All Wales Black Asian Minority Ethnic Engagement Programme

'Challenging Racism in our NHS / Creating Anti-racist Health Care Systems'

Notes from Forum – 25th April 2023, 10am – 12pm

Chaired by Selima Bahadur, Programme Manager.
Co-hosted and supported by Grainne Connolly, Policy Officer, and Judy Li, Marketing and Communications Officer.

Guest Speakers/Contributors

Professor Uzo Iwobi *(CEO, Race Council Cymru)*
Dr Heather Payne *(Welsh Government Adviser, Children and Women's Health)*
Sinnead Ali *(Volunteer Coordinator, The Birth Partner Project)*
Marina Davidson *(Primary Care Lead, Doctors of the World UK)*
Dr Ashra Khanom *(Senior Research Officer, Swansea University)*

Attendees – (49 in total)

Adam Pearce (NHS Wales) | Alexandra Coetsee | Aniamma Jaison | Anna Morgan (Carers Wales) | Annette Snell (NHS Wales) | Anthony Bozzola | Azaria Francis | Brigitte Duvall (NHS Wales) | Catrin Glyn (Carers Wales) | Charles Nyamhotsi (Newport Council) | Clare Chard (Welsh Government) | David Cook (WCVA) | Debanjali Bhattacharjee (EYST Wales) | Donna Ali | Emily Robertson (The Birth Partner Project) | Emma Fitzpatrick (NHS Wales) | Erin Thomas (Cardiff University) | Faith Walker (Friends of Sickle Cell and Thalassemia) | Farookh Jishi | Fiona Evans (Macmillan) | Fiona Mocko (Flintshire Council) | Ginger Wiegand (EHRC) | Hairani Phillips (NHS Wales) | Hannah Lindsay (NHS Wales) | Hannah Sabatia (SCVS) | Hazel Marsh (Royal College of Midwives) | Helen Sullivan (NHS Wales) | Humie Webb | Isabella Cohen | Jay Harley (GT Wales) | Jennie McClymont (NHS Wales) | Jessica Perkins (EYST Wales) | Joanne Sutton (NHS Wales) | Kathryn Cobley (NHS Wales) | Lisa Peregrine (DoNoHarmWales) | Lu Thomas (GT Wales) | Owain Groves (NHS Wales) | Patricia Emma Jones | Paul Allchurch (Diverse Cymru) | Pavlina Mondol (Newport Council) | Peter Gee (NHS Wales) | Rajmin Begum (EYST Wales) | Rebecca Williams (Adferiad) | Rena Ahmed

(EYST Wales) | Sam Worrall (GT Wales) | Sara Whittam (Welsh Government) | Shonar Majumdar | Simon Jones (Mind Cymru) | Tarh Martha Ako Mfortem

Opening Statement from Selima Bahadur

As a Team we felt this discussion needs to take place as we have been hearing various accounts of racist experiences within the NHS. This includes hearing from our EYST clients experiencing racism from NHS staff and the system, people in our personal circles who work within the NHS experiencing racism from managers and peers, as well as what we have been seeing in the media and news reports.

At EYST, one of our 5 strands of work is Challenging racism in the Wider Society and we are always happy to support partner organisations, public bodies and individuals with their anti-racism work.

I'm looking forward to hearing what today's forum is going to bring. As you will have seen in the forum poster and information, we have changed up the structure for this forum and will be having two parts within this same session.
I will now pass over to Grainne to give us an introduction to our Challenging Racism in the NHS forum.

Opening Statement from Grainne Connolly

Good morning, thank you for joining us.

Before we start this forum, its important to say that we are not here to tear the NHS down, but uncomfortable conversations need to happen, in the journey to improved health care systems. This forum is a place to speak openly about problems of racism and discrimination in health care systems, but to take a positive and proactive approach to how we can improve things for racialised staff and patients, and offer a non-judgemental space for NHS staff and service users who would like to become more culturally aware, and anti-racist.

As a project, we are very eager to support the Welsh Government with the Anti-racist Wales Action Plan, and so this forum will also be an opportunity for them to share the work that is already being done to drive out racism in our Welsh heath care systems, and we'll hear

more about that during the second session which runs from 11am to 12. Firstly, we'll be hearing about experiences of racism and discrimination in the NHS, as a reminder of why this work is so important and necessary.
Our guest speakers today are Professor Uzo Iwobi, Dr Heather Payne, Marina Davidson, Sinnead Ali, and a contribution from Dr Ashra Khanom.

Professor Uzo is going to start for us, so Uzo, please introduce yourself, and your current report into racism in social care settings.

Passing over to panellists
Session 1 – Experiences of racism and discrimination in NHS

Professor Uzo Iwobi – CEO at Race Council Cymru

Thank you very much. Lovely to be here.

