



Experiences of Bucks NHS hospital services

**Views of people from South Asian
communities**

July 2023



What we did

Buckinghamshire Healthcare NHS Trust (BHT) asked us to gather feedback about its services from people who belong to South Asian communities. We had two aims:

- To understand more about people's experiences and develop action plans to address any issues identified.
- To identify community contacts who BHT could continue to engage with (for example as members of the Patient Engagement Group).

We talked to individuals and organisations with links to South Asian communities to:

- Understand how each community would prefer to engage with us
- Identify groups and individuals who would be happy to help us reach people in their communities.

We gathered feedback through one-to-one conversations and two informal focus groups. We also offered an online survey so people could give us anonymous feedback.

Key findings

We heard positive views and experiences for each of the themes identified in this report. As well as specific examples, people expressed their gratitude for the services, recognised that the services/staff were under pressure and didn't want to be seen as complaining.

We also had feedback about aspects of services that could be improved to give people a better experience. Some feedback related to experiences affected by the COVID-19 restrictions in place at the time.

Information provision

Most people said they had information about their appointment or treatment before they went to the hospital. Nearly all of these rated the information as good or very good. Again, most told us they had information about what happens after an appointment and about three quarters rated it as good or very good.

We also heard feedback about the sort of information people found helpful or would like to have received. We suggest this feedback is reviewed to identify good examples that could be adopted more widely across the Trust.

We had a mixed response to questions about whether the information received before an appointment tells people they can ask for an interpreter if they wish. About half the people we heard from were aware they could let hospital staff know if they would prefer to see a female or male doctor. About three quarters said they knew they could have someone with them during an appointment or examination.

Access to services

There was a mixed response to the question about how long people had to wait to see a doctor or nurse on the day of the appointment. We heard about long waits for treatment or appointments. One common theme was the long waiting times at A&E.

There was also a general feeling that people didn't feel rushed during appointments. They recognised that doctors ran late because they spent longer with patients.

Most people we heard from travelled to hospital by car. As well the difficulties associated with parking (and the costs) we also heard about relatives who have to take time off work to take people to appointments and about issues facing people who have to take public transport to hospital.

Communication between staff and patients / staff attitudes

As well as some good experiences, we heard examples of when communication between staff and people (patients and relatives) could be improved. Some people felt healthcare professionals didn't listen to them while others wanted more information from them. We also heard views about issues faced by people who didn't have English as a first language or who felt stereotyped because of their ethnicity.

People offered a range of positive feedback about staff attitudes, but we also heard some negative views relating to the demeanour of some staff or their tone. Feedback about other NHS services also includes examples of communication and staff attitudes issues that could be reviewed as well.

We know that cultural awareness training is being developed for maternity services across Bucks, Oxfordshire and Berkshire West (BOB). Our report has highlighted issues where better cultural awareness could help to improve people's experience of NHS services.

About two thirds of the people we asked knew how to raise a concern, but we also heard some reasons why people might be deterred from making a formal complaint.

Our recommendations

We have developed recommendations based on the feedback we received. We recognise that these views may not represent those of everyone in South Asian communities across Buckinghamshire. Some of our recommendations could also benefit other groups and communities in Bucks who use the Trust's services.

Information provision

- It was clear that not everyone we spoke to was aware of the range of support that was available to them during appointments. The Trust should work with South Asian community groups to raise awareness of the support that's available (eg interpreters, chaperones, asking for a male or female healthcare professional)
- Some feedback was about the long wait for an appointment and treatment. The Trust should keep in touch with people while they are waiting and provide information about where to get help and support in the meantime.
The Trust should also ask patients how they would prefer to receive this information.
- Build on the good practice we heard by sharing the positive feedback included in this report within the organisation

Access to services

We heard that travelling to appointments can be difficult for some (if they rely on public transport, taxis or others (friends or family members)). The Trust should ensure that:

- patients are aware of options to have some treatments/tests closer to home (where appropriate)
- patients know how to get help with transport and that this information is accessible and relevant to all
- Equality and Quality Impact Assessments consider a full range of demographics including ethnicity. This could include consideration of those who may be

disproportionally impacted by the need to use public transport, taxis or rely on others to get to hospital and whether this could have an impact on waiting times for diagnosis and/or treatment.

Communication between staff and patients / staff attitudes

We heard both positive and negative experiences that related to staff attitudes and communication between staff and patients. The Trust should:

- use the feedback in this report: to develop cultural awareness training for all staff, coproduced with South Asian communities in Bucks, and building on the work already underway for the BOB maternity services.
- learn more about the experience of minority ethnic communities by analysing the feedback from the Friends and Family Test responses

We found that awareness of how to make a complaint or give feedback varied, the Trust should:

- ensure that information about how to make a formal complaint is accessible and relevant to all patients
- work with South Asian community groups to encourage people to give (positive and negative) feedback about their experience. This could also provide reassurance that making a complaint will not impact on the service people receive.

What the project was about

BHT's [Patient Public Sector Equality Duty Report 2020-2021](#) included an analysis of its Friends and Family Test results. It said that:

"White British & Irish patients and service users had the highest response rates, the lowest response rate at 9.44% is from those recorded as Pakistani or British Pakistani. Of those patients who gave their ethnicity, the most satisfied were White British with Bangladeshi or British Bangladeshi patients reporting the lowest satisfaction with 13.46% saying that their experience had been poor or very poor followed by Pakistani or British Pakistani at 9.26%."

