

Report

Equality and Diversity Matters



From Policy to Practice



Delivering Culturally Sensitive Healthcare within Glasgow



The incidence of Type 2 Diabetes in Minority Ethnic Communities in Glasgow is 8% compared to 3% in the indigenous population. (NRCEMH 2004)

Conference on Diabetes in Minority Ethnic Communities in Scotland, 26th May 2006

Introduction

This report outlines the range of work with Black and Minority Ethnic Communities in Glasgow.

It includes a number of examples of good practice. These programmes range from chronic disease management (diabetes) in community settings to practical cookery sessions for young BME mums.

There are also details about a national survey of Diabetes Managed Clinical Networks on services for BME communities in their areas.

Details of training available to health professionals working in Glasgow are included.

Finally there is some information on how those working with BME communities in Glasgow are building links throughout Scotland.

'Scotland is now a multiracial society and with its increasing diversity, provides a challenge for us to deliver health and healthcare services in an environment where people have different beliefs and practices, speak different languages, eat different foods, and at times, see their environment with different 'cultural eyes and thoughts'.

The Health Care Partnerships, with an emphasis on 'Community Planning' provide us with a unique opportunity not only to tackle prejudice and discrimination, but also to address the challenge of addressing the health inequalities experienced by black and minority ethnic communities.

There is now an opportunity for us to work creatively in facilitating change because our new structure encourages clear working with local authorities and community organisations.

Many of the challenges for improving the health and healthcare are common to all communities, particularly those who are marginalised and socially disadvantaged. Our examples in this booklet shows ways of enhancing quality of healthcare for people from diverse communities. This is an integral part of improving health care for all.

This overview of how policy has been translated into an implementation programme illustrates the point that we can respond to diversity within our communities and thus facilitate change so that the principles and processes required to address diversity will also benefit the wider communities of whatever background.'

Rafik Gardee, Director NRCEMH

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Delivering a Healthier Lifestyle programme

Structured diabetes education sessions

Background

A structured group education pack has been developed for use with the Chinese and South Asian Communities.

How this was achieved:

- Exploring the beliefs, values & knowledge of diabetes and the learning styles of the South Asian and Chinese community.
- Finding out barriers to adopting healthier lifestyle choices.
- Using this information to develop culturally appropriate diabetes education sessions in an accessible environment.

Pilot

In 2004-05 a pilot of a structured education session was completed with the Chinese Community in Glasgow. Led by Sunita Wallia, with Linda Lee – a multicultural health officer – acting as the interpreter, the programme was run over four sessions and included education on healthy eating and physical activity. The sessions also included a cookery demonstration, dancing and group discussions. Evaluation of the sessions by participants was positive. Following the success of this programme, Healthier Lifestyle Sessions were then run for Chinese people with Type 2 Diabetes (Spring 2005).

This programme is currently being formatted for wider use and a structured group education pack has been produced for use with South Asians with Type 2 diabetes. (2005-06)



About the pack

Aims

The overall aim of the programme is to ensure that participants have a good understanding of their diabetes and how a healthier lifestyle can improve their management of this.

The programme is run over 3 sessions, one per week.

Expected outcomes

Increased knowledge; weight management; improvements HbA1c; blood pressure; lipids; attendance at annual review; retinopathy screening; better stress management; etc.

Follow-up

At each session participants develop their own personal targets on physical activity and diet for the next session. After the 3 sessions a follow-up is arranged 6 months later.

Who can deliver this education?

The programme is designed to be run by two health professionals - a Diabetes Specialist Nurse and a Community Dietician. For some of the sessions other health professionals can also be involved e.g. podiatrist, community pharmacist, physical activity instructor

Current status

The pack was piloted in Glasgow during February 2006. A further pilot is planned with the Sikh community in Glasgow in June 2006. Discussions are also underway for a pilot in Edinburgh and Fife.

