


Embrace

In this issue

Primary Concern



Access to GP Practices for Black and Minority Ethnic communities in Kensington, Chelsea and Westminster

*A Report by the BME Health Forum
June 2008*

Primary Concern about access to GP services in KCW - the Forum launches its findings and recommendations

Access to health care for asylum seekers and refused asylum seekers - guidance from the British Medical Association

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Embrace is the official newsletter of the BME Health Forum. It aims to reflect the health issues, views and concerns of the BME communities in both boroughs.

It is a quarterly newsletter and is published in the following months: **March, June, September and December**. If you would like to contribute to it, please e-mail the Forum at bmehealthforum@westminster-pct.nhs.uk.

Embrace is currently circulated to over 430 organisations, groups and individuals from the statutory, voluntary and community sectors in KCW.

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Deadline for contributions for the next issue of Embrace is Friday, 14th November 08

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BME Health Forum Quarterly Meetings for 2008

Date	Venue	Time
Wednesday, 8 th October	Muslim Cultural Heritage Centre*	12.30 –3.30
Wednesday, 17 th December	Lighthouse**	12.30 –3.30

*Muslim Cultural Heritage Centre, 244 Acklam Road, London W10 5YG (nearest tube station: Westbourne Park, on the Hammersmith & City Line)

**Lighthouse West London, 117 Lancaster Road, London W11 1QT (nearest underground station: Ladbroke Grove, on the Hammersmith & City Line)

Details and agendas for the meetings will be sent out in time.

The BME Health Forum is funded by NHS Kensington & Chelsea and Westminster Primary Care Trust


Kensington and Chelsea

Westminster 
Primary Care Trust

Launch of Primary Concern



In June, the Forum launched Primary Concern – the final report of the first phase of the Access to GP Practices project.

The following is a summary of the main findings of this report.

Significant concerns about BME communities' access to GP services have been a feature of the findings of the BME Health Forum's work over the years. This report was commissioned to look into this in detail, to understand the barriers to GP access and identify how to overcome them. Other national and local reports, such as the 2007 national GP patient survey and the recent Department of Health report - "No Patient Left Behind" have also identified primary care access as major issue of concern.

This report highlights three main issues:

- A substantial minority group of BME communities are very dissatisfied with the process of registering with a GP and making appointments.
- A large number of patients are dissatisfied with their relationship with their GP and practice staff.
- Communication problems, caused by language and cultural barriers impede on the doctor-patient relationship. Interpreting services are not widely available and waiting for an interpreter to be

booked limits access to services. Many people use unofficial interpreters, including children thus jeopardising the clinical outcome of the consultation.

From our findings it is clear that GP practices need to become more aware and flexible in responding to different patient needs in order to provide an equitable service and that the consequences of not doing so is poorer quality of services and poor health outcomes. Additionally, unsatisfactory relations between patients and providers, regardless of cause or responsibility, are likely to lead to increased visits and increased costs. This will either come through revisits prompted by lack of confidence in diagnosis, by inappropriate presentation at A&E or by patients presenting later in the course of their illness and therefore needing more care. It is therefore in everyone's interest to improve relations with all patients. The use of unofficial interpreters has implications for patient safety and clinical governance.



Our key recommendations demonstrate that it is the responsibility of all NHS stakeholders to address the issues highlighted in this report:

- The PCTs should ensure that they commission primary care services which are flexible and responsive to the needs of all groups. They

should also commission community groups and the BME Health Forum to develop projects to improve access.

- The PCTs should undertake a full joint review, in partnership with all other stakeholders, to revise/establish standards for interpreting support across KCW.
- Practices should use patient groups/panels, local community groups and the BME Health Forum as a route for improving their understanding of local communities and communities' understanding of NHS services and practices.
- The BME Health Forum should work with practices to identify and develop good practice in relation to providing interpreting support.
- The BME Health Forum and community groups should actively promote the availability of interpreting services to their members

The event was chaired by the Forum Chair, Nora Hussein, Project Coordinator at Migrant & Refugee Communities Forum.

Nora Hussein



The event started with a personal experience of **A K&C Somali resident**, who spoke about her difficult experiences with her local GP.



