

Engagement with the Bangladeshi community

LIFE MUST GO ON

INSIGHT REPORT, OCTOBER 2022

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Introduction

NHS England (NHSE) Vaccine Equalities Team commissioned thirteen local Healthwatch to engage with the Bangladeshi and Pakistani communities over the summer of 2022.

The aim was to gain a better understanding of how the take up of Flu and Covid-19 vaccines could be increased and how the offer for Bangladeshi and Pakistani communities could be enhanced.

Building on previous insights

Engagement with Bangladeshi communities builds on previous conversations we held with Bangladeshi residents during the height of the Covid-19 pandemic. Bangladeshi residents told us their concerns about the Covid-19 vaccine and shared their suggestions on how the NHS vaccination programme could be improved to better reach their community. You can request a copy of the report by emailing hello@listentoact.org

The work commissioned by the NHSE has allowed us to revisit conversations with the Bangladeshi community in Westminster and Kensington & Chelsea, and share the current concerns, views, and perceptions of the community to the attention of the NHSE Vaccine Equalities Team.

NHS England vaccine equalities team

NHS England vaccines equality team works to reduce differences in the uptake of Covid-19 and flu vaccines in different population groups. This project contributed to their insights work.

COMMUNICATION

Deliver targeted communications to communities of people who are less likely to be vaccinated and ensure residents have the most up to date and accurate information on vaccination.

ENGAGEMENT

Use trusted voices like community champions to increase awareness and understanding of the benefits of vaccination.

INSIGHT WORK

Use behavioural insights and focus groups to identify motivators and barriers to vaccine take up, as well as to develop messaging aimed at specific cohorts that resonates.

SUPPORT

Support frontline teams to host health and wellbeing days and enable more people, including those who are less likely to trust or access NHS or other statutory services, to learn more about vaccinations.

INFLUENCE

Work in close collaboration with local government, public health teams, and community partners to share health inequalities focussed best practice and influence future vaccination strategies.

Listen to Act

Formerly Healthwatch Central West London

Listen to Act is an independent charity that started life in 2012 as a local London Healthwatch covering Westminster, Kensington & Chelsea, and Hammersmith & Fulham.

We use our expertise in community engagement to deliver a range of tailored fixed term projects and ongoing engagement programmes that harness community insights, improve outcomes, and reduce inequalities.

Today, our team work to bring Londoners and local decision makers together to design and deliver engagement programmes that result in meaningful action and positive community changes.

We take the time to cultivate real relationships in **three ways**:

COMMUNITY COLLABORATION

We bring together people who use services with those who commission and deliver them, to plan and deliver community engagement programmes that lead to a shared understanding of what's needed.

STRATEGIC SUPPORT

We partner with organisations to develop collaborative structures that enable long-term and sustainable engagement.

SERVICE DELIVERY

We help local authorities, the NHS, and leaders of local organisations to deliver community engagement services to ensure that issues important to local people are heard.

Objectives

The project objectives as set out by the NHS England vaccine equalities team.

1. Gain an understanding of where health information including the offer of vaccinations is being accessed by Bangladeshi and Pakistani groups.
2. Test messaging in the COVID-19 vaccine booster reminder letter.
3. Gain an understanding of how Bangladeshi and Pakistani groups perceive NHS vaccination services including COVID-19 vaccination and flu, including identifying barriers to access.
4. Identify current health priorities and challenges for Bangladeshi and Pakistani groups.
5. Explore health literacy and trust in Bangladeshi and Pakistani communities.

What we did

NHSE asked each participating organisation to run two focus groups with the Bangladeshi and the Pakistani community.

Each focus group had between 8 and 12 participants and used a variety of engagement methods to accommodate participants to attend. NHSE produced a range of suggested methodologies, including online conversations, in-person meetings or 1-2-1 interviews.

We worked with the NHSE vaccines equality team throughout the development process and worked with the team to formulate open, engaging questions for the focus groups.

We ran two focus group sessions in July 2022. We were eager to reach young people and parents, so we held these sessions in July before the school summer holiday. Early sessions acted as pilot engagement and contributed to the final NHSE briefing for participating local Healthwatch. We followed the structure set out by the NHSE but we slightly amended the questions to reflect conversations in our workshops.

This report outlines the findings of our programme of engagement.

NHSE proposed three themed discussion groups:

Group A Communications on COVID-19 vaccination and flu-testing messaging in the booster reminder letter

Group B Accessibility and decision making

Group C Current health priorities, health literacy, and trust

We were asked to contribute to the group A findings. However, our conversations expanded into other areas.

- Questions for Group A can be found in Appendix 1
- Questions we used in our focus groups can be found in Appendix 2

Summary findings and our recommendations

Promote choice, mutual respect and understanding

There are many medical and non-medical reasons why some people need to continue to take extra care to stay safe, while others are eager to move on to living a 'normal' life.

Recommendation 1

NHS England, UK Health Security Agency and the Office for Health Improvement and Disparities should collaborate with national and local media channels to promote messages of mutual respect and understanding that will normalise personal choice and encourage social responsibility.

This public campaign must be developed as soon as possible; at the very least by the end of 2022.

Promote up-to-date Information about vaccines

It has been nearly two years since Covid-19 vaccines became available to the public. Not enough information about new vaccines and their side effects, the booster programme, and the long-term impact of vaccines is available in many communities. This lack of available information is contributing to vaccine hesitancy.

Recommendation 2

NHS England, UK Health Security Agency and the Office for Health Improvement and Disparities teams should review and update public information about Covid-19 vaccines and include findings from the latest research.

This information needs to be available in accessible formats and promoted through national and local media, Integrated Care Systems and NHS community partners.

