

## race for health



### a transformational change programme

## Ealing PCT Appreciation Visit

Monday 11th and Tuesday 12th July 2005

### Summary

There was clear evidence of strong vision and commitment to equality in Ealing PCT and examples of innovative initiatives around the delivery of healthcare for black and minority ethnic communities. The peers' recommendations to the Trust included developing further the language strategy in relation to the use of existing staff who speak community languages to provide interpreting services, and developing local forums and outreach work to create a dialogue with local communities. The review team recognised the significant progress that Ealing PCT had made in responding to the needs of the majority South Asian communities. However, it also recognised that there were some newer communities whose needs were being addressed less fully. The PCT's commitment to 'level up' was unquestionable, and tangible outcomes of this commitment are eagerly awaited.

### Background

The Ealing PCT peer review took place on Monday 11th and Tuesday 12th July 2005. The aim of the visit was evaluate how well the PCT provides access to primary care for Black and Minority Ethnic Communities; and to provide practical suggestions on areas for development and how future services should be structured, such as the proposed new walk-in centre.

The visiting peers were from Eastern Leicester and Wandsworth PCTs as well as representatives from the Race for Health programme and the Department of Health. For names of the peer team see Appendix 1.

Robert Creighton, Chief Executive, Ealing PCT, advised the peer team of the issues in Ealing relating to access to primary care for BME communities. These include:

- Treatment and prevention of specific diseases
- Health education and health protection
- Registration with a GP practice for mobile populations
- Patient and public involvement
- Premises
- Service development
- Interface between PCT/independent contractors and hospital services

The framework used to assess the access to primary care in Ealing was taken from a number of the Health Care Commission Core Standards (See Appendix 2).

The peer team had the opportunity to meet with staff from across the PCT during the visit, as well

as staff from community and voluntary initiatives who work with the PCT. A list of the individuals and organisations seen on the day are included in Appendix 3. Throughout the day, the peer team had the opportunity to ask PCT staff about the services they offered, its strengths and challenges in promoting access to the whole community.

On the evening of 11th July 2005, the peer review team were given an overview of Ealing's demographics and challenges. Robert Creighton, Chief Executive; Marion Saunders, Chair; Ruth Barnes, Director of Public Health; and Stephen James, Head of Partnerships and Diversity, Ealing PCT all contributed to this session.

Ealing PCT's Race for Health project is focused on the area of Southall, which has a population of 64,500 with up to 88% from a BME community. Southall's wards are in the 25% most deprived areas of England. Diabetes has 10% prevalence in Asian communities and a TB incidence of 16 in 10,000.

The PCT asked the peer team to look at a number of priority issues:

- The board and senior level of staff reflecting the population;
- Large proportion of GPs using traditional approaches to the provision of GP services who are often unable to cope with the changing language needs of the 'new' or transient population of Southall and surrounding areas;
- Premises which are not fit for purpose and do not allow GPs to undertake preventative work;
- Poor building stock in Southall from which to provide NHS services;
- Many refugees and asylum seekers are having problems registering with GPs because they are told lists are closed or because language is a barrier.

## **Impressions**

From their interactions throughout the day the peer team concluded that:

- There is clear leadership and vision of equality at the senior level;
- There are some good examples of initiatives and investment in specific areas such as Somali link workers;
- There are good examples of partnership working with schools and with the voluntary and community sector;
- There is recognition that consultation with the community is important.
- Some learning is being transferred and captured, particularly around responding to individual needs in the context of evidence of community needs;
- There are good examples of work with young people;
- There is locally generated literature in community languages available;
- There has been some progress around how to improve access and the importance of engagement, not just consultation ; and
- There is recognition that there are still issues to be dealt with.

## **Areas for Development**

### **Vision**

The peer team were given examples of how senior leaders are trying to achieve race equality by speaking to key heads of service.

The PCT needs to consider how its vision of race equality is translated at all levels of it's

organisation, with its partners and the community. The PCT should actively use the Black and Minority Ethnic and Refugee Health and Social Care Forums to communicate this vision.

The PCT could take part in local events held by the voluntary and community sector, or events run by some of its local initiatives; demonstrating its commitment to supporting its communities.

The PCT needs to develop a more structured strategy to support multi-disciplinary work and to build on the good practice of individuals. Actively promoting multi-disciplinary working is key to improving access to primary care for BME communities.

### **Patient and Public Involvement**

The peer team spoke to a number of people engaged in initiatives that work closely with the community including Southall Community Alliance and Southall North and South Neighbourhoods.

There is recognition by the PCT that consultation is important. Communities have engaged to help shape initiatives. Neighbourhood clinics have developed services using local forums and developing services 'bottom-upwards' by asking the community what their priorities were and what to do next. Having a presence at school fairs has also helped to engage families. The peer team also heard of some good examples of how older men were consulted – it is important that all sub-groups are included when consulting the community. The PCT needs to ensure that all community groups, not just established communities are engaged. This is particularly important for new and migrant communities.