Amjad Taha

Amjad Taha, BME Health Forum Manager, presented the key findings of the report. He also highlighted that 17 BME Volunteer Community Researchers trained by the Forum interviewed over 70 patients and health professionals. These were co-ordinated by community groups Migrant Resource Centre and Umoja Pamoja and administrative support provided by Race Equality Partnership Kensington & Chelsea. The project was guided by a Project Steering Group.

Amjad also highlighted that the Forum will pilot the recommendations in some GP practices in KCW during 2008-10.

The event also included a number of presentations:

Ambra Caruso



Ambra Caruso (Migrants Resource Centre) spoke about coordinating the interviews. Patients were generally very pleased to be asked for feedback and some even declined payment.

Florence Akoshile



Florence Akoshile spoke about her experience as a **Volunteer Community Researcher**. She found the social research training very useful and the interviews both rewarding and interesting.

In addition, K&C PCT and Westminster PCT presented an initial response to the report. Both welcomed the report and said that they were keen to address the needs of the more vulnerable sections of the population

Dr. Melanie Smith



Dr. Melanie Smith (Director of Public Health, Kensington & Chelsea PCT):

The PCT is undertaking various measures to improve patient access - increasing hours of some practices including Saturdays, better access to nurses to give more time to individual patients and, running various evaluation projects. There is space in all practices for new patients and people should access the Patients Advice & Liaison Services (PALS) team. There is need for consistency in interpreting provision and better customer care. The new St Charles

community hospital will address many of these problems with 5 GPs on-site and interpreting facilities.



Sheila D'Souza

Sheila D' Souza (Chair of Equality, Diversity and Involving People Committee, Non-Executive Director, Westminster PCT): Sheila related developments taking place within the WPCT include - ethnic monitoring in most practices by Mar 09 and a bi-lingual Access support team. BME communities must engage in Public and Patient activities, which contribute to service design and monitoring. Both PCTs are undertaking health promotion projects with particular communities which have high incidences of some diseases.



Cllr Barrie Taylor

Cllr Barrie Taylor (Chair, Westminster Health Scrutiny Task Group): Barrie welcomed the report. He also referred to the new LINK structure, which will require the PCTs to formally respond to all suggestions from the public. He also supported the report recommendation to involve community groups in improving access to services and highlighted that groups should promote patient education.

Access to health care for asylum seekers and refused asylum seekers - Guidance from the BMA's Medical Ethics Department

In September 2008, the British Medical Association produce a guidance note about access to health care for asylum seekers and refused asylum seekers. Below are some sections of these guidelines.

Introduction

This guidance note has been produced in response to queries from doctors treating asylum seekers and those whose claim for asylum has

been unsuccessful but who remain in the UK. The BMA is concerned about the uncertainty expressed by some health professionals as to whether and to what extent asylum seekers and refused asylum seekers are entitled to free health care. This guidance note clarifies the situation regarding asylum seekers. In addition, the guidance also provides useful further reading and resources.

Refused asylum seekers: April 2008 judicial review

This guidance offers advice in light of the April 2008 judicial review regarding a refused asylum seeker receiving free hospital treatment. Department of Health guidance was judged to be unlawful in not stating that refused asylum seekers can be considered 'ordinarily resident' in the UK. The resultant ruling makes it possible for asylum seekers whose application for asylum has been unsuccessful to be considered 'ordinarily resident' in the UK and therefore entitled to free NHS hospital treatment. The Department of Health is appealing against the ruling, but unless and until the decision is overturned, the judge's decision is effectively the law. Guidance specifically for medical staff treating refused asylum seekers has not yet been issued by the Department of Health and pending the appeal, which is due to be heard on 17 and 18 November 2008, the following guidance offers interim clarification of the current situation regarding refused asylum seekers' right to free NHS hospital treatment.

The BMA has repeatedly expressed its concerns to government about the plight of asylum seekers and refused asylum seekers. Such concerns are based both on humanitarian and public health arguments which support the timely provision of appropriate care to this vulnerable group of patients.