To increase public confidence and Covid-19 vaccine uptake, this work must be completed as soon as possible, or at the very least by the end of 2022.

Improve Access

Ensure that there is easy access to NHS support for people who are experiencing vaccination side effects and that it is suitable for people with additional access needs.

GP practices are the preferred source of advice for many patients. However, to help relieve pressure on GP practices, the NHS could have an alternative specialist source of support for patients with long-term post-vaccination (Covid-19) health symptoms. Similar to or an extension to services treating patients with long Covid health symptoms.

Recommendation 3

NHS England should consider a dedicated national or local clinical service that responds to people's concerns relating to long-term side effects after vaccination for Covid-19. This should be considered as soon as possible.

Promote new NHS services and access routes

The NHS has undergone significant change recently. Many participants in our focus groups who don't speak English, or who have English as an additional language, did not know about NHS 111, or that they have access to interpreting and translation services.

Recommendation 4

Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) should ensure that information about how to access healthcare is available to all residents in accessible formats.

This information should include patients' rights and where to get help if a service is not working for them.

To aid the delivery of timely healthcare by appropriate NHS teams, and to alleviate pressures for GP practices, this information should be made available as soon as possible or at the very least by the end of 2022.

Focus on local

Promote up-to-date information about vaccination programmes taking place locally

We found that participants did not know how the vaccination programme is being implemented locally. Many participants also expressed confusion about the national and local vaccination programmes.

Local councils, Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) are well-placed to collate and disseminate information to residents and local communities using a joined-up communications strategy.

Recommendation 5

Local councils, Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP) should ensure that they have a joined-up communications strategy to collate and produce locally focused information which complies with accessibility standards.

This is time sensitive as the booster and vaccination campaigns already started.

Focus on young people

Co-design information about Covid-19 that is relevant to young people.

Many young people in our focus groups told us that they feel existing information about Covid-19 vaccination is not relevant to them. It is important that national and local publications address young people's concerns around the risks of Covid-19 and Covid-19 vaccination.

Recommendation 6

NHS England and Integrated Care Systems (ICS) should hold conversations with young people and design information that responds to young people's perceptions and concerns and addresses cultural sensitivities.

To minimise Covid-19 spread by young people, information for young people should be produced as soon as possible.

[Young Listen to Act](#) can help to deliver these sessions.

Inclusive communication and information

Improve access to important information for every resident

We heard that people who don't speak English, or who have English as an additional language, are not accessing information through conventional channels. Many people told us they rely on second-hand information through family members, or word of mouth.

Similar issues are faced by other groups, for example people who have learning difficulties or people who are digitally excluded.

Recommendation 7

Integrated Care Systems (ICS), local authorities and Integrated Care Partnerships should coordinate a joint communication strategy with a step-by-step guide on how to disseminate important information to residents.

In addition to established local authority and NHS communication channels, the strategy should include collaboration with community partners, relevant national and community media channels, for example Bangla News or Chanel S, and community newspapers.

Building trust

Use personalisation and a recognisable source

Participants noted that they mostly trust people who know them personally, such as doctors, family members, and community leaders.

Many people told us they trust information coming from familiar sources such as the local authority or a GP.

It was important that the information was addressed to them. People told us they were more likely to read information if it was sent to their physical address, email address, or phone, and if it was addressed to them.

Recommendation 8

NHS England, ICS, GPs and local authorities should consider personalisation and personal preferences when promoting very important information to residents.

NHS Digital and local authorities must improve the mechanism by which patients choose how they want to receive very important information.

Who was in the room?

We ran two focus groups attended by 8 to 16 participants.

The first focus group was with a local sports organisation that invited Bangladeshi members to participate. This session was run online using Zoom and was facilitated by the Listen to Act.

The second focus group was with a group of Bangladeshi women attending English classes. It was held in person using an interpreter.

To ensure the anonymity of all participants, the names of the participating organisations have been kept confidential. However, this information has been made available to the NHSE vaccination equalities team.

Both focus groups were attended exclusively by women whose ages ranged from 12 to 80+. Three participants did not fill out the demographic questionnaire.

Full demographic data is available in **Appendix 3**.

