



Research Article

Routine outcomes to investigate differences between ethnic minorities and White British people presenting to emergency services for injury: the stakeholder consultation

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Plain language summary

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Research has shown that people from ethnic minorities often have less favourable healthcare experiences and outcomes than white British people. Our BE SURE study aims to establish whether there are differences between these groups and whether this can be seen in routinely available health outcome data or through patients' own words through questionnaires and interviews.

Before starting data collection, we wanted to consult with people who may deliver or receive emergency health care for injuries, about what routinely available healthcare measures and outcomes we should include in the study.

Twenty stakeholders joined the meeting: clinicians, paramedics, researchers and representatives from healthcare organisations, the third sector and a public contributor. We firstly explained what the study was about, and what we hoped to achieve during the online consultation meeting. We presented examples of measurable outcomes that we had included in our original research proposal for injuries. We broke into small groups to discuss these outcome measures and identify gaps. We also asked for comments and suggestions to check the appropriateness of these measures.

Participants agreed that the proposed measures were mostly appropriate; these included tests, treatments, waiting times, referrals to other doctors, leaving the hospital against medical advice and time spent in the emergency department. They identified two new outcomes, which were safeguarding referrals and refusal of treatment. The final agreed list of outcomes was 25.

Participants also discussed disparities in medication and treatments provided to ethnic minorities compared to white British people, such as pain relief. Additionally, they explored various factors that could affect care differently across these groups. For instance, ethnic minorities may experience discrimination, have distinct health issues or experience variations in the location, nature and severity of injuries. These factors could influence waiting times, pain management and overall quality of care.