

Building an understanding of Ethnic minority people's Service Use Relating to Emergency care for injuries: the BE SURE study protocol

Authors

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STUDY DESIGN

The study will be conducted over 24 months – 01/10/2021 to 30/09/2023. This mixed methods study covers eight services – four ambulance services (three in England and one in Scotland) and four hospitals located within each ambulance service. Our objectives align with our study work packages (WP) consisting of quantitative and qualitative methods.

OBJECTIVES

- 1) Describe the published literature reporting mortality for people presenting with injury to emergency services by ethnicity
- 2) Describe the quality (completeness, consistency) of ethnicity data in routine emergency healthcare datasets
- 3) Compare between people from ethnic minorities and white British people: injury type, severity, care delivered, outcomes, beliefs and experiences when they contact emergency health services for injuries
- 4) Explore with people from ethnic minorities; knowledge of service availability, factors which deter or encourage them to seek help, experiences of emergency healthcare for injuries
- 5) Explore emergency healthcare providers' experiences of delivering care to people from ethnic minorities presenting with injury
- 6) Synthesise quantitative and qualitative findings

WORK PACKAGES

WP1) Conduct a **scoping review** of existing literature

WP2) Retrieve and **analyse retrospective linked NHS routine data** over a five-year period related to ambulance and ED contacts by patients from ethnic minorities and white British patients for injury to compare demographics, casemix, processes and outcomes of care

WP3) Conduct a **questionnaire survey** with samples of people from ethnic minorities and white British people who contacted the ambulance service or attended ED for an injury within a specified recent period of up to 6 months to compare self-reported experiences, satisfaction and health related quality of life

WP4) Conduct **in-depth interviews** in each site with people from ethnic minorities who consent to be contacted for an interview in their completed questionnaires and conduct one **focus group with refugees and/or asylum seekers** at each site and one **focus group with stakeholders** at each site: e.g. ED clinicians, paramedics, GPs and other primary care staff, social services staff, and Third Sector support workers

WP5) Synthesise our findings from quantitative and qualitative data to **generate key messages and implications for policy and service delivery**

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BACKGROUND

Injuries cause 5 million deaths worldwide each year and many more people are left with disability. Disparities in access to health care and health are regularly reported for people from ethnic minorities compared to white British people. There remains a **gap in evidence** on the experiences of emergency services for patients from ethnic minorities in the UK.

AIM

To describe disparities in injury presentation, processes of care and outcomes between people from ethnic minorities and white British people when they contact emergency health services for injury.



DISCUSSION

This is the **first study in the UK** to use routine anonymised linked data to compare outcomes and experiences for people from ethnic minorities and white British people when they present with injury to emergency health services. Collaborating with ambulance services, EDs, and Third Sector organisations not only strengthens the implementation of the study's research activities, but also **ensures that the contribution this study makes to the evidence base will be informed by those who deliver and use emergency services.**

STRENGTHS

- The study will use **peer researchers from ethnic minorities recruited by local Third Sector organisations** to support people to complete questionnaires
- Routine linked data allows the inclusion of a large number of patients and attendances over a 5-year period, producing a reliable epidemiological picture

LIMITATIONS

- Coding of ethnicity may be inaccurately recorded or incomplete in routine health records
- Response rates to questionnaire surveys may be low and differ between cohorts, introducing potential bias to findings
- The binary approach to the definition of populations may mask heterogeneity within each group. We will investigate differences for subgroups where possible.

STUDY SITES AND PROJECT PARTNERS

| AMBULANCE SERVICE | EAST MIDLANDS | YORKSHIRE | EDINBURGH | SOUTH EAST COAST |
|---------------------------|---------------------------|---------------------------|---------------------------|----------------------|
| EMERGENCY DEPARTMENT | Leicester Royal Infirmary | Northern General Hospital | Edinburgh Royal Infirmary | East Surrey Hospital |
| THIRD SECTOR ORGANISATION | Refugee Council | TREC | The Welcoming | Healthwatch Surrey |