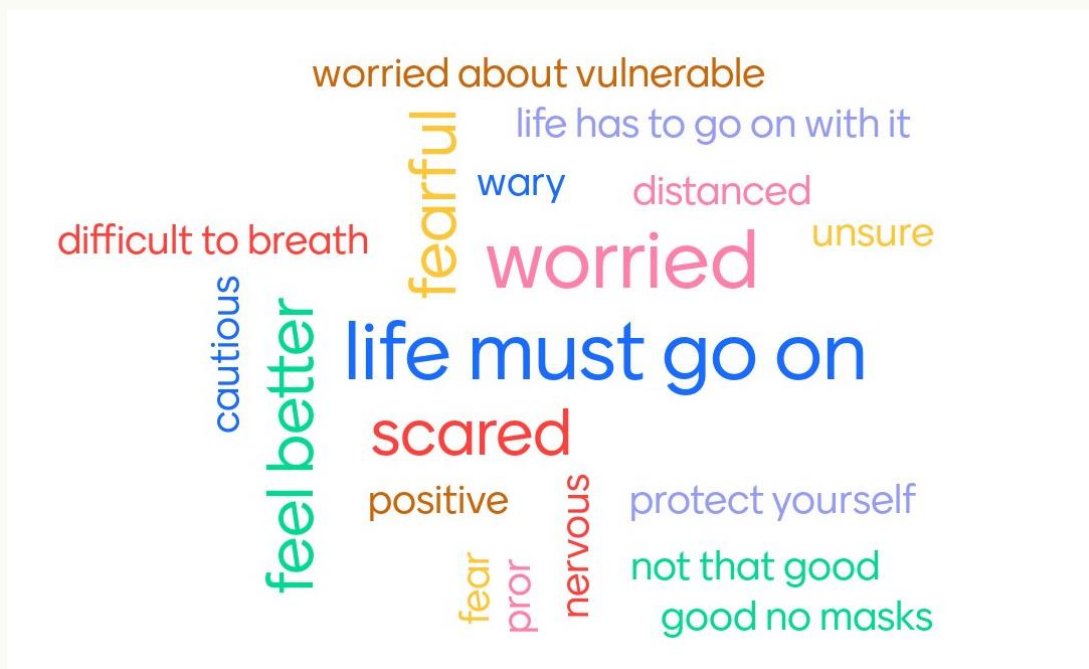
What we heard

We started by asking participants to tell us how they feel about living with Covid-19.

We received a range of responses describing feelings from concern to hope for a more positive future and a wish to get back to 'normal'.

Question 1

Q1. How do you feel about living with Covid-19 still around us?



Participants told us that they still feel cautious, especially in crowded places or on public transport. They expressed concern that they might contract Covid-19 themselves, or pass it on to others.

“It is quite worrying because when I go to see people, especially when I go to see my friend who's 75, I feel that I might pass on something to them.”

Many participants told us they were glad lockdown restrictions and mask-wearing measures had been lifted. Some participants told us they felt protected by the vaccine and that their symptoms would be milder if they did contract Covid-19.

Question 2

In general, how do you feel about NHS vaccinations at the moment and why?

A large majority of participants were positive about the Covid-19 vaccine. Many told us they were happy it allowed them to resume a 'normal' life.

However, some participants also shared their concerns and experiences of side effects.

Motivation to get vaccinated

Sense of responsibility

All focus group participants were women. Some participants told us they were motivated to get the vaccination because of family responsibilities, such as being a mother or a caregiver for other family members.

For example, one mother with small children told us that she cannot afford to be sick:

"I've got very young children, the responsibility and the onus are on me to ensure that I'm actually not ill and protecting my children's."

Others told us that they feel responsibility to protect other members of their families or local community. People expressed particular concern for those most at risk from Covid-19:

"If I feel unwell, I'm not sending my children out because they are carriers and they can pass on to their friends or grandparents and pass on to people who are not vaccinated."

Sense of vulnerability

Many participants who experienced significant Covid-19 symptoms, or who are more at risk from Covid-19, told us they took extra care to keep themselves safe. Some participants told us that while vaccination is a way of protecting themselves, they still feel the need to take additional measures to keep themselves safe.

“I was out of work for a whole month with Covid and bed bound for two weeks. I couldn't move. Covid really impacted my life, where I couldn't take care of myself, let alone my children or anyone around me. But I think it's also taught me to be responsible because I think now that my immune system isn't so great.”

Sense of community

Many participants told us they felt that it is everyone's responsibility to take action to ensure that life returns to normal. This included an expectation that people would follow government guidance and advice or get vaccinated.

“In order to lead a normal life again, we have to make some sacrifices but it's easier said than done. I use the mask when I travel on buses, but not everyone does. But if we don't stick to these rules, it's going to get worse. I'm hoping most people are vaccinated. That's the responsibility of each and every one of us to ensure that they were vaccinated.”

Reasons not to get vaccinated

Some participants expressed concerns about getting vaccinated. This was linked to trust in the vaccines, experiences of side effects, and misconceptions about the vaccine. There was a clear difference in views between the young people and parents we spoke to.

Misconceptions that children are unaffected by Covid-19

Some parents told us they didn't feel their children needed to receive the vaccine, as children are unaffected, or only mildly affected, by the virus.

Some participants also told us that they believed Covid-19 was becoming like the flu due to high vaccination levels. Some participants noted that they did not know anyone whose child had a bad Covid-19 case.

Parent's fears of the unknown

Participants explained that they are not against vaccination themselves and that they are vaccinated but in the case of their children, they felt more concerned about what is in the vaccine and the unknown long-term effects.

"One of the things that I'm unsure about is vaccinating my young children, I mean like the doses, is it strong? I know it's a risk not to be vaccinated but I think he [my child] is still developing, so I just opted out for him and he doesn't want it either."

Fears of the unknown in adults

Although no participants told us that they don't trust the vaccine, some participants told us that members of their families are unwilling to get vaccinated.

"My father is scared because he is scared, that he will die. He is scared of what is inside the vaccine, He says that if I get it, I will die."

Experience of side effects

Many participants told us they experienced side effects from the Covid-19 vaccination. Some told us they found it difficult to access help to manage post-vaccination symptoms. This led us to conversations about accessing help at GP practices for people from Bangladeshi communities.

“My parents were really scared about me passing Covid on to them, so I went and got vaccinated and then later I started having pains in my wrist...and then it started spreading. That's why I was really hesitant to get the second dose... it took me a very long while, to get the second one, but fortunately, when I went and I got the second dose, it was fine.”

Young people's views

Feeling 'back to normal' / perception that Covid-19 is low risk

Since the lifting of the Covid-19 restrictions and the reopening of schools, young people told us that there is a sense that everything has returned back to normal. They feel that by now everyone has had Covid-19 and the vaccine, and that Covid-19 is no longer a big concern.

“I think most people have had the vaccine. I think. We are quite protected. But even then, I know that some people have it worse than others.”

Awareness about Covid-19

Young people in our focus groups expressed awareness of:

- long Covid-19,
- varied severity of Covid-19 symptoms,

- higher risk for vulnerable people and
- awareness of vaccination side effects.