For us at RCC, this report wasn't something that we were expecting would develop so dramatically, but we noticed that a number of people were finding us and highlighting the real lived experiences of working in the social care and health care system.

So I'm talking about hospitals as well as nursing homes, or care homes for adults who are vulnerable.

From January of this year individuals began to contact us, to say that they had been disadvantaged in their employment opportunities. One person said they'd secured interviews and been told they were going to work in a particular nursing home in the Swansea area, and then waited 3 months, only to see the same adverts out again, advertising the same job. When they asked what was going on, they were told to apply again. Finally, after 2 rounds of application, they turned up at the nursing home, and the White staff get up and say they are going to resign because they didn't want a Black woman to be recruited into the workplace.

We also had individuals who reported blatant racism being called Black slurs, being called a slave in the workplace by colleagues… People being accused of making errors that they didn't make…. receiving disciplinaries on incidences that never happened.

We were seeing this incessant torrent of abuse that a lot of people were going through. Predominantly, the victims were Black and Asian, and had recently migrated into the UK for the specific purposes of working within the health and social care industry.

One of the more shocking reports was an NHS worker in one of the hospitals in Swansea. While she was providing a patient with personal care, a very tall White gentleman walked

up to her and kicked her in the head. She was knocked down, and he shouted BLACK BLACK BLACK in her face.

She was rushed off the ward and had to go for scans. After 3 weeks, she returned to work on the same ward. The same individual walked up to her during a night shift, again as she was attending to another patient, and punched her in both shoulders. It knocked her back completely, and again he shouted BLACK BLACK BLACK in her face.

Upon investigation they admitted that the reason why they couldn't do anything was because this individual suffers with dementia. The worker was offered an opportunity to be relocated, but we think that such an individual should have been removed from that ward, because it means other Black, Asian and Minority Ethnic staff and patients are also at risk from being attacked.

Another report came from a very senior Asian Consultant who was in a surgery room, consulting with a White man about his ill health. This individual starts swearing at them, calling them P**i, calling them bad names, and abusing them on the grounds of their race. This consultant had served this country for nearly 40 years, he was so horrified and frightened for his life. He asked the patient to leave the room, who continued with the torrent of abuse as he left, slamming out of the room. A bit later he made a police report. Sadly, the police said ''there is no CCTV inside the room where this occurred, so it's your word against this person, and where there is no actual proof, there is nothing that we can do''. However, people outside the room would have heard and seen. It's always the victim having to prove that they're telling the truth.

One woman who reported discrimination, said that even though she was the most qualified person with a Masters in Social Care, she was told not to apply for a particular promotion, because they wanted to prioritize somebody who didn't even have a degree for that role. With every potential promotion, they told her you're lucky to work here, you're not going to get promoted.

Another individual who contacted us recently said they'd been accused of sleeping in the workplace. She said she didn't sleep in work, just slept during her break, with an alarm set, and went back to work at the end of her break. She was fired, but nothing happened to a White colleague who had done the same.

In total since January, over 15 individuals who are not connected in any way, have been making these reports of racism and discrimination in NHS care settings. This gives us concerns about how these settings will implement the Anti racist Wales Action Plan. It is a level for change. It is a lever that many of us in this forum have worked together on to ensure that Wales becomes anti racist by 2030. Why are these health care settings not implementing what is a clear lever for change, so that Black, Asian and Minority Ethnic

people are treated the same as their Majority White peers? Why should people in the 21st Century be judged by their skin colour and be put at risk?

We believe that racism is a pandemic, and it needs to be addressed. Thank you so much.

Sinnead Ali – Volunteer Coordinator, The Birth Partner Project

At the Birth Partner Project, we support women who are refugees, or seeking sanctuary, who are pregnant, and would otherwise be birthing alone.
We train volunteers to meet with women and build trusting relationships, so that when they are in labour and giving birth they are not alone. That support continues through the eight-week postpartum period.

My journey started in 2020, I joined Abuela Doulas. It's the first Black owned and created Doula course. A doula is essentially a birth partner. A lot of the Abuela Doula training was around racism that Black and Brown women experience through maternity care, so I went into this work knowing that it was going to be an issue, but I didn't expect that my very first client would experience racism so blatantly.
She was a Muslim woman who wore a Niqab. She wasn't doing well, she had very severe morning sickness, and we'd gone into hospital for a check-up. While getting her blood pressure taken by a health care worker who was not a midwife or doctor, they told her 'it's probably because of what you are wearing.'
This woman couldn't drink water without bringing it back up, she was really suffering. These kind of comments broke her down very quickly, and she left before she even got to talk with the midwives. So I've seen straight away how ignorant and racist comments can act as a barrier to someone accessing the care they need.

