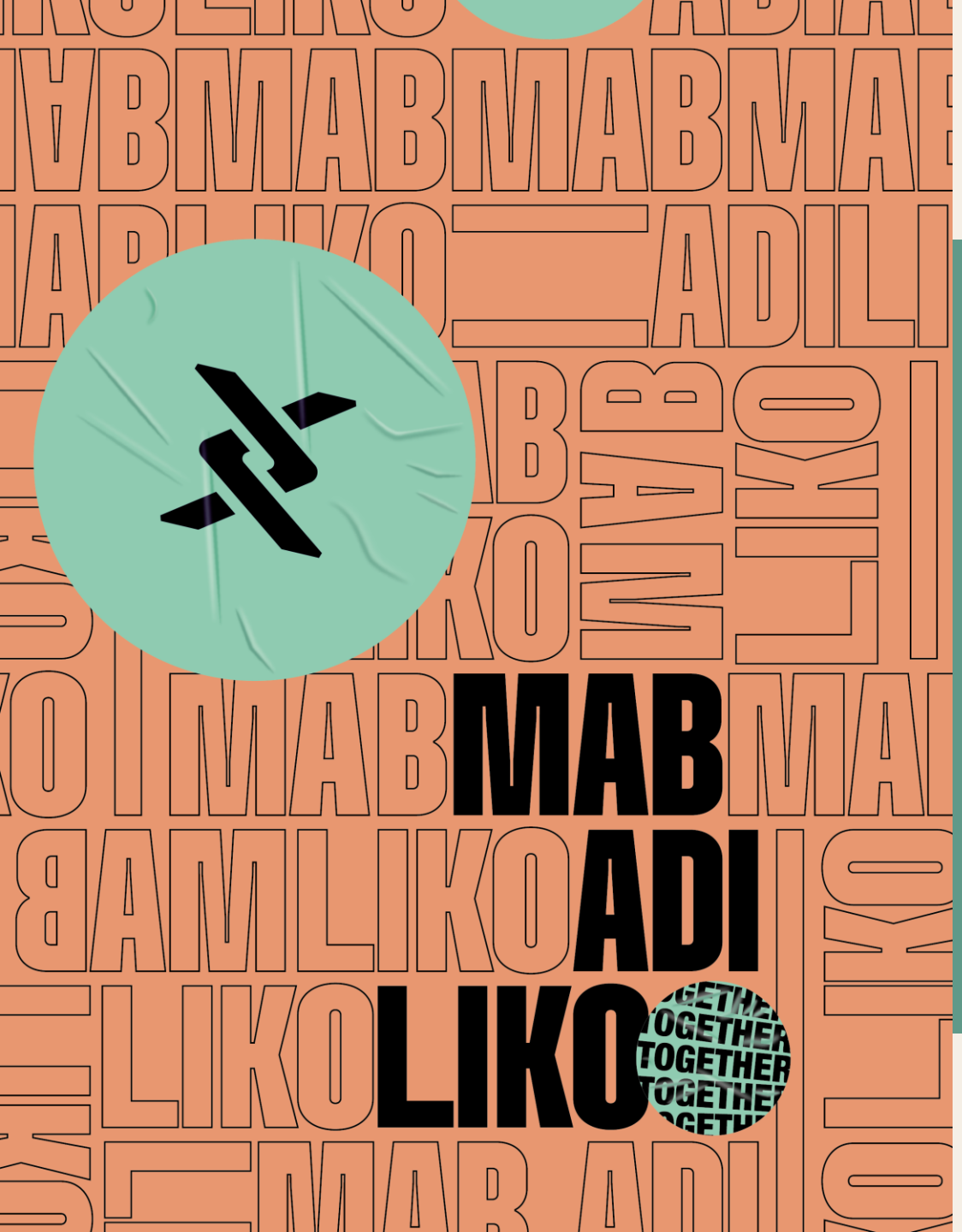

Pathfinder PPIE Final Report

www.Mabadiliko.org

2022

Contents

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Background and Methodology

Objectives and Approach

- **Culturally sensitive study and targeted** at high risk groups: Black African and Caribbean communities across London, 18+ years older
- **Listening** to what they need from the key **project deliverables** and developing **independent recommendations.**
- Building **trust through transparency, reward** and demonstrating that their input will be **reflected in project** deliverables in a **meaningful way.**

Broad Research Questions:

1. How can we encourage patients to better engage with hypertension care (including sharing data to enable individual and population-level care)?
2. How can we improve the clinical effectiveness tools to better support patients and reduce health inequalities?

Model of Behaviour Change

This study used the combined approaches of COM-B and the Behaviour Change Wheel to understand behaviour and design behaviour change interventions/ recommendations.

COM-B

Helps understand the barriers and enablers of an individual acting out a desired behaviour

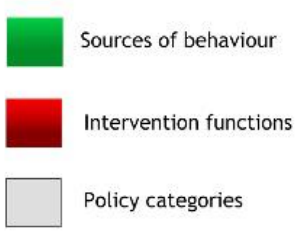
Do I have the ability (knowledge and skills) to do the behaviour?
Do I have confidence in my ability to do the behaviour?
Do I have the stamina to continue this behaviour over time?

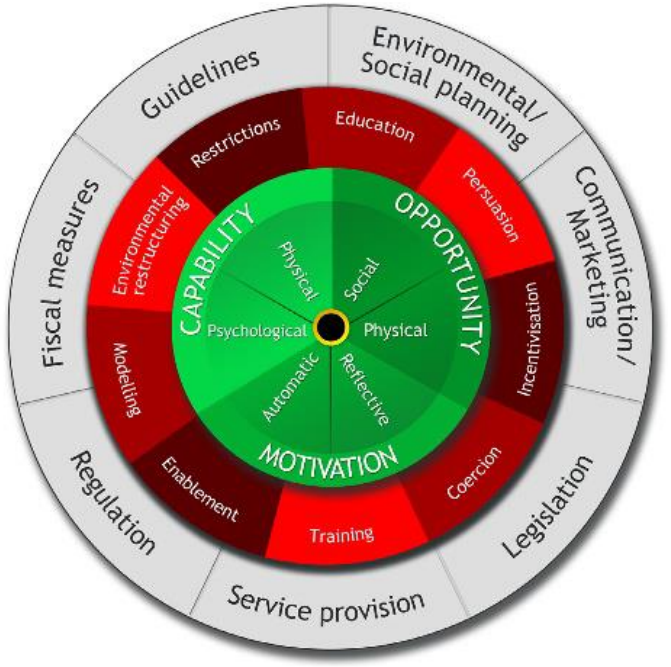
Do I believe this is important to me and others?
Do I have a desire to do this behaviour?
Am I prepared to plan and make decisions to enable this behaviour?

Does the physical environment (e.g. time, location and resource) and social environment (e.g. cultural norms and social cues) enable me to do this behaviour?

Behaviour Change Wheel

Helps translate the understanding of a behaviour into tangible behaviour change interventions/ recommendations which include tactical interventions (intervention functions) and broader system changes (policy categories)





Using the models to design recommendations

Together, COM-B and the Behaviour Change Wheel enables the design of behaviour change interventions/ recommendations.

Designing Interventions (recommendations)

Define the target behaviour

⬇

Analyse using COM-B behavioural model

⬇

Map onto Behaviour Change Wheel

⬇

Choose appropriate intervention function e.g. education/persuasion/modelling

⬇

Choose appropriate policy category to support eg comms/fiscal measures/guidelines

⬇

Use evaluative criteria throughout eg APEASE (affordability, practability, effectiveness, acceptability, side-effects/safety, equity)

Behavioural Target Development

- A generic hypertension pathway was developed based on existing pathways documented in Clinical Effectiveness guides. The benefit of a pathway approach is that it helps to identify **clinician and patient behaviours** through hypertension.
- The pathway was simplified for the purposes of ease of use during workshops with project team members, clinicians and PPIE stakeholders and to help generate discussion.
- Ultimately three key overall phases were identified in the pathway.

Hypertension Pathway Phase 1	***Hypertensin Pathway Phase 2***	***Hypertension Pathway phase 3***
Confirm Hypertension diagnosis	*Assess risk, lifestyle advice and treatment plans*	*Annual Review – for patients already engaged in hypertension pathway*

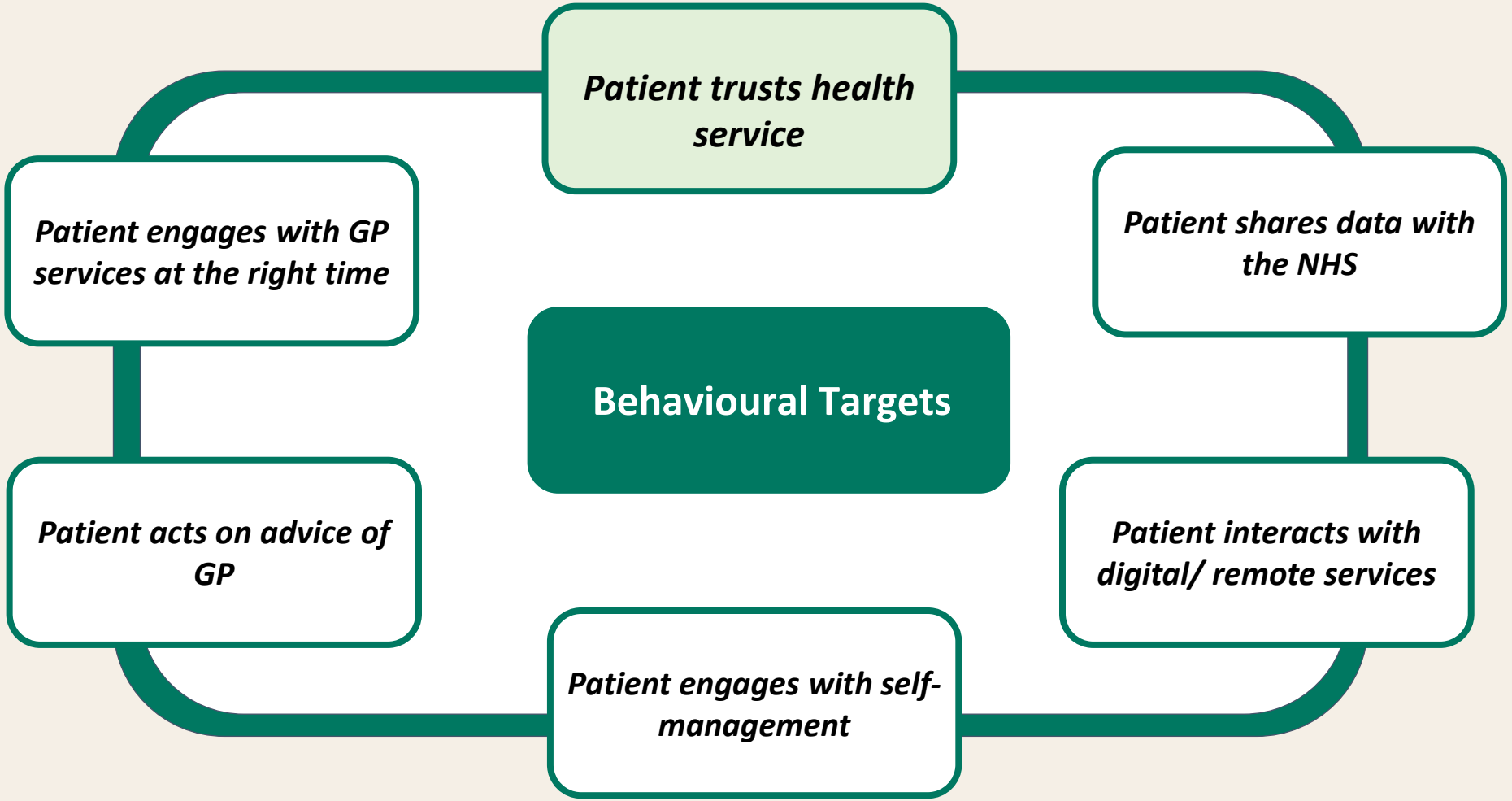
- During development, it was noted that the existing pathways within Clinical Effectiveness guides were focused on clinical activity (behaviours), with limited reference to the patient journey or behaviours. With project team members, clinicians and PPPIE stakeholders, we workshopped key patient steps (behaviours) through the pathway and mapped these within the document, identifying 'pain points' which might become behavioural targets.

Patient Journey	**Patient behavioural journey (interaction points) within Hypertension Pathway**	*Initial patient journey drafted by project team. Further developed during the PPIE stakeholder Hypertension Pathway Workshop.*
Practice Clinician Journey	**Practice Clinician behavioural journey within Hypertension Pathway**	*Clinician journey primarily based on existing documented hypertension pathways. Further developed during the Clinician Hypertension Pathway workshop.*
Data	**Data inputs and outputs**	*Drafted by project team and refined during the Clinician Hypertension Pathway workshop.*

Please see Appendix B for detailed pathway including patient journey, practice clinician journey and data inputs/ outputs.

Behavioural Target Development

As a result of the workshops with project team members, clinicians and PPIE stakeholders, 5 behavioural targets were selected for the study.



Data collection

Data was collected through surveys and focus groups.

Survey

Low effort – quantitative only, broad scanning questions, primarily Likert Scale questions

- Approx. 8-9 Demographic questions
- Approx. 20 COM-B based questions

58 total contributors

Focus Groups

High effort – qualitative only, deep dive focussed on service improvements.

- Approx. 4-5 questions with minimal structure.

50 total contributors

Triangulated analysis

Final Themes (based on COM-B)

Recommendations (based on BCW)

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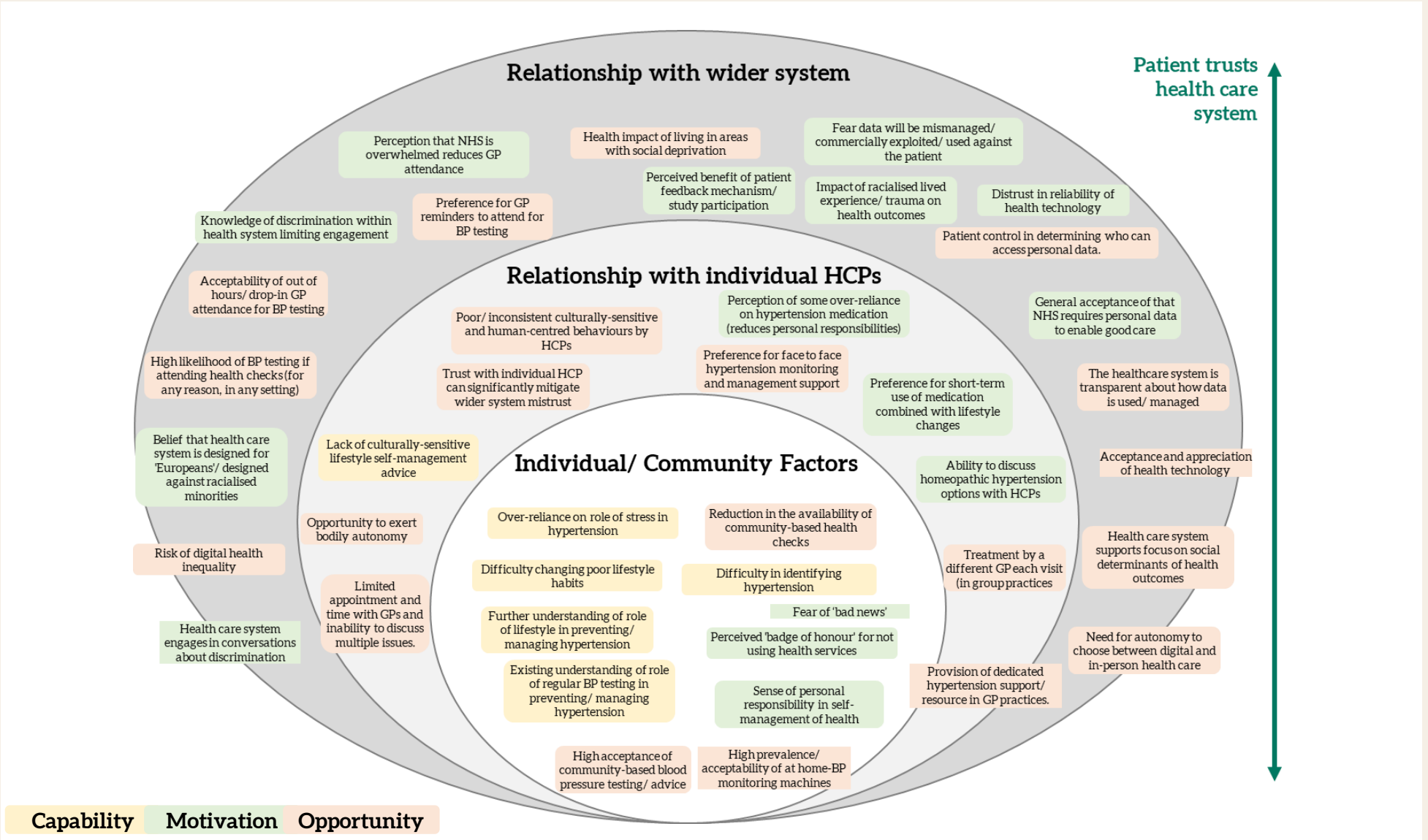
Summary of results

Summary of results

Approximately 40 themes across 5 behavioural targets

- Individual Community Factors: predominantly *Capability*
- Relationship with individual HCPS: predominantly *Motivation*
- Relationship with wider system: - predominantly Motivation and Opportunity



Detailed themes - Patient engages with GP services at the right time

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Capability

Barriers – *none identified*

Enablers

+ **Further understanding of role of lifestyle in preventing/ managing hypertension (Psyc. Cap).** *Participants broadly understood the impact of lifestyle on the risk and impact of hypertension and the need to manage lifestyle factors. However, lower levels of understanding in younger people and low perceived relevance of BMI in measuring healthy weight. Participants striving to change their lifestyles motivated by the understanding between health/ hypertension and lifestyle.*

+ **Existing understanding of role of regular BP testing in preventing/ managing hypertension (Psyc. Cap).** *Participants had high levels of understanding of the need to monitor BP to manage/ prevent hypertension and understood the consequences of not doing so. However many did not know what to do if they obtained a high BP reading, particularly when measured at home and desire more information on follow-ups and the types of tests that can be performed.*

Motivation

Barriers

× **Perception that NHS is overwhelmed reduces GP attendance (Ref. Mot*).*** *Patients recognise that the NHS is overwhelmed (resulting in difficulties in getting appointments). Decreases likelihood of engagement with HCPs/ avoiding check ups so as "not to be a burden". General appreciation of NHS and UK health care system (particularly compared to other countries). Enables (some) greater tolerance of systems issues and impact on individual HCPs.*

Enablers

+ **Patient trusts health care system (Ref. and Aut. Mot).** *See later*

Opportunity

Barriers

× **Limited appointment slots, time with GPs and inability to discuss multiple issues. (Phys. Opp).** *Need for more time with GP at each appointment and the possibility to discuss multiple issues (including social challenges). Supported by greater options to secure appointments. Whilst the majority (65%) of participants report visiting the GP in the last 6 months this was largely unrelated to hypertension (despite a significant number reporting relevant comorbidities. 30% of participants reported testing their blood pressure more than annually/ never.*

Enablers

+ **Provision of dedicated hypertension support/ resource in GP practices. (Phys. Opp).** *GP practices have accessible HT services including having a BP reading machine in reception area, HCPS supporting BP monitoring and providing lifestyle changes and support, the opportunity for a BP reading at every visit. Associated with overall preferences for holistic support incl. easy access to practice-based culturally-sensitive nutritionists and dieticians.*

+ **Acceptability of out of hours/ drop-in GP attendance for BP testing (specifically). (Phys. Opp).** *Opportunity to access late night appointments, including late night drop-in clinics (without appointment) for BP testing and simple HT advice. Note preference for face to face appointments for wider/ complex needs.*

+ **Preference for GP reminders to attend for BP testing(Phys. Opp).** *Acceptability and desire for more frequent reminders for hypertension check-ups/ BP testing from GP practices.*

Detailed themes - Patient acts on advice of GP

MAB ADI LIKO

Capability

Barriers – *none identified*

Enablers – none identified

Motivation

Barriers

× **Perception of some over-reliance on hypertension medication (reduces personal responsibilities) (Ref. Mot).** *Belief (by some) that HT should can be managed by medication alone rather than lifestyle change leading to over reliance medication and lack of focus on lifestyle changes..*

Enablers

+ **Patient trusts health care system (Ref. and Aut. Mot).** *See later.*

+ **Preference for short-term use of medication when combined with lifestyle changes (Ref. Mot).** *General acceptance of the role of medication in hypertension treatment however based on temporary use only, with preference for management through lifestyle changes (with appropriate support). 68% of participants reported taking (general) medication as prescribed by GP but the large majority reported requiring more information about hypertension medication.*

Opportunity

Barriers

× **Poor/ inconsistent culturally-sensitive and human-centred behaviours by HCPs (Phys. Opp).** *50% of participants agreed that they trust advice from HCPs. Need for culturally-sensitive and human centred behaviours in HCPs e.g. Ethnicity-conscious, empathic communication, emphasis of individual care and patient benefits/ needs to increase engagement/ encourage behaviour change. HCPs with similar ethnicity can (for some) increase trust and engagement due to assumption of understanding of lived experiences and more culturally-sensitive communication styles/ Note that this is relevant for some participants only, with higher focus on human-centred behaviours in HCPs.*

Enablers

+ **Opportunity to exert bodily autonomy (Phys. Opp).** *Significant need for opportunity discuss/ incorporate alternative solutions into treatment discuss and personal autonomy to decide/ influence treatment plans.*

Detailed themes - Patient engages with self-management

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Capability

Barriers

× **Difficulty in identifying hypertension. (Psyc. Cap).** *Difficulty in spotting/ caring for/ talking about hypertension and its consequences due to its hidden nature - for patients and the community*

× **Over-reliance on role of stress in hypertension. (Psyc. Cap).** *HT largely associated with stress, with lifestyle factors also discussed but to a less extent. Language may negatively impact perception of HBP/ hypertension and engagement with care - e.g. in Yoruba hypertension = boiling blood*

× **Difficulty changing poor lifestyle habits (Phys. Cap).** *Difficulty changing lifestyle due to ingrained cultural and personal habits despite general awareness of actions required. On 48% reported being able to cook dishes to support hypertension management, and only 38% reported being able to buy foods (impacted by cost of living). Participants largely felt able to do physical activity (with a high preference for walking) however only 49% reported knowing how much exercise to do.*

× **Lack of culturally-sensitive lifestyle self-management advice. (Pysc. Cap).** *Perception that lifestyle change suggestions are not culturally adapted/ appropriate, nor adapted to the needs and capabilities of the individual. Includes belief that traditional/ homeopathic solutions are of equal/ higher efficacy than "western" medicines.*