They felt concerned about and responsible for their family members particularly people who are more at risk from Covid-19

“We say it's normal and everything, but some people are still having a really bad.”

This awareness drove their decision to get vaccinated and encouraged them to take care not to spread Covid virus.

Vaccination take-up amongst young people

To get a sense of vaccination take-up amongst younger people, we asked our young participants if their peers have had Covid-19 vaccination.

While this is not first-hand information, it is worth noting that many participants told us the majority of their peers have not received the Covid-19 vaccine.

They also noted that girls are more likely to have had the vaccine, which is driven by the sense of responsibility to other people in their families.

They observed that boys are less likely to take up the vaccine, citing the lack of trust in vaccines, concerns about long-term side effects, or misconceptions about the seriousness of Covid-19 symptoms.

“Most of [my friends] don't have the vaccination and only two or three are mainly girls. I get the vaccination because I guess I worry a lot more about it. But with guys, they're more sceptical about what could happen, or they want to wait it out a few years and see what happened to the people... they do get really worked up about it... ‘ I don't trust them’ or ‘I am not going to get Covid.”

Question 3

Would you be happy to receive both Covid-19 and flu vaccination at the same appointment (i.e., a jab in each arm), or would you prefer to have them on separate days?

We heard wide-ranging responses. About two-thirds of respondents would take the Covid-19 vaccine and flu vaccine at the same time.

Agree

“Yes, I did get it together last year. Flu and booster. I will do it again”.

“Same time? Or good! If the doctor feels that I need to take it, I will do it”.

Cautious but would agree

Some participants were unsure about taking two vaccines at the same time. They said that they would follow advice from the doctor.

“I trust the doctor. If he said that I will not have a problem, I'll do it”.

Disagree

About a third either said that they would not agree to take two vaccines at the same time or that they would need additional information to decide.

“No, because they are two different injections”.

“Unsure, I suffer from diabetes, high cholesterol and blood pressure”.

Question 4

Do you currently take, or plan to take, the yearly Flu vaccination?

We ran our focus groups in July when information about the flu vaccination was not being publicised. In our conversations, people only discussed the flu vaccination in conjunction with the Covid-19 vaccine.

Flu vaccination

Many participants told us that during recent years the flu didn't feel like a priority. However, some people observed that the dangers of the flu may be overlooked:

"A lot of people have died from the flu more than they've died from Covid-19; I think.

Covid-19 vaccination

About three-quarters of participants said they will take further Covid-19 boosters. About a quarter of participants either said that they wouldn't, or that they are hesitant.

Those who will not take the vaccine or are hesitant cited:

Concerns about the contents of the vaccine

"I'm not gonna say no, but it is a bit scary – you don't know what's in the vaccine".

Concerns about the side effects of the vaccine

"I have side effects, but I didn't tell anyone. I want the doctor to tell me if I should get vaccinated or not".

Concerns about the effectiveness of the vaccine

"She took all three vaccinations and I still had Covid-19".

Concerns about the safety of the vaccine during pregnancy

“No, I don’t take vaccines because I am pregnant”.

Perceptions that children are not vulnerable

“The reason why I had decided not to give my children the vaccination is that they haven't got Covid-19”.

“Children might have had it, but they probably didn't have it really bad”.

One person felt unhappy their employer required them to be vaccinated in order to work.

“I don’t want to get vaccinated, but I think I have to. I am doing the training to work in a hospital. I think I will have to get the booster. I don’t have a choice. I don’t want to but if I have to I will”.

Question 5

What have you heard recently about Covid-19 and Flu? Anything that stands out?

As workshops took place in July before the flu season, information about the flu was not currently being circulated. As a result, conversations focused on Covid-19. Participants wanted to talk about their experiences and concerns related to the Covid-19 vaccine, its side effects, and its efficiency.

Participants had unanswered questions about:

Vaccinations for children

“One of the things that I’m unsure about is vaccinating my young children, I mean like the doses, is it strong?”

The benefits of vaccinating children

“Apparently, kids don’t have it as bad as adults”.

The long-term side effects of the vaccine

“You hear the scare stories that after a couple of years the results about side effects of the vaccine will come out, so that’s a bit scary I don’t know if it is scaremongering or what”.

How often to get a booster vaccine

“Is it true that we need to get the booster every year?”.

When to get a booster vaccine

“I had to wait 28 days for a booster after getting Corona”.

What research went into developing the vaccine

“There is a new vaccine out all the time, I don’t think I know enough about the research that has gone [into developing vaccine]”.

Question 6

Where do you currently get information on Covid-19 vaccination and Flu from?

A lively discussion took place about where participants get information and how public health messages could be better communicated with their community.

From these discussions, we found out that:

- Personalised information and personal interactions with health professionals were the most effective way to communicate important information.
- Participants trust their family members and doctors the most.
- Communications coming from familiar sources, like GPs (General Practitioners) or local councils, were highly valued and trusted by participants.
- Both national and Bangladeshi media is closely followed and trusted by participants' family members.
- Participants who do not speak English or who have English as an additional language told us access to translation services is vital.

National/ international/ community media

Participants told us that male family members closely follow the news on TV channels in their language such as Chanal S and Bangla News as well as listening to the BBC.

Similarly, many participants told us their family members read both Bangladeshi and British newspapers.

They trusted the information they received in this way because often they invite NHS GPs to explain important health issues.

“Bangla news channel has a Bangladeshi health program. They are funded by NHS England. They invite NHS GPs and experts in health”.

NHS and local council

E-bulletins and newsletters from the council

Participants told us that the local council used to send e-bulletins and newsletters during the height of the Covid-19 pandemic, but these have now stopped.

Those who were able to receive information in this way told us that they found it useful.