There was concern about how much GP services had improved. One example the peer team heard was of a GP practice that had Chinese speaking staff. The scheduling of the staff appeared to mean that they were either only available in the morning or afternoon. The practice used face to face and telephone interpreters through the PCT's commissioned interpreting service. However, the peer did find that there is a lack of access to interpreting and translation, either due to faults in the service or due to low awareness of staff. There are also inevitable limitations when using bilingual staff to use their language skills as a contingency.

Further work to involve communities in service design and delivery needs to take place and this should be done regularly to reflect Ealing's changing population. The PCT should use its communities as a resource and work with small grass-root groups to come up with solutions.

Although the peer team were unable to assess this, the PCT needs to ensure that the community receives feedback in order to cultivate a genuine dialogue. It was also suggested that the PCT uses community venues such as mosques and temples on a regular basis to deliver services and outreach work. There are good examples of this happening in some areas but a more consistent approach needs to be developed throughout the PCT and with partners.

The PCT also needs to consider how it can continue to foster genuine engagement and partnership with local communities. The Expert Patients Programme could be used more effectively and individuals from the programme should be involved in PCT discussions and forums. This is also a way of engaging with communities, particularly where language is a barrier.

From their conversations with staff, the peer team gained the impression the PALS service was not fully integrated into mainstream services.

The PALS service needs to be filtered in to the GP practices by posters, leaflets and awareness sessions held to promote PALS service to all staff and health professionals within GP surgeries. This may open doors for partnership working with practices in improving service delivery. An

example of this maybe to use the PALS service to create a Resource Pack for the frontline staff within GP surgeries. This could provide information when patients approach staff with specific questions, for example, “where is the local dentist?” The information in the resource pack could include the local dentist, opticians, pharmacy, community staff and any social care groups as well as any new initiatives in the area or locality.

The PALS service should be networking with the local community and working in partnership to promote good health and social care e.g. involvement in health events.

### **Partnership**

The peer team spoke to PCT staff involved in working with other partners, as well as representatives from the community and voluntary sector. There are good examples of partnership at the neighbourhood level with some clinics working with schools to help promote health eating campaigns such as 5 a day and exercise. There have also been opportunities to link into the curriculum through Physical, Social, Health, Education and Citizenship work.

Although there are pockets of good practice, there is not a strong culture of partnership working. The PCT needs to focus on building more effective relations with statutory partners, including the local authority and acute trusts, as well as the voluntary and community sector. For example, the PCT could work more closely with housing services who could provide the PCT and other partners with information and access to new arrivals.

The PCT should identify areas or initiatives where joint working would lead to tangible benefits and should continue to actively contribute to borough-wide partnerships, such as the Local Strategic Partnership, neighbourhood forums and Southall Community Alliance. Senior representatives, including the health community, on the LSP and theme partnerships should be encouraged to promote closer partner working and to deal with any specific barriers that may impede this. The PCT should also develop confidence in working with community groups.

### **Communication**

The peer team were given examples of how the PCT communicated internally and externally with partners and the community. The Somali Health Link Workers area good example of where the PCT has good links to the community. The Health Link Workers are present at neighbourhood clinics and have been used as a way of gathering opinions from the community.

The PCT needs to do more work on sharing learning of ‘what works’ both inside the PCT and across Ealing. This will help to avoid ‘re-inventing the wheel’ when initiatives start. There needs to be a clear process of how learning at neighbourhood level feeds back into the PCT and to decision makers. A good example of neighbourhood level working is the Golf Links Estate Clinic. The clinic has been able to offer a multi-disciplinary team using offering a range of services and health promotion. The PCT should consider publishing case study material in newsletters and other material, as well as at meetings such as the BMER Health and Social Care Forum.

A consistent approach to producing leaflets and posters and other literature in community languages is also needed.

The PCT also needs to consider how good initiatives such Refugee Health Link workers and Community Health Outreach teams can be integrated into mainstream services.

## Language support

The impact of the Somali outreach worker in assisting the Somali community to access services was cited frequently as an example of good practice. Similarly, the presence of a multilingual receptionist within the Primary Care Access Centre was further evidence of effective ways of reducing the impact of the language barrier on non-English speaking people seeking services.

The peer team used demographic data and conversations with staff including a GP and those working in a Healthy Living Centre to build up a picture of language needs in the Southall area.