Motivation

Barriers

× **Fear of 'bad news' (Aut. Mot).** *Fear of diagnosis following health check, particularly with men.*

× **Perceived 'badge of honour' for not using health services. (Ref. Mot).** *Pride in not visiting GP, particularly in men. Associated with concept that illness is 'weakness'.*

Enablers

+ **Sense of personal responsibility in self-management of health (Ref. Mot).** *Recognition of the need for being an active agent of one's health. Having other health conditions/ self-observing changes in one's health increases engagement with BP monitoring*

+ **Ability to discuss homeopathic hypertension options with HCPs (Ref. Mot).** *Desire for opportunity to discuss alternative treatments safely and respectfully with HCPs.*

Opportunity

Barriers

× **Reduction in the availability of community-based health checks (Phys. Opp).** *Adverse impact of decrease in community outreach to help people understand and manage.*

× **Health impact of living in areas with social deprivation. (Phys. Opp).** *Belief that living in "unhealthy" environment (e.g. high prevalence of fast food restaurants impacts health outcomes).*

Enablers

+ **High likelihood of BP testing if attending health checks (for any reason, in any setting) (Phys. Opp).** *More likely to have BP tested when engaging in regular health checks for any reason and in any setting (opportunistic BP testing.*

+ **High prevalence/ acceptability of at home-BP monitoring machines (Soc. Opp).** *Increased likelihood of buying home BP monitor when already used/ recommended by friends and family.*

+ **High acceptance of community-based blood pressure testing/ advice. (Soc. Opp).** *Acceptance of community outreach health checks (in barbers, pharmacies, churches) for BP monitoring. Need for community-based HT education for increased self- engagement in BP testing. Friends/ family suffering from hypertension health consequences may encourage engagement with hypertension care with only 33% reporting that they trust HCPs more than others (e.g. friends, family or community leaders) for health advice.*

Detailed themes - Patient interacts with digital/ remote services

Capability

Barriers – *none identified*

Enablers – *none identified*

Motivation

Barriers

× **Distrust in reliability of health technology (Aut. Mot).** *Distrust of the reliability of apps / home BP monitoring solutions / other technical solutions for BP monitoring. Patients are less likely to answer GP calls from a private number.*

Enablers

\+ **Patient trusts health care system (Ref. and Aut. Mot).** *See later*

\+ **Preference for face to face hypertension monitoring and management support (Ref. Mot).** *Preference for face to face BP monitoring and HT, particularly for informal/ pastoral support, increased accuracy of BP readings.*

\+ **Need for autonomy to choose between digital and in-person health care (Ref. Mot).** *Need for autonomy to choose between digital and in-person health care options.*

\+ **Acceptance and appreciation of health technology (Ref. Mot).** *Acceptance and appreciation of technological solutions (e.g. phone/ chat/ online form/ apps) to help with BP monitoring with clearly described benefits e.g. flexibility, autonomy, time-saving. Belief that a habit of using health apps for other conditions increasing acceptability for HT. Belief that the digitalisation of health services is inevitable and aligned with broader societal progress.*

Opportunity

Barriers

× **Risk of digital health inequality. (Phys. Opp).** *Need for digital health care solutions to be adapted to the needs of the elderly and other disadvantaged groups (difficulties to use new tech, to see/ write on small screens) to help them engage and avoid exacerbation of the existing health inequalities. Community-based support to build digital skills needed, including utilising young people (with higher technology adoption) to support wider community accept and use digital solutions.*

Detailed themes - Patient shares data with the NHS

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Capability

Barriers – *none identified*

Enablers – *none identified*

Motivation

Barriers

× **Fear health data will be mismanaged/ leaked/ mixed up/ commercially exploited/ used against the patient (Aut. Mot).** *Low levels of trust in the NHS storing and managing health data, with fear health data will be mismanaged/ leaked/ mixed up/ used against the patient. Relatively low awareness about who to contact regarding concerns about NHS data.*

Enablers

+ **Patient trusts health care system (Ref. and Aut. Mot).** *See later*

+ **General acceptance of that NHS requires personal data to enable good care (Ref. Mot).** *Acceptance of NHS/ GP holding and managing one's health data. Recognition of the need to share one's health data to benefit community - and improve health care for oneself and others.*

Opportunity

Barriers – *none identified*

Enablers

+ **The healthcare system is transparent about how data sharing benefits patients, how it is managed and who manages it. (Phys. Opp).** *Need for clear information on what is collected, why, who manages data and the benefits for the patient of health data storage and flows*

+ **Patient control in determining who can access their personal data. (Phys. Opp).** *Patients need to give explicit permission for health staff to use/ access health data and to be able to withdraw it - to feel in control*

Detailed themes - Patient trusts health care system

MAB ADI LIKO

Capability

Barriers – *none identified*

Enablers – *none identified*

Motivation

Barriers

× **Impact of racialised lived experience/ trauma on health outcomes (Aut. Mot).** *Historical impact of racial oppression negatively impacting health outcomes e.g. stress arising from racial oppression or socioeconomic impacts on food choices.*

× **Knowledge of discrimination within health system limiting engagement (Aut. Mot).** *History of racial discrimination within health care system (e.g. inequitable/ dangerous health research in minoritised communities) negatively impacting engagement.*

× **Belief that health care system is designed for 'Europeans'/ designed against racialised minorities (Aut. Mot).** *Distrust of health care system (and therefore HCPs) with respect to health discrimination. Includes perceptions of differential levels of quality of care and impact on treatment options recommended. Majority of participants report not feeling that HCPs respect their values, culture and traditions.*

Enablers

\+ **Health care system engages in conversations about discrimination (Aut. Mot).** Health system *has open and honest conversations about the impact of racial trauma on health outcomes.*

\+ **Perceived benefit of patient feedback mechanism/ study participation (Ref. Mot).** *Perception that the health care system does not care about/ prioritise/ act upon patient feedback and needs of the community. However limited awareness of what care should be expected for hypertension. Younger/ less confident participants do not feel they have the resources to raise concerns.*

Opportunity

Barriers

× **Treatment by a different GP each visit (in group practices) (Phys. Opp).** *Limited ability to build relationships (and therefore trust) with individual HCPs due to rotational nature of group practices.*

Enablers

\+ **Health care system supports focus on social determinants of health outcomes (Phys. Opp).** *Need for health system to collaborate with communities in the developing solutions to address root causes of health inequality*

\+ **Trust with individual HCP can significantly mitigate wider system mistrust (Phys. Opp).** *Overwhelming participants report the need to trust HCPs to follow their advice, including appreciation when HCPs are sensitive to ethnic background. Where there are high levels of trust with an individual HCP, this can help mitigate wider mistrust in the health care system.*

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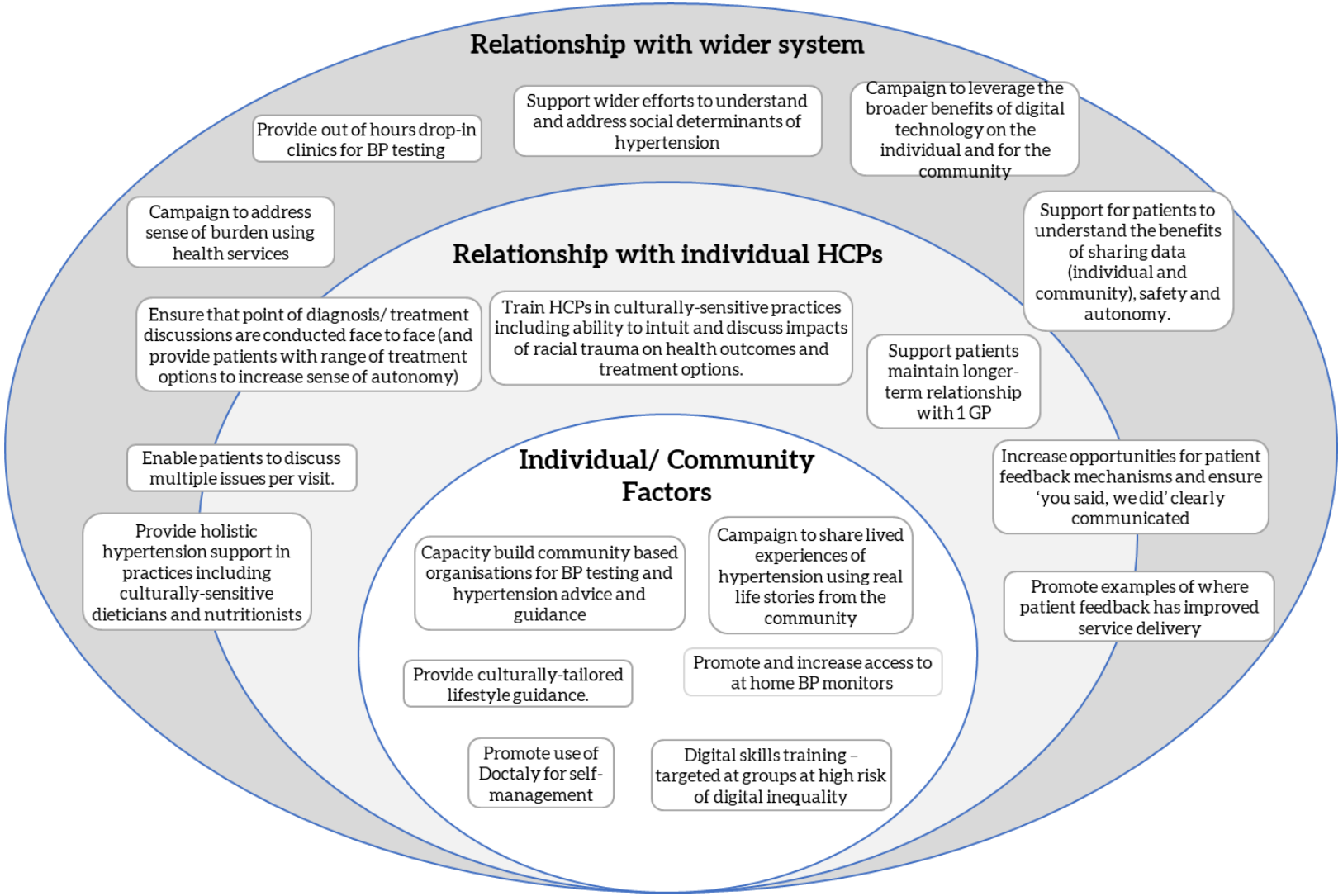
Recommendations

Summary of results

Approximately 18 recommendations:

Mapped to BCW recommendation types:

Communication/ Marketing
Service Provision
Training
Education
Environmental Restructuring
Enablement
Environmental/ Social Planning



Recommendations – Further detail

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Communication/Marketing

- Campaign to address sense of burden using health services
- Campaign to share lived experiences of hypertension using real life stories from the community
- Promote examples of where patient feedback has improved service delivery
- Promote within-community social norms regarding effective self-management
- Campaign to leverage the broader benefits of digital technology on the individual and for the community
- Support for patients to understand the benefits of sharing data (individual and community), safety and autonomy.

Education

- Increase community-based education about hypertension prevalence, risk and equitable care services
- Provide culturally-tailored lifestyle guidance.

Training

- Train HCPs in culturally-sensitive practices including ability to intuit and discuss impacts of racial trauma on health outcomes and treatment options.
- Digital skills training – targeted at groups at high risk of digital inequality
- Provide training for use of at home BP monitors.

Service Provision

- Ensure that point of diagnosis/ treatment discussions are conducted face to face (and provide patients with range of treatment options to increase sense of autonomy)
- Enable patients to discuss multiple issues per visit.
- Support patients maintain longer-term relationship with 1 GP
- Provide holistic hypertension support in practices including culturally-sensitive dieticians and nutritionists
- Ensure BP testing completed by default for every practice visit for at-risk patients.
- Promote use of Doctaly for self-management

Environmental Restructuring

- Increase prevalence and prominence of practice BP monitors.
- Provide out of hours drop-in clinics for BP testing
- Increase opportunities for patient feedback mechanisms and ensure ‘you said, we did’ clearly communicated

Enablement

- Capacity build community based organisations for BP testing and hypertension advice and guidance
- Promote and increase access to at home BP monitors

Environmental/ Social Planning

- Support wider efforts to understand and address social determinants of hypertension

Recommendations and selected themes – *Individual Community Factors*

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- **Provide culturally-tailored lifestyle guidance**
- **Promote use of Doctaly for self-management**
- **Promote and increase access to at home BP monitors**
- **Capacity build community based organisations for BP testing and hypertension advice and guidance**
- **Digital skills training – targeted at groups at high risk of digital inequality**

Difficulty in identifying hypertension

*I **haven't got a clue what the symptoms are**. So I'm gonna sit here. Not until something is wrong, then I go to the doctors, then that might come up. Or someone might say to me, when last have you had your blood pressure checked? And I'll be like, Oh, I didn't even think of that.*

Lack of culturally-sensitive lifestyle self-management advice

*They can either **get research done into our foods,** which they'll probably be reluctant to do, or they can **hand it over to a black dietician who has studied our foods.***

Reduction in the availability of community-based health checks

*You could get in touch with some number from the NHS, the local doctors, nurses, and they would come, you could **invite them along to your church, or, you know, your breakfast club**…*

Over-reliance on role of stress in hypertension

***That's actually the English translation. 'Don't make me stressed**'.*

High prevalence/ acceptability of at home-BP monitoring machines

*I've not personally used a home machine, but my parents have one. And they've always nagging me for the longest to have one at home. **My sisters had one as well. And I've never heard them complain about it.***

Reduction in the availability of community-based health checks

*"Okay. What they can do is **collaborate with us** on projects**.** Yeah. Because **there are things that they clearly can do. And there are things that are difficult for us to do**… So we need help to promote our services. **But we can reach people that the NHS struggle to reach**. They call black people hard to reach people, we reach them all the time. **We can't not reach them, they're all around us.***

Sense of personal responsibility in self-management of health

*But **there's a degree of complacency**. Because a lot of people go, Oh, my aunt suffers with hypertension, diabetes, it's like, well, **it's one of those things you could get**, you know, you could have it, **it's not the end of the world.***

Recommendations and selected themes – *Relationship with individual Healthcare Professionals*

- **Ensure that point of diagnosis/ treatment discussions are conducted face to face**
- **Provide patients with range of treatment options to increase sense of autonomy.**
- **Support patients maintain longer-term relationship with 1 GP**
- **Enable patients to discuss multiple issues per visit.**
- **Provide holistic hypertension support in practices incl. culturally-sensitive dieticians and nutritionists.**

Preference for face to face hypertension monitoring and management support

*Some people will insist on seeing a GP, just because it gives them **comfort to** talk to a real human being in person, rather than on the phone.*

Treatment by a different GP each visit

*If you had the same continuous person**, you're not frightened**. I think that fear also goes away.*

Opportunity to exert bodily autonomy

*That's one thing that's always missing out of the **research is how people traditionally want to take their medicine in whatever form that might be.***

Limited appointment and time with GPs and inability to discuss multiple issues.

*Please, **can I bring more than one issue**? Or limit it to two or three, but one is just not enough. And **as we're getting older, we have multiple things.** So please don't ask me to come back.*

Ability to discuss homeopathic hypertension options with HCPs

*I'm **not a big fan of medication**. **So it is natural other methods**… that would be my first preference.*

Preference for short-term use of medication combined with lifestyle changes

*It depends on what stage it is. If you feel **it is not out of control it can help guide you on the food to eat, the exercises to do**… when it's out of control or very high, **then you will need medication or another manner.***

Recommendations and selected themes – *Relationship with individual Healthcare Professionals (contd)*

- **Train HCPs in culturally-sensitive practices including ability to intuit and discuss impacts of racial trauma on health outcomes and treatment options.**

Poor/ inconsistent culturally-sensitive and human-centred behaviours by HCPs

*It's **a stranger, and you sit down. And yeah, you don't know what that personality is.** Whether it's a smiley personality, or it's not a smiley personality, then I'm going to become uncomfortable. **I won't share as much. So I need to feel warmth from you.***

*I think it's important that we do **have more black people in the field that we can relate to**.*

*When communicating with black people**… we use different language 'you will die, you will not see your grandchildren' and use real life case studies**. Stroke means that you can't do XYZ, there's all these real knock-on effects.*

Trust with individual HCP can significantly mitigate wider system mistrust

*"What I will say, I kind of feel like sometimes **we can be very heavy handed with the NHS**. And I know for the main, and I think that's coming from somebody that's **had to rely on them so, so much**, through all of our experiences, there was always going to be those that are coming from a very different mindset, and **they will fight for you**. **Sometimes it's like they're on their own doing that**, but they will fight for you for that particular thing for your health, you know, so I think sometimes we've got to remember that **they all come as individuals**, as well, and they come with **individual personalities**, some can be very arrogant, but some can really, **really fight to want to help you**. And I've experienced both sides."*

Recommendations and selected themes – *Relationship with wider health services*

- **Provide out of hours drop-in clinics for BP testing**
- **Ensure BP tested at each primary care interaction for at risk-patients**
- **Support for patients to understand the benefits of sharing data**
- **Increase safety and autonomy in information sharing.**
- **Support wider efforts to understand and address social determinants of hypertension**

Impact of racialised lived experience/ trauma on health outcomes

"It'd be interesting if they also recognised and understood ***that racialised trauma and racism has an impact on our health as well.*** *And that's probably one of the indicators, you know? And* ***what can we do to kind of like, combat that?"***

Knowledge of discrimination within health system limiting engagement

"They're ***trying to do what they've always done and expect a different result****. And COVID has shown them…this is a problem that existed before COVID. Now you're forced to deal with it. Particularly the black community, or minoritised communities,* ***they're not going to participate in no survey, they rather die with all of their illness because they don't trust you****. They don't want to change because you ain't changing. You can't expect the community to change, and you are not changing. That don't make sense.* ***You change. They change. Yeah?".***

Health impact of living in areas with social deprivation

In some of the communities where we live, you will find like somebody like Harrogate, ***the amount of takeaway shops with some of the unhealthy meals they're sort of selling****. There's no coincidence.*

Perception that NHS is overwhelmed reduces GP attendance

I also thought of the ***NHS pressure****, they don't need to see me* ***I don't need to waste their time,*** *because, you know, they've got other more important things to do.*

Acceptability of out of hours/ drop-in GP attendance for BP testing

So a ***drop-in would be amazing****. For that time limit you have, you can still speak about a diagnosis, and you can drop in for a random issue.*

Patient control in determining who can access personal data.

It's personal choice is I think, if someone says I don't want my GP to know they've got a particular issue I think ***they've got a right to withhold information if they see fit.***

Fear health data will be mismanaged/ leaked/ mixed up/ commercially exploited/ used against the patient

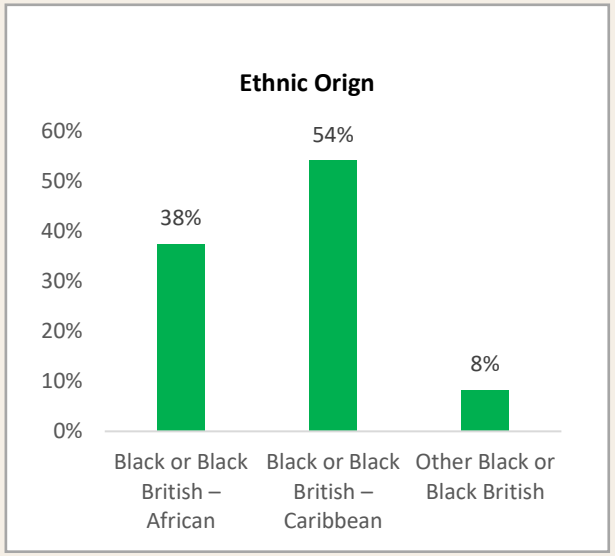
Other agencies will go to your GP, as part of any investigations, ***big brother is always watching you****.*

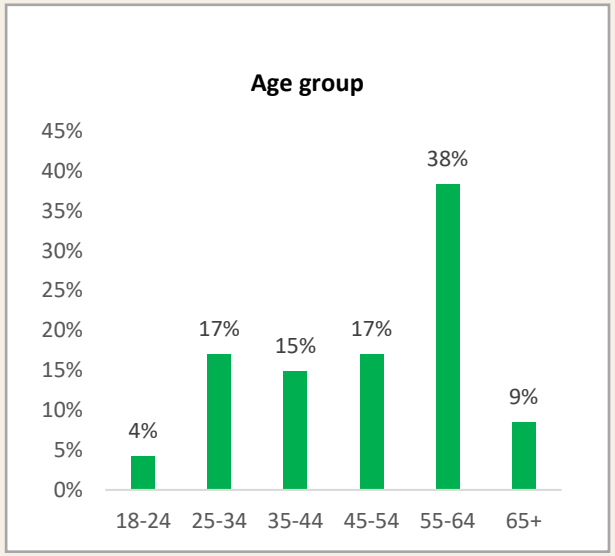
The healthcare system is transparent about how data is used/ managed

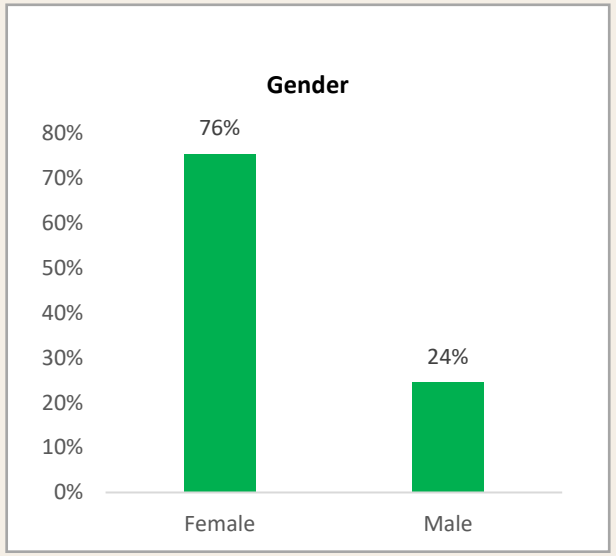
We want to make sure the ***information is used for the right reasons.***