However, now that responding to Covid-19 is no longer a priority, many participants reflected that they are not sure where to find up-to-date important information.

“We used to get a daily and weekly Bulletin on what was going on what was happening with the vaccinations, where things are taking place, and where you can go to get vaccinations... that was when things were really bad. Right now, I don't think those things are coming out so I'm not actually sure where I would go and get them”.

Good practice

In Westminster, during the height of the pandemic, the council was sending e-bulletins by email and newsletters to each resident, timely communicating important messages related to the Covid-19 pandemic, advising how to protect yourself and informing were to have the vaccine.

Letters/ information leaflets/ paper newsletters

People who do not receive/ do not have access to emails said that they would prefer to get information in print format through the post, especially if the information is something important that they need to know.

Some people also highlighted the importance of personalised information: it needs to be addressed to them.

“If it's really important I can't see why we can't get a leaflet through our door, a personalized letter to my address with my name on it that would have more value.

GP practice/ a doctor

Personalised communication by the practice

Patients in both focus groups said that they would trust a doctor the most. Similarly, many people told us they would trust the information that is coming from their GP practices, whether via text or the post.

Many participants spoke about the trust they have in their doctors and would follow doctors' advice. They said that they respond to letters and messages from their practice if invited to take part in vaccinations or other treatment.

One of the important factors for trust is the knowledge that a health professional knows patients and their medical history. Participants told us they felt information is tailor-made by people who understand their personal circumstances.

In-person contact

Many participants told us they valued opportunities to discuss their own concerns relating to the Covid-19 vaccine and its side effects. They told us this would help reassure them about the vaccines' impact on their health long-term.

“Having the person in front of you, is more comforting you know when you tell them your symptoms and they tell you that okay... It is more confident having someone there than just reading about it somewhere”.

Good practice

Some participants had their flu vaccination administered by their GP. This inspired confidence because the doctor could address their individual concerns about the vaccination relating to medication, side effects or long-term illness.

Search

Many younger participants said that they often use a Google search to find the information they need before they seek help from the NHS.

“Google always is helpful”.

Some participants commented that their family members respond to information online that comes as a ‘pop up’. However, they were often unsure what websites these pop-ups related to.

Group discussions

We asked participants about their thoughts on group information sessions facilitated by health professionals in GP practices. We wanted to know how they felt health professionals should communicate with local communities.

We received a range of responses within the two focus groups.

Participants who don’t speak English, or who have English as an additional language, were enthusiastic about the opportunity to meet health professionals with an interpreter and have their questions answered.

Other participants, particularly those who do not need to use an interpreter, were concerned about putting additional pressure on GPs.

However, most saw the value in engaging with communities who find it most difficult to be heard in conversations around health and social care.

Good practice

During the Covid-19 pandemic, one GP practice Patient Participation Group (PPG) set up weekly online coffee morning sessions to respond to patients' concerns and questions relating to Covid-19. It saved GPs time as they were speaking to a group of people. It also reassured patients, inspired trust, and helped patients to understand how to access services and support. It also addressed issues linked to social isolation.

Family

Most participants who don't speak English or who have English as an additional language told us that they would trust their family members who speak English fluently. They told us that they often rely on these family members for information, or to translate messages.

“My husband knows more about the Covid-19 stuff than I would ever do because he watches lots of media... he is the one who forces us to have all the vaccinated”.

Thank you

We would like to thank members of the Kensington & Chelsea and Westminster Bangladeshi community for participating in our conversations and sharing valuable personal experiences and views on how healthcare outcomes should be improved.

We are grateful to Westminster and RBKC BME Forum for your continued support and assistance in reaching Bangladeshi organisations.

Glossary

CWL	Central West London
GP	General Practitioner
ICP	Integrated Care Partnership
ICS	Integrated Care Systems
LTA	Listen to Act
NHSE	NHS England
PPG	Patient Participation Group

Appendix 1

NHSE group A questions

CORE QUESTIONS – ALL GROUPS

1. In general, how do you feel about NHS vaccination at the moment and why?
2. Would you be happy to receive both COVID-19 and flu vaccination at the same appointment (i.e. a jab in each arm), or would you prefer to have them on separate days?
3. Do you currently take, or plan to take, the yearly Flu vaccination?

COMMUNICATIONS – GROUP A

1. What have you heard recently about COVID-19 and Flu? Anything that stands out?
2. Where do you currently get information on COVID-19 vaccination and Flu from?
3. Would you or your family still get vaccinated if they did not receive printed letters reminding them when it is time to make an appointment? Are there other ways you would like to be reminded when it is time for an appointment?

BOOSTER REMINDER LETTER – GROUP A

Participants are to read the content of the invitation letter and feedback on:

4. Is the messaging simple to understand? If not, please give examples of messaging that is difficult to understand.
5. How could the messaging be improved? Please give examples and any other comments or ideas.

Appendix 2

Listen to Act focus groups questions

NHS England is having conversations with the Bangladeshi community about NHS services, Covid-19 and what NHS could do to support you, your family and your community better.

1. How do you feel about living with Covid-19 still around us?

Prompts: How do you feel when thinking about Covid-19?
Explore concerns and positives

2. How do you protect yourselves and your family from Covid-19 now?

Prompts: Do you take care when you go out?
Do you use masks or avoid crowded places?

3. How do you feel about the Covid-19 vaccination?

Prompts: Explore views on vaccination in regards to contorting the Covid-19 outbreak.
Would you take a Covid-19 booster if you are offered one?
Would you recommend Covid-19 vaccination to your family?