I've seen dehumanizing language used, for example, a newborn baby of a Vietnamese women was referred to as 'That'. It was a member of kitchen staff who didn't like that the baby was on the bed, safely placed between mum's legs. Whilst taking the mum's food order the staff member was getting very, very frustrated with her due to the language barrier. The staff member started making very personal comments about 'That' shouldn't be on the bed, referring to the baby. Assumptions were being made about mum's parenting ability as soon as baby was born.

I supported a very young woman who we believe was the survivor of sex trafficking. She had gone in and had an induction. She was in a lot of pain, and a friend had brought her food, because due to her cultural diet, she was really struggling with the hospital food.

Again, a hospital worker (not a midwife) whose job it was to greet people and make them feel welcome, starts making comments that this woman knew more English than she was letting on, and that she was lying to us about her background. She was asking who her friend was REALLY?

The woman had 2 phones, which is quite standard for service uses that we meet, who can be supported by a number of charities that may give out phones for different reasons, such as an extra phone which has internet access, because they don't have access on their own phones. So she ended up with 2 phones, and the assumption this healthcare worker made was 'the only people I know with 2 phones are drug dealers'.

So you have this heavily pregnant young woman, in a very strange new environment, she doesn't really speak English, she's in a lot of pain, and she's having this person that's supposed to be caring for her, making these really awful assumptions constantly, and repeatedly saying to me that she was lying.

Most recently, I supported a woman who is from a country that is currently at war, and it's in the media alot. She'd received an induction of labour and was in a lot of pain. She was having contractions and the midwife started asking her 'Are your parents in conflict areas in your country?'
It was just really inappropriate. In labour, you need to be relaxed, comfortable, feel very safe. Not thinking about your parents who are in a war zone. That was very shocking.

So there's just a few things that I've witnessed. I want to finish by saying that in 2021, the National Institution for Healthcare and Excellence (NICE) in the UK, drafted these recommendations that all groups that were at an increased risk of complications, (and that included ALL Black and Brown women), should receive an induction at 39 weeks. As I've mentioned, induction means that there's an increased risk of not just pain, but going down the pathway towards Caesarean, which is a major surgery that can have really lifelong effects. The recovery is also harder, especially if you're someone who's alone, especially if you're a Sanctuary Seeker, who's maybe in shared accommodation.
So I think it's really important to say that in addition to these anecdotal stories of racism and discrimination that we're hearing, we have institutions that are seeing Black and Brown women's bodies as broken.
There is this culture of fear around Minoritised Women's bodies, and seeing White bodies as the blueprint, and I think that's where these issues really come from.

<u>Anonymous Statement from a Doctor working in NHS Wales</u>

''You face discrimination when you are a doctor of colour, and have also graduated internationally.

We are hired because there is a shortage of doctors in the UK, but we are not given the same privileges as the local graduate doctors.

We have to face extra hurdles. For example, when I wanted extra training to help me with my professional development, I would always be facing hurdles and not given the same amount of time and sessions required to get the same amount of training that a White

doctor would get. On top of that, I was a senior, I would get less than what White trainees were getting in the hospital.

In particular, one time I remember that it was of paramount importance that I do advance training modules so that I could get onto the consultant's register, so when I talked to the responsible doctor, who was from the White community, and said I need to do this module, he upfront was quite abrupt. He asked me 'Why do you want to do that'. The way it came across and the gesture, I was quite taken aback. I had to tell him that I needed to do this training because its one of the basic requirements to be upgraded as a consultant.

You do get these discriminations, or not being given chances on a day-to-day basis. I must say its not all the White doctors, some are quite supportive, and in the long term we have established good professional relationships based on them seeing my experience and the work that I do, but on the other hand, with some other ones you can always get the vibe that you are not welcomed, or why would you want to take up jobs that are supposedly for the local graduates, or the White doctors to be specific.

This is an unfortunate part of the NHS, but I think over the seven years I've seen changes coming through, inclusivity being one of them, and I am at a stage now that I proudly could say that I've made it to where I wanted. I've recently been appointed as a consultant obstetrician and gynaecologist in a large hospital in Wales. It is a difficult journey, and not many people are as lucky as myself to have a chance to do what they want, and persevere, but it's a well known fact that unfortunately the NHS has not been very inclusive and you could always feel yourself being side-lined.''