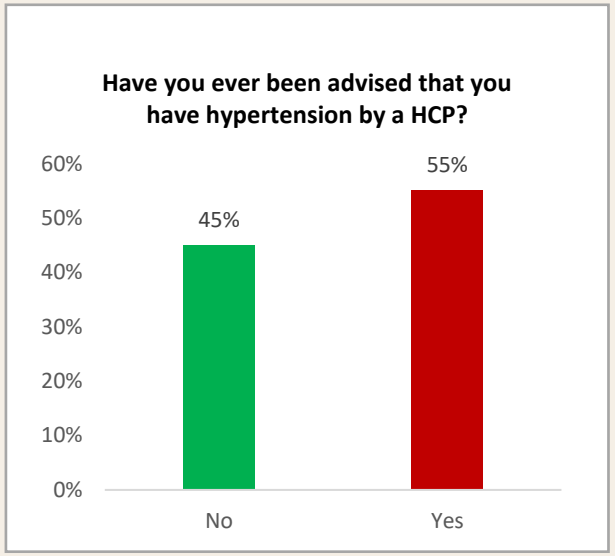
Appendix A: Detailed data

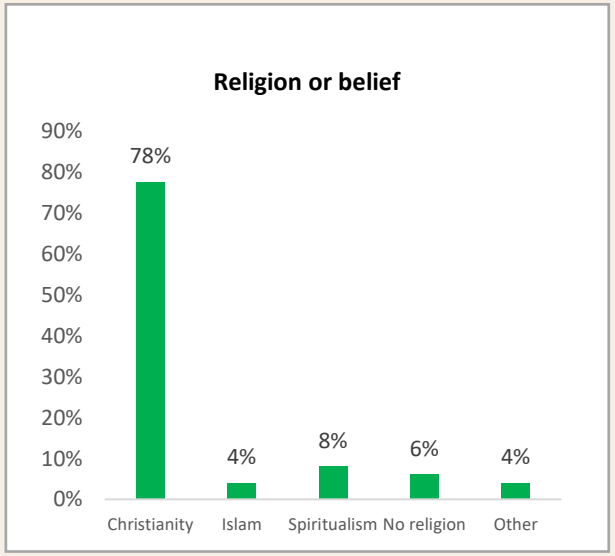
Survey Demographics

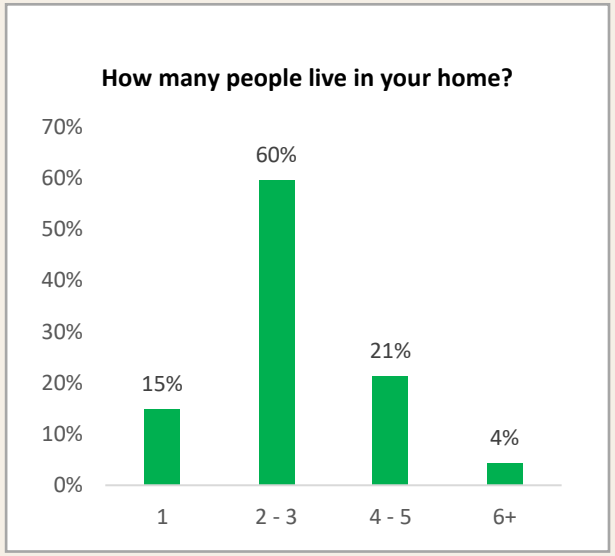


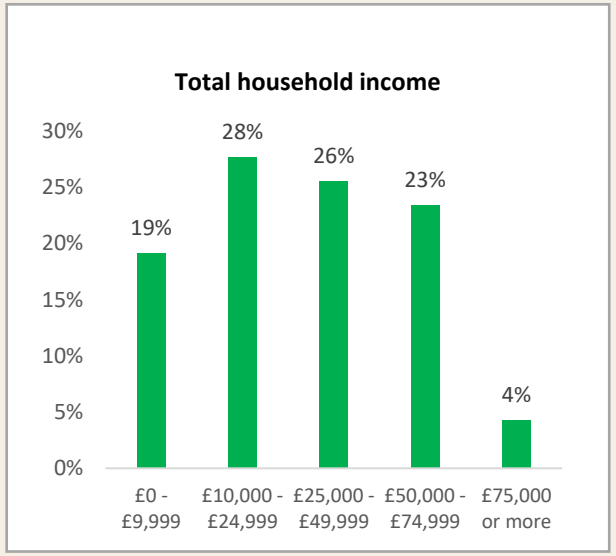


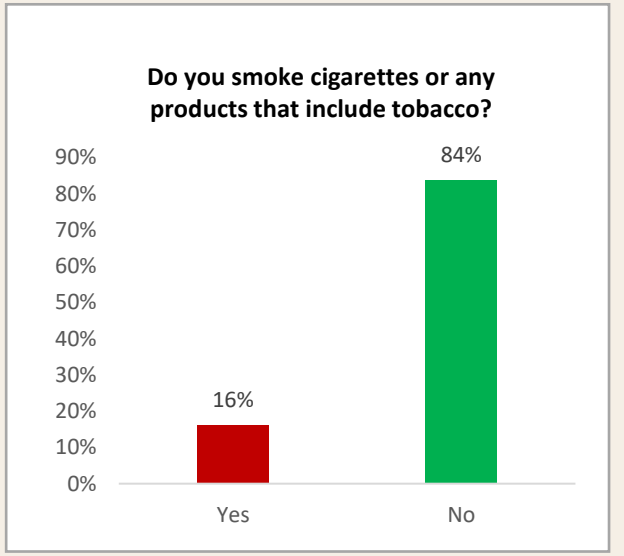






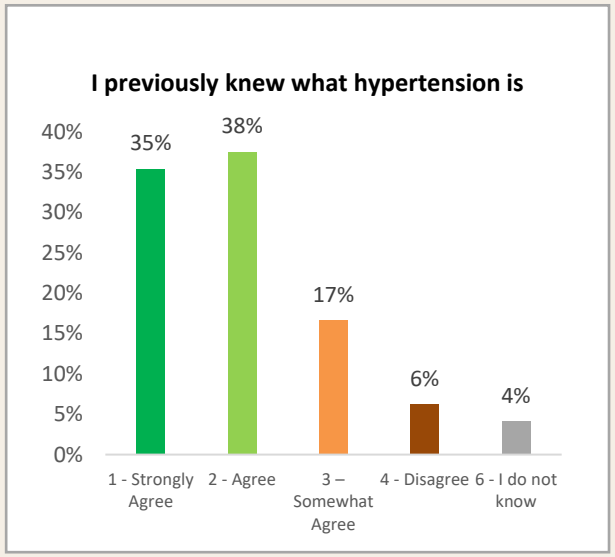


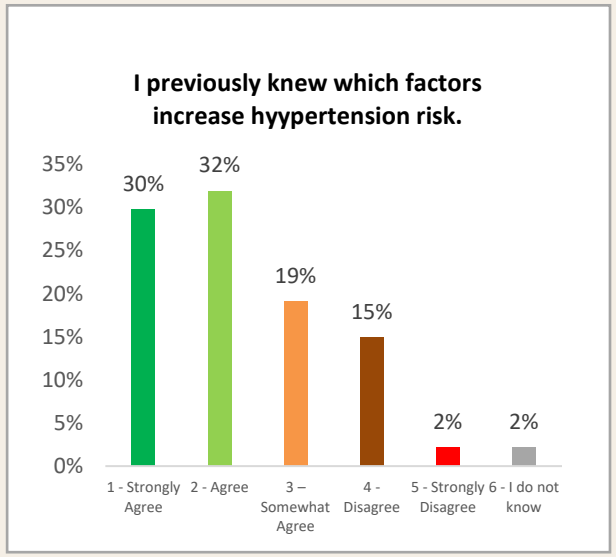


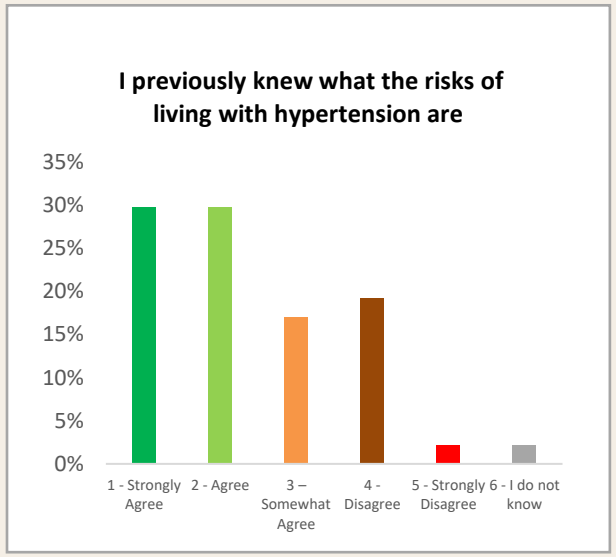


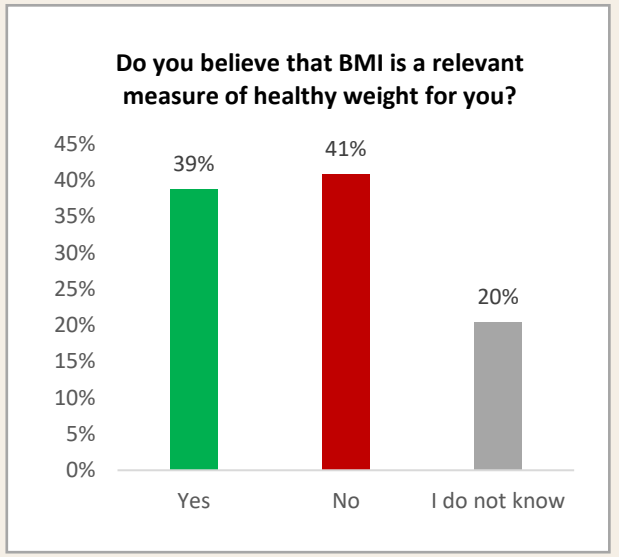
Patient engages with GP services at the right time – Capability

Enabler: Further understanding of role of lifestyle in preventing/ managing hypertension (Psyc. Cap). Participants broadly understood the impact of lifestyle on the risk and impact of hypertension and the need to manage lifestyle factors. However, lower levels of understanding in younger people and low perceived relevance of BMI in measuring healthy weight. Participants striving to change their lifestyles motivated by the understanding between health/ hypertension and lifestyle.









Patient engages with GP services at the right time – Capability

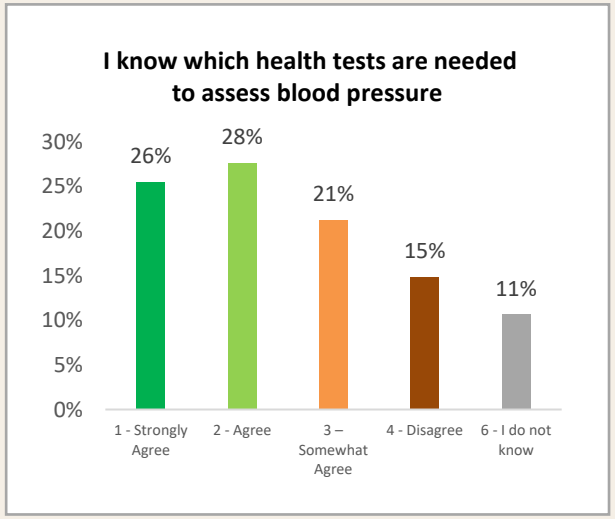
MAB ADI LIKO

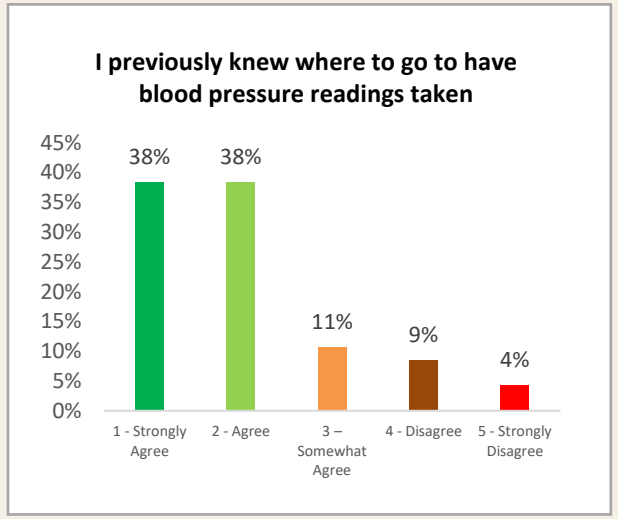
Enabler: Further understanding of role of lifestyle in preventing/ managing hypertension (Psyc. Cap). Continued.

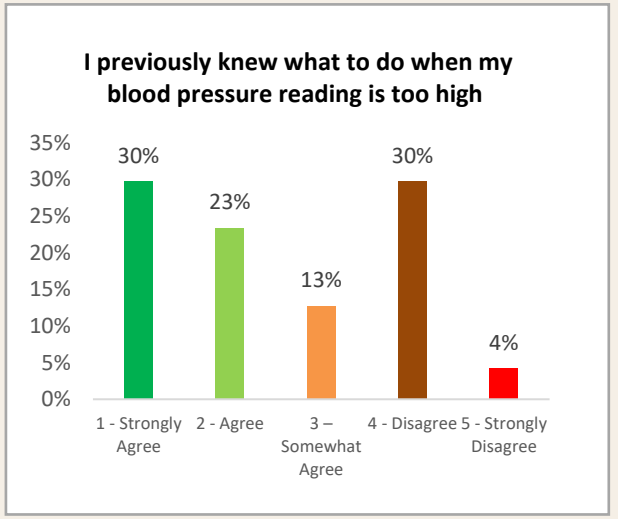
- *Well, I always assumed it was just basically, maybe bad diet.*
- *It's a bit more scientific than that. Your lifestyle, stress lifestyle, the amount of sugar… salt intake in particular.*
- *You could be it could be any weight size, it affects you.*
- *What we eat, basically what we're fed, it's not our natural diet.*
- *As for the food side in black communities today...it's far more richer.*
- *As well as all the natural resources that's in that food, we then add extra on top of that which creates the problem with diet and stress.*
- *Not drinking enough fluids.*
- *We cause the problems by eating the foods which have been laid before us.*
- *A lot of people do not do any exercise.*
- *I think some people do know, and some people don't know [the relationship between diet and food]. And some people don't, they don't really care.*
- *I think it should be managed through diet and exercise, so often methods only really results in medication if those other things are failing.*
- *Check your diets… if you can be disciplined with your diet, I don't think it will take you to the stage when you have to start medication.*
- *In my experience, there is a connection between weight and health problems.*
- *Losing weight and bettering your weight is a usually the first thing people think about when they look at hypertension.*
- *I understood it to be related to salt. Lots of black people have it.*
- *Living a healthier lifestyle really makes a big difference.*
- *The more your heart has to work, the more pressure there is. I believe, and yeah, it's kind of like a monitor of how much your heart is actually having to work.*
- *It can be exasperated by stress, or diet, lack of exercise.*
- *I'm a person, which I've noticed I do have a lot of sugar in my tea. That's probably one of my weakness, probably the only weakness, sugar. So that's probably one of the reasons why I have this yearly check up as well. It is something I am working on now having less sugar.*
- *I know a lot of my friends, we've changed our eating habits. We don't have the recipes every single weekend, all of that. And we're eating more healthy foods.*
- *I guess it's because of the way I eat and what I do. So I do feel that I'm quite healthy. I do get a lot of exercise. I do a lot of walking. And yeah, I do eat really well. And I know even when I sort of changed my diet if I'm having too many takeaways or food that I shouldn't really be eating. I feel it so I will change it, I guess I know my body according to what my body says to me.*
- *I didn't know much about hypertension. I didn't know much at all.*
- *On checking your blood pressure, I think for me, I don't know that high blood pressure can affect quote unquote, I want to say young people. I don't think young people check their blood pressure.*
- *I realise just how poorly educated I am on these things.*
- *Growing up we heard that we caused it from being naughty. But I didn't know what the consequence of that meant. It wasn't related to medication or strokes or anything else.*
- *I'm sitting here and I'm realising what are the symptoms? How do I know?*
- *Realised I actually don't know what the early start what the symptoms are. I wasn't aware of that to do with age…I'm realizing I don't know.*
- *I take tablets for it, and I'm reasonably well controlled with it, especially as I've been looking after myself more these days. I think weight loss is definitely helping through exercise.*

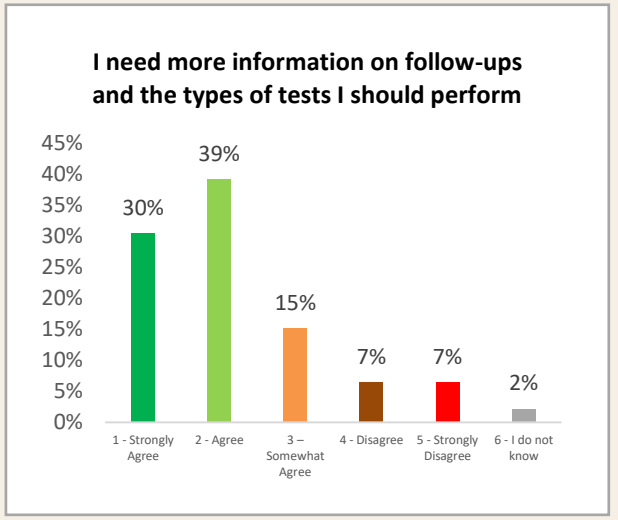
Patient engages with GP services at the right time – Capability

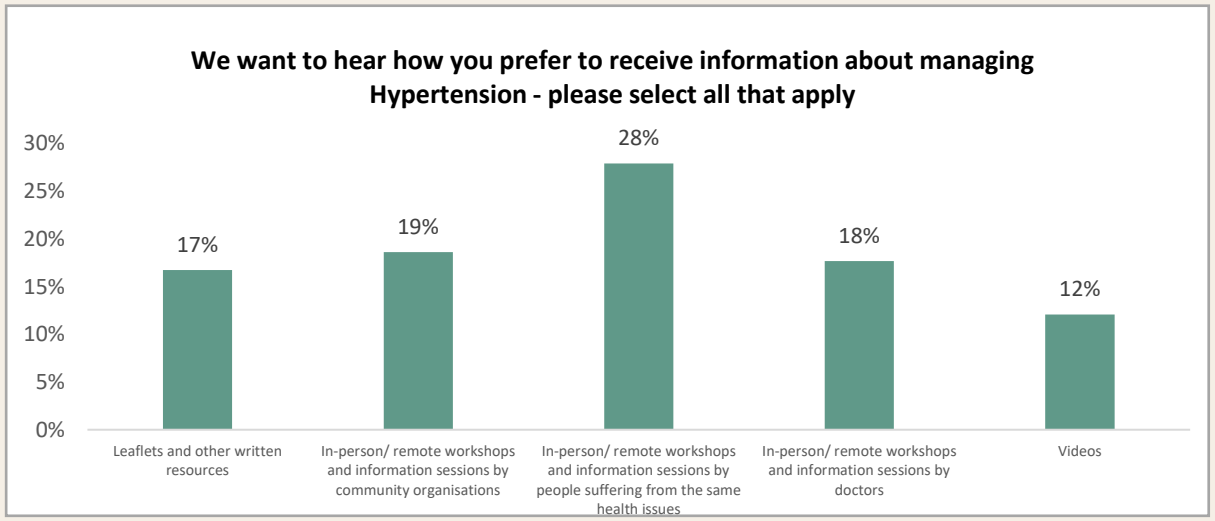
Enabler: Existing understanding of role of regular BP testing in preventing/ managing hypertension (Psyc. Cap). Participants had high levels of understanding of the need to monitor BP to manage/ prevent hypertension and understood the consequences of not doing so. However many did not know what to do if they obtained a high BP reading, particularly when measured at home and desire more information on follow-ups and the types of tests that can be performed.











- *It could happen to you, you've got to actually do checks.*
- *I think it's really important [to manage hypertension] because for this, I was having so much headache and I was confused about the headaches.*
- *I believe… you know… to manage your BP, because I know it can cause a stroke or some other health issues.*
- *I've learned high blood pressure is not good… and it can bring on all sorts of things, including strokes, etc. So managing it will be preventative, hopefully, to those things.*
- *I believe is very important. Because when you monitor blood pressure, it will save you the risk of having high blood pressure, which will also save you from having stroke.*
- *Yes, it's important. Obviously, if you're monitoring it, then you will know when is high or low. And that can help you.*
- *It is important to test your blood pressure because you have evidence of things that are going wrong. You don't want to wait until it's gone bad. So managing it is very important – you'll see the fluctuation building and problems coming.*
- *If you have got that illness, you need to know if it's high, if it's low, and what medication you might need to take.*
- *I realise now I don't know my blood pressure. I should probably be checking it. So that's definitely a good question!*

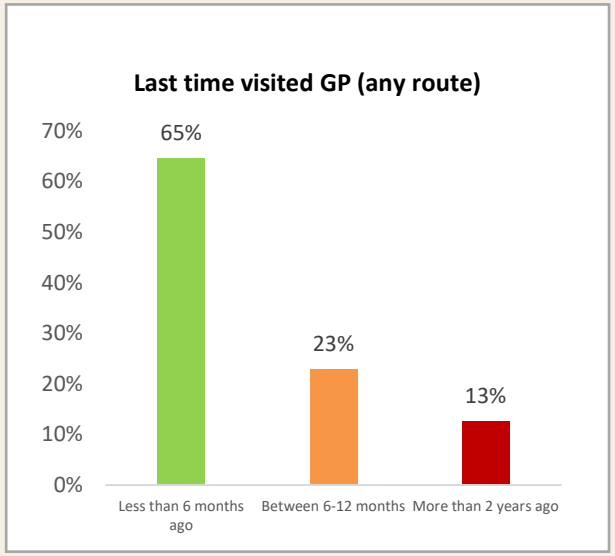
Patient engages with GP services at the right time - Motivation

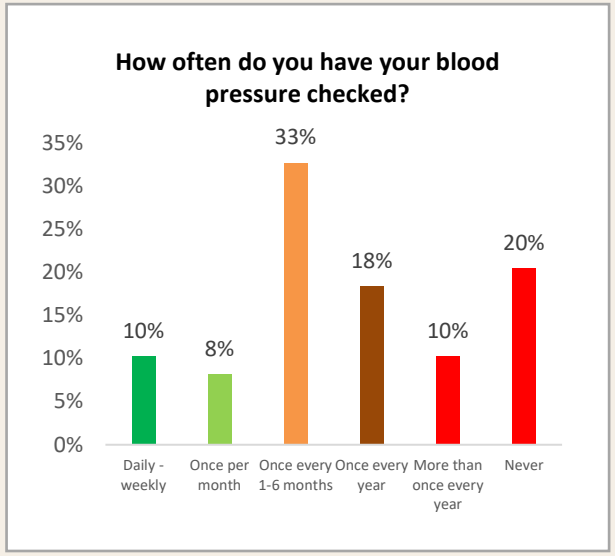
Barrier: Perception that NHS is overwhelmed reduces GP attendance (Ref. Mot*).* Patients recognise that the NHS is overwhelmed (resulting in difficulties in getting appointments). Decreases likelihood of engagement with HCPs/ avoiding check ups so as "not to be a burden“. General appreciation of NHS and UK health care system (particularly compared to other countries). Enables (some) greater tolerance of systems issues and impact on individual HCPs.