One of our own projects ([open for business](#)) found that:

"Most people said they were clear as to what the next steps might be. But we found that people who identified in one of the BAME groups were significantly more likely to say they weren't clear about the next steps than people who identified as White British."

"...We found that people who identified in one of the BAME groups were significantly more likely to say they weren't happy with the outcome of their appointment than people who identified as White British."

What we did

We engaged with organisations who were also working with South Asian communities in the county. We looked for opportunities to work together and avoid approaching the same communities with similar requests. We didn't proactively seek feedback about maternity services to avoid duplicating the work of Bucks Maternity Voices.

We recruited a community researcher who, as member of a South Asian community, helped us engage with people from their community. We also sought advice about the wording of the questions we wanted to ask. Our online survey was only in English because the primary delivery approach was through one-to-one discussions or focus groups for which we offered interpretation.

We attended a range of events to raise awareness of this project, collect feedback and gather contact details for people to interview. These included:

- A 'cuppa and cake' session organised by Bucks Maternity Voices for Pakistani/Kashmiri women in High Wycombe
- The Holi event in Aylesbury – organised by the Aylesbury Hindu Temple Trust. Our survey was also shared within this community
- Visits to High Wycombe, Chesham and Aylesbury Libraries
- The Revive Aylesbury Health and Wellbeing Event for minority ethnic communities.

We also had discussions with two groups of women from South Asian communities. These were held in High Wycombe and Chesham facilitated by the Healthy Living Centre (HLC). **One group was conducted in Urdu by our community researcher and the HLC facilitator provided some interpretation for the other. We emailed about 100 people who had signed up to the Bucks Resident panel and identified as a member of a South Asian community (the response rate was 2.7% – see**

Asexual	2
Heterosexual / Straight	30
Prefer not to say	8
(blank)	12
Grand Total	52

How would you describe your marital or partnership status?

Married	31
Separated	1
Single	4
Widowed	1
(blank)	7
Prefer not to say	8
Grand Total	52

How would you describe your pregnancy or maternity status? (tick all that apply)

Currently pregnant	3
Currently breastfeeding	3

Given birth in last 26 weeks	1
Prefer not to say	9
Does not apply	26
(blank)	4

What is your religion or belief?

Buddhist	1
Hindu	13
Muslim	22
No religion	1
Prefer not to say	9
(blank)	6
Grand Total	52

How would you describe your ethnic group?

Asian/Asian British: Any other South Asian / South Asian British background	1
Asian/Asian British: Bangladeshi	3
Asian/Asian British: Indian	11
Asian/Asian British: Nepalese	1
Asian/Asian British: Pakistani	13
Asian/Asian British: Sri Lankan	2
(blank)	13
Prefer not to say	8
Grand Total	52

What is your postcode?

HP11	2
HP12	3
HP13	3
HP18	2
HP19	4
HP20	2
HP21	3
HP22	1
HP5	5
HP6	3
(blank)	17
Prefer not to say	8
Grand Total	52

Deprivation (IMD2019 based on postcode district)

Scale	Category	Explainer	Count
Least deprived	A	95% or more of the postcodes in this district are in IMD2019 Quintile 1	0
	B	95% or more of the postcodes in this district are in IMD2019 Quintile 1 and 2	0
	C	Other	28
	D	95% or more of the postcodes in this district are in IMD2019 Quintile 4 and 5	0
Most deprived	E	95% or more of the postcodes in this district are in IMD2019 Quintile 5	0
		(blank)	16
		Prefer not to say	8

This is our own estimate of levels of deprivation, based on postcode **district**.

For example, if a postcode is in category E, there is a 95% chance that postcode is in the lowest quintile, i.e. the most deprived 20% of households in the UK.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853811/loD2019_FAQ_v4.pdf

For reference, these are the IMD 2019 statistics for the relevant postcode districts

	Percentage of postcodes per IMD quintile by postcode district				
	Least deprived				Most deprived
	1st	2	3	4	5th
HP20	7%	7%	6%	0%	80%
HP11	0%	10%	9%	18%	63%
HP12	0%	0%	32%	17%	50%
HP19	6%	15%	15%	21%	43%
HP21	19%	10%	26%	7%	38%
HP13	0%	25%	5%	31%	38%
HP5	10%	10%	18%	45%	17%
HP18	5%	8%	28%	48%	11%
HP22	20%	39%	27%	15%	0%
HP6	66%	11%	14%	9%	0%

E.g. 80% of the postcodes in the HP20 postcode district (Central Aylesbury - Elmhurst/Victoria Park) are categorised in the 5th quintile i.e. the most deprived 20% of households nationally.

Do you consider yourself to be a carer?

No	24
Prefer not to say	8
Yes	12
(blank)	8
Grand Total	52

Do you have a disability?

No	34
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yes	2
(blank)	8
Prefer not to say	8
Grand Total	52

Which of the following disabilities apply to you? (tick all that apply)

Long term condition	1
Mental Health condition	1
Prefer not to say	10
Other	1

Do you have a long-term health condition?

No	20
Yes	10
(blank)	14
Prefer not to say	8
Grand Total	52

Which of the following long-term conditions? (tick all that apply)

Asthma, COPD or respiratory condition	3
Blindness or severe visual impairment	0
Cancer	0
Cardiovascular condition (including stroke)	1
Chronic kidney disease	1
Deafness or severe hearing impairment	0
Dementia	0
Diabetes	2
Epilepsy	0
Hypertension (high blood pressure)	2
Learning disability	0

Mental health condition	2
Musculoskeletal condition	2
Prefer not to say	10
Other	2

Appendix 4). We're also grateful to the local organisations (such as Carers Bucks) who shared details of the project with their contacts.