<u>Contribution from Dr Ashra Khanom - Senior Research Officer, Swansea University</u>

GC - Last week I had a meeting with Dr Ashra Khanom, the Senior Research Officer at Swansea University, Working on Health prevention and Inclusion. Dr Ashra was the author of the 2019 report on a study into Health Experiences of Asylum seekers and refugees in Wales. (Or HEAR report) She couldn't attend today as a guest speaker, but I will be sharing some of her findings.
Here are some of the experiences that were highlighted during the research –
An asylum-seeking family were initially based in England, where they had been registered with a GP and their children had been given all their vaccinations, which were recorded in their Child Health Record, the little red book.
On being moved to Wales, they registered with a new GP, who then told them their children needed all their vaccinations. Despite the father telling them they were recently vaccinated, and it was recorded in the book, the staff told him they didn't understand the writing, and insisted his children needed vaccinating. He felt it was because he was Black, that he wasn't believed and wasn't listened to, and this led to him disengaging from the health service.

Another experience – An asylum-seeking woman in London, who had a husband and child, was dispersed to Wales with her child but not her husband. She was pregnant, and when it

came time to give birth, she left her child with a friend while she went to hospital alone, in an unfamiliar place. While she was in labour, the medical staff started asking her what she had done with her other child, and when she said they were with her friend, they started pressing her on whether this friend was a registered child minder. The attitude was that she was a bad mother, irresponsible, and the hospital staff called the police. The police go to the friend's house to do a welfare check, only for them to say the child is fine, there is no concern. This experience was relayed by the woman's health visitor, who's opinion was that the staff were over-zealous and also, why did they make these assumptions about this woman? Why was she not asked during any of her pre-natal appointments about childcare during labour, or told that if she needed support, they could provide registered care?

In many of the stories told, the over-riding feeling of many asylum seekers and refugees was that they simply weren't listened to.
Dr Ashra also said that the discrimination people faced wasn't always overt, but it was the constant negative response people got all the time, that had a negative impact.

The biggest issue highlighted was interpretation needs not being met. In one case, a Welsh GP surgery had a policy of refusing to use interpreters, despite the fact that the service is free, and people have a right to an interpreter for medical appointments.

Getting mental health support is almost impossible, because even if someone is referred for counselling, and they get to the top of the waiting list, they are then told they cant have counselling if they don't speak English.

In another family's experience, their 10 year old daughter needed surgery for a bullet wound that had not been treated properly. Interpretation services were not used by the hospital staff, who took consent from the 10 year old to perform the surgery. The father could not believe that they didn't get an interpreter to tell them their child would be put under general anaesthetic and operated on.

There were many other experiences Dr Ashra shared with me, which we don't have time to share, but here is a link to the report - https://cronfa.swan.ac.uk/Record/cronfa50916 and during session 2, I will be highlighting some of its recommendations, and some positive stories of good health care that came from this study.

Comments from attendees

''I want to flag up an invisible Ethnic Minority which has a fairly large population in Wales - The Gypsy Roma Travelling Community, who face racism on a daily basis, including in health care settings which results in barriers and access to health care and significant health inequalities.''

Another Attendee shared their experience as an Asylum Seeker, having receptionists at the GP barring them from accessing health care without proof of address, which is against NHS guidance.

Attendee Hannah Sabatia (BAME Outreach Programme Development Officer at SCVS) shared information about her Chai and Chat mornings happening in the Multicultural hub at Swansea Grand Theatre for Ethnic Minority people. She also shared some of what she hears back from people who attend the group, in regards to racism in health care. Many people experienced sub-standard health care, and felt it could be to do with the colour of their skin. Hannah said that the experiences could potentially be happening to people from any Ethnic Background, but the concern that there could be a Racial element, causes people a great level of distress.

Attendee Faith Walker from 'Friends of Cymru Sickle Cell and Thalassaemia CIC' talks about the journey to becoming a CIC 21 years after beginning as a small support group, and finally becoming a commissioned service in Wales. She strongly underlined the importance for people to work together to end racism, to speak up, and for others to hear Minoritised voices, when they do speak up.

Session 2 – Creating Anti racist Health Care Systems

Professor Uzo Iwobi – Race Council Cymru
(Discussing how they are tackling the racism highlighted in their report)

I invited Dr. Heather Payne as a specialist adviser, to meet with myself and the victims who have experienced this racism because it was important that Welsh Government advisors understood what was happening out there in the community, to be able to translate that into the work that they're doing around implementing and embedding the Anti-racist Wales Action Plan.

We also had Care Inspectorate Wales and Health Inspectorate Wales attending, and we had about 15 of the initial victims who were so hurt and so upset about their experiences, that they actually wanted their faces on the video. They wanted to own their story, and they wanted to tell their truths.

So out of respect for them, we didn't record the session. But what we did, was get a clear narrative direct to the people in authority. And subsequently, Race Council Cymru wrote to Care Inspectorate Wales (CIW) because one of the homes had 7 separate complaints against it.