- *I imagine that most people will have to wait now weeks or a few weeks or whatever.*
- *I also thought of the NHS pressure, they don't need to see me I don't need to waste their time, because, you know, they've got other more important things to do.*
- *They're trying to find ways of cutting down the load. And they're under pressure. No doubt about it.*
- *Where I live, is that we've got a whole lot of flats that have been built, and because we haven't got any more doctor's surgeries, we have a lack of doctors. We've got they've got far too many people. People I know, cannot get appointments. That's why I've been reluctant to actually go to the doctors, because there are no appointments.*
- *They said okay, we'll see you in two weeks. So it's like, what is the point of even trying to check your health?*
- *I have been informed that GPs are stretched, services are stretched. I found that when I've been in pain, severe pain, I've been told to call for an appointment in a week's time. So there's almost as giving up of the GP actually right now.*
- *Things were getting hard even before COVID. I think sometimes we think it all started with COVID. But actually, there were challenges before for people accessing their GPS.*
- *I don't know if this happening with age, but I keep feeling that people need that appointment more. But there's something I'm deciding for myself, I don't want to burden them.*
- *The longer it takes to do something that you need to do and you fear doing is the harder it is. So the more you're having to wait for appointments and hang on the phone, it's easier to say, oh, no, I'll leave it to tomorrow, because it's too hard to get through.*

Patient engages with GP services at the right time - Opportunity

Barrier: Limited appointment slots, time with GPs and inability to discuss multiple issues. (Phys. Opp). Need for more time with GP at each appointment and the possibility to discuss multiple issues (including social challenges). Supported by greater options to secure appointments. Whilst the majority (65%) of participants report visiting the GP in the last 6 months this was largely unrelated to hypertension (despite a significant number reporting relevant comorbidities. 30% of participants reported testing their blood pressure more than annually/ never.





- *More time, please, with my GP.*
- *Please, can I bring more than one issue, or limited to two, not three, but one is just not enough. And as we're getting older, we have multiple things. So please don't ask me to come back.*
- *You go for your one appointment, you could maybe sneak into things. But if you've got more than that, then you need to make a double appointment if it's available, because they might say you have one at three o'clock then come back at five o'clock.*
- *I think doctors are so quick to get you in and out nowadays, I think because they have limited time*

Patient engages with GP services at the right time - Opportunity

MAB ADI LIKO

Enabler: Provision of dedicated hypertension support/ resource in GP practices. (Phys. Opp). GP practices have accessible HT services including having a BP reading machine in reception area, HCPS supporting BP monitoring and providing lifestyle changes and support, the opportunity for a BP reading at every visit. Associated with overall preferences for holistic support incl. easy access to practice-based culturally-sensitive nutritionists and dieticians.

- *Every time if I ever go to the doctors I take my blood pressure. They've got blood pressure machines.*
- *For a GP, it'd be nice to have the nurse there. So anyone could just pop in and have it done. Just like that. So it's straightaway putting everyone's mind at ease because it's there.*
- *At my GP you can just drop in and see the practice nurse, it's an overall assessment of your health, what's working with your blood pressure, like your heart, what you eat your diet and so forth, works with you. You know, and I found that really, really useful. That frees up some of the time of the Doctor to deal with other people, and other ailments. The practice nurse, that's her speciality.*
- *I find rather than just going for your blood pressure actually having a practice nurse where that's one of the specialisms. Yes, I found that found very, very helpful indeed, because you get an extra areas of help and support.*
- *There is a machine at the surgery, you put a coin in, It measures your height, your weight and your BMI and all the rest of it. You're going to get a print out bring that in when you're going in with them.*
- *The machine at the GP, It helps because you can go and take your pressure and your heart and everything else and hand it into reception so it's on your file and they can call you.*
- *From what I've been hearing that it's really hard to get an appointment? So it really deters me of going but they do have a machine there. So maybe I might just go and use it.*
- *Places like the Waldron are beginning to open up their space to community. So you can be going in there for other things. And hopefully, there will be educational information they can easily access because there's a GP up there, Hopefully, a nutritionist out there, you know, these people should be there when we come into those spaces, they should be letting us know, by the way, you know, these people upstairs.*
- *Most surgeries now, they've got a machine, somewhere positioned in the corridor. You can just go and do it yourself*

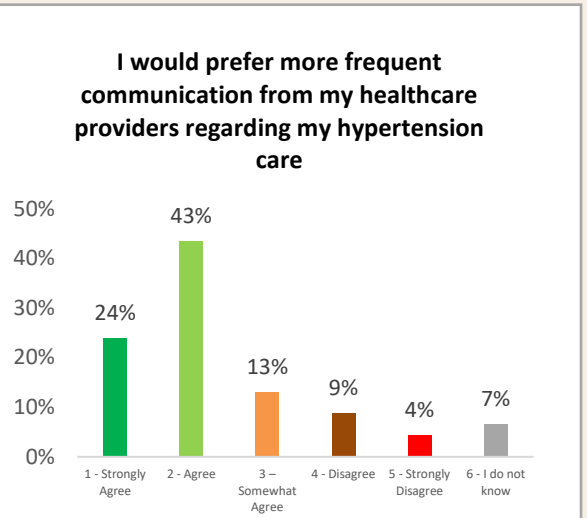
Patient engages with GP services at the right time - Opportunity

Enabler: Acceptability of out of hours/ drop-in GP attendance for BP testing (specifically). (Phys. Opp). Opportunity to access late night appointments, including late night drop-in clinics (without appointment) for BP testing and simple HT advice. Note preference for face to face appointments for wider/ complex needs.

- *Walk in clinics and things like that are good.*
- *Because I started to work recently. I didn't know like, you know, post offices and everything, they will close at five. So when am I supposed to do anything? So definitely, I think that's a great idea [late night drop-ins]*
- *maybe late evenings all day, It's a burden thing. I don't want to say be open all the time for me. But I do want to be able to drop in.*
- *If you have drop-ins, you're going to have less people on the phone, waiting. So maybe that balances out.*
- *So a drop-in would be amazing. For that time limit you have, you can still speak about a diagnosis, and you can drop in for a random issue.*
- *I would do drop in for a different reason to why I'm visiting for a full appointment.*
- *People are struggling to take time off. They don't want to be taking time off to go to a GPS, but I think we should have to. So yeah, increasing the hours. The access, I think will be good.*
- *Like a drop in. I don't have an appointment, and I take a ticket. I can see what number it is. So I can decide, oh, I can go shopping now. Or I can say, Oh, I'm the third person. I'm going to keep myself quiet, sit down and work, that's good.*
- *Now my surgery they do one or two late evenings. So that caters for the people that have to go to work.*
- *Some local authorities because of funding they've pulled the whole walk in clinic. thing. So really that's a bit of a postcode lottery as well, it depends on where you live with what service you get.*

Patient engages with GP services at the right time - Opportunity

Enabler: Preference for GP reminders to attend for BP testing(Phys. Opp). Acceptability and desire for more frequent reminders for hypertension check-ups/ BP testing from GP practices.



- *I recently switched over to private health care because of work, and they actually offer you annually a health check a year without you even to calling like they set out for you. And they sent constant reminders for me to get a health check right now for help. And there for 360 health.*
- *If I had high blood pressure, just the same way that your watches or your phones, if it just measured it while I was I don't know going for a walk or something. And then it's I don't need to like sort of write anything that is already measured. And then it pings if there is a problem it tells you it tells you the normal requirement first it tells you if you are in the high or low category. And then if you are in the higher low category, it pings it straight to your GP which we will put down in whatever the contact details section and then that integration between the two the GP or surgery, which then say okay, you have high blood pressure, and it's been recorded at this time and this input, you should be able to call her within a week. So it gives that doctor then or that healthcare practitioner a timeframe to call that person, figure out what's going on what they've been doing.*
- *I was supposed to have health checks every five years, or four years. That would be my prompt if I got them.*
- *I know I have to do like cervical screening, because I have these reminders like all these little things.*
- *If you don't have any health challenges per se. You know, when you do, every time you go to the doctor's, one of the first things they're going to do is your blood pressure. So you're having at least maybe 2,3,4 or five times a year visit out of the whole year. But it would be good if just like when you get to a certain age, you get reminders for breast screening, you get reminders for bowel screening, why not reminders for blood pressure checks?*
- *The reminders need to be treated as important screening.*

Patient acts on advice of GP – Motivation

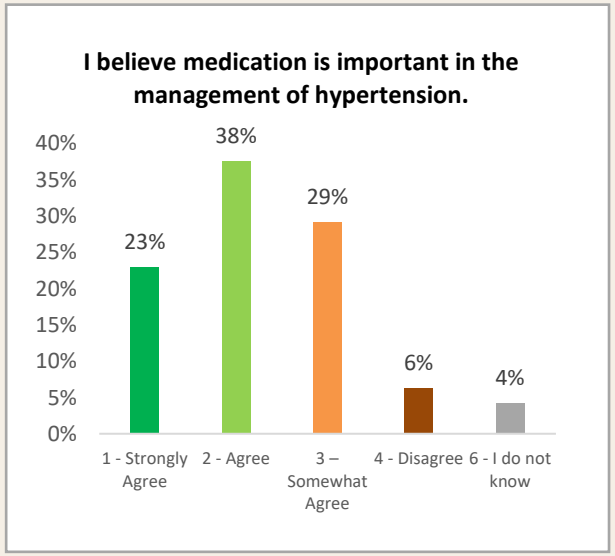
MAB ADI LIKO

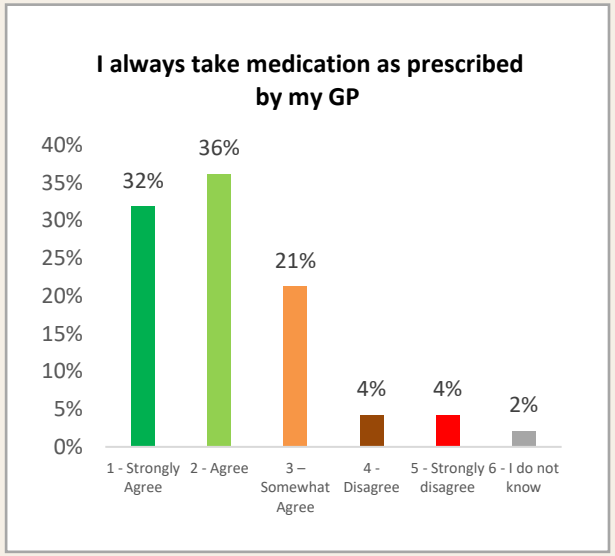
Barrier: Perception of some over-reliance on hypertension medication (reduces personal responsibilities) (Ref. Mot). Belief (by some) that HT should can be managed by medication alone rather than lifestyle change leading to over reliance medication and lack of focus on lifestyle changes.

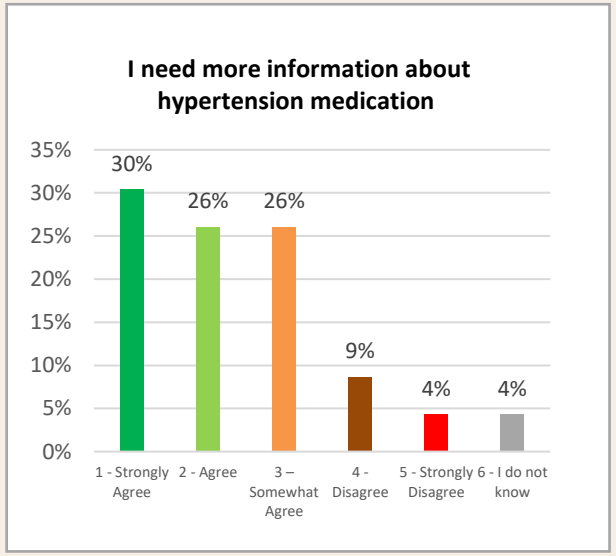
- *Taking tablets for a long term or forever. It's normalised 'I manage it. I take medication'.*
- *Efforts to get off the medication. I don't know if that's possible. But it appears to me to be something that people just take happily for years.*
- *It's accepted. I have blood pressure, I now have to be on medication. And it is what it is.*
- *It seems to be a different approach to something like diabetes, where you might then say, Oh, I have to cut my sugar intake, I have to do this, and I have to do that. But the same effort doesn't seem to be put into blood pressure, that just seems more of an acceptance.*
- *A lot of people accept hypertension, that's what it is, once you've got it.*

Patient acts on advice of GP – Motivation

Enabler: Preference for short-term use of medication when combined with lifestyle changes (Ref. Mot). General acceptance of the role of medication in hypertension treatment however based on temporary use only, with preference for management through lifestyle changes (with appropriate support). 68% of participants reported taking (general) medication as prescribed by GP but the large majority reported requiring more information about hypertension medication.



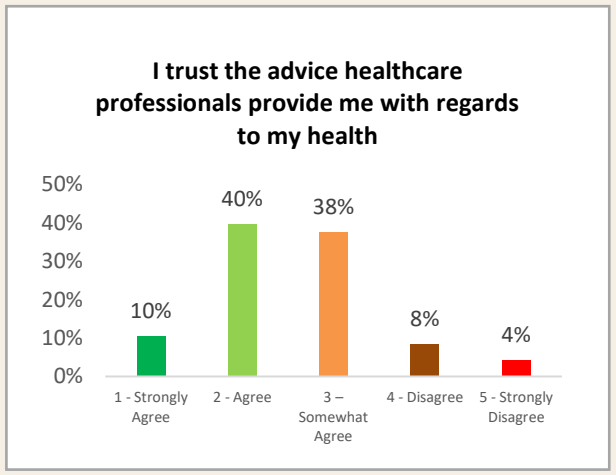


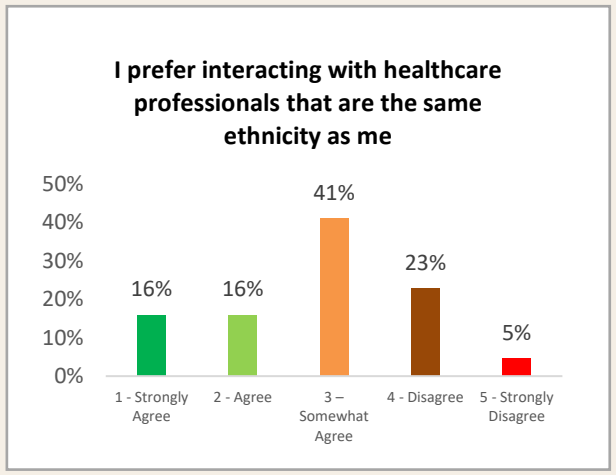


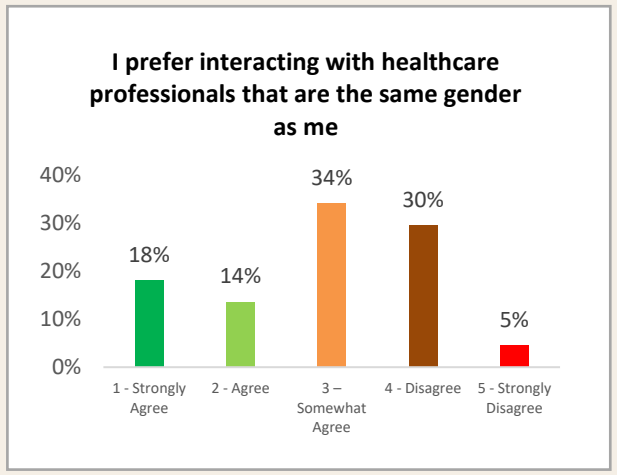
- *Through both [medication and lifestyle] It depends on what stage it is. If you feel it is not out of control it can help guide you on the food to eat, the exercises to do and what you can do normally to avoid things getting out of control. If it affects you when it's out of control or very high, then you will need medication or another manner.*
- *Other methods, initially and if it isn't being controlled, then they can give you a medication because the medication is the last results.*
- *Exercise and diet and those things and if it isn't helping, then at least they can top it up with medication, or doctor will advise you to do exercise and go to do this, to do that, to bring your blood pressure down.*
- *My doctor said you'll again be on this medication for a while. The aim was from the time he prescribed it was that I was planning to come off of it. And that's always been my experience…This isn't something that you have to be on forever if you increase your exercise or eat better. Of course, if you lose weight, then you can come on, come off of it.*
- *I know the doctor was saying that, it wasn't an expectation that I'd be on the medication forever. So I'm sure there's gonna be some type of check.*
- *The GP was saying I'm still young, I'm still active, I can I can come off of the blood pressure medication.*

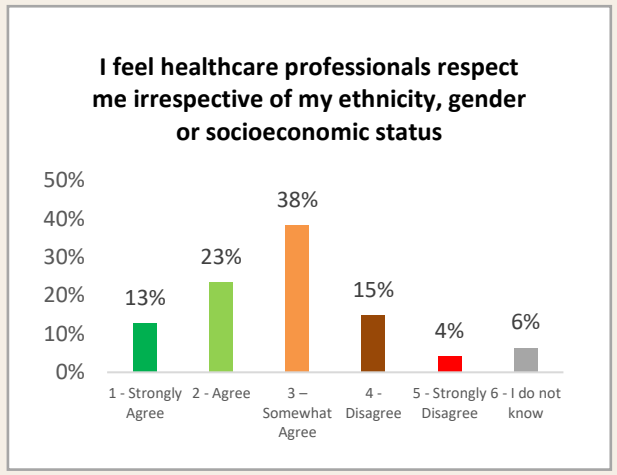
Patient acts on advice of GP – Opportunity

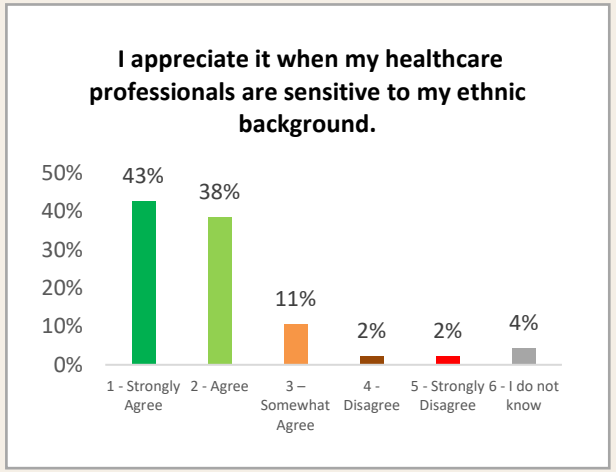
Barrier: Poor/ inconsistent culturally-sensitive and human-centred behaviours by HCPs (Phys. Opp). 50% of participants agreed that they trust advice from HCPs. Need for culturally-sensitive and human centred behaviours in HCPs e.g. Ethnicity-conscious, empathic communication, emphasis of individual care and patient benefits/ needs to increase engagement/ encourage behaviour change. HCPs with similar ethnicity can (for some) increase trust and engagement due to assumption of understanding of lived experiences and more culturally-sensitive communication styles/ Note that this is relevant for some participants only, with higher focus on human-centred behaviours in HCPs.

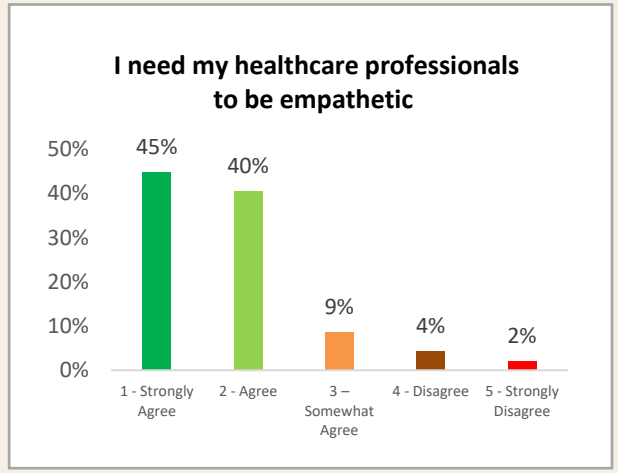


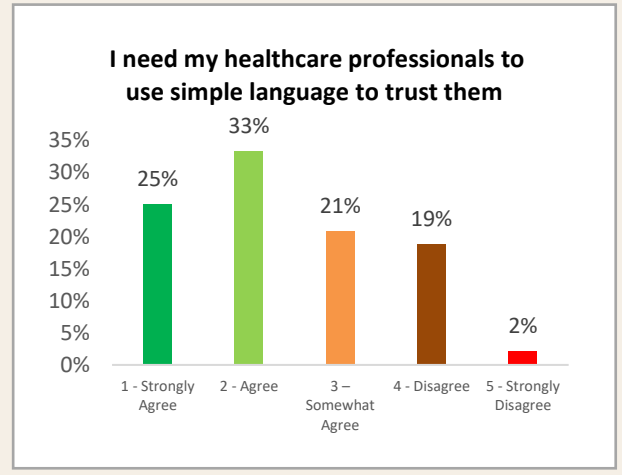


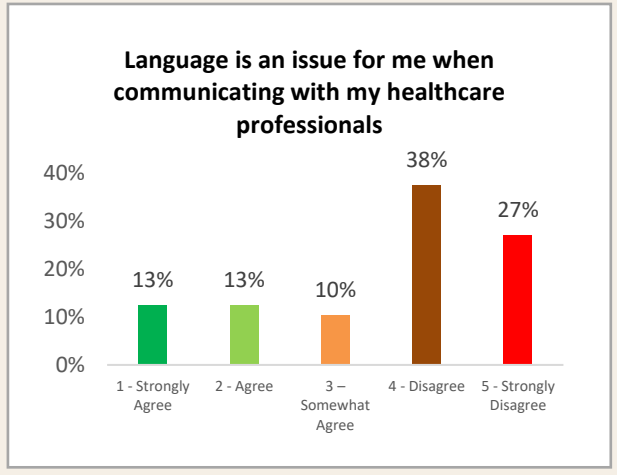












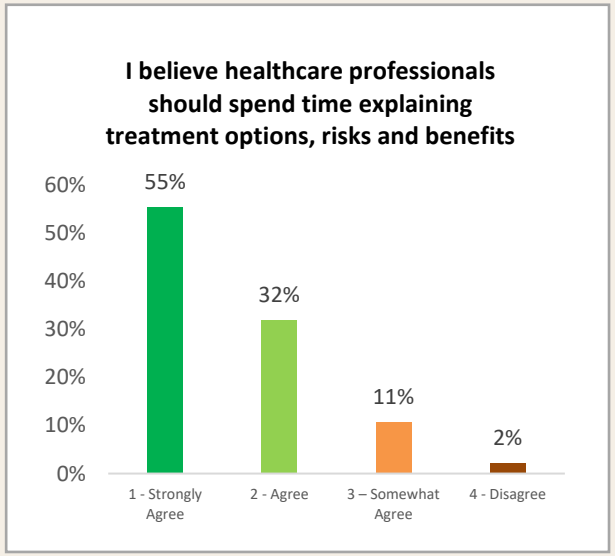
Patient acts on advice of GP – Opportunity