What we heard

We have summarised, by theme, the feedback from 52 people. This was gathered through:

- 22 telephone, online or face to face one to one interviews
- nine responses to the online survey
- two group discussions (with 21 participants).

Appendix 1 explains more about our approach. The survey questions are in Appendix 2. The questions were also used as a prompt for the one-to-one interviews. During the group discussions people gave feedback on a wide range of NHS services. Participants weren't specifically asked all the survey questions. Appendix 3 gives more details of the people we heard from. There are fewer 'about you' responses than the number of people who gave us feedback because not everyone chose to answer these questions.

About the experience

We have summarised people's responses from the online survey and interviews by theme. Views and experiences shared during the informal focus groups have been reported under the relevant themes. We have included feedback about other NHS services because this could relate to hospital services access.

Most people told us about their own experience. A few told us about a relative's experience.

The majority of experiences we heard about happened "since March 2020 (when COVID restrictions were in place)". A few were "before March 2019" or "between April 2019 and March 2020" and a couple covered both before and during the pandemic.

Most people talked about visits to a hospital. We also heard about a GP maternity appointment, a home visit and a telephone appointment.

Most experiences involved visits to Stoke Mandeville Hospital with some at Wycombe and a few at Amersham. Marlow and Thame were also mentioned. The focus groups talked mainly about experiences at Wycombe and Stoke Mandeville.

We heard most feedback (from interviews and the survey) about going to hospital for “a clinic or outpatient / clinic appointment/check-up”, followed by Accident and Emergency and Urgent Treatment Centre. A few responses mentioned other categories (an assessment or treatment, for an operation, tests, or maternity service). One person said visiting a relative in hospital. People could choose more than one option.

Information provision

Before an appointment or treatment in hospital

Most people who responded (about three quarters) said they given information about their appointment or treatment before they went to the hospital. Nearly all of these rated the information as good or very good. One said it was poor. Two knew what to expect (because they'd been before).

Some of the positive comments are summarised below.

One person mentioned the detailed information about the procedure, effects and pre and post operation care and another said the information provided before the appointment was clear (but the post treatment leaflet was contradictory and quite confusing).

Other people mentioned that the very useful map (that some departments include) and that the appointment letter helpfully says what to expect, how long the appointment might take and what to bring.

A few people wanted more information. This included:

- The reason for the appointment (in the letter). An appointment without explaining what it's for can cause worry
- Clearer information about the timing of the operation
- Where to go when the appointment was made over the phone.

One person told us that they now had to go to hospital for a blood test (instead of the district nurse coming to them). It had been easy enough to make an appointment but they wanted to be consulted and felt that the service had just been withdrawn.

A few people said they'd had to change the date of their appointment. Two said it was easy. A couple of people had a mixed experience. One comment was that generally people are helpful, but very occasionally not very good (for example once they rang

and got a 'take it or leave it' attitude). Another mentioned the convenience of changing appointment via text (compared to ringing) and that the text reminder was helpful. We also heard that the app (to book a blood test appointment) giving clear information about the place and time.

We also received feedback that sometimes the hospital cancels or arranges the appointments by phone. Another person said they were able to choose the best from a range of options (for a phone appointment).

One person suggested writing down everything to ask before at an appointment and build it up for a few weeks. They felt that sometimes people may feel they haven't had a proper consultation because they haven't asked the questions they wanted to ask.

Access to Interpreters

We had a mixed response when we asked if the information provided (before an appointment) tells you that you could ask for an interpreter if you wanted one. We heard some good examples of the hospital supporting people who needed interpreters. One person mentioned they were asked at the first midwife meeting. Other positive examples were:

- The hospital having a conversation before an appointment to arrange for an interpreter - "They always put the time and effort into making sure that's the case"
- Being asked (during a phone session) what language a relative spoke and the hospital arranged for someone to speak to them in that language. They felt this was helpful because they could only go with them up to a certain point in the hospital.

A couple of people told us they interpreted for relatives. One said they had to do everything for them and didn't get any support from the hospital. They highlighted elderly people who can't speak English, noting that there are people who don't have anyone to help/translate.

We also heard about a time when an interpreter wasn't available for a relative attending a GP midwife appointment. On the first occasion the midwife called an interpreter they were put on hold, and the second time the call was cut off.

Information about what to do and where to go when you got to the hospital

Most people who answered the question said the information provided tells you what to do and where to go when you got to the hospital.

- About half said they didn't know that on arrival you could let hospital staff know if you would prefer to see a female or male doctor (and about half said they did). One

person said they were asked if they were OK if a male doctor was present. Another said they would ring every time to check they could see a woman and had always seen one. They noted that at Wycombe this has to be requested on the day.

- About three quarters said they knew they could have someone with them during an appointment or examination (either a relative or a hospital chaperone).

Information provision - about what happens next

Most people who responded said someone explained, or they were given written information about, what would happen after their appointment or when they left the hospital. About three quarters of those we asked rated the information as good or very good.

“Very easy to read and understand.”

One comment was that the information was straightforward and simple but didn't provide information about what to do if something went wrong.

