



Tackling Racial Inequalities in Health

Evaluation of engagement support for Central Liverpool Primary Care Network

December 2021

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Project Background



Evaluation Project Background

Central Liverpool Primary Care Network (CLPCN) is a relatively large PCN of 106,000 patients. It is the most ethnically diverse PCN in Liverpool with 29.2% of the population coming from multiple non-white minorities.

The CLPCN Tackling Racial Inequality Working Group (TRIWG) commissioned Co-create to assist them in working to achieve their aim of “Involving their patients in service development and identifying and addressing the key issues that create barriers to health within the diverse groups”.



Evaluation Project Background

The aims of the project were to:

- Find out what the issues and barriers are to accessing health services through listening and connecting with people with lived experience.
- Identify opportunities for changing practice and commissioning processes to address these issues and barriers.



Evaluation Project Background

The TRIWG is made up of clinical directors, GPs, practice managers, practice administrative staff, primary care network staff (including social prescribers and link workers), voluntary sector representatives and other partners. The group were encouraged to invite other stakeholders, for example from the voluntary sector, into these sessions and their planning as appropriate.

The TRIWG met each month for a three hour session with two facilitators from Co-create. Sessions included the sharing of engagement and planning tools, the sharing of experience and best practice, and support in prioritising and planning engagement pilots. There was a period of reflection at the end of each session.



Evaluation Project Background

The group formed multiple engagement pilot sub-groups that met between the larger group sessions. Each engagement pilot sub-group was offered 1:1 support from Co-create during October when they were actively engaging with their chosen communities.



Evaluation Question



Engagement Project

The aims of the evaluation are to:

1. Answer the question: “Building on Co-create's previous work with PCNs, what are the most effective ways to embed a practical, replicable and sustainable process for engaging with people from ethnic minorities in Central Liverpool PCN's area as part of ongoing, existing efforts to reduce health inequalities?”.
2. Share the learning from the Central Liverpool Primary Care Network Ethnic Minority Community Engagement Programme from May 2021 to October 2021 to support PCNs nationally to work in partnership with their communities to reduce health inequalities.



Methodology



Methodology

Participants were encouraged to complete a personal reflection diary individually between sessions. The questions were:

- Title, date and description of event
- How did I feel?
- How did others involved feel and how do I know this?
- What was positive and/or negative about the event?
- What different actions could I/we take?
- How will I/we know if actions have worked?



Methodology

Each monthly group session had a period of reflection at the end asking the questions:

- What happened during this session?
- How did I feel and what were my reactions?
- What insights or conclusions can I draw from this experience?
- What actions can I take based on what I've learned?
- What would I like to explore more of in the next session?
- What would I like to do less of in the next session?



Methodology

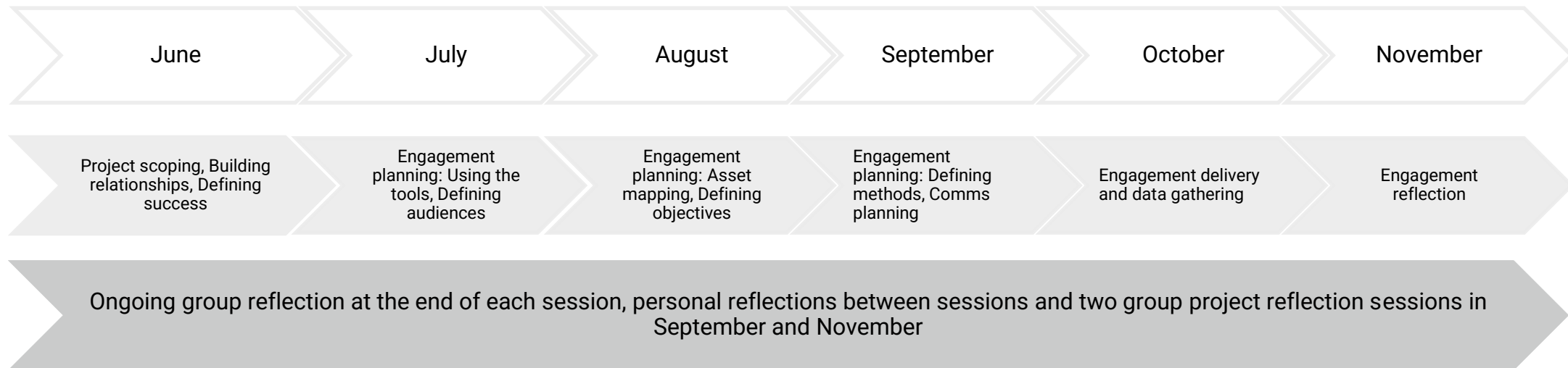
Two dedicated group evaluation sessions were run, structured using Co-create's HEAD HANDS HEART model. One mid-project and one at the end.