MAB ADI LIKO

- *Representation – perceptions of empathy. Does this person know what it's like for me and my community?*
- *One of the reasons for leaving NHS was because we werne't reaching black people. Hands tied to say it as it is. When communicating with black people, communicating at a different level. We use different language 'you will die, you will not see your grandchildren' and use real life case studies. Stroke means that you can't do XYZ, there's all these real knock on effects.*
- *Basic understanding of what health and wellbing means to people and how the illness will effect you. E.g. I wanna live to 100' – but have you checked your blood pressure? It's about understanding what matters. E.g. not being able to work as a bread winner. Hits the reality home. In health services they have to monitor what they say – very political. It was easier outside of the NHS to say the real things. People do want real storeis, they need to hear it 'keeping it real' case studes by us for us. From someone who understands me and looks like me. I assume I can trust you. Not necessarily scaring but explaining reality from a place of concern and an*
- *Asian doctor can tell Asian patients not to bother eating basmati and instead eat brown flour for chapatis and rotis. Very hard to do that for other communities. Would it land the same way?*
- *I'm fairly fortunate where my doctor is from Ghana. It's good female doctor. Very good. And I've known her for about 10 years, so she's quite straight with me. So I'm relaxed with that.*
- *It's good to have a doctor that understands you know, listens and take it in and give you good advice and so forth.*
- *My GP is not really a bad person. But sometimes there'll be quick of the mark to prescribe. And I'm thinking, you're not going to ask some more questions.*
- *I think it's important that we do have more black people in the field that we can relate to.*
- *It's mainly around, I think, understanding the racial tensions that lie in a lot of people's lives and the way that they might behave towards health practitioners and how they actually might support their own health.*
- *I hope that this research in general will then lead into maybe training and, you know, development for health practitioners to better understand why black people may act this way or black people might behave this way towards the health system and how they actually support their own health, which I think also leads to inequalities and health and why you see increased levels of hypertension and black people. So that's one of my hopes out of it.*
- *It's a stranger, and you sit down. And yeah, you don't know what that personality is? Whether it's a smiley personality, or it's not a smiley personality, then I'm going to become uncomfortable. I won't share as much. So I need to feel warmth from you.*
- *You need to be very aware of the community that you are in and that you are serving and predominantly who's going to be coming to you. And you know, what are the best what is their background? What are the underlying issues going on? What are what is their diet like? What you know, why did they miss trust?*
- *It's when you come across with this well, I'm the doctor and I'm all knowing and I'm all authoritarian, but actually this is my body… I've got some responsibility for that too. I want to be able to discuss about my body, what is good for my body.*
- *There is all of that kind of training about you know, because you get doctors that are put in certain areas but they know nothing about that communities needs, they know nothing about those particular cultures. And you know, just like teachers may get educated to have to be aware of those things, and vice versa. Definitely, definitely there should be more education.*
- *Trust? Doctors body language, when I walk in, and the doctor turns around, and looks at me and talks to me, that makes me feel like he's not just treating me like I don't matter. When a doctor puts down the pen and sits down, that makes a big difference.*
- *Doctors still need to be able to listen to their patients so that they can feel empowered to make whatever decisions they need to.*
- *The doctor I have now I think he's really good. He's young, he's actually from Somalia, I think young Somali, and he's always makes me feel like I'm being heard. And when he has wanted to give me medication or something, it's more about a conversation, then you have to do this, or you have to do that. It's about you know, this is what's going on. This is what medication would do. And he gives me options, and other options, and doesn't always involve medication.*

Patient acts on advice of GP – Opportunity

Enabler: Opportunity to exert bodily autonomy (Phys. Opp). Significant need for opportunity discuss/ incorporate alternative solutions into treatment discuss and personal autonomy to decide/ influence treatment plans.



- *Growing body of evidence supporting lifestyle medicine. Modern western medicine is good for a crisis but not for long-term illness. There is varying advice given. Every condition every day, different clinicians give different advice or assessments. As a human being accepts there's going to be a degree of variability. But where mistrust exists, adds unnecessary angst to the system. As clinicians start to accept there are other approaches including referring to other services. If I'm in hospital I'll see you 10 minutes maybe once. I don't have time to spend time talking about e.g. bananas and potassium. Would love you to be a commissioned referral that I can refer you to, that you don't have to refer yourself. Wish I could have hand out leaflets and greater social media presence.*
- *That's one thing that's always missing out of the research is how people traditionally want to take their medicine in whatever form that might be. That's what also is missing, where people come from, what spiritual or religion they might follow. So I think that's something to take into account that's not in the data or research because these people might not want to say that out loud.*
- *She feels like she's gonna get told off if she says, I take lemon, ginger, or I don't know what she mixes, assuming, since all these like vegetables, such as her health thing. So yeah, definitely, she's open to sharing that to health practitioners. And that's where some of that data might be missing or some of that unspecified percentages*
- *In their country, they very much do rely on something homeopathic, so I need to meet them where they are. If I want to convince you that taking this alongside of what you're taking, I've got to be able to meet you there.*

Patient engages in self-management - Capability

MAB ADI LIKO

Barrier: Difficulty in identifying hypertension. (Psyc. Cap). Difficulty in spotting/ caring for/ talking about hypertension and its consequences due to its hidden nature - for patients and the community.

- *So I have the machine. How often do I use it? Rrarely, because you don't get headaches. You don't even feel sick. That's why it's known as a silent killer. Because you can have high blood pressure for years not realizing one day you black out under a bus for example.*
- *360, my organisation, we're going to be looking at factoring in things like blood pressure checks, which we can do for free and easy. I guarantee you, we're going to find some people that have the pressure for years, maybe decades. And if your pressure is okay, then it doesn't cost you anything. But if you find that it's too high or too low, then you can take corrective action, at the very least have a conversation. My organization's about all around health, good health.*
- *I haven't got a clue what the symptoms are. So I'm gonna sit here, not until something is wrong, then I go to the doctors, then that might come up. Or someone might say to me, when last have you had your blood pressure checked? And I'll be like, Oh, I didn't even think of that.*
- *With the others [eg cancer] you may see a symptom… changes in your bowel, how your body's working a lump, but with the blood pressure not necessarily. So that should be put in with those categories where you are reminded to go and get check on when you remind people to go and get certain checks they will go more often than not.*
- *May be there's a thing about making it, the more healthy you are, the more likely that you should go and have a blood pressure test. Because you can't see it.*
- *You can't see it. In a football players get it. They get heart attacks, they get all this crazy stuff. And it's supposed to be the most fitness people in the world. That's what's coming to fruition now. They having heart attacks on the field, they're supposed to be the most healthy, and they probably had long term problems, but nobody ever checked it.*
- *It is usually known as the silent killer.*

Patient engages in self-management - Capability

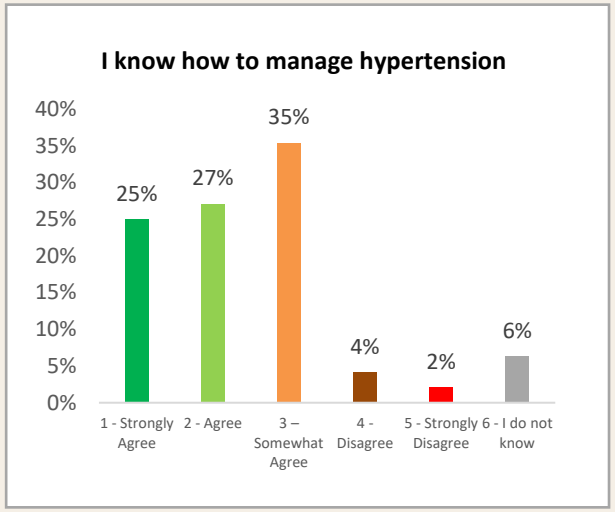
MAB ADI LIKO

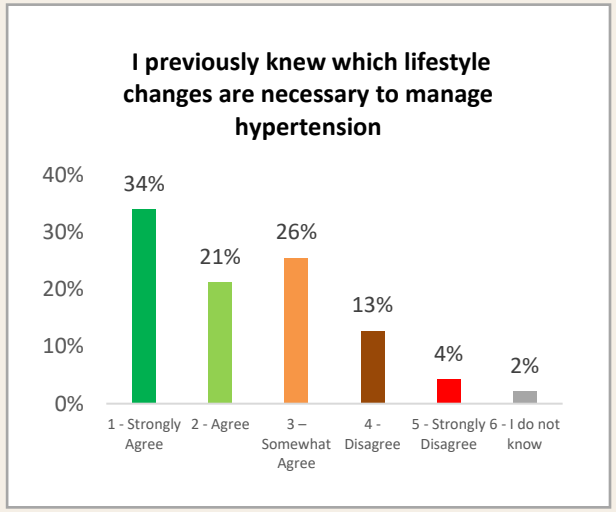
Barrier: Over-reliance on role of stress in hypertension. (Psyc. Cap). HT largely associated with stress, with lifestyle factors also discussed but to a less extent. Language may negatively impact perception of HBP/ hypertension and engagement with care - e.g. in Yoruba hypertension = boiling blood.

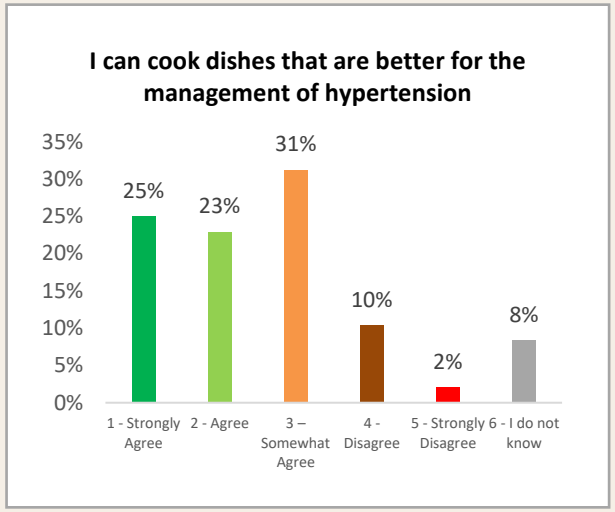
- *In a lot of West African countries, hypertension has an active translation. E.g. Yoruba it translates as boiling blood. I can't feel it I can't see it. You're trying to kill us. But I feel ok. You've been trying to kill us for years and I can't see it. Either you're doing It to me. Or you're bringing negative words to ruin my health.*
- *It's really sort of anxieties and worries as such, I think mine was brought on very much of anxieties, and just the lifestyle really rushing around, basically not recuperating, as such, mine is actually getting under control now.*
- *Stress. In fact that in the black community we over do the things. Too much sugar, too much salt. There's too much of everything.*
- *Hypertension, I know, which is high blood pressure. They're used interchangeably.*
- *I can understand it being hard on black people. And if you live in this country, what you expect the pressures that we're under, we are in such an awkward disposition, I'm talking generally, you may have one or two people have a high paying job, and they got paid abilities, they are cushy, and they can live a normal life. But when you're in a position where you're on low income levels, and you want to lower rungs of housing, that are old, struggling to get on the housing ladder, these are just some of the things that play on your mind. So then you get stressed, you've got to look after the children, keep the bills going. And just general day to day living, can be stressful, and one of the ways it will display is hypotension.*
- *Stress, your mind doesn't settle. So your mind is always racing, even when you're lying down. And at rest, your blood pressure will still be raised.*
- *Imagine, you walk through the door, home life is not as you would like it to be, for whatever reason, then you haven't really got a quiet place to relax and de-stress, then you'll need to get to bed, but you got work to do. That also adds to the stress. And then you've got to get up in the morning and do a daily grind all over again. So those are some of the things that will contribute.*
- *I feel healthy and I feel I kind of know when I'm stressed. My body will tell me when I'm stressed. And I will do things for it if I do feel stressed.*
- *I knew hypertension, also known as high blood pressure. I knew that term. I'm familiar with that way of saying it.*
- *It's a weird thing in Somali where your mom might be really angry, and she goes, you're gonna give me high blood pressure. So that's the way I knew it. I don't know scientifically elders in my community always say, you're gonna give us high blood pressure.*
- *[Hypertension is] making me not making me stressed.*
- *That's actually the English translation. 'Don't make me stressed'*
- *My grandma says 'don't give me stress [hypertension] all the time. But I don't think that anyone particularly knows what that actually is.*
- *I believe the stress related causes stroke. I've heard about it being a silent killer before. But it really feels like it's been normalized in the community.*
- *I know about the stress and all that only. And stroke.*
- *I think people more associate high blood pressure with stress than anything else, because that's the first thing you always hear it being associated with.*
- *stress is one thing that really can exacerbate the whole problem.*
- *Family tell if you don't stop arguing, you're gonna give them high blood pressure, and hence, strokes or heart attack.*
- *We used to say a lot in the Caribbean as well, like, you can give me high blood pressure, or you're raising my pressure or stuff like that. Yeah, it was about usually a lot of people's children will get on their nerves.*

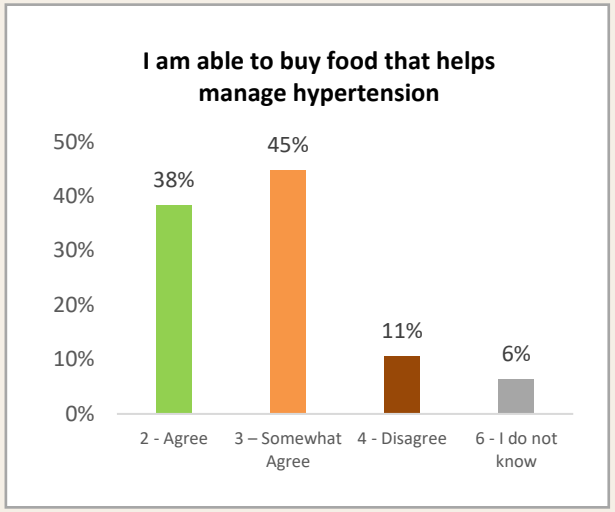
Patient engages in self-management - Capability

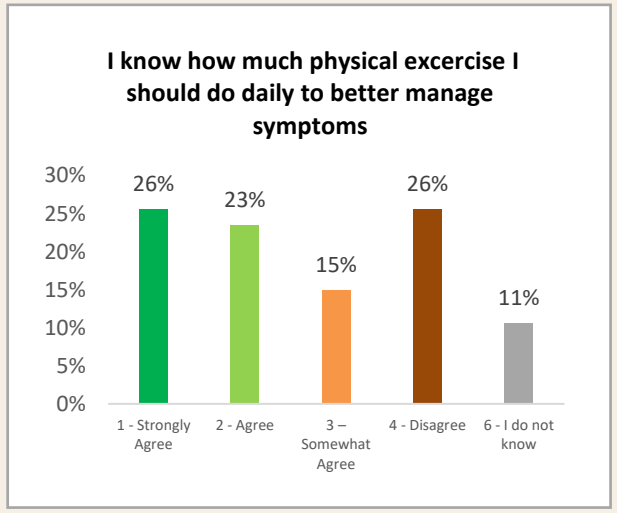
Barrier: Difficulty changing poor lifestyle habits (Phys. Cap*).* Difficulty changing lifestyle due to ingrained cultural and personal habits despite general awareness of actions required. On 48% reported being able to cook dishes to support hypertension management, and only 38% reported being able to buy foods (impacted by cost of living). Participants largely felt able to do physical activity (with a high preference for walking) however only 49% reported knowing how much exercise to do.

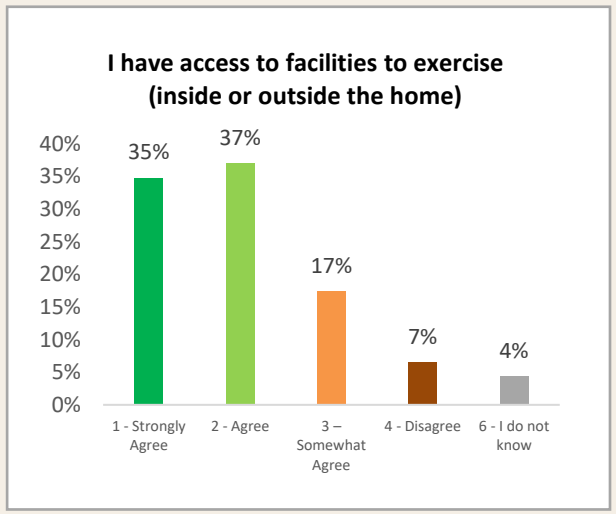


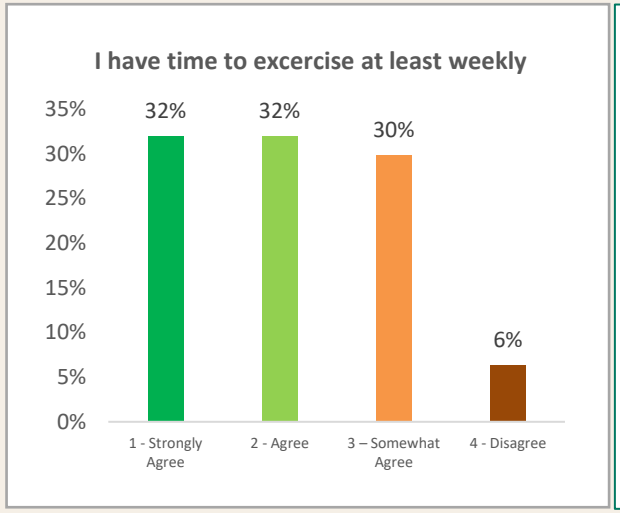








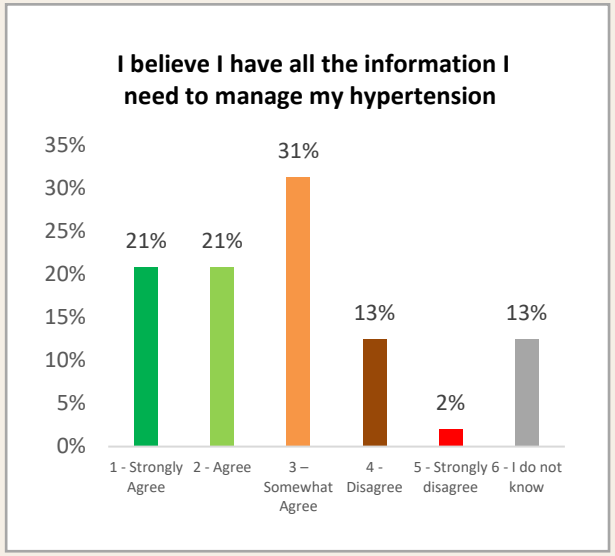


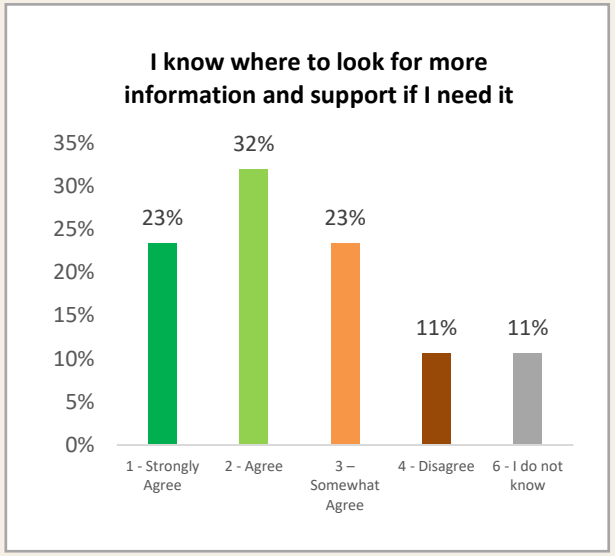


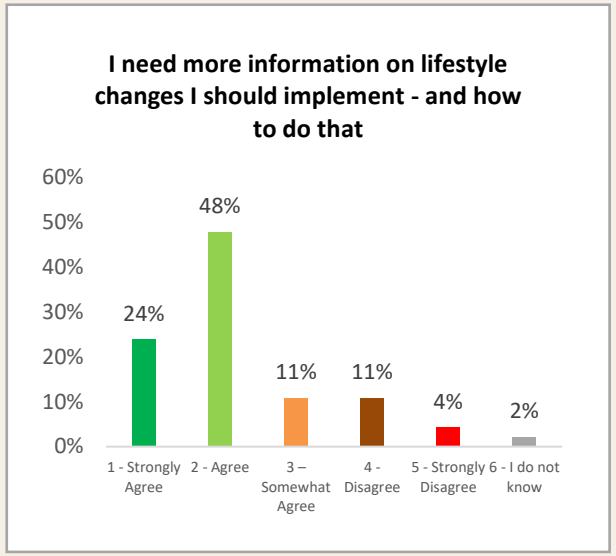
- *Food back in the day, people did just eat certain foods. And that was a problem. And sometimes the older people, the older generation, they still want to have the same diet that they had many years ago.*
- *Yeah, I think people are set in their ways [with exercise].*
- *But no one around me that's got blood pressure has actually done anything in regards to like exercise and eating, like healthy diet or my regular exercise.*
- *There is a little bit more knowledge around food and diet and exercise. But I think the take up of that is quite small*
- *Everything is just so expensive these days! I can't afford all this healthy stuff they're telling me to eat.*

Patient engages in self-management - Capability

Barrier: Lack of culturally-sensitive lifestyle self-management advice. (Psyc. Cap). Perception that lifestyle change suggestions are not culturally adapted/ appropriate, nor adapted to the needs and capabilities of the individual. Includes belief that traditional/ homeopathic solutions are of equal/ higher efficacy than "western" medicines.







- *Is it avoidance behaviour? Is the challenge the ask? Make lifestyle challenges. What does that mean for me? I can't eat good tasting food. Could that be a problem. You're making me eat bland food and you can't celebrate culture foods. It's dampening and dulling down.*
- *I know a PhD dietician from Ghana who has done traditional diets in context of nutrition. If I'm trying to eat healthy and respect my culture? Need a repository for this kind of information. It doesn't feel like even the solutions for lifestyle are aimed at me.*
- *The dieticians that the GPs have, are not equipped to deal with people like us, like African Caribbean people, our diet is different.*
- *They can either have to get research done into our foods, which they'll probably be reluctant to do, or they can hand it over to a black dietician who has studied our foods.*
- *If a dietician tells you to eat bread, cheese, milk, dairy, yoghurts daily, we are going to get very sick, a Caucasian person won't.*
- *There's a lady with a dietician, we know her well. She has actually done a publication for African Caribbean people. She has redesigned a whole plate and explains how the foods that we should be eating differs and use recipes and things like that, for black people to be better written specifically for us.*
- *If somebody's going to come up to me and give me a diet, I don't want a diet that is totally different from what I'm eating. I want them to understand what I want.*
- *No, I'm not a rabbit. is alien to me, so I'm not going to take it. And you don't understand me.*
- *My Mum only takes medication after she tries her blood seed oil or her lemon and ginger combinations and, and then when she does explain this (she was able to learn English, her English is not a problem) when she goes to a GP, she tells them actually this was a lot better and it was a lot quicker than what you gave me. And she's like confrontational when she talks with the GPS.*

Patient engages in self-management - Motivation

MAB ADI LIKO

Barrier: Fear of 'bad news' (Aut. Mot*).* Fear of diagnosis following health check, particularly with men.

