Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Listening Event for BAME: Your views on healthcare during Coronavirus: Feedback Summary

On Monday 17th August 2020, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG), the Community Access Support Service (CASS), Ladders4Action, Nilaari, and The Bristol Muslim Strategic Leadership Group held a virtual listening event on Zoom for Black, Asian and Minority Ethnic (BAME) communities.

This event was one of a series of listening events run by CCG in partnership with local voluntary and community groups to understand peoples' experiences of navigating healthcare services during the coronavirus pandemic. The feedback received during this event and others will help the local health and care system to improve services and better meet peoples' needs in the future.

This document summarises the key learnings from the listening event and reflects the feedback shared by 40 people across 6 individual breakout sessions. It is also intended to capture some of the implications or recommendations which we have shared with colleagues across the health and care system.

Summary of key themes and implications:

1. **Communication channel and messaging gaps**: Messaging is not always clear, with language barriers exacerbating complexity for some. Media Channels need to be more diverse to include trusted community touchpoints

2. **Remote access to healthcare services:** This is working well for some people but there are inconsistencies in the access to information and the access to different appointment formats

3. **Returning to usual:** Desire to return to usual ways of accessing services is clouded by safety and trust issues for some

Detailed findings:

Timely, clear and consistent messages have been lacking:

There was consensus across participants that messages regarding the coronavirus pandemic were mixed and overly complex. Many participants shared how this has been exacerbated by the lack of timely and up-to date translated materials in community languages. Where translated information has been available it has been delayed or become out of date due to changes in the government guidance.

Another worry for people who attended our listening event was the inconsistency of messages at a national and local level about the shielding programme and about when healthcare services would restart or resume. Most people felt that messaging was confusing and contradictory, which left some people feeling anxious and uncertain.

> "Overloaded with information which can harm people, information is good as long as it is in multiple languages and accessible for those with disabilities"***Listening event participant***

> "Translation during Covid-19 has been difficult and by the time it is translated, the message is out of date because it is changing rapidly"
>
> ***Listening event participant***

"People were told to just take extra precautions (in March) then at a much later date (mid-July) they were told that they should have been shielding."

Listening event participant

Implication and response:

It is important that we consider how we can work to ensure timely, clear messages about coronavirus and the local health and care system are reaching everyone. Whilst there have been examples of good practice, it is clear that these either haven't reached the right audience or by the time they have, they were no longer up-to date or relevant.

We will work with partners across the local health, care and voluntary and community sector to explore options to speed up the development of accessible information and communications.

Communications have not been through the right channels for the BAME communities:

It was clear from the feedback that there was an overreliance on national news networks and digital for sharing information. Many people in BAME communities highlighted how the networks and channels they use have been overlooked or underutilised, including national networks such as BBC Asian Network and local networks such as radio, faith groups and BAME led SMEs (Small to Medium Enterprises).

It is especially important that touchpoints are tailored to different communities and generations. Digital, including social media, is entirely appropriate for younger members of BAME communities, but the older generations need more information via traditional media, the local community networks or faith leaders.

> "BAME needs to be broken down further e.g. faith, language, culture etc. awareness needs to be raised through hubs or community leaders. Information is there but the awareness of this is needed"
>
> ***Listening event participant***

> "Changes to the national guidance was not communicated to communities directly"
>
> ***Listening event participant***

"One size does not fit all, each community or group has different needs. E.g. older groups needing more information through the television or traditional medias or faith leaders. You've also got the younger generations who look at social media more than the television"

Listening event participant

Implication and response:

It is important that we consider how we can work to ensure communication reaches all communities through appropriate channels. Whilst there have been examples of good practice, it is clear that there needs to be an expansion of touchpoints to reach the broadest BAME population.

People have changed how they access health and care services, with some people reporting not using services due to cancellations, safety concerns, and concerns about overburdening the NHS:

Across the individual breakout groups, people told us that they or people they know have been concerned about accessing health and care services in recent months, with many expressing concern and confusion about the risk of infection should they go into a GP practice or hospital.