- HEAD : What have I learned, what new information do I have?
- HANDS : What have I done, what new skills/tools do I have?
- HEART : What have I felt? What was interesting/fun/hard?



Methodology

The engagement project ran from June to November 2021 with evaluation running alongside:



Data Collection

- 14 Personal reflection diaries were completed by 5 unique participants;
- Miro boards (an online whiteboard collaborative tool) were used to collate and refine the outputs from group reflection sessions;
- These outputs were then grouped and themed to identify findings.

A wealth of raw data was collated from the 8 engagement activities run during October and some common insights from these pilots were also grouped and themed for use by the working group.



Findings



What people learned from participating in the project

A new understanding of the importance of timing in engagement. This learning included:

- giving more time to engagement conversations;
- being flexible in the timings of opportunities to engage – day/evening/weekend etc.;
- how much time needs to be committed, which was difficult for some during the pandemic.



What people learned from participating in the project

The process showed that more work is required and there is more learning to do: group members realised how much more there was to learn about their local communities even when speaking with each other - for example, the disparity of services between north and south Liverpool. Once they began to actively listen to their chosen cohorts they became much more aware of issues than before.



What people learned from participating in the project

- The importance of sharing resources and information: the asset mapping exercise revealed a wealth of contacts and links to organisations in the area, the extent of which surprised many.
- A new understanding of the breadth of experience within personal workplaces.
- The knowledge that communities were happy to engage – it was simply the practicalities of arranging meetings that was difficult.
- People want to be empowered to self-care.



“There is a lot more to learn about the communities we serve”

TRIWG member



New skills and abilities gained by the working group

- Practical tools: e.g. asset mapping – the practice of visually bringing together the group's combined knowledge about the strengths and resources of a community to help uncover solutions.
- Generating ideas with colleagues.
- Deeper understanding of an engagement process and stages involved.
- People built a network of colleagues to work with and take engagement forward in the PCN.
- Improved confidence to take the project's work forward.
- The process provided a valued opportunity to connect with other organisations in the area.



**“Do not use software to translate!
Google translate interpreted ‘what is
your ethnicity’ as ‘do you agree with
racism!’”**

TRIWG member



What participants in the working group felt

- People were happy to be in a space where they could talk and be open about thoughts and experiences. It was noted that everyone was engaged in the sessions and found them 'warm, chatty and friendly'.
- Some found the number and inconsistency of people present at the monthly TRIWG sessions became confusing while others valued the flexibility of being able to dip in and out.
- A wish for more time to focus on the engagement activities within the overall process.
- Many experienced a growth in confidence both when engaging, and in terms of addressing racial inequalities when they witnessed them as part of the working day.



What participants in the working group felt

- A sense of feeling overwhelmed was a common theme among responses. From sharing stories to realising the scale and importance of the project, overwhelm was the most commonly shared feeling.
- When conducting the engagement pilots a mixture of comfort and discomfort with doing things differently was expressed. For example, feeling anxious when wearing normal, non-professional clothes to conduct the engagement was uncomfortable for some.
- The emotional energy required for running engagement discussions was a surprise for some and it was felt this should not be underestimated.



“I have become more confident and empowered speaking about race in the workplace and can see my colleagues really listening and willing to see colour”

“I have noticed how there are small changes happening in how I go about my work”

TRIWG member



Recommendations



When running an engagement support project consider

Including sessions on:

- How to build trust (participants realised the extent to which some audiences had little or no trust in medical professionals);
- Unconscious bias;
- Emotional resilience (a commonly shared feeling among participants was one of surprise at the extent to which they found engagement an emotional drain);
- Active listening (GPs and healthcare professionals found their communications training insufficient for engagement which requires them to be comfortable with not having all the answers).