- *A lot of the time and are scared really to know the truth and going for tests and needles. And there's all sorts of little, you know, little phobias. People don't want doctors touching them, the rest*
- *It's just a mindset that people get into some of that is a fear factor of everyone sends it when they think of a doctor for some reason they attend some people just think automatically of needles. Yeah, or basically, just, they just don't like the places or they have an unpleasant sort of feeling bad place. Because it reminds them of something, a sad occasion when people pass in, so on and so forth*
- *in particular, our black men, they have a fear of what they're going to hear when they go to the doctor's. So it might be something simple, like just go for a blood pressure check, but they're scared they'll hear something else.*

Barrier: Perceived 'badge of honour' for not using health services. (Ref. Mot*).* Pride in not visiting GP, particularly in men. Associated with concept that illness is 'weakness'.

- *Whatever avenues or channels are usually there for them to actually try to make a change. They just don't use. So basically, the lot the practices just basically just carry on in a same old merry way. But unless you challenge them*
- *It's a badge of honor. Say I haven't seen my doctor by in 5, 10, 15, 20 years. Yes. And how many have fallen because of that?*
- *We have to get over this sort of, you know, strong type of sort of, you know, the mentality we have against doctors and medicines and so forth*
- *People want to say that I'm fit, I'm safe. I don't need a doctor. You know, I am okay. And you tend to find those are the people who have really acute problems.*
- *Men say I don't need to be doing that or Yeah, tomorrow and for some tomorrow never came*

Patient engages in self-management - Motivation

MAB ADI LIKO

Enabler: Sense of personal responsibility in self-management of health (Ref. Mot). Recognition of the need for being an active agent of one's health. Recognition of the need for being an active agent of one's health. Having other health conditions/ self-observing changes in one's health increases engagement with BP monitoring

- *I self help and finding it has to be a combination of self work and working with the system, I'm afraid.*
- *If you're gonna coexist in the system, we've got a degree of self analysis, nobody else is gonna do it.*
- *But there's a degree of complacency? Because a lot of people go, Oh, my aunt suffers with hypertension, diabetes, it's like, well, it's one of those things you could get it, you know, you could have it, it's not the end of the world*
- *There was a particular hospital did not want to go to because I've heard about particular issues. I've done my research. That's me exercising my right. Often the community doesn't know.*
- *Yeah, the health service can get involved to a degree. But what I suggest they do is hand it over to us now*
- *some of us know the problem and still ignore and carry on even what we like.*
- *There is also something about us as individuals taking responsibility where we can for our health, rather than burying our heads in the sand until I've too many problems.*
- *Too many have actually gone too soon because of something that could easily have been looked after. If you've just gone to the doctor. Yeah, it's not easy to get an appointment, sit in a&e for six hours if it that's what it takes, but you're paying your National Insurance. So go and get that help.*
- *I think it's about understanding like, understanding your blood pressure, right and understanding your body*
- *I've got a blood pressure machine now, which cost me about 20 pounds. And the reason why I've got that is because I have a condition with my prostate at the moment.*
- *I think I worried about it more now which is why I get my tests more. Which is not very good to be worrying because that's added pressure on yourself. But yeah, I do worry about it now because I see there's a slight change in me. The way I do things away think especially at times when do get stressed at times sometimes as well. And it does worry me that you know. So yes, that's basically the reason why I started having these yearly checkup.*
- *It's more of an acceptance, she [grandma] sort of accepted that she had high blood pressure after she's known about her high thyroid.*
- *I contracted an illness and they had to take a three-pronged approach. And one of them was blood pressure medication, because part of that illness was my blood pressure. When they got me off all the other medication. They told me that I had to be on the blood pressure tablets for life. But I didn't accept that because I knew that, that illness was being managed. So I actually weaned myself of the medication and I don't have trouble problems with my blood pressure now.*
- *I found out by mistake… my regime about reversing my diabetes also incorporated the situation with my blood pressure, it increased my blood pressure.*

Patient engages in self-management - Motivation

MAB ADI LIKO

Enabler: Ability to discuss homeopathic hypertension options with HCPs (Ref. Mot). Desire for opportunity to discuss alternative treatments safely and respectfully with HCPs.

- *I know people who actually disagree with the research fervently with what's done.*
- *Some people rely on all the natural stuff. Others will skate around, find alternative remedies, do some research, which can be a good thing or a bad thing. If you're good at research, and you know how to analyse it, and make a judgment call. Because not everything on google is kosher.*
- *I'm not a big fan of medication. So it is natural other methods? And that would be my first preference.*
- *My Mum thinks about traditional health routes before she gets into medication because she doesn't trust medication in this country whatsoever. Because she's from a country that don't do medication. Because in Somalia, we don't have we didn't have the facilities to sort of have tablets or anything like that. And any tablets, or any medication was from another country in a different language. She never ever trusted it. And so here, she doesn't trust medicine either. She only takes it after I force her.*

Patient engages in self-management - Opportunity

MAB ADI LIKO

Barrier: Reduction in the availability of community-based health checks (Phys. Opp). Adverse impact of decrease in community outreach to help people understand and manage.

- *They close down community health improvement centres*
- *They've taken those things away (health services), put those things back in place.*
- *You could get in touch with some number from the NHS, the local doctors, nurses, and they would come, you could invite them along to your church, or, you know, your breakfast club, whatever it is, and they would give education around blood pressure and hypertension, and give out leaflets, give out talks and weigh and do blood pressure for people.*
- *I have noticed that since the pandemic, obviously, it's to do with funding and being back out there and stuff. But I just haven't seen as much of that going on. But it was quite prevalent before.*
- *Now the COVID has happened and I'm working from home this isn't as big of an issue. But what I find difficult is say where you work is usually not where you live. And so you have to travel a long way. Just to go to see your GP.*
- *I can't even like pop out do my lunchtime to go see my GP because I've got to go an hour and a half home to see him.*

Barrier: Health impact of living in areas with social deprivation. (Phys. Opp). Belief that living in "unhealthy" environment (e.g. high prevalence of fast food restaurants impacts health outcomes).

- *In some of the communities where we live, you will find like somebody like Harrogate, the amount of takeaway shops with some of the unhealthy meals they're sort of selling. There's no There's no coincidence*
- *There's a correlation between the borough with regard to the east of the borough and the west of the borough. The rest of the borough is basically Highgate Muswell Hill, Crowd Chant, people tend to live about 13 years longer than those on the other side of the borough. And if you go to a particular street, you actually see it's more of a healthy environment.*
- *People have choices, however, when there's particular choices that just stare them in the face, yes. Virtually from cradle to grave. They're mostly the choices they will pick. It's as simple as that. It's easy. You know, you don't need the research.*
- *All these fast food that you're getting out there. Not to mention all the chemicals that's been added to it, which is make, you know, add to all these other problems.*

Enabler: High likelihood of BP testing if attending health checks (for any reason, in any setting) (Phys. Opp). More likely to have BP tested when engaging in regular health checks for any reason and in any setting (opportunistic BP testing).

- *Once every six months I have the PSA blood tests. And they're very good indicators with regard to particular, you know, health issues, you've got all of the readings, actually, they could actually look at things basically, with regard to the state of your colon on your spleen, your liver, your kidneys, your cholesterol, it's quite interesting. So I found that very good with regard to co-manage that manage that with my diet.*
- *Every time if I ever go to the doctors I take a blood pressure done. They've got blood pressure machines.*
- *Well, I just go to my GP to have it measured.*
- *I do have a yearly checkup every year, which I may have missed one year. So I've just arranged to have it done next week. So I normally have a checkup every year.*
- *I go to GP for anything else, they check.*

Patient engages in self-management - Opportunity

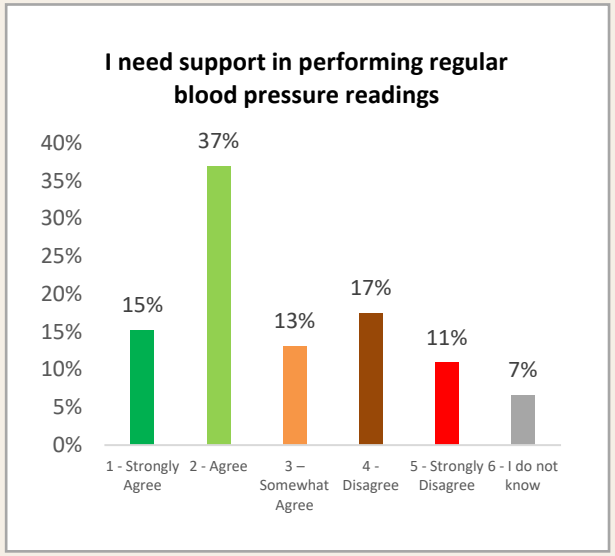
MAB ADI LIKO

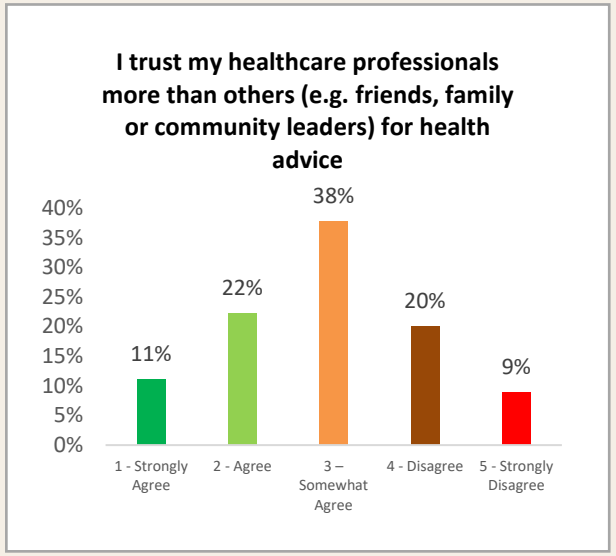
Enabler: High prevalence/ acceptability of at home-BP monitoring machines (Soc. Opp). Increased likelihood of buying home BP monitor when already used/ recommended by friends and family.

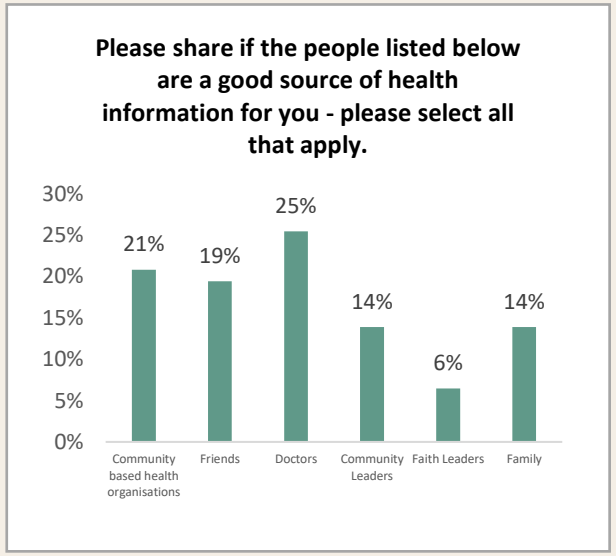
- *I've got a blood pressure machine now, which cost me about 20 pounds. And the reason why I've got that is because I've had a condition with my prostate at the moment.*
- *What I've been doing for the last two months, is taking blood pressure readings with forms which I collect from the from the surgery, and then I fill those in. And then I take those in, and they ensure that someone will put it on the system. I keep my read out. So then we have a look. We can see what's working, what isn't working.*
- *I've also gotten an equipment at home as well, which I can use, but I still go to the doctor just to make you know, to make sure it's correct.*
- *I also have the blood pressure monitor at home in case I want to check at home. Including for the family.*
- *I'm not gonna go to the GP for something as elementary as getting my blood pressure checked, because I've got the machine at home.*
- *I think I feel comfortable using a machine at the GP. I used it before when I went up there last time. But it's understanding the machine.*
- *I've been doing it by myself [machine at the GP] I might need a bit of assistance.*
- *So doing at home, it's made it very convenient. Because I can do it at home. And then someone call me when I'm on my phone, and then we talk about it.*
- *No difference between doing at home or at the doctors. The only thing I'd say is, I don't know, if this is more of a mind thing. I guess I have more competence in the clinic, because I just trust their equipment, and that the clinician is doing it correctly.*
- *Just the convenience of doing it at home is good.*
- *Daily readings is no problem was a perfect my or my life. Okay, it's worked for me.*
- *I've not personally used a home machine, but my parents have one. And they've always nagging me for the longest to have one at home. My sisters had one as well. And I've never heard them complain about it.*
- *I've got a couple of machines. And what I do is, I usually take about at least two or three readings, sometimes four readings, and then I sort of take the average, because that's the only thing about them. They don't always give you the exact reading the first time. So once you've taken it to at least a few times, then you've got a rough idea that where you are approximately and with the readings.*
- *Obviously if you're so sick, you can't come out of the house. And in which case, hopefully you've got your own machine anyway.*
- *It's [at home machine], I just do it for myself, just to see where you know where I am because I'd like to try and see if I can get off of medication. So I'm always anxious. And that's why I always happily take it three or four times because I want to keep doing it until I get a reading I like! But it's they're pretty good.*
- *One of the benefits of doing it is you get to know what your body is telling you. So sometimes, like, if you do regularly [at home], you can probably you can predict if your blood pressure is going to be high.*

Patient engages in self-management - Opportunity

Enabler: High acceptance of community-based blood pressure testing/ advice. (Soc. Opp). Acceptance of community outreach health checks (in barbers, pharmacies, churches) for BP monitoring. Need for community-based HT education for increased self- engagement in BP testing. Friends/ family suffering from hypertension health consequences may encourage engagement with hypertension care with only 33% reporting that they trust HCPs more than others (e.g. friends, family or community leaders) for health advice.





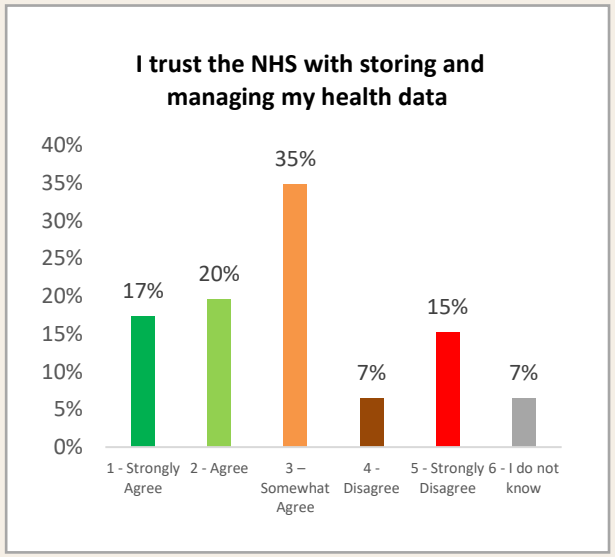


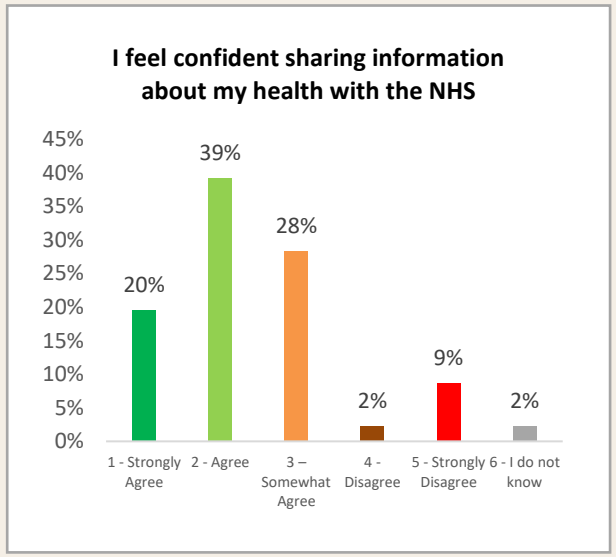
- *Quite a few volunteer organisations actually have been doing it for good while now, when they have their health days. And what I tend to find they're very good is with regard to like nurses, especially from particular community groups, with their actual health advice you get, because sometimes they give you little caveats in a wider community setting. I've been quite relaxed with that. Because they're quite detailed, they have like cubicles and so forth. So it's not the whole world is listening to your health issues. So I both either way, which is good.*
- *Some people will be shocked into it, that it happens to a family member, or someone they really know. It has to be inbred with us from the start.*

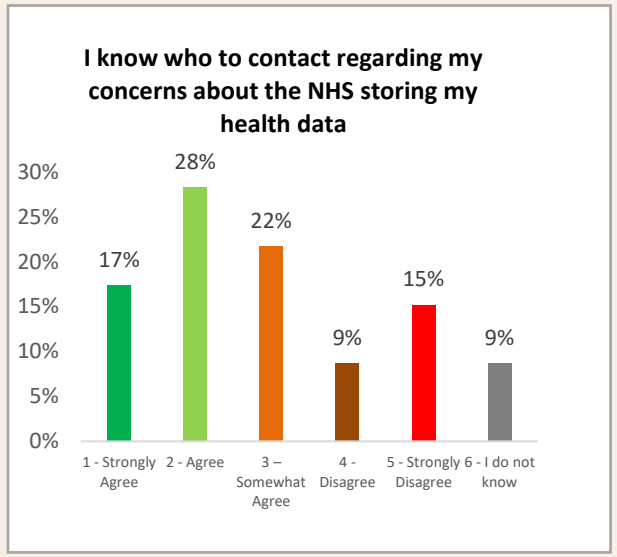
- *We totally think totally different when it comes to diet, exercise and relaxation.*
- *Barbershop, pharmacy. I think we should start there. Then it's a lot easier for you to just go to the pharmacy.*
- *I would say that doing this group I learned a lot.*
- *I'm just thinking of creating new spaces or reimagining spaces, and they need to do that I think and then when I say reimagining spaces, I am thinking of churches. Why isn't there a blood pressure machine in churches?*
- *There may be somebody in the congregation that's can do a health check. I mean, it's not a lot of training to do a health check. It takes no time. So invest in the community in health champions or whatever you want to call them. But people who are qualified to do blood checks and some basic stuff and BMI, whatever it is.*
- *Address the economic disparity by, you know, renting space in these community spaces. So rent space from a church, you know renting that room, that's where anybody can go to and get your blood pressure down here, you can get your BMI, your height.*
- *Before COVID, there was a lot more, you know, outside of libraries, community centres, town halls, there was a lot more like pop up, come and get your blood pressure check for free shopping centres and things like that there was quite a lot of that going on.*
- *Before it used to be just a GP, back in the day. Now you can go to the pharmacist. 99% of them do it. You just walk in, and they'll weigh you and do your blood pressure. They have a machine right there.*

Patient shares data with the NHS - Motivation

Barrier: Fear health data will be mismanaged/ leaked/ mixed up/ commercially exploited/ used against the patient (Aut. Mot). Low levels of trust in the NHS storing and managing health data, with fear health data will be mismanaged/ leaked/ mixed up/ used against the patient. Relatively low awareness about who to contact regarding concerns about NHS data.







- *Safety around the data actually escaping.*
- *My details, which can then be used against you, depending on where it ends up.*
- *Sharing information via app would be a good benefit. But the downside is also worrying.*
- *Sending missed readings where you got it wrong, or it comes back to you wrong, and you're getting all these wrong readings, it can be a problem.*
- *Other agencies will go to your GP, as part of any investigations, big brother is always watching you.*
- *The extra peripheral information that they will try and ask you because they will sell your data is very profitable.*
- *GPs run a business like everyone else.*
- *GPs only check your blood type, when they're given a transfusion, they'll check it before, and then they'll get the right blood, but they won't keep it on record. They keep information that will help you but also benefit them. But if any peripheral information they don't need it, they'll sell it.*
- *Some of our people don't want to donate their organs because they believe you put yourself in an organ donation register, they're gonna come shopping for your organs. And you may find yourself in a fatal accident where organs are taken.*
- *There is always a danger of something, some sort of hack.*

Patient shares data with the NHS - Motivation

MAB ADI LIKO

Enabler*: General acceptance of that NHS requires personal data to enable good care (Ref. Mot).* Acceptance of NHS/ GP holding and managing one's health data. Recognition of the need to share one's health data to benefit community - and improve health care for oneself and others.

- *I can't see anything wrong with them having my information, they've already got that.*
- *It comes to a point where you're in a hospital and they need to get to your file because it's dire that they see that because they can't go any further as to what you know, they need to do. I have no problem with that at all.*
- *I'm fine with a GP having necessary information.*
- *I'm okay with them having information that they've had since millennia anyway. And they have to have some information. So if I'm in a car accident, for example, you know, and I'm going to be getting certain kinds of medication, they can test, allergies, for example, fine. But try this one. If you want to know your blood type, ask your GP your blood type, most of them won't give it to you. They will not give you that information, they'll want to know why you want to know that because holistic practitioners work on your blood type sometimes.*
- *I've been to about every NHS or authority. They've already got all my data!*
- *A lot of things are now outsourced. So it's, oh, this company takes care of the data that can you trust them? But apart from that, I think it is just is what it is really.*
- *So wouldn't be a concern for me [sharing information via an app], because I feel like I can advocate for myself. I think people might feel like, once they've shared that information, the doctor will make their decisions and they have no control over that. Whereas for me, the doctor can present what they feel. But I'm going to also be able to advocate for myself and say, Actually, this is what I want to do. It's about how confident people are about advocating for themselves.*
- *I don't know what more data we can give them that would make a difference to me.*

Patient shares data with the NHS - Opportunity

Enabler*: The healthcare system is transparent about how data sharing benefits patients, how it is managed and who manages it. (Phys. Opp).* Need for clear information on what is collected, why, who manages data and the benefits for the patient of health data storage and flows.