The legal situation in summary

- All asylum seekers are entitled to free primary and secondary health care.
- Those who have been granted Discretionary Leave to Remain or Humanitarian Protection are entitled to free primary and secondary health care.
- Emergencies, treatment which is immediately necessary, including maternity services, treatment of certain specified communicable diseases (e.g. TB), and compulsory mental health treatment should be provided free of charge within primary care to all asylum seekers and refused asylum seekers, where clinical opinion judges this is required.
- All asylum seekers have the right to be registered with a GP practice.
- Health professionals must not discriminate against asylum seekers or unfairly prioritise other patients in preference to them.
- Failed asylum seekers and asylum seekers who are not

receiving benefits may still be entitled to free prescriptions.

- GP practices retain the discretion to register failed asylum seekers, to the same extent that they have this discretion in relation to registering any patient, regardless of immigration or residency status.
- Refused asylum seekers are only entitled to free secondary health care if they are considered to be 'ordinarily resident' in the UK.
- Refused asylum seekers who are undergoing a course of hospital treatment at the time their claim for asylum is rejected, should continue to receive treatment free of charge until completion.

It remains the BMA's view that it is not the responsibility of individual doctors to make decisions about the immigration status of patients. Decisions regarding eligibility for treatment lie with trusts' Overseas Visitors Managers.

Information about health care for asylum seekers

The BMA recommends that on arrival in the UK, asylum seekers should be provided with information, in a language they understand, about access to health care and other social services and how to register with a doctor. Those alleging torture need information about how to contact an experienced medical expert. Early referral in such cases can be crucial to the patient's asylum case as well as providing assessment for treatment. (See in Useful addresses – page 4 – the note on the Medical Foundation for the Care of Victims of Torture). Some Primary Care Trusts (PCTs) in areas which have long accommodated large numbers of asylum seekers have included details of local health services in 'welcome packs' for asylum seekers and refugees. (See Useful addresses – page 4 – for further

sources of information about health care for asylum seekers).

Clearly, asylum seekers like all other patients need to be informed about any testing or screening proposed for them. The BMA has been concerned by some anecdotal reports of asylum seekers being HIV-tested without their prior knowledge or consent. The government currently encourages universal antenatal screening for HIV. Asylum seekers from countries of high HIV prevalence may obtain their first positive result from a routine antenatal HIV test. Such possibilities should be anticipated and discussed in advance with the patient. Local treatment providers and public health teams should consider whether additional services and support are likely to be required in areas receiving large numbers of asylum seekers.

Registering with a General Practitioner

All asylum seekers have the right to be fully registered with a NHS general practice. GP practices retain the discretion to register failed asylum seekers, to the same extent that they have this discretion in relation to registering any patient, regardless of immigration or residency status. There is no obligation or expectation for doctors to check the immigration status of people registering to join their lists.

Many GPs feel under pressure by the programme of dispersal of asylum seekers. In some cases hundreds of asylum seekers have been moved into a surgery's catchment area without prior notification. Nevertheless, GPs must not discriminate against any particular group. Clearly this does not mean that a practice which is already over-subscribed and has closed its list has to accept new applicants. Where spare capacity exists, however, local inhabitants should not be given unfair precedence over newcomers. If they are unable to find a practice to accept them, asylum seekers are likely to rely on inappropriate use of emergency

hospital services. Where a person who is entitled to free NHS treatment has had their application to join a practice's list refused, they can apply to the PCT, which has the power to allocate them to a GP.

It is unlawful for practices to act in a discriminatory way when registering asylum seekers and refused asylum seekers. GPs must take into consideration GMS/PMS contract regulations as well as the Human Rights Act 1998 ban on discrimination (article 14). Health professionals must also be careful not to breach section 20 of the Race Relations Act 1976 by discriminating against asylum seekers (by refusing to provide them with health care services, for example, or by providing lower standards of care). The BMA has consistently emphasised that it is unethical to refuse to accept particular patients solely because they may require expensive treatment (so-called 'uneconomic' patients).

Registering at hospitals

The current system for registration for hospital services determines free entitlement by posing patients with the following three questions:

- Have you been living here for the last 12 months?
- On what date did you arrive in the UK?
- What is the basis of your stay in the UK?