People also expressed frustration at not knowing who best to contact or how to contact them should they need routine health and care services such as a GP or hospital appointment. Several people also shared examples where appointments had been cancelled for long-term or ongoing concerns, with little or no communication from the provider about support available or when the appointment will be rescheduled for.

> "Received texts from primary care communicating they are very busy and not to contact unless it's an emergency, left suffering in silence"
>
> ***Listening event participant***

> " Older BAME people were told that they shouldn't leave the house or go to the doctors even though they are the group that was most vulnerable and needed support from the GP."
>
> ***Listening event participant***

> "On the 'shielding' list and felt uncomfortable being in the hospital environment."

Implication and response:

This feedback emphasises the importance of understanding and responding to public confidence, with a need for local, system-wide campaign to help address peoples' concerns, keep people better informed about service status, and manage expectations about access to health and care services.

It will also important for health and care service providers to put in place clear and consistent communications to help people understand how to navigate and use new ways to access appointments, such as online consultations and telephone or video consultations.

Remote access to health and care services is working well for many people but there is a need to address accessibility needs:

People felt there were positives and negatives related to remote access to services. Positives included convenience, removing the need for travel and increased safety for individuals. Some of the drawbacks included using platforms or communication methods which are not user friendly or accessible, difficulties in describing health conditions when not face to face and GPs not giving specific appointment times for telephone / online appointments. Remote access also heightens language barriers for some. However, familiarity through repeated use has improved understanding and experience for several who found the remote services difficult at the beginning,

It was felt that, in the long term, remote access needs to complement face-to-face access, rather than replace it. Participants felt that the nature of the issue and individual choice were also important in determining whether face-to-face or remote access was suitable. For example, it was felt that face-to-face support would be necessary to address new concerns and those that required ongoing intervention, (e.g. blood pressure or diabetes

checks), but that remote access would be useful for appointments related to ongoing issues.

> "Positive experiences with telephone calls have gone well and preferred to going into the practice."
>
> ***Listening event participant***

> "This depends on the person as phone consultations prevent the GP from seeing how people are really feeling. There needs to be a balance for what works for some and what works for others"
>
> ***Listening event participant***

> "People do not know that there are services they can access online because they don't understand the language."
>
> ***Listening event participant***

> "This is about having the choice as if someone doesn't have a choice it can make them more vulnerable."
>
> ***Listening event participant***

Implication and response:

We are working with partners across the system to regularly collect feedback on remote consultations, using this feedback to inform individual and system-wide service improvements. Although many services will continue to remain 'remote by default' GPs across our region are clear that people are able able to attend appointments face-to-face should it be required or requested by the service user, following the initial phone call or online consultation.

People are cautious about returning to usual ways of accessing health and care services and need reassurance and clear directions in a language they understand to feel more confident:

Emphasis was placed on the need to build trust and for greater reassurance when discussing how health and care services would 'return to normal' and how confidence could be increased over time.

In order to address this, it was suggested that clear advice around what measures are being taken to keep people safe in health and care settings (especially hospitals) would be helpful.

There were concerns that certain groups of individuals would be less likely to put themselves at risk by accessing services in the short-term, such as the elderly and those with mental health conditions.

Many of the most nervous about 'return to normal' also tend to be those who are struggling with new technology. These people need more reassurance and potentially help to access, if feasible.

"Lack of trust and fear of the unknown"

Listening event participant

"Not feeling any more anxious than pre-covid about going to GP surgeries, but more so about going to hospital."

Listening event participant

"Explanation/help needs to be given to those struggling with IT/technology."

Listening event participant

"Language barriers a big problem."

Listening event participant

Implication and response:

As outlined earlier, it is clear that communications need to go beyond informing people that services are 'open for business' and provide clear and detailed information outlining the steps that people and providers will be going through to ensure health and care services are Covid-safe. This should include advice on what precautions have been put in place including social distancing measures, hand sanitising and temperature checks on arrival; advance instructions on what to do when they arrive; and the opportunity to discuss this ahead of the appointment.

Recognising that some people will still be cautious about using health and care services due to individual circumstances, we are also working to proactively support vulnerable and shielded people, those with learning disabilities and those with long term conditions, offering them access to the services they need in new and innovative ways to avoid multiple healthcare contacts.