Development of packs for other minority ethnic groups

If the pilots prove successful then it is envisaged that similar packs will be developed for other BME groups in Scotland, funded by Scottish Executive.

Practical cookery sessions for young mothers and pre-school children from BME and Asylum Seeker/Refugee Communities

Aim:

- To improve the nutritional status of children and their families.
- Empowering women on practical aspects of cooking with familiar foods, new foods and ingredients.

Objective: To encourage a healthy start from early development years

How the objective is achieved:

Partnership working between a community dietitian, young mums who have recently settled in Scotland, their children and community workers.

Current status:

Work is underway on compiling a book of international recipes contributed by the facilitator and the participants.

Ad-hoc classes are run on demand

Resource Development

Following a needs assessment in 1996, resources have been developed in different languages on:

Healthy Eating in Diabetes: Eastern and Western food ideas, meal plans produced in English, Urdu, Arabic and Turkish.

Healthy Eating for Diabetes: a guide for the Chinese Community – Chinese and English.

Healthy Eating for Diabetes: a guide for South Asian families – English, Hindi, Urdu and Punjabi.

Parenting classes for mums from diverse communities with children under one year old

Aim:

- To raise awareness on complementary feeding (weaning) recommendations.
- To show the importance of good nutrition for a healthy start in life and how this will lead to lifelong healthy eating habits and better health.

Objective: To enable mums to understand the benefits of breastfeeding. To provide guidance on:

- timely introduction of complementary feeding,
- foods to avoid in the first six months,
- meal frequency and nutrient content,
- oral health,
- eating behaviour
- food safety

How the objective is achieved: Using cultural and traditional foods, showing the consistency and texture of these foods as weaning progresses from stage 1 to stage 4.

Current status: Groups sessions held on demand in voluntary organisations and GP Practices.



Survey of Diabetes Managed Clinical Networks

Background

The 'Diabetes in Minority Ethnic Groups in Scotland' report (2004) aimed to stimulate ideas and address the learning needed to develop and deliver high quality care and services for people with diabetes from Black and Minority Ethnic Groups.

Following on from this report an evaluation of current diabetes service provision for minority ethnic groups has been undertaken with Diabetes Managed Clinical Networks (MCNs).

This evaluation was the result of a joint collaboration between Diabetes UK, Scotland, the National Resource Centre for Ethnic Minority Health and the Scottish Diabetes & Ethnic Minority Working Group.

Overall aims of the evaluation

- Patient needs are met by providing appropriate and accessible services.
- Patients with diabetes receive clinically non-discriminatory treatment delivered by culturally competent staff.
- Information is made available about diabetes in minority ethnic groups in Scotland.

To achieve these aims, the evaluation looked at: what services are currently available; barriers/difficulties in providing services for BME communities; support or information that could be useful in helping to provide services to BME communities.

The evaluation

The evaluation had 4 main parts:

1. Initial questionnaire completed by Diabetes MCNs.
2. Analysis of the data collected.
3. Final report produced which will include results from all MCNs.
4. Action plans to be developed for each MCN (including advice & recommendations on how to achieve goals).

Objectives

The key objectives and outcomes of the evaluation were to:

- Identify current activity
- Identify areas of good practice
- Identify unmet need
- Disseminate findings and share examples of good practice
- Encourage more collaborative working between service providers
- Develop action plans for each MCN

The questionnaire was developed through joint consultation between Diabetes UK, Scotland; the National Resource Centre for Ethnic Minority Health; and the Scottish Diabetes & Ethnic Minority Working Group. The questionnaire was piloted with one MCN before being sent out.

Current status

Questionnaires were emailed to all 15 Diabetes MCNs on 6th March 2006. All 15 MCNs have completed and returned the questionnaires. Questionnaires are currently being analysed and results should be available by June 2006.