Those responsible for determining entitlement to free NHS hospital care should bear in mind the judgment in the 2008 judicial review, which indicated that there is no strict time frame within the 'ordinarily resident' test. A person does not have to have been in the UK for a specific length of time to be considered 'ordinarily resident'. In the ruling the judge did mention a 'significant period' as being important. The Department of Health has previously advised that a person who has been in the UK for less than six months is less likely to meet the 'ordinarily resident' test but this is only a guideline, not a deadline, and in

itself does not always preclude a person from being considered 'ordinarily resident'. Each case must be assessed on its own merits. Where a hospital wishes to verify that the patient is an asylum seeker, refused asylum seeker who is 'ordinarily resident' in the UK or refugee, the patient should be able to produce one of the following:

1. a travel document which shows that it was issued in the UK in accordance with the Convention on the Status of Refugees;
2. a letter from the Home Office stating that the patient is a refugee or has been granted refuge in the UK;
3. an acknowledgement letter from the Home Office confirming that the applicant has made an application for asylum.

Hospital treatment for refused asylum seekers

Refused asylum seekers granted temporary asylum or temporary release must produce written authority by an immigration officer or other UKBA official on behalf of the Secretary of State to the individual in order to register for hospital treatment. Not all refused asylum seekers on temporary admission are 'ordinarily resident' in the UK, but in certain circumstances they may be. Hospitals and trusts must consider whether each refused asylum seeker that they treat can be considered 'ordinarily resident' in the UK, in the same way as they would do with any other patient, and obtain sufficient proof of ordinary residence.

Hospitals may directly contact the Home Office (on 0870 606 7766) if a patient claims to be a refugee or to have made a formal application, but is unable to produce any of the documents mentioned above and wishes his or her status to be confirmed by the Home Office. When practicable the hospital should contact the Home Office in the patient's presence, giving only the patient's nationality, name and date of birth.

Useful addresses

For further information the following addresses might be helpful:

Medical Foundation for the Care of Victims of Torture (MFCVT)

111 Isledon Road, London N7 7JW.
Tel: 020 7697 7777; Fax: 020 7697 7799. Web: www.torturecare.org.uk
Provides services for survivors of torture and other forms of organised violence. Centre staff carry out casework, counselling, advice regarding welfare rights, physical and mental health care, individual and group therapy, complementary therapy, family therapy and child and adolescent psychotherapy. They also give advice, help with the access to statutory health care and write medico-legal reports at the request of solicitors. Foundation Staff run training sessions and workshops for professional groups working with refugees and survivors of torture and can discuss issues with health care workers.

Refugee Council

240-250 Ferndale Road, Brixton, London SW9 8BB.
Tel: 020 7346 6700
London Advice Line: 020 7346 6777 (open Mon-Fri 10am-1pm and 2-4pm, except for Wed when it is open 2-4pm). See www.refugeecouncil.org.uk for other UK advice lines. The Refugee Council runs a mixture of direct and indirect services for refugees and asylum seekers in the UK.

Asylum seeker and refugee health care network

www.networks.nhs.uk/networks.php?pid=256

Informal network of primary care professionals hosted by NHS Networks. The network provides the opportunity to share news, best practice, resources and information.

Advice Line: 020 7251 8706 (Mon-Fri, 10am-1 pm). Advice, information and representation for people with immigration or nationality problems. Médecins du Monde (Project:London)

Praxis, Pott Street, London E2 0EF.
Tel: 020 8123 6614 & 020 7613 4106 (Mon, Wed and Fri 1-6pm).
Mobile: 07974 616 852

Web:

www.medecinsdumonde.org.uk/project/london

Open every Mon, Wed and Fri 1-5pm (no admission after 4.30pm). No appointment necessary.

An advocacy project, established in 2006, that provides information, advice and practical assistance to vulnerable people to help them access NHS and other services. Project:London's volunteer teams provide basic healthcare in the interim period, until these people reach mainstream service.

Asylum Seeker Coordination Team

Department of Health, Room 8E10
Quarry House, Quarry Hill, Leeds LS2 7UE. Tel: 0113 2546605; Fax: 0113 2545481. Web: www.dh.gov.uk

The Department of Health's Asylum Seeker Co-ordination Team (ASCT) coordinates health care policy for asylum seekers and refugees.