Those who said it was poor commented that:

- They were under sedation, were told verbally, then forgot
- The leaflet quality was poor so wasn't kept. It didn't have anything more than had already been given and there were no next steps (ie what to do if...).

Most people (over three quarters) said they were told who to contact if they needed medical advice once they left the hospital. A few mentioned being given a number to call/point of contact if needed and another said they were given a number to call if they didn't get an appointment by a specified day.

Two people said they were told who to contact for extra help to live at home.

We asked if people were offered the information in any other languages / formats. Most people said “no” and a few said “not applicable/didn't apply”.

Test results

A few people made comments about getting test results. One person appreciated getting blood test results with the next appointment letter. Other comments were that test results can't be accessed by different services, and about the issues chasing up test results with the GP and hospital. This can take weeks and can cause worry.

Complaints procedure

About two thirds of people we asked said they knew how to raise a concern or give feedback. One person had given feedback via birth reflections. We also heard from someone who had complained to PALS about their experience and got a letter. They had asked for a further meeting but hadn't heard anything back.

One person said the Health visitor explained how to write in but they questioned the time involved with a new baby and two people said they were very happy to put in a complaint if things had not been correct (though they recognised that they spoke English as a first language).

"I did not feel comfortable making a PALS complaint as I found it was going to be long, distressing process and I felt I couldn't remember doctors names."

Another commented that they only knew because relatives work in the system and one didn't know but would 'google it'. Someone who had good experiences commented that they wouldn't usually complain even if the experience had not been good.

Access to services

Transport

From our interviews and the survey most people who answered this question said they got to hospital by car (either their own or someone else's). A few people had used an ambulance and a couple mentioned public transport or taxis.

Although one person mentioned the parking was OK, others said it was horrendous and an absolute nightmare. One view was that people didn't want to go to hospital because of the parking (and the long waits). Other comments were about having to park in a side road in the early hours and the expense when waiting at A&E for a long time.

We heard about relatives having to take time off work to take people to appointments. One concern was for people who don't drive, who may be on their own or whose relatives are not able to take the time off.

"I suggest an hour parking should be free for outpatients. It isn't fair to charge patients beyond reason. If the appointment is likely to take longer then the patient must be encouraged to use public transport- will help towards the Bucks NHS green credentials - Net Zero objectives."

We heard a range of feedback related to public transport. This included:

- A couple of comments about taking public transport when feeling ill. One mentioned it made a relative feel unwell and they don't want to go
- Two people asking why they have to travel to a hospital instead of going to the local doctor's surgery. One had to travel for an hour by bus for a fasting blood glucose test when pregnant.
- Comments about timing. One person had to allow nearly two hours to get to their appointment. Another (taking public transport because of an eye operation) said the discharge took a long time so they had to go home when it was dark.

One suggestion was that the invitation letter should include a number to call for transport help because taxis can get very expensive.

Waiting Times for appointment or treatment

Several people told us about long waits for tests or hospital appointments. Two people gave examples of waiting for a year. One person was concerned that the delay could make a possible condition worse, was in pain and had no idea when their operation would be. Another mentioned waiting several months to get an appointment from the Long COVID clinic and blood tests (although they never got the results despite chasing). They used their employer's private healthcare to get support. A few other comments related to opting for, or considering, private treatment because of the long waiting lists. We also heard that a long delay in getting hearing aids had affected a child's speech development.

Waiting times - length of time to see a doctor or nurse on the day

We asked what people thought about the length of time they had to wait to see a doctor or nurse on the day. Of those that answered the question, about half said good or very good and a few said it was poor or very poor.

There was a general view that people are given an appointment time, then normally had to wait an additional hour. People didn't feel rushed during their appointment. It was recognised that the doctors spend longer with patients so run late. This view was echoed by another comment about the very good treatment from clinicians and that people came out satisfied because they are very thorough during the appointment. They said they had been seen very quickly during the pandemic.

One common theme was A&E waiting times at Stoke Mandeville Hospital. We heard a couple of positive examples about people being seen quickly at the children's A&E (though one questioned if they could have been treated locally).

Waiting times in A&E were described as unacceptable and ridiculous (eg 4 to 9 hours). We heard two examples of relatives who refused to go to A&E because they didn't want to wait for a long period to be seen. Another person said a relative had a 7/8 hours wait. The nurse said they'd been called but they didn't hear. No one offered even a cup of tea and the relative needed something to eat [for their condition].

During a stay in hospital

We heard from a few people who had to stay overnight in hospital including one planned stay. We had few direct responses when we asked if people had everything they needed (eg dietary requirements, interpreter, chaperone, access to prayer room, a way of contacting your family?). Some other comments were that: it was easy to find the prayer room, and the food was fine (halal food was provided).

We heard about a good experience of a child's stay (during Covid restrictions). They were looked after well, had a separate room, a TV and toys and a bed for the parent. Their privacy was respected and they had access to the prayer room. It was also good that the play area was cleaned between children.

When we asked what support would have made the stay more comfortable one person said they would like more information about what's available. They knew they could access certain things, but no-one told them during their stay.

A few people said they felt their culture or beliefs were respected and supported during their visit. One person thought it was because a lot of doctors are [also] Muslim. Another positive view was that the hospital gave parents space for religious customs.

Accessibility

One comment was about accessibility at Wycombe Hospital. As well as the walk from the main entrance, sometimes there wasn't anyone at the reception desk to ask for a wheelchair.