Further investment into language support is needed. This is a continuing barrier which has still to be resolved. The transient refugee and asylum seeking population does pose a problem, but communication issues should be fully addressed. Use of language support is patchy and there is low take up of language services in Southall, in an area where it is needed. The language services do not always reflect the needs of service users. The PCT has found that there is more need for language support for settled communities as opposed to new arrivals. The PCT's staff can also be used as a language resource. If this skill is recognised by the organisation it should also be rewarded. The PCT is in the process of developing a language strategy which should help to overcome many of these issues. The peer review team considered this to be a very important area of work. They reflected on the complexities of using staff who were employed in one capacity to make available their language skills in a different capacity. The team were supportive of the work the Ealing PCT is taking forward in this area and would welcome any solutions that may emerge.

## Workforce Development

The peer team was able to assess how the PCT could further develop its staff through speaking to PCT staff throughout the day.

The PCT needs to ensure that that its population is reflected at all levels of the organisation. The PCT is running a local version of the *Breaking Through* Programme for twenty staff, but also needs to ensure that development needs of all staff are addressed – particularly in assisting them to deliver the best service to a multi-cultural community.

There are opportunities for the PCT to train refugees into entry level posts e.g. receptionists.

There is varied engagement of the BMER Health and Social Care Forum. The PCT needs to make managers aware of the importance of this for staff and provide resources for making this forum more effective.

## Recommendations for improving access

Ealing PCT is proposing to provide a new walk-in service, located in Southall Broadway. Based on this the peer team made a number of suggestions for the walk-in centre, and to improve overall access to primary care:

- Future healthcare services need a strong prevention focus on healthcare. This can be done for example through schools and through working with families;
- Given that TB is prevalent, a dedicated resource for this should be available
- Develop services from the bottom upwards through local forums;
- Create a dialogue with communities using neighbourhood level working and outreach activities;
- Use drop-in centres to target engagement from a wide range of groups e.g. young people, elderly people, men etc. Ensure that the drop-in times reflect when the target group is most

likely to use the service;

- Ensure that all groups are involved in consultation;
- Promote the PALS service more widely;
- Develop a strategy and think of some quick wins to encourage multi-disciplinary work;
- Continue to develop a language strategy which incorporates co-ordinated language support;
- Phase development of a walk-in centre so that comments, reflections and concerns can be listened to and services adapted as the centre grows; and
- Provide safeguards against a direct access service masking the problems that are apparently encountered by some sections of the community in registering with GPs.

The peer team felt that while there is some innovative and positive work taking place, there is still a need to ensure that it becomes more systematic and widespread, both throughout the organisation and in multi-disciplinary and partnership working.

## Appendix 1

### Peer Team

|                 |   |                       |  |
|-----------------|---|-----------------------|--|
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| Maggie Rust     | Thinking Partner for Bristol N and Bristol S&W PCTs |                       | <a href="mailto:Maggie@maggierust.fsnet.co.uk">Maggie@maggierust.fsnet.co.uk</a>                       |
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## Appendix 2

### Health Care Commission Core Standards:

- C7 - The healthcare organisation challenges discrimination, promotes equality and respects human rights
- C8 - The healthcare organisation ensures that staff from minority groups have access to organisation and personal development programmes and help address under-representation in different parts of the workforce
- C16 - The healthcare organisation provides patients, and where appropriate carers, with sufficient and accessible information on their individual care, treatment and after care
- C17 - The views of patients, carers and the local community are taken into account in designing, planning, delivering and improving health and healthcare services
- C18 - The healthcare organisation takes steps to ensure that all members of the population are able to access services equally

- C22 - The healthcare organisation actively works with partners to improve health and reduce health inequalities
- C23 - The healthcare organisation sets priorities for disease prevention and health promotion by using information about the health and healthcare needs of the population and evidence of effectiveness

## Appendix 3

### List of Ealing contributors

|                     |  |                                    |
|---------------------|--|------------------------------------|
| Robert Creighton    | Chief Executive                              | Ealing PCT                         |
| Marion Saunders     | Chair  | Ealing PCT                         |
| Ruth Barnes         | Director of Public Health                    | Ealing PCT                         |
| Neelam Kumar        | Non Executive Director                       | Ealing PCT                         |
| Ursula Gallagher    | Director of Clinical Governance              | Ealing PCT                         |
| David Williams      | Director of Service Delivery and Development | Ealing PCT                         |
| Dr H M Qadan        | General Practitioner                         | Ealing PCT                         |
| Stephen James       | Head of Partnerships and Diversity           | Ealing PCT                         |
| Shabnam Sharma      | Neighbourhood Manager                        | Southall South Neighbourhood       |
| Camille Adams       | Neighbourhood Manager                        | Southall North Neighbourhood       |
| Marie Coffey        | Manager                                      | Golf Links Estate Clinic           |
| Debbie Perez-Selsky | Practice Manager                             | Primary Care Access Centre         |
| Janpal Basran       | Co-ordinator                                 | Southall Community Alliance        |
| Kalwant Sahota      | Co-ordinator                                 | Southall Healthy Living Initiative |