Additional guidance

Meeting the health care needs of refugee and asylum seekers in the UK: an information and resource pack for health workers (2002), by Angela Burnett and Yohannes Fassil, contains practical information, details of useful contacts and resources, and includes examples of good practice from around the UK. It is available from the Department of Health (www.dh.gov.uk).

For a complete version of these guidelines and/or for further information about these guidelines, non-members of the BMA may contact:

British Medical Association, Public Affairs Department,
BMA House, Tavistock Square,
London WC1H 9JP
Tel: 020 7387 4499
Fax: 020 7383 6400
Email: info.public@bma.org.uk

Kensington & Chelsea PCT announces Commissioning round

The Primary Care Trust has allocated a minimum of £200,000 investment for community services that will deliver health outcomes in the current financial year to 31 March 2009.

'Business Case' proposals must require a minimum investment of £20,000. Projects starting in 2008-09 and continuing beyond April 2009 will be considered as long as there are some measurable outcomes before 31 March 2009.

The PCT has published a list of priority outcomes that it would like to invest in, based on local needs, as identified by PCT commissioners. For guidelines and details of how to apply, visit the K&C Social Council (www.kcsc.org.uk/health) or the PCT

(www.kc-pct.nhs.uk) websites. There will be opportunities to discuss project ideas with Commissioners prior to formally applying.

If organisations require support, the PCT has also commissioned KCSC to provide pre-contract advice and on-going project management support, and CASH to provide support with the financial aspects of the business cases.

APPLICATION DEADLINE: Noon on Monday 13 October.

For more information: Please contact Lev Pedro at KCSC 020 7243 9809 / lev@kcsc.org.uk

Kensington and Chelsea PCT has changed its name to *NHS Kensington and Chelsea*

Following consultations with Primary Care Trusts and other stakeholders, and the publication of Lord Darzi's NHS Next Stage Review report, the Department of Health has given PCTs the green light to re-brand themselves as "NHS Local/Anyshire" rather than "Local/Anyshire Primary Care Trust".

This change reflects the increasing role of Primary Care Trusts across the country as the local leaders of the NHS, and also the need for us to engage even more with our local population. Similar name changes are currently taking place across the rest of London and the country.

We will gradually be introducing the new logo and name across the Trust and the changes will not cost any money. For example, our signage will remain the same and will only be replaced if needed for wear and tear, and staff have been told to use up existing supplies of stationery before ordering new stock.

If you have any questions or concerns, please call Danielle Neal, Press and Communications Officer, on 020 8962 4698 or email danielle.neal@kc-pct.nhs.uk

Further background information on these changes can be found on the Department of Health website - www.nhsidentity.nhs.uk

Well-Being for Life 2008



**Friday 10th October (12pm-4pm)
Kensington Town Hall, Hornton Street, W8.**

Everything you need to know about healthy ageing all under one roof!

For the latest information about keeping active, staying independent and mobile, eating well, emotional well-being and managing health, housing, safety and financial advice, why not come along to Kensington and Chelsea's number one event for older people!

Meet professionals from national and local organisations offering advice on health, well-being and a range of services, ensuring visitors can pick up tips to take home and share with friends and family. Visitors will also have the chance to join in with complementary therapy taster sessions, exercise classes, equipment try-outs and health checks. New features for this year include mobile phone workshops and the chance to get mini makeovers. In addition to this, we have the ever popular free raffle, fair trade organic cotton goodie bags, giveaways and free café.

If any BME groups would like to attend, we can provide group transport. For more information, contact Lak Gill at Sixty Plus on 020 8969 9105 / info@sixtyplus.org.uk

Well-Being for Life is sponsored by Bupa Cromwell Hospital.

Sixty Plus is a voluntary organisation working in Kensington and Chelsea.
Registered Charity Number 1035607.
1 Thorpe Close, London W10 5XL
www.sixtyplus.org.uk

Equal Access to Dementia Advocacy for BME Communities in UK

Dementia Advocacy Network (DAN) was established by Westminster Advocacy Service for Senior Residents (WASSR) in 2001 as a national support network for Dementia advocates. It is funded by The Tudor Trust, and currently has over 140 members across the UK.