Communication between staff and patients

We heard feedback from patients as well as people who were used to supporting relatives during hospital visits.

Positive sentiments

"The level of care was good, I was able to ask any questions I had."

A good example was a doctor speaking to a relative in their own language. They knew very few sentences but always greeted them with those words. This was particularly pleasant because they were clearly making an effort and going the extra mile.

“The consultant I have been seeing over the past year has been particularly good with communicating with me in regards to appointments, especially during covid when we had to have video call appointments. This has allowed me to build a relationship of trust with [them] and has definitely enhanced my experience of having appointments at Wycombe Hospital.”

Negative sentiments

We also heard examples where better communication between patients or relatives and hospital staff could have improved people’s experiences. These included:

- Someone who left a consultation feeling disappointed because they couldn’t see the X-rays (there were no computers in the room). They weren’t reassured because they wanted to see evidence of healing. They felt the consultation was very rushed. They were sat down with two young children but stood up when the doctor come in and then had the chat standing
- Feedback from someone whose close relative died in hospital. They felt they weren’t given enough information and weren’t told what was happening. The person had to keep asking questions and said “They didn't like people asking questions”
- A conversation between the surgeon and team (during an eye operation) caused the person to worry in case something had gone seriously wrong (they had been told not to speak). Afterwards they were told the procedure was routine and there was nothing to worry about but they were very apprehensive about further appointments. They felt they were seen as a checklist to complete, not as a whole person.

There was a general feeling expressed by some that midwives don’t listen to people. This wasn’t felt to be related to ethnicity. We heard a couple of examples and in one case the person ended up in the Intensive Care Unit. They said they were neglected, made a complaint and had an official meeting.

We also heard about:

- Someone being told because of their ethnic background they were likely to have a complication giving birth. They felt they had to agree to a procedure after a long labour but hadn’t found any reason for the advice

- A good experience of having a scan at Wycombe Hospital. One scan took longer than previous ones and the person has been concerned with the stenographer's approach. They were told to get advice from their midwife (but didn't get a response to their message)
- The emphasis on gestational diabetes and testing for it. One person said they felt singled out and that more explanation was needed. During COVID-19 they weren't tested but their current appointment had been rescheduled three times which had caused anxiety.

As well as specific examples we also heard a range of views about communication issues. For example, there was a general feeling that:

- If you were a non-English speaker, you're more likely to get mistreated
- NHS staff aren't very patient with those who are from non-English speaking backgrounds and don't make the effort to try and understand their issues. Some people felt that some Asian NHS doctors were impatient with them. This paints a negative picture in people's mind and they don't want to see the doctors who might be able to speak the same language
- Staff are also more interested in filling out paperwork than actually caring.

Other comments were about: a lack of confidence in getting messages across for those with English as a second language (people can't speak up), the community's frustration at not being heard, and that Doctors needing better social skills to make people comfortable. It was noted that some issues aren't about being Asian.

Staff attitudes

Positive sentiments

"In both cases of day surgery, the surgeons were thoroughly professional, experienced and super. The nursing staff and receptionists were absolutely amazing and helpful."

We heard positive feedback about a range of individuals or teams. This included a UTC nurse, a "very professional" phlebotomist, and a midwife described as faultless – "She listened to me and allowed me to make my own informed choices, she was not forceful with anything."

"Everyone in outpatient was so kind and polite and the pain team have been so kind and empathetic with my pain condition."

Another doctor's demeanour and manners were described as very pleasant (the person wasn't sure if it was because they were also Muslim).

"During an [operation] at Wycombe, the lady consultant surgeon was a genius and very caring. This time the surgeon was brilliant and looked after me assuringly. Kind, professional and fantastic."

Staff attitudes – negative sentiments

We heard a range of negative feedback. Most comments were about the way staff spoke to people and their demeanour (eg 'not particularly friendly', 'weren't very nice') and the tone used. One person said the doctor had explained their condition but they were made to feel they were stupid for not knowing information about their medication. Two people mentioned staff referring to the cost (or funding) of procedures.

Staffing levels

Several people commented on the shortage of staff, the need for more staff or that they seemed overworked/stretched under various themes.

"They've become like machines. I don't blame the workers. They look tired, fed up. They are overstretched."

Quality of treatment

One person commented about the many healthcare professionals they'd seen during a maternity experience and the delay in discharge waiting for baby checks. They were left on their own in the postnatal ward and no one asked about the baby until into the next day. They only got their blood test results when their baby was 9.5 weeks old. Another mentioned they'd had to sit in a chair in a waiting area even though they were in excruciating pain. They were given a bed after the staff saw they had passed out.

General comments

Positive sentiments

We heard some general positive comments about the service. These specifically mentioned included: the Stroke Unit (they looked at all aspects including physiotherapy and home situation and made sure everything was OK so the person could cope at home), the new blood test centre (much nicer to go to), the Renal Unit (well run and everything they do is very efficient and friendly. There was also good transport to it during COVID).

A few mentioned Wycombe hospital as being quite a positive experience. We also heard comments about good maternity aftercare and that hospital was very good for children (they were understanding, having had regular check-ups for some years).

Some other views included:

- Gratitude because in comparison to, for example Pakistan, you don't have to pay for services [directly]
- Not wanting to be seen to be complaining about the services and recognising the lack of resources and that waiting lists are long and there are so many people to deal with.