We said, on the grounds of these verbal testimonials, even though you don't get involved in individual issues around racism, surely there is more than enough evidence for CIW to get worried about what's going on.
So we were delighted that they've decided to launch a race investigation against that particular home.

But there were other victims of racism in different care homes and hospitals, where matters were not being progressed immediately. We then set up a meeting with the Equality and Human Rights Commission (EHRC). We spoke to their leadership who were very helpful in showcasing what they are doing strategically. But I was very concerned that I needed immediate action to save lives, because every day of this trauma is a day too long.

For the victims, the concern was that some of the EHRC processes were going to take a long time to be visible, in terms of the impact. Many of these people just need support. They need help immediately to respond to what is going on.

I also raised this matter directly with the Minister for Health and Social Care, by highlighting the findings of our report at the Ministerial Meeting for Health and Social Care, which EYST attended as representatives for Ethnic Minorities across Wales. And we were also able to present that report to the Minister for Social Justice, and they want to be personally involved. They want to address some of these individuals directly and hear what they need, so now we're in the process of setting up another meeting with the Ministers and the victims.

What we want to emphasize is that keeping quiet is not an option anymore.

Thank you.

SB – Question for Uzo Iwobi
In your work, you've seen many experiences of racism and discrimination faced by Minority Ethnic people accessing health care. What do you think needs to be done, to create anti racist health care systems?

UI – ''Well, I think that it's about time that the health care leadership stop naval gazing and talking about themselves.
People are desperately suffering. There is no excuse to go to an international country, go through the effort of recruiting people, to allow them to come to this country and be treated like slaves.

Leaders have a duty to lead. You set out your leadership mandate. You set out that Anti racism is the core aspect of what you want to deliver, and if people are going to be racist they'll be sacked. There'll be sanctions.
When leaders begin to use language of this nature, behaviours and attitudes begin to change immediately. They begin to implement the anti-racism Wales Action Plan.

Look at the Health section of the Anti-racist Wales Action Plan, and absolutely deliver it.

We're calling for training across the whole of the NHS, not just training, but development. Putting measures into employee's personal development reviews where they are checked on a regular basis through one-to-one senior management supervisions.

We're also calling for departments to sign the Zero racism Wales Pledge, which we've launched on the website. Sign it and download the information about what it means to be Anti-racist.''

Dr Heather Payne – Welsh Government Advisor, Women and Children's Health

Thank you for inviting me to come along and say a little bit about the Welsh Government's work. I'm a paediatrician by trade - I worked through the pandemic as co-chair with Judge Ray Singh of the Covid Disparities Health Group, so I heard first-hand a lot of these experiences, and it did lead to the formation of the Anti-racist Wales Action Plan (ARWAP).

I've been asked to talk about the ARWAP, and what it means for the NHS in Wales.
There is action, not just talking, but of course this takes a while to implement.
What we've been doing is spending a lot of time speaking and listening to health boards because one of the aims in the action plan was to find out what the leadership, in other words, the Health Board executives - what their skills are, what their understanding is on how they were going to be anti-racist.

So we spent a lot of time talking about these things. What did they understand about what they needed to do? How they were going to contextualize the ARWAP for all public services, because they're responsible for health boards, but they work with education services, public services, local authorities, community services. So they have to join up.

We've worked with them to identify the needs of strategic learning, to embed this culture of change, but to make sure that it lasts.
There are lots and lots of actions in the ARWAP, but the things that I want people to take away and remember are - **check in, call out and count up**.
Check in – Listen to/hear what's happening.
Call out – Make sure it does not go unchallenged.
Count up – Make sure we are monitoring what's happening and what the responses are.

In addition, we want to establish priorities, for what individuals must do to change, and what systems must do to change.

When we go around and talk to people as part of a training session, whether it's personal or organizational, we get people to tell us where they are. What do they understand about what's happening, and what do they need from it?

The checking in is doing what we've been doing today, hearing experiences of racism, personal, systemic, and structural, but also making sure that the system can hear them. And that's one thing I really want to emphasize - it is so important that these experiences are heard by the system, and what we've said in the Health Service is that we want people to use the existing system called 'Putting Things Right' and make complaints or representations. Now I appreciate that it's not always easy, but rather than just telling people things in a forum like this, we really want them to get into the system. So what I'd like you to do is tell me how we can make it easier for people to report these kind of events, so that they are then responded to, and investigated.

Calling things out - I'm a White woman, and so when I'm doing this work, I work very closely with my colleagues across the spectrum of Ethnic groups, but also with other protected characteristics, because we are all in a Minority group for something and a Majority group for something else, and some people have intersectional disadvantage. They have multiple protected characteristics, but we are all individuals, and that's the point.

When we are in a Majority, we have to understand that just because it's not happening to us, it still matters. It's happening to somebody, and we have to respond to racism.