4. Do you feel that you can get the help you need when you need it from health services?

Prompts: Explore the perception of access and availability
Explore the feeling of trust
Explore the fear of Covid-19 infection

5. Is there anything NHS could do better to look after you, your family or your community?

6. How do you find out information about health services?

Prompts: Many changes took place in how health services were offered during the Covid-19 pandemic. How did you find out about those changes?
Where do you get your information and news?

7. How the information and health messages could be communicated to you better?

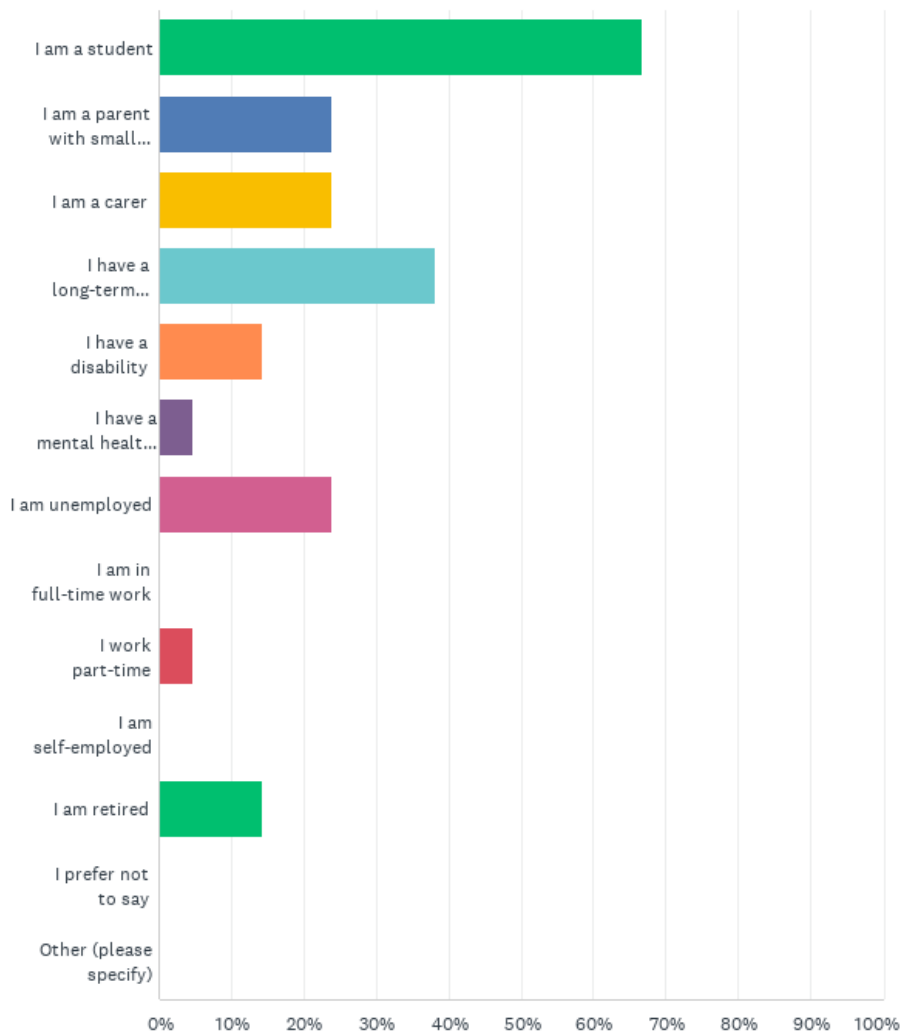
8. Anything else you wish to add?