Covid-related feedback

We heard a few examples of how COVID restrictions had impacted people. These included:

- A person who wasn't allowed to go in with a relative who didn't have good English. The staff misunderstood the symptoms which resulted them being prescribed the wrong medication. This was questioned by the relative waiting outside and resolved.
- Early on in the pandemic no one could visit a relative who was in a coma. Eventually one person was allowed in dressed up [in protective equipment].
- A maternity experience when the person was upset that siblings were not allowed to visit and that partners could only stay for a short time. Another chose for their partner to wait in the car park rather than have to stand or sit on the floor. They were OK with that because it wasn't their first baby. In another case maternity staff didn't explain that declining a COVID test would mean the person would be put in a side room and not allowed to leave it.

Other NHS services

GP services

Positive feedback included a GP speaking Punjabi/Urdu and that maternity scan appointments happen quickly and efficiently and get people onto the system.

However, we also received a range of negative feedback.

Access to services

People talked about the difficulties of getting through to a GP and getting an appointment. Several people mentioned how long it takes to get through. One person told us they had been charged £12 while hanging on the phone.

There were also views that:

- Most appointments, if not all, have been virtual/online and that's made life very difficult. Another point was about the time it takes for GP to ring back and if the call is missed they don't call again
- Appointments feel impersonal over the phone. If someone is worried/reserved they may not want to bother the GP
- People are forced to go to A&E (even for a non-emergency) when they used to be able to go to a GP Another comment was that the GP tells you to ring 111
- Care has changed over the years. People felt it's gone downhill instead of improving. One comment recognised it wasn't [the surgery's] fault it was a lack of resources.

Communication between staff and patients

We heard views about:

- The need for privacy and confidentiality. This included concerns about the lack of privacy when giving personal details over the phone or at the surgery. It was felt that the screens put up during the pandemic had made this worse because now people had to speak more loudly.
- The rudeness/ lack of social skills of receptionists. Suggestions were that GPs need to be aware of other cultures and a more diverse reception team would be welcome.

There was a view that people without English as a first language will be judged. For example, because someone has Pakistani heritage, they're assumed to be from Pakistan and not to have English. People said this stereotype makes them feel they don't want to get help. This happens in hospital too. There was also a feeling that staff don't want to try to communicate. What do you do if your first language isn't English?

Getting a diagnosis

We heard some people's experiences of getting a diagnosis. These were:

- When a GP assumed someone's pain was due to an existing condition. They were subsequently diagnosed with appendicitis at A&E and had an operation the following morning. A relative complained.
- When a condition wasn't initially identified by a GP. They were sent away and the condition worsened. A few weeks later the GP asked for blood tests but the person was taken to A&E by ambulance. The relatives were told that the condition was serious but following [a diagnosis] they were quickly transferred to a London hospital.

“For me everything [the hospital] did was perfect.”

- When the GP didn't understand the root cause of someone's condition and downplayed it. The person wanted to see a specialist but stopped calling the GP because they felt they will not get a quick enough referral and were looking for alternatives. They would like [the GP] to be more understanding of their culture.

Other services

We also heard views about other services. These included:

- The 111 process being frustrating. There're so many questions (for no reason) and it takes such a long time to get through to a medical professional and then get the appointment.
- A positive experience of the emergency services for a child. They can get hold of the service quickly and kept in contact. The ambulance came and stayed which was reassuring.
- Examples of delays at the Urgent Treatment Centre. In one case someone was sent by the GP to the UTC but after two and a half hours they were told they couldn't be seen until the following morning (because they were overbooked). The person said they felt neglected because of race and language. Another person had a UTC appointment (via 111) so thought they should have been seen sooner but they were there five hours (because there wasn't a senior doctor to sign off).

Medication, prescriptions and treatment

There were also comments about the cost of medication (e.g., having to buy some medication), the need for ear wax removal to be done privately and being charged per prescription item (the person said they'd rather not get a prescription). There was also a comment about the need to go the surgery for repeat prescriptions (instead of going to the pharmacy). This takes several days and someone could be running out of medication. People without digital access have to go the surgery.

Acknowledgements

We thank all the Buckinghamshire residents who talked to us or completed our survey. Our thanks also all the many organisations and individuals who gave us insights and supported our engagement with their communities.

Our thanks also go to our volunteers for their time, thought and all their hard work on this project.

Disclaimer

Please note this report summarises what we heard. It does not necessarily reflect the experiences of all those who use Buckinghamshire Healthcare NHS Trust services.

Appendix 1

More about our approach

Who we included

We wanted to hear from people from South Asian communities. We didn't include responses from people who didn't identify as a South Asian ethnicity. A full set of the questions in our survey are in Appendix 2.

Most people told us about their own experience, and a few told us about a relative's experience. The number of people we heard from isn't the same as the number of responses. This is because we used different engagement methods and not everyone answered all the questions. Furthermore, some people told us about more than one experience or their feedback covered more than one theme. Others shared views as well as experiences.

We have summarised the feedback according to the taxonomy (themes) used across the Healthwatch network. This ensures we can share our findings with Healthwatch England and the network.

We haven't reported on questions which had few or no responses in the report, but any feedback has been included under different headings.

Who we will share our findings with

We will share our findings with Buckinghamshire Healthcare NHS Trust and with Healthwatch England, the independent national champion for people who use health and social care services. We also share all our reports with the Buckinghamshire Council Health and Wellbeing Board and the Health and Adult Social Care Select Committee.