Medication Management Programme

Background:

Since 1997, medication review has been an established service, provided by prescribing support pharmacists from Primary Care Division. It became apparent that this service was not meeting the needs of ethnic minority patients – attendance for this group was less than 50% compared with more than 80% for the white population.

Aim:

- To enable more South Asian patients to access a medication review
- To improve prescribing of evidence based medicine

The programme:

Medication review in General Practices

A GP practice with a high percentage of patients from a South Asian background was targeted for setting up a medication review clinic. Patients were invited to clinics by a bi-lingual administrator who spoke Urdu. The medication review clinics were run in a culturally sensitive manner by a bi-lingual pharmacist who spoke Urdu.

Patients receiving the medication review were primarily diabetics but included those with other chronic conditions.

Results

- Attendance at the medication review clinics increased to more than 90%.
- The model was expanded to include an additional 5 GP practices.

Medication Information Clinic at Glasgow Central Mosque & Shanti Bhavin

In 2004 a medication information clinic was set up at Glasgow's largest Mosque. Clients were mostly those who attended the elderly day care centre based at the Mosque. Clinics were held weekly with:

- Review of an individual's medication (without case-notes)
- Health promotion advice
- Blood pressure check

This led to a full paper based medication review at the patient's G.P practice, resulting in integration of the patient into the multidisciplinary team. A similar service was set up at the "Shanti Bhavan" Hindu Elderly Centre in 2005.

Medication review in a Community Pharmacy

A medication review clinic was set up in a community pharmacy, which had mainly South Asian customers. The pharmacist targeted those with chronic conditions and referred them to the clinic.

The next steps

To build on this work it is proposed to deliver culturally competent medication reviews in the Mel Malap and in a Community Pharmacy in the heart of Pollokshields (an area with a large population of BME patients). This will involve a bilingual pharmacist employee of NHS Glasgow and a bilingual Community Pharmacist.



Training in cultural competence

Multicultural health development team

The training programme currently being delivered by the multicultural health team for staff within NHS Greater Glasgow is as follows:

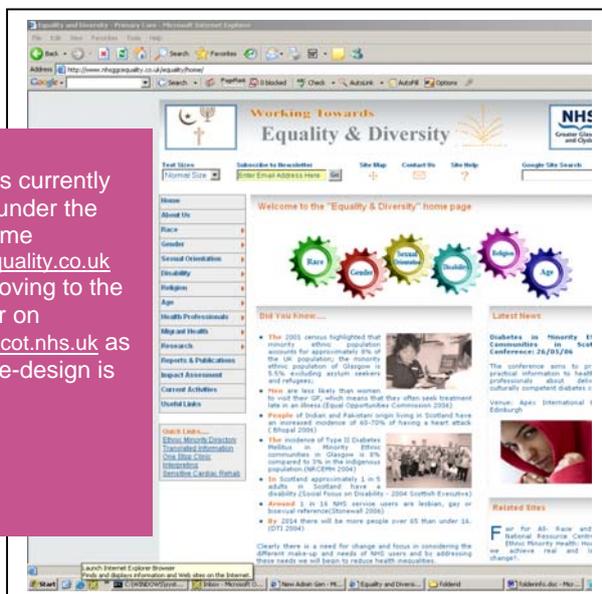
Course	Diversity area
Corporate induction	Race/Disability
Equipped for excellence (managing diversity)	Race/Disability/Age/Religion/ Sexual orientation/Gender
Race Relations Training for Support Services (front line staff)	Race
Awareness of Domestic Abuse Staff Policy	Gender
Disability Equality Training	Disability
Disability Etiquette Training	Disability
Mental Health Training for West Sector	Race and Mental Health
Asylum Seeker/Refugee Health Programmes	

Multicultural health development team website

The website has been re-designed and reorganized to reflect the move towards Equality and Diversity. There is information with regard to all current legislation and changes to legislation in the diversity strands of Race, Gender, Sexual Orientation, Religion and Age. There are sections on Health Professionals with information on Translation, Interpretation and projects such as One Stop Clinic, Diabetes and sensitive Cardiac Rehab. The website has been designed to ensure you are only three clicks away from information and is accessible in different font sizes. There is a newsletter that can be joined and a feedback form for getting in contact with the team.