Following achievements by the BME Outreach Project in Westminster, in 2006 WASSR was awarded Dept of Health Section 64 monies for the DAN to set up a BME Outreach Project aiming to achieve Equal Access to Dementia Advocacy for BME communities in the UK. In 2007, Gona Saed, formerly BME Outreach worker with WASSR, was appointed to lead on this work, under the direction of Jan Kendall, the DAN Network Manager.

The Project has three main objectives:

1. **Outreach to BME communities** on a national basis to raise awareness of Dementia and advocacy, support BME groups who may be interested in providing support to people from their own communities with Dementia and to make the DAN accessible and beneficial for BME organisations.

2. **Support existing DAN members and other advocacy services** to make their services more accessible to people with Dementia in local BME communities.

3. **Share nationally** the expertise gained through BME Advocacy Outreach in Westminster and learn from other national programmes.

Work to meet these objectives includes:

- Providing up-to-date information about all DAN meetings and training days to BME organisations

and groups working with older people with Dementia.

- Providing presentations on Dementia for groups of older people from BME communities. These are free of charge and include topics such as symptoms of memory loss and Dementia, pathways to diagnosis, getting support, Dementia advocacy and the benefits to accessing quality care services.
- Providing telephone and email advice to staff and volunteers from BME community organisations on supporting BME elders with Dementia and to advocacy services to make them more accessible.
- Providing workshops and training sessions to advocacy services on outreach services for local BME communities.
- Providing training on cultural awareness and diversity in Dementia advocacy specific to BME elders.
- Presentations at advocacy seminars and conferences nationally.
- Sharing experience and knowledge with other peers through national and local advocacy organisations to enhance awareness of and influence advocacy policy and standards around additional needs of BME elders with Dementia.

To find out more about this project, contact:

Gona Saed
BME Dementia Advocacy and Outreach Worker
Dementia Advocacy Network
Tel: 020 7439 3131
Email: bme@wassr.org
Website: www.wassr.org

Westminster PCT plans Extra GP services

Westminster Primary Care Trust is investing in new GP services at two sites in Westminster.

These services will be available from 8am to 8pm, seven days a week. No matter where you live in Westminster, you will be able to see a GP or nurse at these sites either by an appointment or simply by turning up. The new GP services will be in addition to, not instead of, existing GP services. Westminster PCT plans to make the new GP services available at two sites in Westminster. One site will be Queens Park/Paddington and the other in Victoria/Pimlico. The new services should be available from late 2009.

Westminster PCT Chief Executive Michael Scott says: "We are now moving into an exciting new phase of investing and improving health services in Westminster. We want local residents to shape their own health services to meet local needs. We are keen for everyone to get involved and have a say in our plans. These plans will create extra services to make sure people living and working in Westminster can see a doctor and nurse quickly at a convenient time. Under these arrangements, patients can book an appointment or just turn up and do not have to face long and sometimes, worrying waits."

You can let us know what you think of our plans or what extra health services you want at these sites by:

- Participating in a focus group. Please call Freephone 0800 587 8818 or email pals@westminster-pct.nhs.uk for further details.
- Filling in an online questionnaire at www.westminster-pct.nhs.uk/newgpservices or call Freephone 0800 587 8818 to request a printed copy of the questionnaire.
- Attending one of our four drop in events:

Monday, 22 September 2008, 6pm to 8pm at Abbey Centre, 34 Great Smith Street, SW1P 3BU

Friday, 17 October, 11am to 2pm at the Stowe Centre, 258 Harrow Road, W2 5ES

Monday, 20 October, 11am to 2pm at Churchill Hall, Churchill Gardens Estate, SW1V 3DT

Wednesday, 22 October, 6pm to 8pm at Beethoven Centre, Third Avenue, W10 4JL

We need to hear from you by 31 October 2008.