Appendix 2 [Note: to ask Heather if this should be published separately]

Survey questions (excluding demographic questions)

Question		Answer type/options
1	*Please tell us your ethnicity	<ul style="list-style-type: none"> ● Asian/Asian British: Bangladeshi ● Asian/Asian British: Indian ● Asian/Asian British: Nepalese ● Asian/Asian British: Pakistani ● Asian/Asian British: Sri Lankan ● Asian/Asian British: Any other South Asian / South Asian British background – [please tell us] ● Mixed / Multiple ethnic groups:– [please tell us] ● None of the above
2	*Are you telling us about your own experience or about something that happened to a family member or friend?	<ul style="list-style-type: none"> ● My own experience ● A relative's experience ● A friend's experience
3	*When did the experience you're telling us about happen?	<ul style="list-style-type: none"> ● since March 2020 (when COVID restrictions were in place) ● between April 2019 and March 2020 ● before March 2019 ● other – please tell us
4	*Did you visit an NHS hospital in Bucks or did someone from the hospital come to your home (or the home of the person you're telling us about)?	<ul style="list-style-type: none"> ● I visited a hospital (skip to Q6) ● Someone from the hospital came to my home (skip to Q5) ● I went to a hospital AND someone came to my home (go to Q5 and 6) ● I had only a phone or video hospital appointment ● None of the above

5	If 'someone came to your home (or the home of the person you're telling us about)', please tell us about the experience	
5	If 'I had only a phone or video hospital appointment' please tell us about the experience	
6	Which NHS hospital/s in Bucks did you use?	Please tick all that apply format <ul style="list-style-type: none"> ● Amersham Hospital ● Buckingham Community Hospital ● Chalfonts and Gerrards Cross Hospital ● Marlow Community Hospital ● Stoke Mandeville Hospital ● Thame Community Hospital ● Wycombe Hospital Other – please tell us
7	Thinking about the experience you're telling us about, which hospital/s were most involved?	Options carried over from question 6

Thinking about the experience you want to tell us about...

8	[For those naming a hospital] *Please tell us why you (or the person you're telling us about) went to the hospital.	[Please tick all that apply] <ul style="list-style-type: none"> A. For a clinic or outpatient / clinic appointment/check up B. For an assessment or treatment C. For an operation with an overnight stay in hospital (an inpatient) D. For an operation done in a day (no overnight stay) E. For tests (eg blood test, scans or X rays) F. It was an emergency (eg A&E or Urgent Treatment Centre) G. To visit a relative/friend H. To volunteer Other (please tell us)
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Getting an appointment

9	Were you given information about your appointment or treatment before you went to the hospital?	Yes/No/ Not sure
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10	For yes to Q9 above: What did you think of the information you were given?	Very Good/Good/Poor/Very poor
11	Please tell us why you said this.	
12	Did the information tell you that you could ask for an interpreter if you wanted one?	Yes/No/Don't know
13	Did you have to change the date of your appointment?	Yes/No/Don't know
14	How easy/difficult was it to do that?	Very difficult/Difficult/Easy/Very easy Please tell us more
15	If you've ever missed an appointment please tell us why.	
16	Please tell us more about your experience of getting an appointment.	
When you were at the hospital		
17	How did you get to the hospital?	<ul style="list-style-type: none"> ● In my own car ● In someone else's car ● Public transport (eg bus or train) ● Ambulance (or other hospital transport) ● Taxi
18	Were you told (by someone or in a letter) what to do when you got to the hospital?	Yes/No/I didn't have any information/Don't know
19a	Did you know you could let the hospital staff know when you arrive if you would prefer to see a female or male doctor?	Yes/No/Don't know
19b	Did you know you could have someone with you during an appointment or examination (either a relative or a hospital chaperone)?	Yes/No/Don't know
20	What did you think about length of time you had to wait to see a doctor or nurse on the day?	Very Good/Good/Poor/Very poor
21	Did you (or the person you're telling us about) need to stay overnight in hospital?	Yes/No/Don't know If yes – go to next Question. If no/don't know skip to Question 25

22	Was this a planned overnight stay?	Yes/No/Don't know
23	During your stay did you have everything you needed (eg dietary requirements, interpreter, chaperone, access to prayer room, a way of contacting your family?)	<ul style="list-style-type: none"> ● I had everything I needed ● I had some of the things I needed ● I didn't have anything that I needed ● Not applicable
24	[For people who say 'some needs met or no needs met'] Please tell us what support would have made your stay more comfortable?	
25	If you used a chaperone or interpreter provided by the hospital what do you think of them?	
26	Did you feel your culture or beliefs were respected and supported during your visit?	Yes/No/Don't know [If no – please tell us more about your experience]
27	Is there anything else you'd like to tell us about your visit to the hospital?	
After the visit – what information was available about what happens next?		
28a	Did someone explain to you - or give you written information about what would happen after your appointment or when you left the hospital?	Yes/No/Don't know
28b	For yes to Q28a above: What did you think of the information you were given?	Very Good/Good/Poor/Very poor Please tell us more
29	If necessary - were you offered the information in any other languages / formats (eg easy read, braille etc)?	Yes/No/Don't know
30	Were you told who to contact if you need medical advice once you've left the hospital?	Yes/No/Don't know
31	Were you told who to contact if you needed extra help to live at home (eg carers) when you left the hospital?	Yes/No/Don't know
32	Do you know how to raise a concern or give the hospital feedback?	Yes/No/Don't know
33	Is there anything else you'd like to tell us about your experience?	