Appendix 3

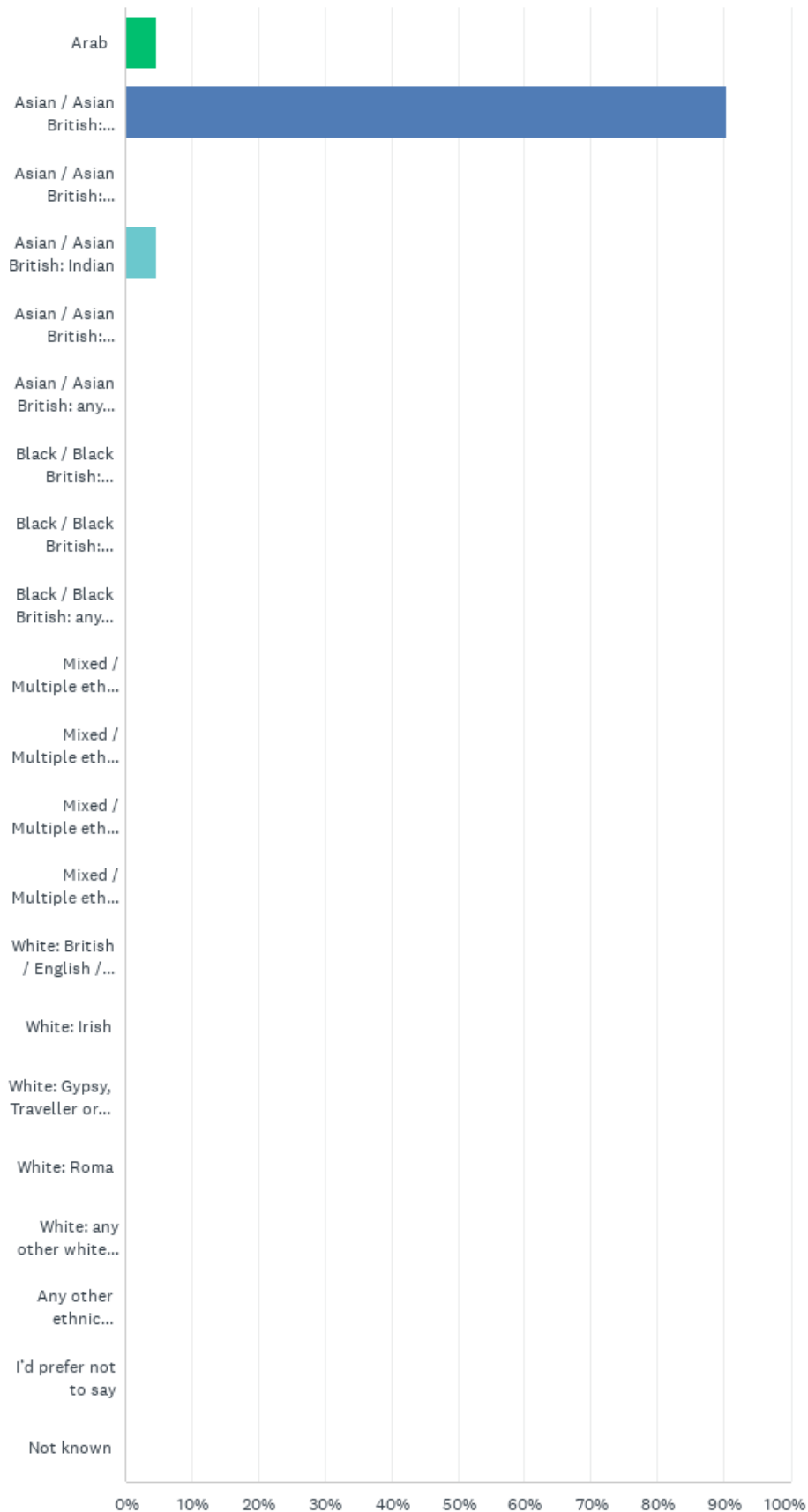
Demographic data

21 participants attended focus groups, and three of them did not fill out the demographic survey.

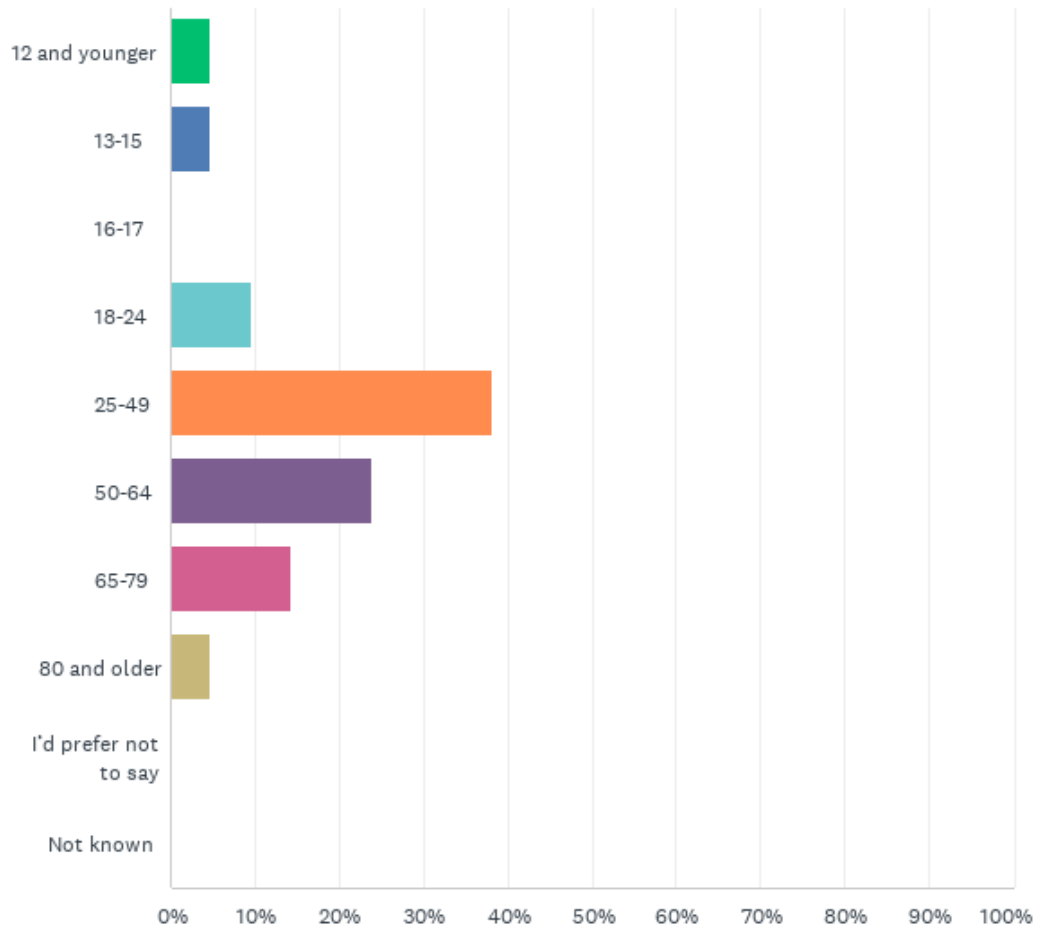
Q1 Please tell us what best describes you? Please mark all applicable answers.