To reflect the importance and special needs of incoming communities we have given a new section that is called Migrant Health which encompasses Asylum seekers, Refugees, Gypsy travellers and Roma communities.

The website is currently in test mode under the temporary name www.nhsggcequality.co.uk and will be moving to the SHOW server on www.equality.scot.nhs.uk as soon as the re-design is complete.



Diversity E-Modules

KnowledgeNet e-Learning

NHS Greater Glasgow has launched a new e-Learning platform called KnowledgeNet. The learning is available online and can be accessed from most Internet connected PCs. This means that staff can access the learning wherever and whenever they need to.

Courses available for Equality & Diversity

- Diversity: Managing Diversity in the Workplace
- Cross-Cultural Business Communication Series
- Cross-Cultural Business Communication: Understanding Cultural Differences
- Cross-Cultural Business Communication: Developing Cross-Cultural Communication Skills
- Cross-Cultural Business Communication: Addressing Cross-Cultural Business Situations
- Managing Generations in the Workplace: Generations Working Together

Cultural Awareness Training

A Specialist Nurse in Multicultural Health provides ongoing training in Glasgow to highlight the importance of Clinical and Cultural Governance. This training includes:

- Cardiac rehabilitation - Multidisciplinary staff
- Extended cardiac staff e.g. ECG staff
- Community Healthcare staff e.g. practice nurses
- Post registration cultural awareness training with heart failure nurses at Glasgow Caledonian University
- Ongoing requests from various organisations and charities in Glasgow for this type of training.

Next steps: To provide training to Multidisciplinary Community Healthcare Partnership Staff

Post Experience Certificate in Diabetes Care

Input from bi-lingual community dietitian to this course at Glasgow Caledonian University.

Aim: to build cultural competence in healthcare professionals when delivering diabetes care to BME, Asylum Seeking and Refugee communities.

Objective:

- to provide insight to healthcare providers on minority ethnic patients needs from a cultural perspective
- to respond to their healthcare needs respecting their beliefs, culture, religion, practices, values and their way of life.

How the objective is achieved: liaison between the community dietitian and the course tutor to discuss format of the session including case studies.

Current status: ongoing requests for these sessions.

Multicultural One Stop Clinics

Background

The Multicultural One Stop Clinic Programme has been developed for people from black and minority ethnic communities with complex health problems. The clinics function as specialist referral centres for individuals at particular risk from a variety of health, social and environmental problems including racism. The One Stop Clinics are based at:

William Street Clinic (Monday - 9am to 5pm, Wednesday - 9am to 12noon)

Govanhill Health Centre (Tuesday - 9am to 5pm, Thursday - 9am to 5pm)

Woodside Health Centre (Wednesday - 1pm to 5pm)

Objectives include:

- Building trust with ethnic minority patients and their families
- Preventing misdiagnosis and inappropriate treatment by developing culturally sensitive treatment plans
- Helping to overcome communication and cultural barriers and promote access to underused mainstream services e.g. family planning
- Offering bilingual health education and health promotion in partnership with local statutory and voluntary agencies
- Offering cultural/religious advice and training to local practices and LHCCs

The clinic aims to:

'support staff working in general practice settings, offering cultural and holistic assessments for patients from minority ethnic communities'

The service complements existing mainstream primary care and specialist clinical services.

Services offered include:

- A full range of health promotion and general health advice
- Advice and support for patients who fail to attend appointments for cultural/language reasons
- Support for patients undergoing chronic disease and screening
- Specialist dietary advice
- Mental health assessment and advice
- Counselling
- Holistic Massage

Evaluation of the One Stop Clinic programme

This has identified how culturally competent care can be further promoted within the clinic and across primary health care settings. A good practice toolkit is being designed to support and advise staff on culturally sensitive care.

