006		0.934		0.004		0.876
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.01	0.58-1.76	1.01	0.58-1.78	0.80	0.44-1.47	0.79	0.44-1.42	1.01	0.57-1.81	0.71	0.37-1.35	0.99	0.57-1.74	0.55	0.26-1.14
	<i>p-value</i>		0.973		0.950		0.468		0.439		0.955		0.295		0.999		0.108
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	1.61	0.92-2.84	1.61	0.92-2.83	1.45	0.78-2.70	1.57	0.88-2.83	1.63	0.91-2.95	1.77	0.93-3.37	1.62	0.92-2.88	1.73	0.85-3.55
	<i>p-value</i>		0.097		0.098		0.236		0.124		0.100		0.081		0.094		0.132
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	1.24	0.65-2.39	1.26	0.65-2.43	1.04	0.51-2.13	1.26	0.64-2.47	1.15	0.59-2.26	1.30	0.61-2.76	1.26	0.66-2.43	1.17	0.51-2.72
	2	1.04	1.04-0.39	1.05	0.50-2.21	0.86	0.43-2.06	1.08	0.51-2.29	0.86	0.39-1.88	1.07	0.47-2.47	1.05	0.49-2.19	0.99	0.38-2.60
	<i>p-value</i>		0.914		0.890		0.756		0.880		0.728		0.835		0.905		0.821

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and social support

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and access to health services

<sup>f</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, social support, information received, access to health services, communication, help received in completing questionnaire

Table 5.3a Feel very supported by family/friends outside the GP surgery: Adjusted responses																	
		OR <sup>a</sup>	95%CI	OR <sup>b</sup>	95%CI	OR <sup>c</sup>	95%CI	OR <sup>d</sup>	95%CI	OR <sup>e</sup>	95%CI	OR <sup>f</sup>	95%CI	OR <sup>g</sup>	95%CI	OR <sup>h</sup>	95%CI
Ethnicity	South Asian	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	White	1.02	0.62-1.66	1.08	0.65-1.78	0.77	0.46-1.31	0.83	0.49-1.41	0.97	0.56-1.68	0.32	0.17-0.61	1.20	0.69-2.08	0.43	0.21-0.91
	<i>p-value</i>		0.939		0.775		0.345		0.493		0.914		0.000		0.513		0.026
Sex	Female	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	Male	1.17	0.75-1.82	1.15	0.74-1.79	1.21	0.76-1.93	1.06	0.67-1.67	1.19	0.75-1.89	1.08	0.66-1.77	1.21	0.78-1.90	1.37	0.79-2.37
	<i>p-value</i>		0.490		0.540		0.427		0.808		0.462		0.758		0.394		0.261
Age	<65 years	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	≥65 years	1.41	0.90-2.21	1.42	0.90-2.23	1.32	0.82-2.12	1.37	0.87-2.17	1.39	0.87-2.22	1.45	0.87-2.39	1.36	0.86-2.14	1.29	0.75-2.20
	<i>p-value</i>		0.135		0.129		0.258		0.178		0.165		0.148		0.185		0.358
SES	0	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
	1	1.16	0.69-1.94	1.10	0.65-1.87	1.10	0.64-1.90	1.13	0.67-1.91	1.00	0.58-1.72	1.33	0.74-2.38	1.17	0.70-1.96	1.08	0.58-2.04
	2	1.29	0.74-2.25	1.24	0.71-2.17	1.30	0.72-2.34	1.26	0.72-2.29	1.26	0.69-2.29	1.47	0.79-2.73	1.33	0.76-2.33	1.40	0.70-2.83
	<i>p-value</i>		0.372		0.458		0.386		0.426		0.442		0.272		0.330		0.505

<sup>a</sup> Adjusting for other socio-demographic variables in the table.

<sup>b</sup> Adjusting for other socio-demographic variables in the table and ihd

<sup>c</sup> Adjusting for other socio-demographic variables in the table and patient involvement

<sup>d</sup> Adjusting for other socio-demographic variables in the table and information received

<sup>e</sup> Adjusting for other socio-demographic variables in the table and access to health services

<sup>f</sup> Adjusting for other socio-demographic variables in the table and communication

<sup>g</sup> Adjusting for other socio-demographic variables in the table and help received in completing questionnaire

<sup>h</sup> Adjusting for other socio-demographic variables in the table, ihd, patient involvement, information received, access to health services, communication, help received in completing questionnaire