People have to develop Bystander and Allyship skills. There need to be Staff Support Networks in the NHS, and the Managerial and Organisational responses need to be effective.

Then we need to count up our approaches.. so asking 'how does our system address and monitor racist events'. And that's about the data quality incident reporting and outcomes. And one of the things that is being introduced is the Workforce Race Equality Standard, and that will count up a number of things like fairness in recruitment and promotion, complaints about racism, complaints about bullying, and it will report on an annual basis. It's currently being used in the NHS in England, and it helps shine a light on what is working well, and what needs to be changed.

Those aims, the **check in, call out, count up,** lead to priorities for action, both on a personal and organisational basis. Every individual needs to make sure they are skilled up, that they understand what other people's experiences are like, and they also understand that they have developed the skills to not just recognize, but call out any racism and report it through an organization. Be an ally, stand by others who might be experiencing this. Not to shrug shoulders and put up with it, but to say, 'I'm not prepared to stand by and let this happen. I would like to be a witness, I will offer support, I will make a complaint, because experiencing this racism is harassing me, even though it's not directed at me. I am a bystander, who is affected by it.'

The Equality Act gives us abilities to do these things.
So people need to understand, they need the competencies to understand how they can respond, and then we need to be continually listening to people's feedback, and responding to suggestions.

I've made a note of about 20 things that I've heard today, that I am going to feedback to primary care colleagues about the running of surgeries, about emergency departments, about access to translation services etc.
It's only by having these conversations, we can ensure that the information flows to the right place.
So, I do want to emphasize the fact that we need to use the legislation, the Equality Act 2010. And again, when we're dealing with people as individuals, whilst we need to focus on getting really good at anti racism, we also need to respect the fact that there will be intersectional factors as well. But once we're good at being anti racist, we'll be good at seeing people as individuals, and making sure that we have regard to people as whole people, not just a diagnosis or any one single characteristic.

We have to do this together, these kind of sessions where we hear the real problems are absolutely vital, And we need to make sure that we have ways of listening and hearing. As I say, there is 'Putting Things Right' and I need to hear from you about how that needs to be better. Also, we have the new Duty of Quality Act that's coming to force on the first of April this year, and we have a new citizen voice body called 'Llais'. I'm doing a piece of work with them at the moment to make sure that this is properly Anti-racist, so that will replace community health councils and those again, will be the mechanism where we will hear the public voice, in order to make sure that services are responsive and Anti-racist.

I'll just finish by reminding ourselves of the Welsh Government vision for 'A Healthier Wales'. This was launched in 2018, it was a 10 year plan, so this should be working, and I'm hoping that we will get anti-racism incorporated into it. It's basically saying: We treat people as individuals. We want to try and move away from a hospital/bricks-and-mortar based approach to become as local as possible, so that people can access it close to home, and we want to be based on prevention and people's well-being, so that we need complicated services less.
These principles of improved population health and wellbeing, better quality and more accessible health and social care services, is underpinned by an approach of anti-racism.

It's absolutely vital that you continue to use your voice, that we continue to co-produce this plan and the actions together. Thank you so much.

Marina Davidson – Primary Care Lead, Doctors of the World UK, Safe Surgeries

I'm Marina Davidson, I'm the Primary Care Lead at Doctors of the World UK, which is a charity. We work mostly in London, but we have services nationally, and also the Safe

Surgeries Network, which is a national network of GP practices, and what I'll be talking about today.
I'll start with an article from a couple of years ago from the Bureau of Investigative Journalism, and it really illustrates the problem of registration refusal for people without documents across the UK. This was a mystery shopping exercise in 10 locations across the UK, it included a couple of boroughs in London, Leicester, Coventry, Glasgow, and Cardiff, and a couple of other main cities. So they focused on areas with high proportions of the population that were born outside of the UK. They contacted GP surgeries asking to register a hypothetical patient 'Rosa', who was in her 40's and did not have proof of ID or address. The results were quite shocking. 62% of the GP practices in the survey, said that they wouldn't register the hypothetical patient.

In Cardiff, 13 out of 17 practices included in the survey refused to register Rosa.

So it was quite shocking, that the majority of those practices were not accepting patients without proof of address and ID, which conflicts with the NHS guidance.

Safe Surgeries was set up in 2018, in response to evidence from our clinic in East London. Mostly the people that visit our clinic are people seeking asylum or people without documents, and often people in quite vulnerable situations that haven't been able to access the NHS for a number of years whilst being in the UK. The majority of people that we saw were having difficulties registering with a GP, and the main reason was GP practices refusing because they didn't have proof of ID or address. So, we set up those surgeries in response to that, but also recognizing the pressure on primary care and the work that's faced by GP Practice staff.
We were aiming to be a community of Practice, but also support for Practices to become more inclusive, and to develop processes that allow everyone to access primary care.