As a result of the Multicultural One Stop Clinic, specific cultural and religious issues which have an impact on chronic Disease management have been highlighted. One such issue is Ramadan, an important time for all Muslims. As part of the Islamic faith Muslims are required to fast during the month of Ramadan, which can, if not managed correctly, have a detrimental effect on chronic disease management especially in Diabetes care. Poor compliance with medication management programmes can cause patients to become very ill. As a result diabetic control can be very difficult when patients choose to fast. However, this should not be problematic if health professionals are equipped to help look after patients safely during Ramadan. The Division has incorporated issues such as these as part of its overall Chronic Disease Management Programme.

Alternative/Traditional medicine

The approach taken by our multicultural health department is to encourage more integrated holistic care, recognising that within the diverse population of Glasgow there is a desire by some BME communities to use traditional medicine. The aim is to achieve an appropriate use of traditional, alternative or complementary therapy alongside conventional medical care.

Local – regional – national links

Raising awareness within the communities:

Diabetes Specialist Nurses are working closely within the Central Mosque in Glasgow and community projects such as REACH.

Healthcare professionals support diabetes care within GP practices with high minority ethnic populations.

Diabetes screening and healthy living information provided at multicultural day care organisations by health professionals.



Health fairs

Three heart/health fairs were arranged to help raise awareness. One for the Hindu community in a Mandir, one for the Muslim community in a Multicultural Centre in Pollokshields, and one for the Sikh community in a Gurdwara. This was considered an example of good practice through partnership working as it involved individuals collaborating from a range of organisations including NHS Greater Glasgow, Primary and Secondary Divisions, community and charity organisations. The events were advertised on local Asian radio and probably the most effective method, by word of mouth within the local communities. Language, cultural and dietary needs were all addressed in order to engage with communities. The flyers advertising the events were in English and also translated in Hindi, Urdu and Punjabi. The events consisted of 14 stalls, including diabetes and heart disease.



Cardiac service

By the end of 2003, cardiac rehabilitation services within Glasgow had undergone redesign and reorganisation. The redesign process included widening the groups of patients who would be accepted for cardiac rehabilitation (newly diagnosed angina and post angioplasty), a home rehabilitation service, an outreach exercise and education programme, and the development of Heart Fairs involving secondary and primary care staff in the delivery. However, even after this reorganisation, it was apparent that with the recent arrival of 10,500 asylum seekers and refugees coupled with Glasgow's existing indigenous minority ethnic population, the service required to be culturally sensitive, open and accessible to all.

The areas addressed were:

- *Language & communication needs*
- *Religious and spiritual needs*
- *Diet and hygiene needs*
- *Staff training related to multicultural issues*



This was achieved through:

- Cultural Awareness Training
- Focus Groups – staff and communities
- Health/Heart Fairs

Asylum seekers & refugees

The National Resource Centre for Ethnic Minority Health has been working with asylum seekers and refugees rebuilding their lives in a positive way, integrating with and actively taking part in the existing communities and establishing new roots in Scotland. In Glasgow there is a nurse coordinator for Asylum Seekers/Refugees. This coordinator acts as a resource for healthcare staff working with Asylum Seekers/Refugee communities. Support provided includes education, support and liaison between agencies.

Gypsy/Travellers

A patient record of personal health has been produced for gypsy travellers. It is anticipated that most Scottish Gypsy Travellers will carry the PRPH, especially when they are away from their home base, travelling for social, business or other reasons. This record will:

- assist Gypsy/Travellers access health care
- improve the continuity of care for travellers
- be particularly useful for Gypsy/Travellers who have chronic diseases such as diabetes.

Scottish Diabetes & Ethnic Minorities Working Group

The DEM working groups is chaired by Sunita Wallia (Community Dietitian, Glasgow).