Appendix 3

Who did we hear from?

These questions are optional so the number of responses doesn't reflect the number of people we heard from. To ensure anonymity we have reported all the demographics together. We recorded the demographics of the person we spoke to. We didn't collect information from one of the discussion groups (6 persons) and these are shown below as "(blank)". In another group, 8 declined to answer any questions and are shown below as "Prefer not to say".

What age group are you in?

18 to 25 years	2
26 to 35 years	8
36 to 45 years	13
46 to 55 years	8
56 to 65 years	5
66 to 75 years	1
76 to 85 years	1
(blank)	6
Prefer not to say	8
Grand Total	52

The median age group was 36-45. The estimated median age was 42 years.

Are you a:

A man	7
A woman	31
(blank)	6
Prefer not to say	8
Grand Total	52

Is your gender identity the same as your sex recorded at birth?

Yes	37
(blank)	7
Prefer not to say	8
Grand Total	52

What is your sexual orientation?

Asexual	2
Heterosexual / Straight	30
Prefer not to say	8
(blank)	12
Grand Total	52

How would you describe your marital or partnership status?

Married	31
Separated	1
Single	4
Widowed	1
(blank)	7
Prefer not to say	8
Grand Total	52

How would you describe your pregnancy or maternity status? (tick all that apply)

Currently pregnant	3
Currently breastfeeding	3
Given birth in last 26 weeks	1
Prefer not to say	9
Does not apply	26
(blank)	4

What is your religion or belief?

Buddhist	1
Hindu	13
Muslim	22
No religion	1
Prefer not to say	9
(blank)	6
Grand Total	52

How would you describe your ethnic group?

Asian/Asian British: Any other South Asian / South Asian British background	1
Asian/Asian British: Bangladeshi	3
Asian/Asian British: Indian	11
Asian/Asian British: Nepalese	1
Asian/Asian British: Pakistani	13
Asian/Asian British: Sri Lankan	2
(blank)	13
Prefer not to say	8
Grand Total	52

What is your postcode?

HP11	2
HP12	3
HP13	3
HP18	2
HP19	4
HP20	2
HP21	3
HP22	1
HP5	5
HP6	3
(blank)	17
Prefer not to say	8
Grand Total	52

Deprivation (IMD2019 based on postcode district)

Scale	Category	Explainer	Count
Least deprived	A	95% or more of the postcodes in this district are in IMD2019 Quintile 1	0
	B	95% or more of the postcodes in this district are in IMD2019 Quintile 1 and 2	0
	C	Other	28
	D	95% or more of the postcodes in this district are in IMD2019 Quintile 4 and 5	0
Most deprived	E	95% or more of the postcodes in this district are in IMD2019 Quintile 5	0
		(blank)	16
		Prefer not to say	8

This is our own estimate of levels of deprivation, based on postcode **district**.

For example, if a postcode is in category E, there is a 95% chance that postcode is in the lowest quintile, i.e. the most deprived 20% of households in the UK.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853811/iod2019_FAQ_v4.pdf

For reference, these are the IMD 2019 statistics for the relevant postcode districts

	Percentage of postcodes per IMD quintile by postcode district				
	Least deprived				Most deprived
	1st	2	3	4	5th
HP20	7%	7%	6%	0%	80%
HP11	0%	10%	9%	18%	63%
HP12	0%	0%	32%	17%	50%
HP19	6%	15%	15%	21%	43%
HP21	19%	10%	26%	7%	38%
HP13	0%	25%	5%	31%	38%
HP5	10%	10%	18%	45%	17%
HP18	5%	8%	28%	48%	11%
HP22	20%	39%	27%	15%	0%
HP6	66%	11%	14%	9%	0%

E.g. 80% of the postcodes in the HP20 postcode district (Central Aylesbury - Elmhurst/Victoria Park) are categorised in the 5th quintile i.e. the most deprived 20% of households nationally.

Do you consider yourself to be a carer?

No	24
Prefer not to say	8
Yes	12
(blank)	8
Grand Total	52

Do you have a disability?

No	34
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yes	2
(blank)	8
Prefer not to say	8
Grand Total	52

Which of the following disabilities apply to you? (tick all that apply)

Long term condition	1
Mental Health condition	1
Prefer not to say	10
Other	1

Do you have a long-term health condition?

No	20
Yes	10
(blank)	14
Prefer not to say	8
Grand Total	52

Which of the following long-term conditions? (tick all that apply)

Asthma, COPD or respiratory condition	3
Blindness or severe visual impairment	0
Cancer	0
Cardiovascular condition (including stroke)	1
Chronic kidney disease	1
Deafness or severe hearing impairment	0
Dementia	0
Diabetes	2
Epilepsy	0
Hypertension (high blood pressure)	2
Learning disability	0

Mental health condition	2
Musculoskeletal condition	2
Prefer not to say	10
Other	2

Appendix 4

Engage Mailing Statistics

Campaign Name	Sent On	Sent To	Opens	Open rate %
Listening to people from South Asian communities - Bangladeshi	09/06/2022	5	4	80%
Listening to people from South Asian communities - Pakistani	09/06/2022	56	30	54%
Listening to people from South Asian communities - Indian	09/06/2022	47	26	55%
Total		108	60	56%

If you require this report in an alternative format, please contact us.

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The work was funded by Buckinghamshire Healthcare NHS Trust

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