A Safe Surgery is any GP Practice which makes a commitment to taking steps towards inclusive GP registration processes, so it's about making small changes in practice to remove some of those barriers, particularly lack of ID and proof of address, as well as immigration status, but also focus on interpretation as well to ensure that language isn't a barrier to patient registration.

Practices that sign up to Safe Surgeries network, receive free training for all practice staff as well as resources in different languages and support for staff to align with the NHS England guidance on GP Registration.

We've got 1,300 Safe Surgeries across the UK, most of them are in England, and that's just because most of the Safe Surgeries resources are informed by the NHS England guidance, which is a very clear document that outlines ID and proof of address are not required for registration, and anyone, regardless of their immigration, status, or nationality, can register with the GP practice and receive treatment without charge. We've got a couple of Safe Surgeries in Scotland and in Wales, and the Safe Surgeries network is open to all countries in

in the UK, but we haven't done any particular outreach work just because we don't have the evidence to know whether the barriers are the same in Wales. So if we're a bit more informed on that, then that's how we can continue to expand the network into Wales, and Scotland as well.

Ultimately Safe Surgeries is just supporting Practices to follow the NHS England guidance by providing those resources and training to GP Practice staff, but also promoting the sharing of good practice. Safe Surgeries aren't offering an additional service, it's just about promoting inclusive registration processes.

A lot of the resources will be relevant in Wales as well, because the entitlements to primary care are the same in terms of not needing documents, and it being open to everyone. Practices in Wales are very welcome to sign up to the network. There's a few parts of the resources that specifically relate to NHS England guidance, but generally, all of the resources are quite universal, because of that universal entitlement. The focus on access to interpreters, for example, and welcoming patients with translated resources applies to all Practices across the UK.

https://www.doctorsoftheworld.org.uk/safesurgeries/

Contribution from Dr Ashra Khanom - Senior Research Officer, Swansea University

GC - For anyone who's joined during the second session, this morning I discussed the HEAR report, looking at health experiences of asylum seekers and refugees in Wales. The author of the report, Dr Ashra Khanom shared some of the negative experiences highlighted within her report, but she also shared some great examples of professionals going above and beyond to ensure refugees and asylum seekers were getting access to health care. Examples such as GP surgeries who ensured asylum seekers and refugees were booked in on certain days where they could offer longer appointments, and asking at the booking stage if an interpreter was needed, so they were prepared. In some surgeries, GP's were realising asylum seekers and refugees were being turned away by receptionists who were misinformed, so they created a surgery policy which outlined their right to health care, ensuring staff were properly informed. Which is heading in the direction of Safe Surgeries that we just heard about.

She told me about Opticians going out into the community, talking with asylum seekers, letting them know eye care is free, how to get it, and the importance of good eye care. And Respiratory nurses reaching out into communities to do TB checks.
There were examples of mental health professionals stepping outside of the NHS, to offer counselling in the community alongside interpreters, which isn't offered within NHS. It worked really well, and we've also seen many 3rd sector organisations filling those gaps, such as African Community Centre offering culturally sensitive counselling, and

organisations putting on other activities that are good for mental health, such as sport, gardening, and art.
Dr Ashra often mentioned a need for more flexibility within the NHS, and recommended more secondary care was taken into the community, offering checks and raising awareness, to bring in a level of disease prevention and intervention.

She recommended a focus on co-production with community leaders, setting goals that have deadlines, and ensuring those deadlines are monitored and met.
Within the HEAR report, there were 10 recommendations for NHS Wales to improve integration, health and well-being of people seeking sanctuary in Wales. Time won't allow me to cover them all, so please use the shared link if you want to read them fully, but to summarise, there was a focus on training health professionals to better support asylum seekers and refugees, provide specialist service support where needed, swift access to mental health support, and adequate access to translation support. Although this report focuses on asylum seekers and refugees, I think these recommendations are relevant to creating anti racist health care systems for all Minoritised service users, and indeed many of these recommendations can be found as priorities within the Health section of the Anti-racist Wales Action Plan. https://cronfa.swan.ac.uk/Record/cronfa50916

Question from Attendee Lisa Peregrine – DoNoHarmWales

My question is for Heather.
Just to put a little bit of context behind this, I heard a campaigner say that fish rots from the head downwards, and I'm concerned about your culture, and how it's coming from your seniors.
Also, the multi systemic racism that comes into it, because I've heard of racism that comes from the Police Service, and that is creeping into the Health Service as well, and victims are very scared.
So, this is my question, and I think it's something that you really need to be thinking about when you're setting this up.
How would your system (that you are designing) deal with the situation if your Chief Executive was reported to be racist, or not overtly Anti racist? How are you going to deal with the Chief Executive? Because if you get that right, you've probably got the rest of it right.