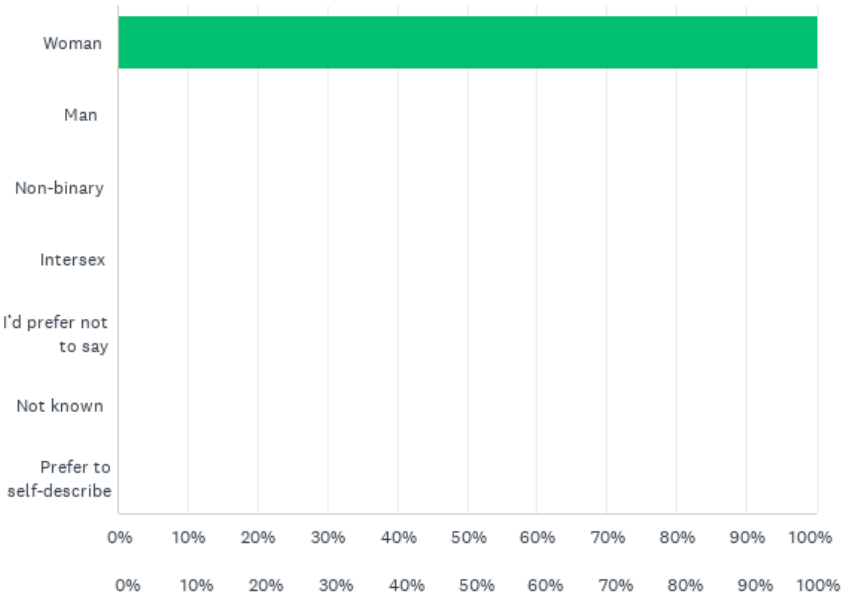
Q2 Please select your ethnic background: this would be very helpful



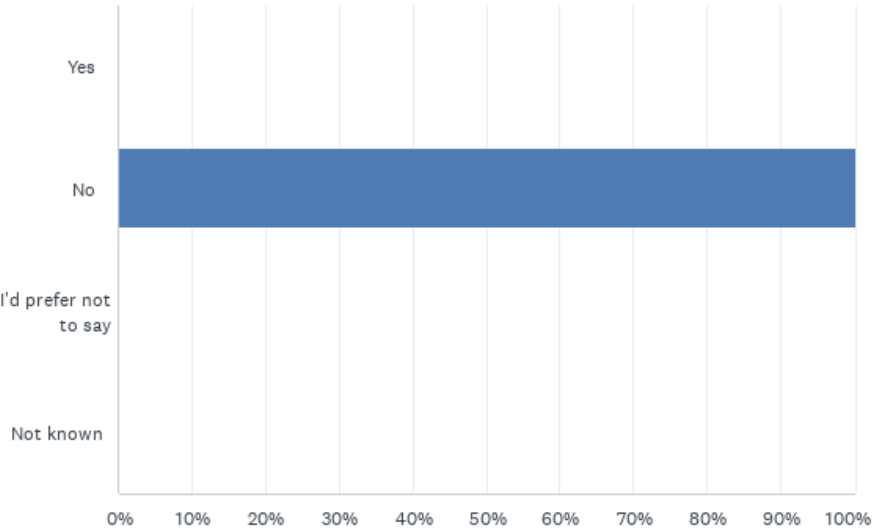
Q3 Please tell us which age category you fall into



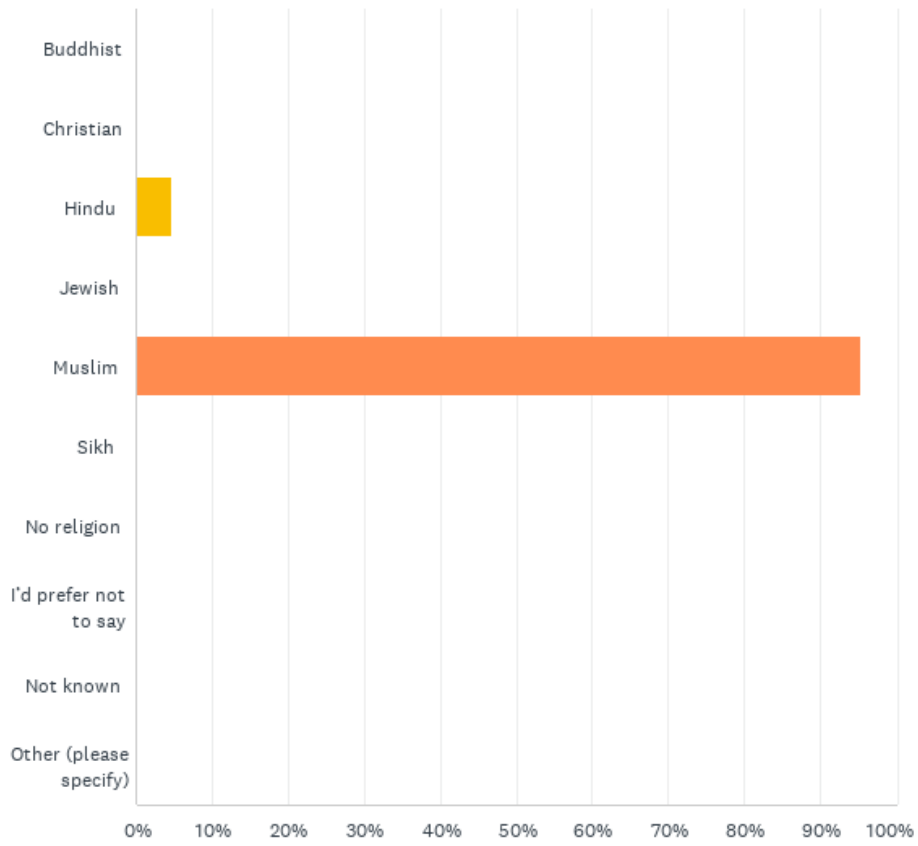
Q4 Please tell us which gender you identify with: this would be very helpful



Q5 Is your gender different to the sex that was assigned to you at birth?



Q6 Please tell us about your religion or beliefs



Do you have a question about this report, or would you like to work with us to create a similar engagement project?

If you have any questions, please email odeta@listentoact.org

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