Remit:

1. To advise the Scottish Diabetes Group on how it should respond to the recommendations and implications of the National Resource Centre for Ethnic Minority Health (NRCEMH) report Diabetes In Minority Ethnic Groups In Scotland.
2. To provide advice throughout the review of the Scottish Diabetes Framework.
3. To produce regular progress reports to the Scottish Diabetes Group and NRCEMH.

Work to date has included:

- Two events organised:

- Collaborative Meeting in Glasgow in March 2005. 60 people attended including health professionals and people with diabetes from ethnic minority communities in Scotland. The event brought together people from various ethnic voluntary organisations, day care centres and also healthcare professionals to ensure awareness of the establishment of the Diabetes in Ethnic Minorities Working Group (a subgroup of the Scottish Executive's Scottish Diabetes Group).

- A conference on Diabetes in Minority Ethnic Communities in Scotland will be held on Friday, 26th May 2006 at the Apex International Hotel, Edinburgh. The conference is aimed at all healthcare staff working in diabetes in both primary and secondary care. The conference aims to provide practical information to healthcare professionals about delivering culturally competent diabetes care. Speakers include: Professor Andrew Morris, Dr. Mile Fisher, Professor Raj Bhopal and Kathy Taylor.

- Production of a Diabetes & Ethnic Minorities Newsletter (2 produced to date)
- Review of Diabetes Materials and Resources for Ethnic Minority Communities living in Scotland Report 2004, NRCEMH

Scottish Nutrition Diet Resource Initiative (SNDRi)

NRCEMH dietitian works as a lead dietitian in liaison with SNDRi to produce nutrition and diet resources for BME communities.

Aim: To identify and develop nutrition and diet resources from a cultural perspective in different minority ethnic languages.

Objective:

To have SNDRi resources tailored to BME communities.

To develop a database of UK dietitians who can speak, read, write and proof read nutrition and dietary resources in different minority ethnic languages.

To develop a production process for the development of black and minority ethnic resources.

How the objective is being achieved:

Setting up a small working group of dietitians to consult with users on lay out of material, written style, graphic/pictorial information, language use, inclusion of traditional/familiar food etc. This is done through focus groups in a variety of settings e.g. community, GP practice, home etc.

Current status: Following the success of Balance of Good Health Poster in English, Hindi, Urdu and Punjabi, SNDRi requested another dietary resource development. Currently working on Iron deficiency anaemia leaflets.

Most of the black and minority ethnic communities do not want different services from the majority population – they only want a good quality service which is fair, takes account of and responds to the differing needs of individuals.

In Glasgow we are keen to continue the important advances, already made, in delivering good quality services to all in our community. To do this we will aim to:

- Audit issues relevant to BME communities to ensure that services are effectively targeted to meet the needs of the local BME communities
 - consulting and involving stakeholders
 - engaging with key BME contacts, community leaders, religious leaders, BME organisations
 - listening to what people say (focus groups, surveys)
 - using local data and expertise of key agencies
- Reach and publicise services to BME communities – using local newspapers; radio stations; leaflets/posters in community settings
- Keep BME communities involved in the services – through local one stop clinics; medication review clinics in the community; structured education sessions in community setting etc.
- Partnership working with: local authorities; community organisations; charities, other health boards
- Keep our services under review
- Always be aware of barriers/gaps in service provision
- Promote diversity and developing staff
- Share examples of good practice

By continuing to develop the way our services are delivered we will not only gain new insights into how people from different backgrounds come to experience inequality but this will also make working in healthcare more challenging and stimulating. By understanding that diversity is one value, among many, that can lead to a broader understanding of the needs of all the communities we can make a difference in the way that healthcare services are delivered in Glasgow and throughout Scotland.

If you would like more information about any of the work in this report please contact the following:

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Scottish Nutrition Diet Resource Initiative

Sunita Wallia – as above

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