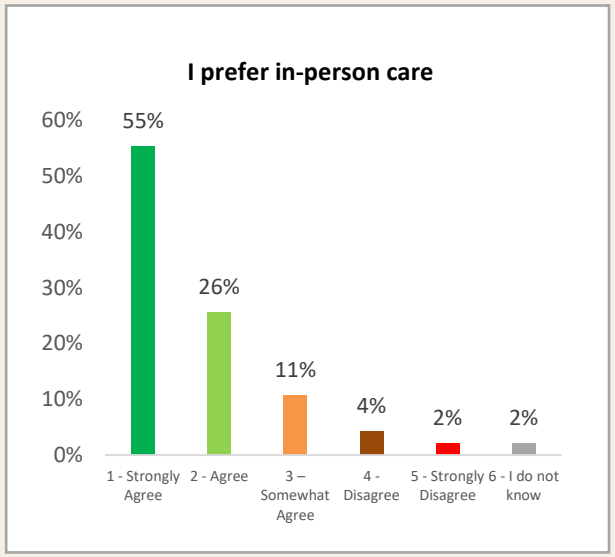
- *We don't know basically, are they using data for the benefit of us or the benefit of them.*
- *We want to make sure the information is used for the right reasons.*
- *What happens in transparency information? Well, who knows.*
- *I would want to know what information has been collected. And by whom.*
- *Unless the app belongs to the NHS, then there is a middle person, and now going to want to know about that middle person. And do I trust this middle person and what's in it for them and what they do, like, you know, my information.*
- *A lot of things are now outsourced. So it's, oh, this company takes care of the data that can you trust them? But apart from that, I think it is just is what it is really.*

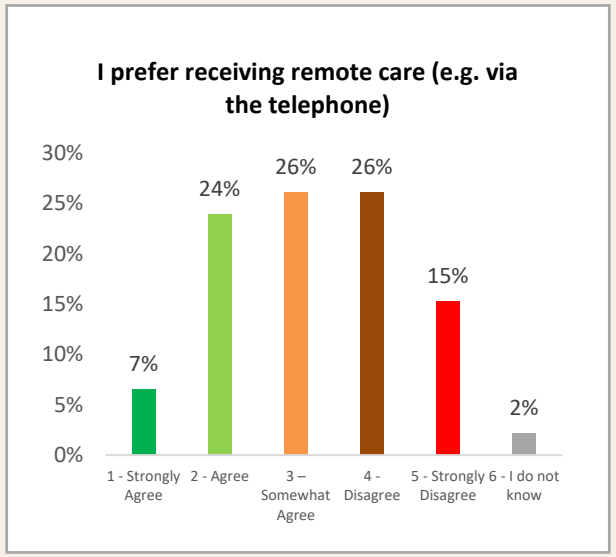
Enabler*: Patient control in determining who can access their personal data. (Phys. Opp).* Patients need to give explicit permission for health staff to use/ access health data and to be able to withdraw it - to feel in control.

- *Anyone seeing your file, I think we'll have to get permission anyway.*
- *Anyone else apart from your doctor will need permission. But I can't see nothing wrong with that.*
- *I don't think the GP needs to know my income levels or income brackets*
- *It's personal choice is I think, if someone says I don't want my GP to know they've got a particular issue I think they've got a right to withhold information if they see fit.*
- *If I know I did have something wrong with me, and it was quite sensitive I wouldn't be too happy that anybody can sort of look into it.*
- *It's about securing your information.*
- *And I wouldn't be inclined to sort of not share my data, I think data is shared many different ways that people will probably be surprised to know about. So my health data being shared would just benefit me really.*

Patient interacts with digital/ remote tools - Motivation

Barrier: Preference for face to face hypertension monitoring and management support (Ref. Mot). Preference for face to face BP monitoring and HT, particularly for informal/ pastoral support, increased accuracy of BP readings.





- *Important to make sure older generation doesn't get left behind. She likes to see people face to face [as a GP]. Recently diagnosed BP in young Nigerian guy. Wanted to do things on phone, so they've been doing that. They've struggled to keep BP controlled. He doesn't want to come in. She's really worried he's gonna have a stroke. She wants him in to see him and interact. Realistically is it gonna help seeing face to face? No, makes her feel better.*
- *That type of conversation [general wellbeing] I really would prefer it in person.*
- *A preference would be in person, but hey, I'll settle for it at home. But if there was, I thought there was issues or felt different than it would be in person.*
- *They're short on nurses. But it'd be nice to have a nurse that anyone could just pop in and have it done but I think that if you need to go, then you do need to go.*
- *Some people just need the appointment. They're not needy, they just need the appointments.*
- *Case by case, not everyone's happy with remote help. If a person is comfortable with that, then that's fine. Some people will insist on seeing a GP, just because it gives them comfort to talk to a real human being in person, rather than on the phone.*
- *To me, you're not taking my blood pressure on the phone. I need to be over there to see you.*
- *You can't take my blood pressure without seeing me you know, it's a physical thing.*
- *Have a machine at home, that will be a bit better, but am I doing it right? You know, I have I got it on the right part of my arm, things like that.*
- *If I've got a problem, when you used to go to the doctors, you know, they used to give you an exam, they might look at your ears, look at your eyes, look into your eyes, and they can tell certain things when they look into you. But if you're, you know, you're doing it on an app is not easily readable.*
- *I would need someone to actually look at the problem.*

Patient interacts with digital/ remote tools - Motivation

MAB ADI LIKO

Barrier: Distrust in reliability of health technology (Aut. Mot). Distrust of the reliability of apps / home BP monitoring solutions / other technical solutions for BP monitoring. Patients are less likely to answer GP calls from a private number.

- *I wouldn't fully trust it [an app]. I mean, I work with computers and systems, and a lot of the systems are geared up for what they're meant to be doing. So you get bad reading, you know, you don't know what kind of diagnosis you're gonna get.*
- *I wouldn't buy one. I'm thinking as those machines as models, like the somebody's gonna have a better model. Is there an update in these machines*
- *I would also probably trust the doctors even less if I had my own and I'm checking it constantly. It's like I'm managing it. But I also feel weird that there's probably updates on the models that they're being put out into the world. And I would always constantly be buying the next one is for like as a phone.*
- *I don't have high blood pressure. But if I heard that [at home machines] are not accurate. And you'd have to take, several readings, I'll be a bit nervous because that data I understand leads straight back to the GP. But is it correct? I'd have to do two or three to convince myself is correct.*
- *I don't like giving my data. I don't like the fact that the GP call is a private number. I've told them, I don't answer private numbers, and they just explained well, there's nothing we can do. And I'm not the only one if not the people that don't like answering calls with numbers withheld. They should be able to tell us if it's cultural. If this is a general thing if it's a woman thing, an older person thing, they should be able to say that but nothing changes and they do nothing about it.*
- *You might be in Marketing Company. So I'm not answering.*
- *I have missed many a call from the GP because of that same thing, that private number thing.*
- *Even when you go to the GP, they sometimes have to take it two or three times.*
- *You've got your own kit at home, you know, there's things that can make it malfunction.*

Enabler: Need for autonomy to choose between digital and in-person health care (Ref. Mot). Need for autonomy to choose between digital and in-person health care options.

- *It's personal preference, isn't it? I think we should have a choice.*
- *If they got sick, and ask, you know, we can fit you in for an appointment maybe on Thursday, or I could possibly get you a telephone call by end of the day today. Or by this time, whatever. What would suit you best? But to talk someone today is better than waiting on Thursday to see someone face to face. That's my choice. I'm in control.*
- *I've been picking up from you there's around choice and options, but also reading kind of autonomy in that as well as part of your own health decisions. And I picked up some things around not been given a choice.*
- *Sometimes having a phone call could feel like a second place option was enough time to see you. So just the optics of that can feel uncomfortable.*
- *We need to have different routes available for different people.*
- *Give them the option for example, for coming in to the hospital, you could call your GP or do a video call. So it gives the power back to the individual of what choice they want to have.*

Patient interacts with digital/ remote tools - Motivation

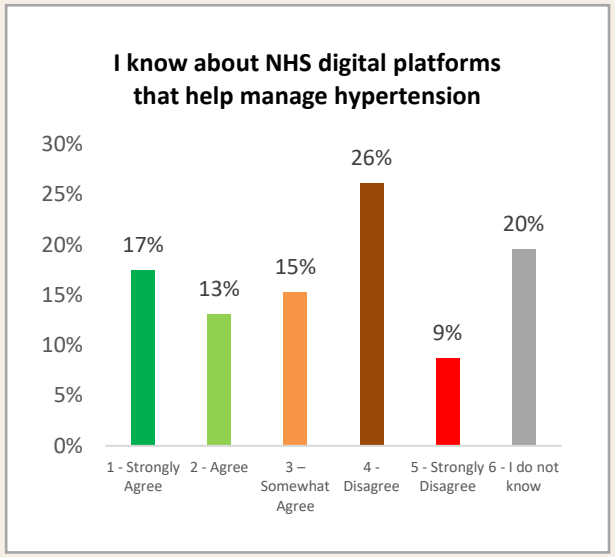
MAB ADI LIKO

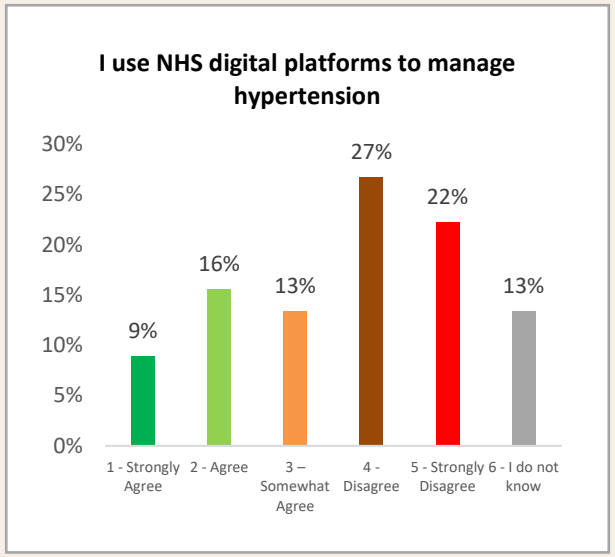
Enabler*: Acceptance and appreciation of health technology (Ref. Mot).* Acceptance and appreciation of technological solutions (e.g. phone/ chat/ online form/ apps) to help with BP monitoring with clearly described benefits e.g. flexibility, autonomy, time-saving. Belief that a habit of using health apps for other conditions increasing acceptability for HT. Belief that the digitalisation of health services is inevitable and aligned with broader societal progress.

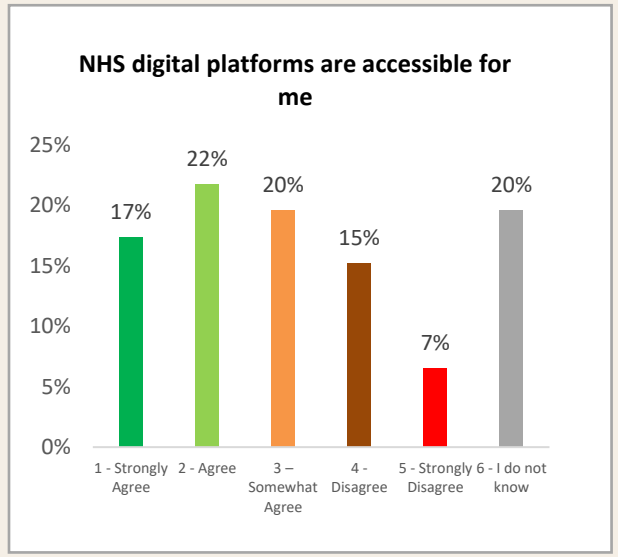
- *If it's with regard to just having a phone, just a chat, how you feeling with regard to your blood pressure. That isn't such a bad thing.*
- *If it's me having it at home, saving time, so forth, that's not a problem to me, I'm easy with that. I've always told the truth.*
- *It's moving towards digital. Whether we like it or not .*
- *People may will be more inclined to fall into this way we because for the health apps anyway, to do this sort of thing.*
- *Be inevitable, I suppose, although we have a choice, or is moving towards that there are apps and watches you can wear now, which actually do you know, blood pressure, diabetes, you name it, your heart rate, all sorts of things.*
- *But what's very good at the surgery, why I go through there, they've got an online system called best care practice. You just fill in a questionnaire online. And depending on basically what you've said, it comes with a score you may well then on the basis of that receive a call from the surgery, it might be something with regards to your mental health, it might be something with regard to your blood pressure, or even subject could be even more chronic, which I found quite useful.*
- *As for the over the phone thing? I'm not sure about that. I've never really done it it's never been suggested to me, so I don't know how it works. I suppose I'm willing to give that a try.*
- *The youngsters now are so deep into their phones, I suppose they will go down that road quicker than, you know, my generation.*
- *There are times when the GP knows what was wrong with you. You need medication or a prescription. And you don't necessarily want to sit in a surgery waiting for two hours to get it. And you're gonna get a phone call, or you might be at work and can't get time off work. So phone call might suit your purposes that way. In those instances, yeah.*
- *I've been constantly doing that constantly checking my heart rate, just because I have a watch that tells me that so I think because it's not frequently said that it [hypertensin] can also affect young people and I'm thinking about it or when I'm older than I started checking my high blood pressure.*
- *I think that should be also their job. As a doctor to look after our health, or the health care system in general, they should really look to find out if people do have any problems. And then when we as an individual find any problems, we should share that. So I think that's a good bi-transactional way of you being able to look at your health, and you can see the data and for them to look at your health and then be like, oh, no, there's a problem here.*
- *We're living in a digital age now. So it's kind of inevitable that a lot of these things are going to come into play eventually.*
- *I don't have a problem with that if it means that I don't have to be leaving my house and trek into the doctor's every five minutes. And my blood pressure has been managed. I don't mind .*
- *Yeah, I'm okay with that [a phone call with a GP] because I feel like I can advocate for myself.*

Patient interacts with digital/ remote tools - Opportunity

Barrier: Risk of digital health inequality. (Phys. Opp). Need for digital health care solutions to be adapted to the needs of the elderly and other disadvantaged groups (difficulties to use new tech, to see/ write on small screens) to help them engage and avoid exacerbation of the existing health inequalities. Community-based support to build digital skills needed, including utilising young people (with higher technology adoption) to support wider community accept and use digital solutions.







- *WHAT IS ZOOM? Not only having to educate myself, having to make it more accessible for 'you'. The fact that this meeting is on Teams will have been too much for his Mum. Digital makes things more accessible but only for some.*
- *The youngsters now are so deep into their phones, I suppose they will go down that road more quicker than, you know, my generation.*
- *They want to send pictures, now is the latest one, but it's tricky to ask someone who might be a technophobe to take a picture to scale and then figure out how to send it. For a lot of people. That's beyond them.*
- *If someone's, for example, younger and more tech savvy, they might be up to speed on that.*

- *There are the health inequalities when you're just visiting a doctor. So digital inequalities there will soon creep in.*
- *Some people might not have a smartphone.*
- *They would need training on how to use the app beforehand.*
- *It would depend on what device I have as well. Because navigating that, as my eyesight is getting poor on either my fingers are getting bigger, or all the keyboards are getting smaller, I don't know which it is, it's not as easy to know, sometimes. So as long as it's straightforward for me, and I can see numbers big.*
- *As long as they're mindful that there are a lot of us that might be needing to take it as we get older, these things deteriorate. So make the text or whatever is the font size big. Otherwise, I'll dash it away because I'm just struggling and it don't make no sense.*
- *I'm old school. So apps, I don't really like downloading too many, even sometimes to my own detriment.*
- *Not until a young person says, you want access to this, you're going to have to download the app.*
- *We know different people will engage in different ways.*

Patient trusts health service - Motivation

MAB ADI LIKO

Barrier: Impact of racialised lived experience/ trauma on health outcomes (Aut. Mot). Historical impact of racial oppression negatively impacting health outcomes e.g. stress arising from racial oppression or socioeconomic impacts on food choices.

- *Just the pressures and the health issues, various health related issues, we're striving from the time at a young age and whether it's education, economically, but other various social issues. So lots of the pressures and issues people have mental health, hypertension, diabetes, and so forth. This is actually ingrained, really, we're on the pathway of that and quite an early age, it doesn't just appear overnight, something like hypertension, high blood pressure, actually, it's a silent killer, but it's there, you know, working away all the time, basically. So it's a quite potent one.*
- *But with us, they took us out [of Africa] and said you'll eat what we eat.*
- *Social determinants. Maybe that was actually the problem. And maybe that's where the conversation needs to be.*
- *I'm just starting to feel like, hold on, this is sounding like a band aid again, bandage, again, is sounding like you're not dealing with a root again.*
- *What if this prevalence of came has come about because a lot of black people are not filling in that data? And so that's gonna cause a distortion, isn't it?*
- *Just being a black man on the street will raise your blood pressure.*
- *What would be interesting for me to know, though, is, in terms of the data, black people are more prevalent to have blood pressure is that women, mothers sitting at home worrying about their black sons out on the street day in day out and their children, it would be interesting to know as well, because once again, all of that stress, you're not aware, you're those thoughts are there, but you're not always aware of it. And blood pressure is something that can creep up in you silently. And we've had a history of stress.*
- *It wouldn't surprise me if the data was right. And not because you say so. But because of our history, we've had a history of stressful situations.*
- *Historically how we've had to eat, how we've had to feed and food and make it taste good. Because we get the scraps, there's so much in history that you can look at that compounds that could lead to the fact that's why we historically have blood pressure because of how we've had to eat because of our stress. And it's just yeah, followed us for all our generations.*
- *That's an interesting statistic [prevalence in black communities]. And I think we have to go by the data. But I think that's also why things are sometimes missed, right.*
- *It'd be interesting if they also recognized and understood that racialised trauma and racialised race, and racism has an impact on our health as well. And that's probably one of the indicators, you know? And what can we do to kind of like, combat that?*
- *I can eat healthy, and exercise and stuff like that. But the stress of like being a black male on the street, and being approached by the cops, right, can raise anybody's pressure. I don't know how they can address it. But I think there's something about that, that needs to be spoken about, and needs to be recognised, to racialised trauma.*

Patient trusts health service - Motivation

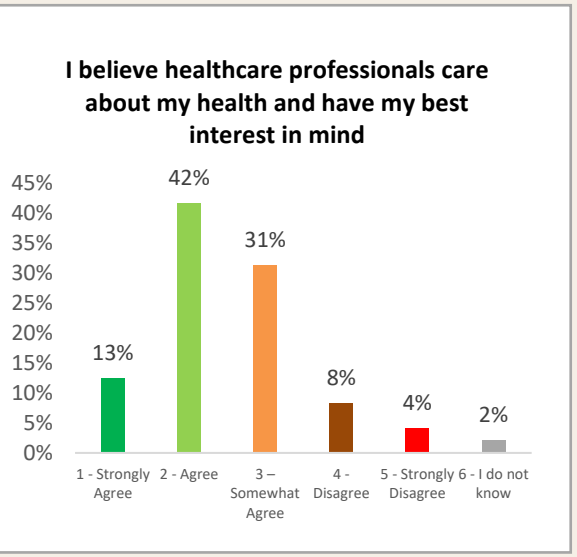
MAB ADI LIKO

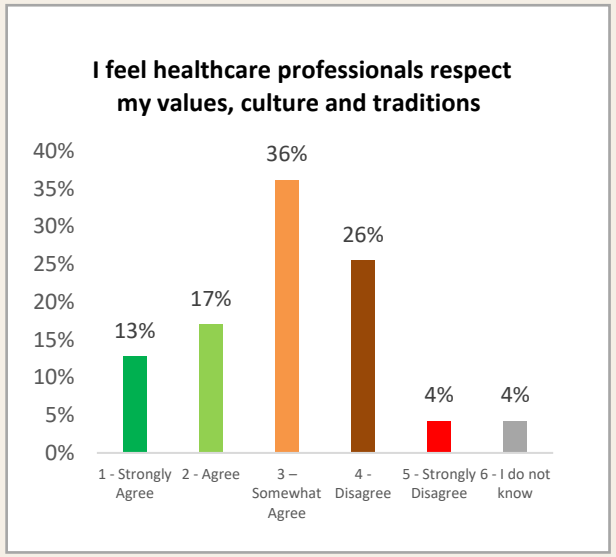
Barrier: Knowledge of discrimination within health system limiting engagement (Aut. Mot). History of racial discrimination within health care system (e.g. inequitable/ dangerous health research in minoritised communities) negatively impacting engagement.

- *Compliance is a big issue for all communities but in context of racial things, things like George Floyd leads to more mistrust.*
- *There was a groundswell of mistrust – puts a lot to George Floyd. Got angrier and angrier the more it was watched. Had seen stories before. Lasting message was no one is coming to save us. Because of pandemic and the fact that it become obvious that the things we've been saying for a long time – couldn't be gaslit. Was very obvious. BAME staff dying frequently compared to white counterparts. There is a lack of PPE. Felt very much like I knew you didn't care, and now you're not even ashamed of it. Doing it broad daylight. Before may have been able to be gaslit. For those who wanted to hide behind another reason, it's now very clear that the system is not good at recognising difference and so our communities have worse outcomes. It can't just be health seeking behaviours It's about how system treats black and brown people.*
- *Dedicated to covid and responses to the vaccination in the black church. Interviewed 24 black church leaders in South London they said the only reason is using us to promote the vaccine was because they couldn't reach us without faith leaders. Type 2 diabetes, BP has been killing us for time. Now that Covid is affecting economy they're suddenly interested. We don't believe it. We'll promote the vaccine because it's the right thing for people who wanted it. But Covid is just an eye opener that health isn't supported. Now seeing all of these projects popping up and they're tired of people asking us about their health, take photos and put in papers but we know that they're using us. Now looking at people who said no vs those who said yes. Those that said yes they're saying no more, because we don't trust them. Boris is the devil – we don't trust them, they're putting more illness on us. Trust faith leaders more than GPs and Boris. People who have been 'good' so far, but don't trust it anymore Covid exposed them.*
- *It's a fear not being treated right, as well within a system. So it's a whole, it's a kaleidoscope of reasons.*
- *Johns Hopkins Army Research Facility in America believes stated that all drugs and testing skills and research is done on white people. White mice everything white. So we're just expected to fall into line and then they try that on us and hope it works. If it doesn't we get sick what oh, well, another one's gone .*
- *We just don't have our own research.*
- *And people don't want to give that information. But when they are putting out statements like that, what you can't do is then put out that information based on incomplete data.*
- *Arrange an engagement session and show us, otherwise, everything's on trust. And I don't know that we are good at trusting you. Because you haven't really looked after our health historically. And we hear about the failings.*

Patient trusts health service - Motivation

Barrier: Belief that health care system is designed for 'Europeans'/ designed against racialised minorities (Aut. Mot*).* Distrust of health care system (and therefore HCPs) with respect to health discrimination. Includes perceptions of differential levels of quality of care and impact on treatment options recommended. Majority of participants report not feeling that HCPs respect their values, culture and traditions.