HP - I'm a great believer in the importance of leadership in organizations. If an organization is working well, it's to the credit of the leader. If it's working badly… we see what happens with football managers, don't we?

I think it's really important, and that's why it's an early action in the ARWAP, that Health Board, Executive Boards, have had to address and create their own anti racism objectives, and they've done that by already having conversations between Health Boards, their Chairs and the Minister for Health.

What has come from that is that they have all committed to being anti-racist, but they've also all identified that there is a considerable amount of need for training and skills, and developing competencies across all the levels of the organization. Like I mentioned, it's about the individual response… so, in other words - what's the culture? What are the skills of the staff to recognize racism and call it out, but also what's the organizational response to somebody making a complaint? How does the manager respond? How do they escalate it? And the first thing isn't to sack people, it is to educate them, but to challenge them. To say we're not going to accept this kind of behaviour, or we're not going to have a culture which is intimidating. It does take longer to change a culture than to change an individual employment contract, and so that happens over a period of time.

But we do have commitment at the highest level for that. If you find that you need to make a complaint about somebody, it doesn't matter who it is, be they ever so high, there is a mechanism to do that. If it's a Chief Executive, then it's to the Chair. If it's a Chair, then it's to the Minister. If it's the Minister, it's to the First Minister, and I'll bet my bottom dollar that the First Minister is not racist. He is absolutely committed to anti-racism. So I think we know where the buck stops. The Action Plan is absolutely to change processes, but also culture.

The other thing I would say that we have identified as part of this work, is the system allows for the employment relationship, and for education and discipline to happen, when it's staff on staff, for instance. But what we've identified is, when it is patient on staff, and when that patient is ill or demented, in the past the issue has always been resolved in favour of the patient. It has always been 'Oh, we have a duty of care to the patient, they're demented, they didn't know what they were doing.'

Well, I'm sorry that is not the whole answer. I was speaking with the medical directors just last week, and they took it on board – I was saying that the policies have to have a mechanism that communicates to patients who are racist that it's unacceptable behaviour. Yes, we have to balance our duty of care to the patient who is ill or lacks capacity, but we have to balance that with our duty of care to resolve it for the staff member. And one of the comments I've made is that we have No Smoking signs everywhere in hospitals: that sets the culture that we expect. The people don't smoke. I think we should have No Racism signs everywhere in hospitals and on health premises to make it clear that we won't accept racism, either.

Question from Attendee

My question is for Heather. I know that there are a number of organizations that are doing pieces of work around trying to implement the goals of the ARWAP. So, within the

context of my work, I'm working with the cultural division on cultural aspects. I'm working with the Practice Solutions on Health and Social Care outcomes.

How is this all going to be tied up and fed in, so that there is not just continuity, but a collective approach to ensuring that the people who are at the front end of delivery, like people in health & social care, are competent. So that all these service users who face racism and discrimination, and have bared their souls in terms of reporting the experiences that have happened, that it's not just captured, that they can actually see through the implementation team how those changes are going to be made? So that's my question to you, Heather, as part of the implementation team.

HP – You are just absolutely right, and that's what I'm trying to say. There has to be a mechanism to make a representation and get a response that is satisfactory, because the whole point about changing a culture is that people need to actually be brought to understand that services are not as they should be.

That's my point about 'how can we make it easier for people to make that representation?' Make their voice heard at the ground level, where the change can take place. We don't want it to have to go all the way up an organization, and somebody say, oh, you must do something, and come all the way down again. Let's do 'just in time' solutions. Now, if we need an additional mechanism other than 'Putting Things Right' for people to be able to make that representation in as much 'real time' as possible, then that's what I need to hear from you about how we make it easier for people to actually say 'I don't find this response acceptable'.

I know that's difficult. When you're struggling with language, when you're struggling psychologically. And that's why advocacy organizations, and our Citizen Voice Body 'Llais' is going to be so important in this, and I think that is going to be a key player.

But we need to make sure that feedback and solutions happen at the lowest level possible, because that's the way that we continue to change it, and that's where the allyship skills, and where bystanders can actually be part of the solution. Recognize Micro and Macro aggressions, and actually make sure that they're addressed at source.

So it's an ongoing conversation, this is co-production. I am taking these ideas and feeding them in as we go, it's a continuous process of co-production.

From the All Wales Black, Asian, Minority Ethnic Engagement Programme –

Thank you to everyone for attending and sharing experiences, to the guest speakers for their time and insight, and the attendees for all their valuable contributions and questions.