

## 09 November 2020: BAME focus group

Facilitator	John Boyman	No. of participants	9
<p><b>Questions/Comments raised during online event:</b></p> <p>Question from facilitator: What do you think of services and where do you use services?</p> <p>Basingstoke, day care good, service is good. Testing is good. Walk in service for example blood test is very good. Positive experience even though everything impacted by COVID. Hospital – Basingstoke. Poor experience and went private. Whilst staff are very good at their jobs there always seems to be communication problems. The effect is always on the patient when there is a comms problem. Even with good facilities, without communication there can be poor outcome.</p> <p>Quality of finish in hospitals is poor. Not modern in terms of patient care. Lacking in terms of modern amenities. Can see it's a 1960's building.</p> <p>In West Berkshire, covered by many different hospitals. Not just Hampshire Hospitals. If you can speak English it's fine, but if you are not speaking English then can be a problem. Typically BAME community are considered quieter. Translator service could be better. Not offered as standard, it's looked at as a cost. There is a tendency to use staff, although when you use people who are not staff and they don't know terminology then can be an issue.</p> <p>For Caribbean it is not just language, sometimes use words that might mean something else. It can mean something different to the person hearing than the person speaking. It's important to understanding culture.</p> <p>Observations, white person observations, going blue for example. Cultural awareness.</p> <p>The BAME community is generally not very noisy. More tolerant with pain but this does not mean we are not in pain.</p> <p>If splitting services, what is the provision for emergency care. For example, in a midwife led unit, someone gets in trouble. Would they be transported to new hospital?</p> <p>FACILITATOR: Only able to use midwife led unit if low risk. Planned for midwife led unit co-located with consultant led in new hospital.</p> <p>Sustainability – currently no transport to get to one of the proposed sites. Accommodation and transportation should be looked at. Existing site might be better than going out to Dummer. Centralising services does make sense but can some services be in both places.</p> <p>Talk of Basingstoke and Winchester, what about West Berkshire.</p> <p>FACILITATOR: Existing Basingstoke site would mean no change. Other site would mean more travel for many people.</p>			

People choose to go to Basingstoke as there are issues with other hospitals nearby. Eg. Parking at Royal Berks. It feels like we are giving people options and then taking it away.

Cancer services, how is this expected to run. Currently, not doing great in the CCG in terms of referral. If expecting to improve, how is cancer going to be run.

FACILITATOR: There will be a cancer centre on the site of the new acute hospital. It will be a better environment for people undergoing cancer treatment. In terms of GP and referral, we are trying to work on this as a system to make it more joined up between GP's and doctors in the hospital.

FACILITATOR:

Do you think there is a clear reason for doing things differently?

If yes, what reason do you think is most important?

If no why not?

Are there any reasons that are missing?

Are we going digital?

FACILITATOR: Many more appointments happening using a platform like this. Digital has come in due to covid but is here to stay.

What about people with learning disabilities or not able to speak English. How would they communicate with the consultant?

It's an important consideration, it appears a lot easier but the examination is a really key important part of a consultation. Reliant on them understanding you in order for you to work on. People with learning disabilities, language barriers could be an issue. Issues facing BAME communities are coming to the fore. Excellent opportunity to do things differently. Cater more to communities that have been marginalised.

Good to hear proposal, in terms of service options will there be increased consideration for holistic treatments. This would help many communities including BAME communities.

FACILITATOR: We would like to gain your views on the six options

Sounds positive – great that there is thought going in to buildings getting older. New buildings is likely to mean better facilities. Purpose built so much opportunity to make centres fit for purpose in the best way to be able to provide services. This can only be a good thing.

As long as it's planned well, and is inclusive. Been on many events like these and then don't see any action. Want all of this engagement to go into the end product. If I go in then someone is there to understand me and my culture.

General health issues such as diabetes and pressure. Saying 'normal for race' is unacceptable. Whatever goes in to it, all of these things have to count for something in the end product.

Service delivery we need to get away for institutionalised way that hospitals deliver service to BAME groups. Need more scrutiny for example health advocates. Holistic health and

mental health services.

With respect to finances, technology is increasing and people doing more complex surgery, more expensive medication available. It is difficult to balance that. Streamlining services makes sense. Specialists in the same location. But flip side is everyone has to travel depending where your specialist service is provided. Potentially losing community/family support..

Disadvantages for nurses or other medical practitioners. If they have children going to school in Basingstoke. Travel to get to schools and the time taken to get to and from.

Older folk may have issues, May have a long drive then navigate their way through a big hospital. Provision of assistance when they arrive. Elderly or disabled may find size of hospital difficult. Signs in different languages.

FACILITATOR: what language would be useful?

Polish, Nepalese, Urdu. Other languages come in at point of receiving services. Could you indicate prior to appointment to get translation services.

Website, could it be translated so that it can be understood. To navigate the hospital itself. In a big hospital, people get lost. Work hard at helping people to navigate the hospital.

People get stressed coming in to a hospital – make entrances and exits really clear.

Experience from living in US, massive television by the entrance, select where you want to go and then select language. It gives you directions to where you want to go to. Would be good to have an interactive way of finding and navigating.

Something that speaks at you when you walk in.

FACILITATOR: Can we have your views on the public consultation

Getting information ahead for people to look at in advance.

The options need to be user friendly. For the public it's too complex.

Can the information be made available in other languages. Will there be postal and door to door? It will help access people who have difficulty with the forms.

FACILITATOR: Join up consultation plan as we speak – no door knocking due to covid but phone survey.

Need to get the information beforehand. Simplify and make it more easily understandable for everyone. Need to strike a balance between the simple and complex for consultation.

To go out to community is going to be a challenge – make it simpler.

Tonight has been a good opportunity, to have a BAME group to put our views across. We understand that the NHS is very complex organisation and it is good to break things down.

FACILITATOR: How do people want to receive information?

Email is fine. I can then disseminate through speaking to people personally. I need to have information to disseminate but has to be simple.

Getting people up to scratch so that they can help with consultation.

Email is good or through community champions so it can be disseminated out to other groups.

Social media – keep repeating

Email. For the Filipino community communicate through facebook. Would be good to get the information in advance and understand it before handing it over.

Email and social media. The key is community champion.

#### **Chat download anonymised**

NONE

#### **Report written by:**

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