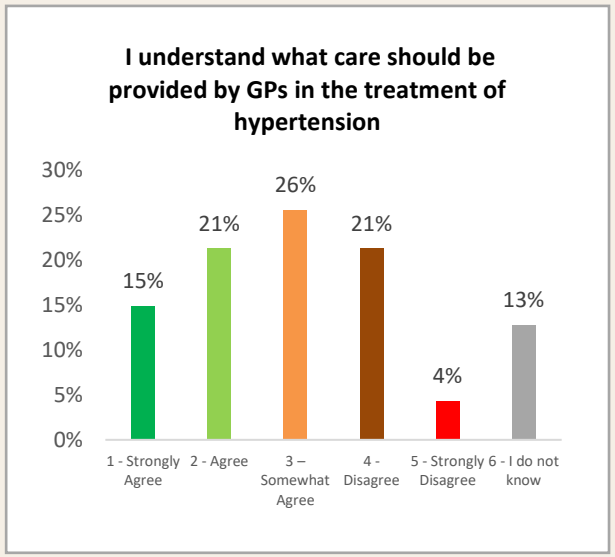


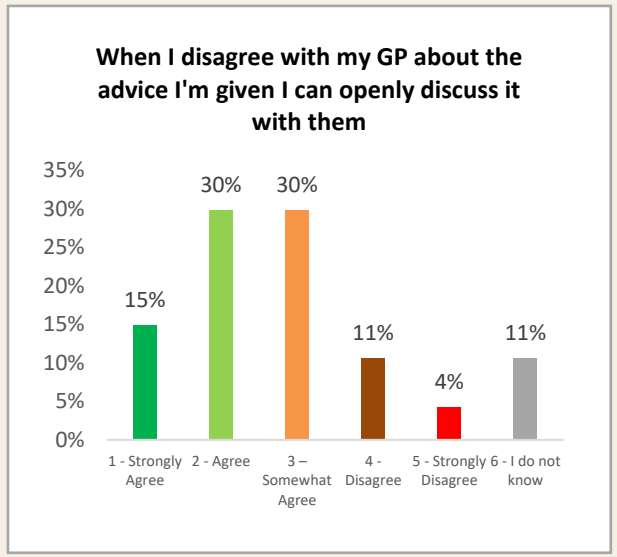


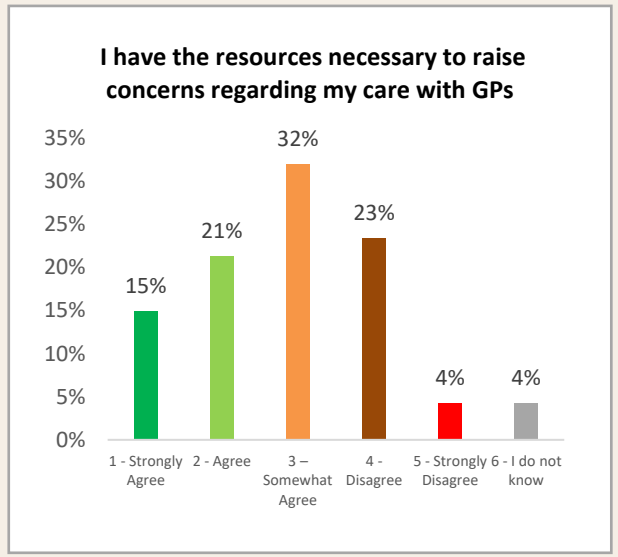
- *Trust and lack of trust. Not helped by the fact that the system itself is in crisis as it comes over as not trusting because you tell me that the last time I was here 3 years ago when I was there 1 month ago. Mistrust in the moment was incompetence. You don't know what you're doing. You don't know me. Your records are incomplete. Stories get out into community. Until clinicians get what they need.*
- *There is a huge difference in what people get in their GP practice.*
- *We have to get over this sort of, you know, strong type of sort of, you know, the mentality we have against doctors and medicines and so forth.*
- *It's a fear not being treated right, as well within a system. So it's a whole, it's a kaleidoscope of reasons.*
- *In general, it's about trust. Trust is a very big thing, in all walks of life. And in the work that we do, a lot of people are not trusting the GPS or the National Health Service. And that's why a lot of our people don't go to a GP.*
- *We feel that the agenda is against us if we don't trust our GP, you're not going to trust the health system in general.*

Patient trusts health service - Motivation

Enabler: Perceived benefit of patient feedback mechanism/ study participation (Ref. Mot). Perception that the health care system does not care about/ prioritise/ act upon patient feedback and needs of the community. However limited awareness of what care should be expected for hypertension. Younger/ less confident participants do not feel they have the resources to raise concerns.

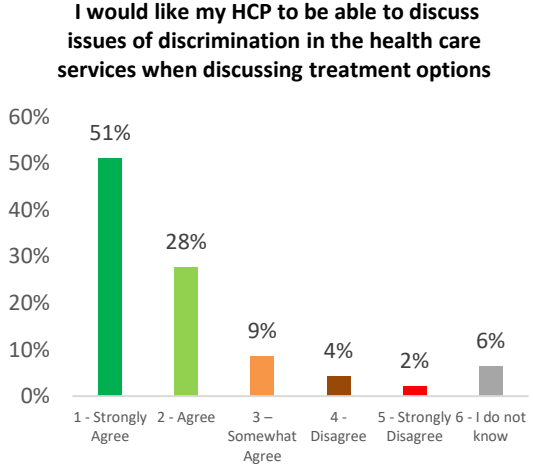






Patient trusts health service – Motivation

Enabler: Health care system supports focus on social determinants of health outcomes (Ref. Mot). Health system has open and honest conversations about the impact of racial trauma on health outcomes**.** Need for health system to collaborate with communities in the developing solutions to address root causes of health inequality.



- *What's causing it in the community needs to be tackled, as what I'm hearing is, how can we get them to take more medication? And actually, why is that our prevalence?*
- *Social justice and equality are things that needs to be included into, like, health outcomes, like if you're housing insecure, or if you're food insecure, you know, all of these things that add stress and impact on our health, I think there's a things that also need to be addressed properly as well*
- *it's a bigger change than just, you know, health checks and diet and exercise and stuff like that. It's about what can we do as a society to relieve some of the stress that people are experiencing as well?*

Patient trusts health service – Opportunity

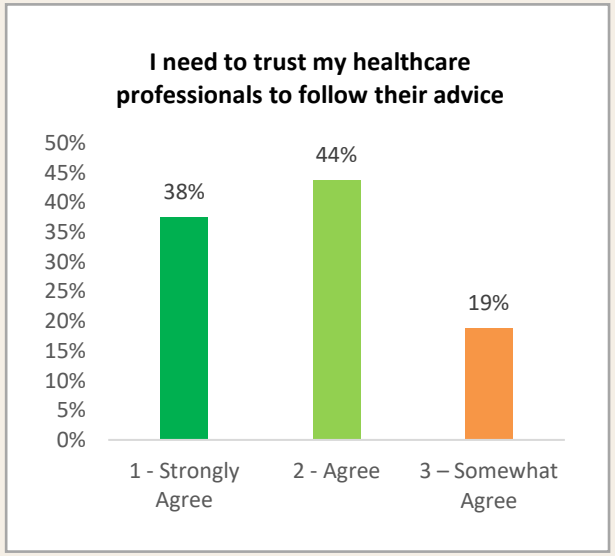
MAB ADI LIKO

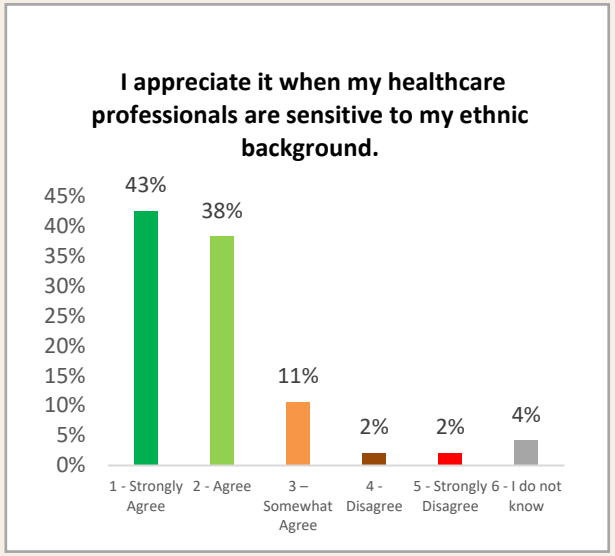
Barrier: Treatment by a different GP each visit (in group practices) (Phys. Opp). Limited ability to build relationships (and therefore trust) with individual HCPs due to rotational nature of group practices.

- *I've known my doctor 12 years as such, so I can't pull the wool over her eyes. I think she knows when I'm actually sort of questioning things with regard to having to go through the process. But yeah, it's good to have a relationship with your doctor.*
- *Yeah, but I'm fortunate enough, the centres pressured enough as it is. But I do always see, when I come for an appointment, I see my doctor, the only way I see anybody else is if they call what's known as a medical professional specialist e.g. for diabetes for more investigation and work.*
- *I don't have this rapport with my doctor and for that I don't use him anymore.*
- *If you have a good GP, and you've got a good working relationship, and you trust that GP that's great.*
- *Where you trust your GP, you will give them a lot more autonomy, to do things and make decisions on your behalf because you trust them. If you don't trust them, and trust is low, then of course, you're going to be sceptical, you're gonna question more, and you might not be so willing, and you might visit less frequently.*
- *We don't have a specific doctor anymore. Right. So I can go to the surgery. And I can I will see anyone. And I won't see the same doctor twice.*
- *Please tell me this is the same GP I spoke to a couple months ago, and I don't have to reopen my entire life.*
- *If you had the same continuous person, you're not frightened. I think that fear also goes away .*
- *You trust your doctor, they know who you are as well as what you do outside. Health is like outside your personal life. Some things might actually creep into your health. So they know that because they know who you are.*
- *So if you had the same doctor, that 20 minutes or so would be a lot more precious to somebody just getting to know the doc.*
- *Mine is a group practice. And so when I tried to ask for the consistency in who I saw, I could tell from them administratively that was putting pressure on them. So I backed off because I have, I've got this thing now that I don't want to be inconvenience to them. I really don't .*
- *Sometimes you can see a doctor that's great, but you never get to see him again, because there are local more visiting doctor.*
- *Just having conversations and getting to like having conversations with your doctor and, having a relationship but I think the rapport is really important in building trust.*
- *I think having a rapport with your doctor is to me is like number one thing that can help.*

Patient trusts health service – Opportunity

Enabler: Trust with individual HCP can significantly mitigate wider system mistrust (Phys. Opp). Overwhelming participants report the need to trust HCPs to follow their advice, including appreciation when HCPs are sensitive to ethnic background. Where there are high levels of trust with an individual HCP, this can help mitigate wider mistrust in the health care system.



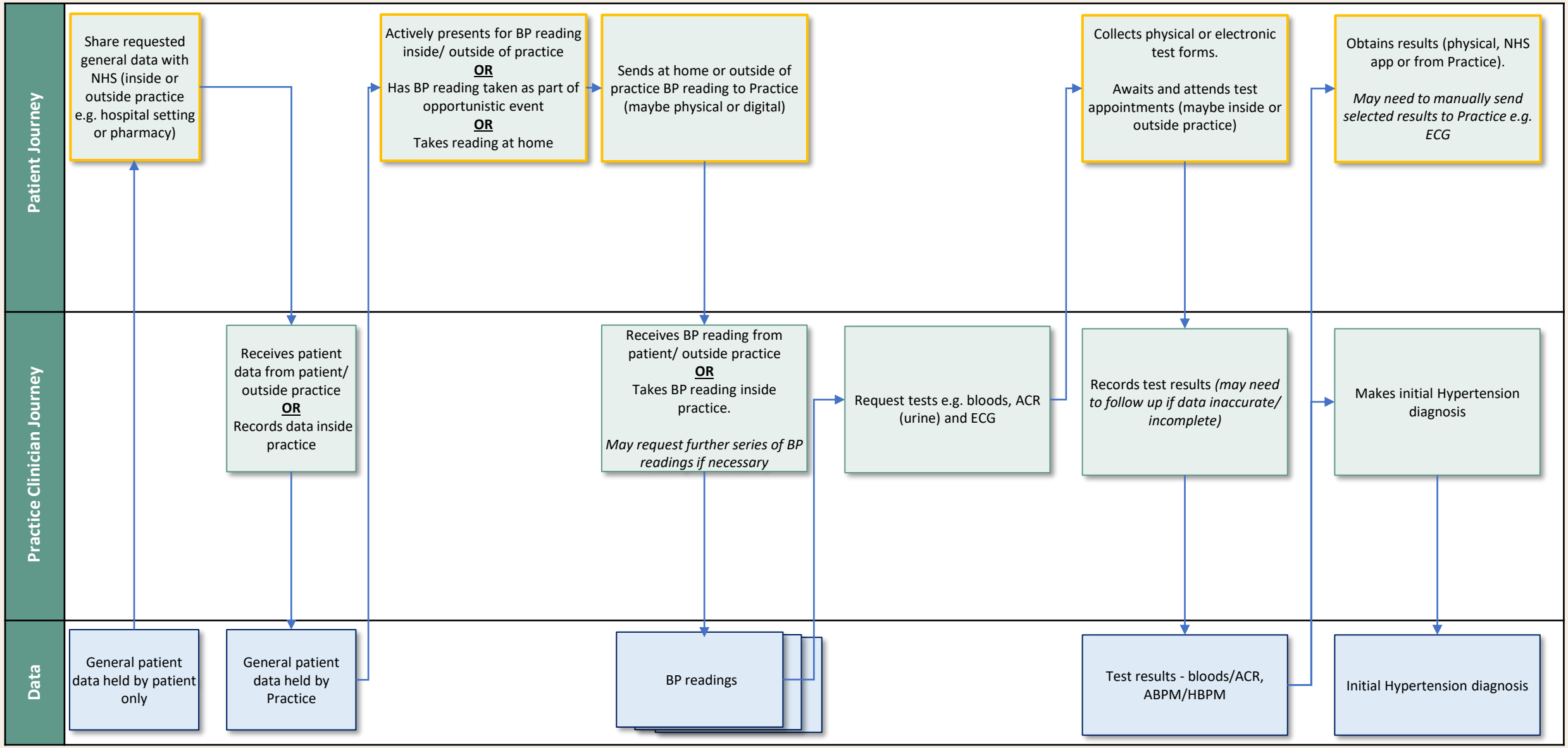


- *What I will say, I kind of feel like sometimes we can be very heavy handed with the NHS. And I know for the main, and I think that's coming from somebody that's had to rely on them so, so much, through all of our experiences, there was always going to be those that are coming from a very different mindset, and they will fight for you. Sometimes it's like they're on their own doing that, but they will fight for you for that particular thing for your health, you know, so I think sometimes we've got to remember that they all come as individuals, as well, and they come with individual personalities, some can be very arrogant, but some can really, really fight to want to help you. And I've experienced both sides."*

Appendix B: Generic Hypertension Pathway developed and used for Clinician and PPIE stakeholder workshops

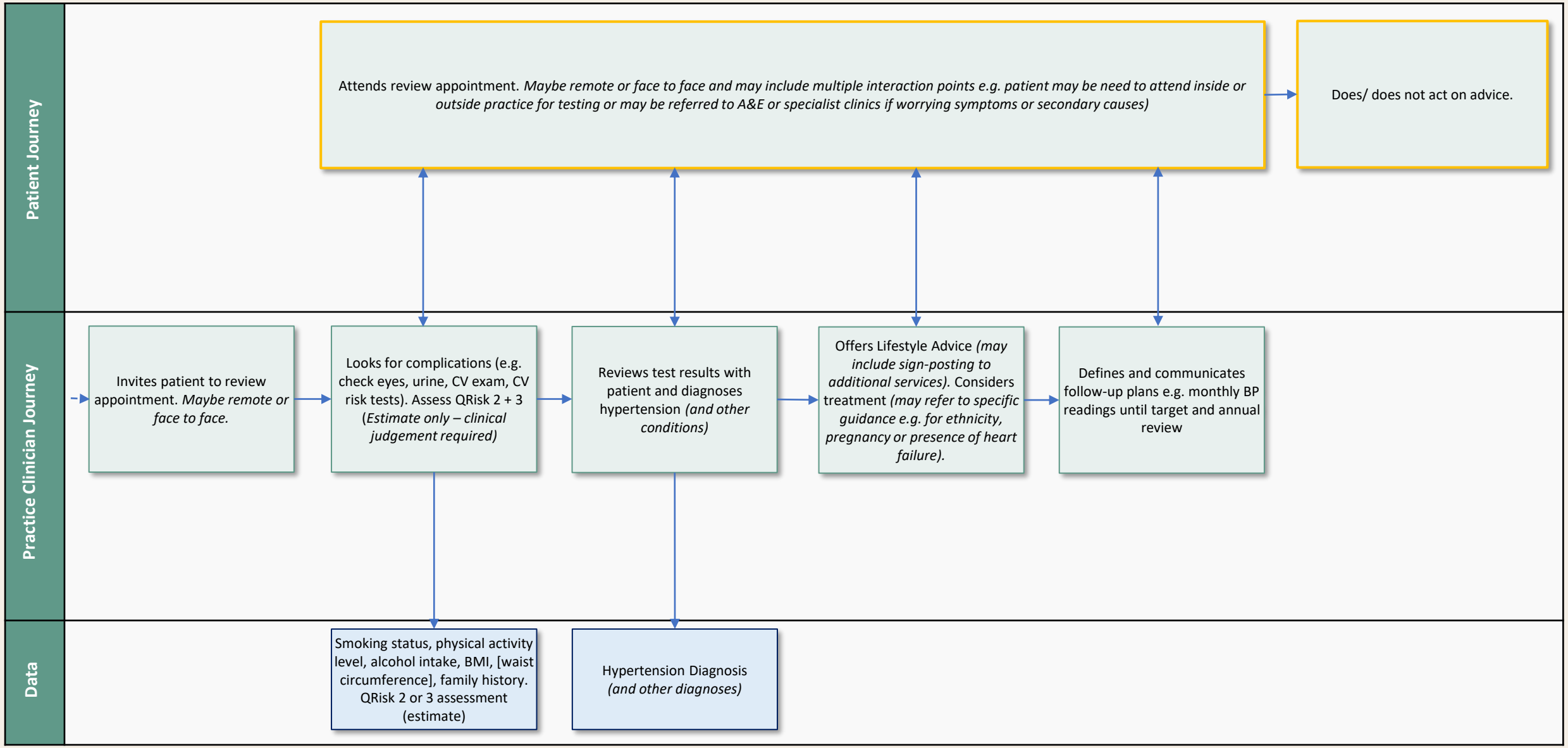
1. Confirm Hypertension diagnosis

Key: Patient journey step | Practice clinician journey step | Example data input/ output



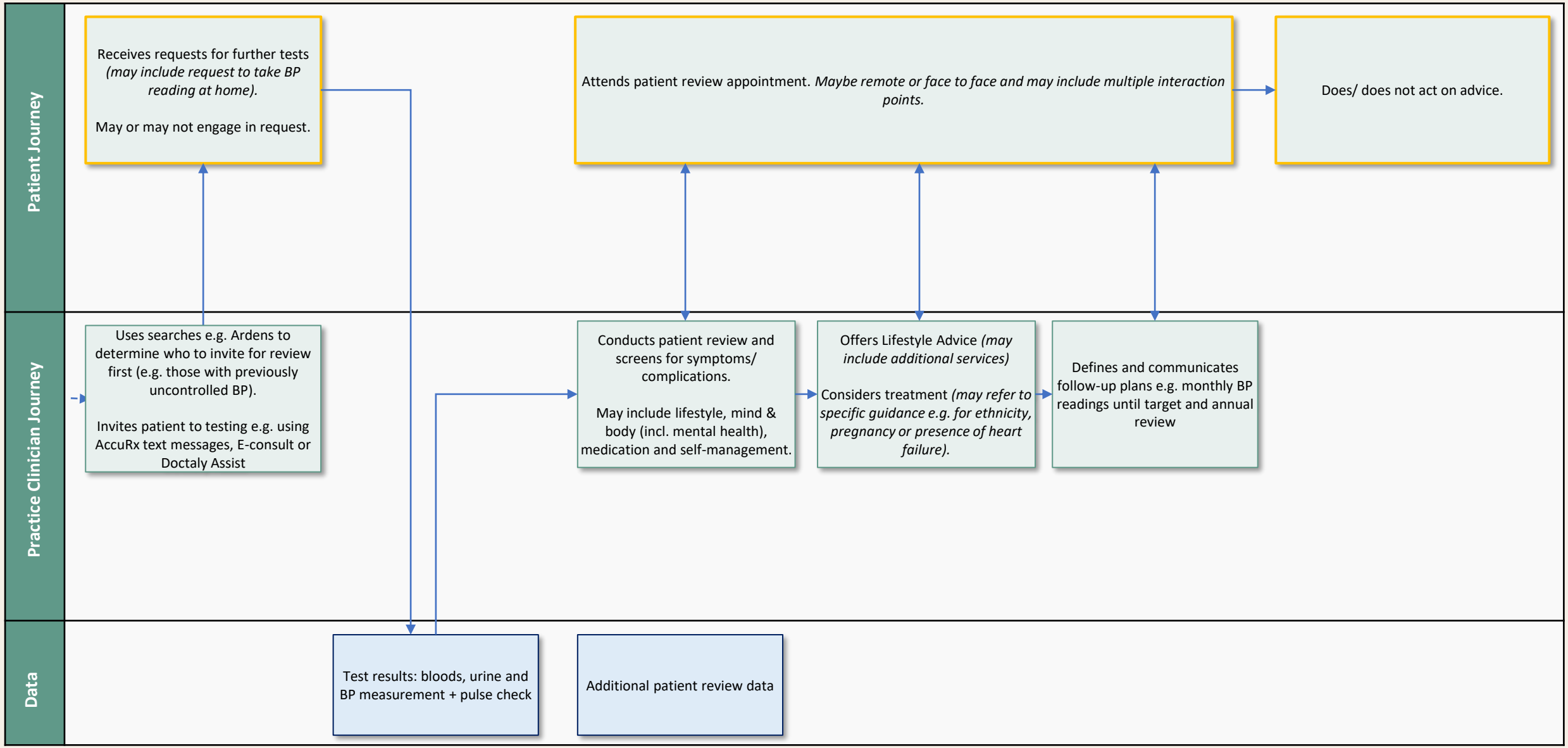
2. Assess risk, lifestyle advice and treatment plans

Key: Patient journey step | Practice clinician journey step | Example data input/ output



3. Annual Review – *for patients already engaged in hypertension pathway*

Key: Patient journey step | Practice clinician journey step | Example data input/ output



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Thank you

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