When running an engagement support project consider

- Widening the invite for involvement to a wide range of voluntary organisations with links to the target community. This may include:
 - faith organisations
 - service delivery charities
 - advisory groups
- Building a feedback loop mechanism into engagement pilots.



When running an engagement support project consider

- The need for reflection to aid learning. It was difficult getting members of the working group to engage with the individual monthly reflection diaries. In future projects, it would be helpful if the head of the working groups emphasised the importance of reflection.
- Extending the delivery period of the project to allow more time for running initial engagement activities.
- Having mapped local assets (including connections of “who is in the room”) extend this asset mapping session to include guidance on how to successfully involve voluntary organisations.
- Future projects may benefit from additional training in research techniques and/or writing survey questions.



Key insights from TRIWG engagement activities



Methods used in the engagement activities

A range of methods were used to engage during the pilots including:

- focus groups;
- informal conversations in cafes and existing group meetings;
- phone and video calls;
- surveys.

On some occasions these were assisted by a translator.



Engagement activities

Audience	Method	Location
Older Muslim women	Face to face and telephone interviews	Classes
British Born Black people	Face to face conversations	Community health events outside shops
Young People	Focus groups 1:1 conversation Social Media	Health-related projects Community events and drop in sessions Youth Advisory Board
Somali and Yemeni people	Face to Face / Focus groups Social media	Surgeries – pop ups, coffee mornings. Existing community events and coffee evenings
Chinese people	Face to face group discussions Online group discussions Telephone interviews/surveys	Chinese Wellbeing (sessions and visits with members of Evergreen Club, Chinese Dementia Network and Tea House Reminiscence) Pagoda Arts Centre (engagement sessions and COVID vaccination pop ups)

Engagement activities

Audience	Method	Location
Irish Travellers	Face to face 1:1 conversations Telephone semi structured interviews	Coffee mornings at Irish community centre
Current ethnic minority healthcare users, including mental health service users, community members and groups, PCN wide staff and PPG	Face to face and phone conversations Surveys	Surgeries and community events, weekly community centre meet-ups and religious centres at flexible days/times Staff meetings, telephone calls from GPs and PCN engagement workers
Refugees and Asylum seekers	Face to face groups	Community centres and classes

Key insights from engagement activity *process*

There were common challenges across pilots including:

- Language barriers
- Establishing trust
- Time constraints

The emotional strain on the staff conducting the engagement and listening to people's sometimes difficult experiences, was commented upon across all pilots.



**“Patient communities are not
represented in the workforce”**

TRIWG member



Key insights from engagement activity

- Many GPs are unfamiliar with cultural differences that impact health and the variety of needs for different age groups.
- There is felt to be a lack of trust between patients and medical services - this was especially evident in older generations.
- There are both language and lifestyle difficulties (e.g. commitments at certain times of the day) with booking appointments and e-consultations.
- People experience barriers to reporting concerns and complaints.
- Reception staff were noted as a 'major barrier to accessing healthcare'.
- Some dissatisfaction with 8am booking systems and virtual appointments.



Summary of outcomes for the PCN TRIWG



Practical knowledge was gained about local communities together with understanding of:

- the variety of experience and knowledge held by colleagues;
- the extent of resources in the community;
- the time necessary to plan good engagement.

Participants used new digital and engagement tools e.g. asset mapping. They gained experience in:

- preparing surveys;
- running focus groups;
- conducting semi structured conversations;
- collating feedback.

Participants have grown in confidence.

They were re-energised through the process of working on pilots together, sharing their own experiences, and feedback from their engagement.

Shared values, knowledge and goals have been established to create a network that will take this work forward in the CLPCN.

“As a GP it’s easy to just carry on but it’s not OK to stay with the status quo - it helps us all to know who our patients are: collaborating and working together has given me hope”

GP CLPCN



“It was really nice being out in the community...it was hard too, listening to frustrations. And it was interesting that communities found it not worth complaining”

TRIWG member





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