If you require any further information please phone Westminster PCT's Patient Advice and Liaison Service (PALS) on 0800 587 8818 or visit www.westminster-pct.nhs.uk/newgpservices

User Involvement - Westminster Local Involvement Network (LINK)



Whether they are young people, older people, people with learning disabilities, physical impairments or health problems or those who need access to social services, whoever they are, these people are at the heart of why the NHS and social services exist.

Health and social care services in Westminster are there to serve the public. This relationship shouldn't just be a one-way relationship where the service providers do things for the users. It is possible, and preferable, to develop a two-way relationship in which the public takes part in shaping the organisation by making suggestions or taking decisions.

By allowing people to generate ideas, challenge assumptions, give feedback and make informed decisions about their health and social care services, we can ensure services are as relevant as possible to the people that they are designed for.

The benefits for involving users are recognised by the Government, who in 2007 wrote the Local Government and Public Involvement in Health Act. This legislation made each English Local Authority responsible for creating a Local Involvement Network (LINK). This LINK will be the people's way to say what they want from their health

and social care services and to hold service providers accountable.

LINKs will be made up of volunteers from the local community who are passionate about improving health and social care services for all. It will be a network of residents and people who use the services, community groups and voluntary organisations to give the people the strongest voice possible. The Westminster LINK came into being on 1st September 2008, over 150 individuals and community groups have already expressed an interest in participating in the LINK.

Anyone can join the LINK, no experience in working in health or social care is necessary. Membership is flexible; levels of involvement could range from attending meetings in public and giving your views to taking in part in an inspection of a hospital ward or GP surgery.

The Westminster LINK will work with the Westminster Primary Care Trust (responsible for all NHS GPs, pharmacies, opticians, dentists, health centres, nursing homes, rehab centres and other community-based health services), Imperial College Healthcare NHS Trust (formerly known as St Mary's Hospital), Westminster Adult Social Services and Central North West London Mental Health NHS Trust (responsible for providing mental health services across five London boroughs).

LINKs will have statutory powers to assist them with their work. For example, entering and viewing certain premises where services and care are provided, requesting information from service providers, and making recommendations and receiving a response within a specific timescale.

No decisions have been made yet regarding how the LINK will operate, how decisions will be made and what its work areas will be.

There will be a LINK Fair on **Wednesday 22nd October** Regents Hall, 275 Oxford Street (opposite John Lewis).

It is a drop in event so come along **anytime between 3.30pm – 7.30pm** to learn more about the LINK and be involved in its development.

If you would like to know more about the Westminster LINK, please contact Gayle Muers on 020 7535 0499 or gmuers@vawcvs.org

Westminster City Council - £100,000 for your Neighbourhood

Westminster City Council is committed to strengthening neighbourhoods and promoting active communities so has introduced dedicated Ward Budgets to tackle local concerns and priorities.

The £2million fund is part of the Council's One City programme to give a greater voice to local communities by empowering Councillors to make spending decisions for their area. Each ward has been allocated a £100,000 Ward Budget to spend on new or additional local services or projects in your area.

At the end of July, the first projects were agreed. Just some of the exciting projects being funded in various wards by the Council's budget programme include: boxing classes for young people; summer sports activities for kids; a healthy eating event to celebrate the variety of cultures and associated foods and a community gardening scheme. These schemes will look to bring residents together whilst also improving quality of life for the community. There will be further opportunities to fund additional projects at the end of September and in January 2009.

Your Councillors need to know what you think are the priorities in your area to help them decide how best to spend these Ward Budgets. **So if you would like to hear more about what's planned in your area, or offer your ideas to your local Councillors, please come along to the MyWestminster Forums, which will be held across the city in October and November.**

For more information, please visit our website: <http://www.westminster.gov.uk/neighbourhoods/> or call us on 020 7641 3411.

The Public Health Information & Resource Unit (PHIRU) Evidence and Health Promotion Resources to Support your Work

Looking for the health or social care evidence-base? Need resources for healthy lifestyle interventions? The Public Health Information & Resource Unit (PHIRU) can help you access the information or resources you need. An NHS library and health promotion resource centre, we offer support to local organisations and workplaces within the boroughs of Kensington and Chelsea, and Westminster, which have a remit for improving health and well-being. We also support clinical decision-making, commissioning decision-making, research and lifelong learning.

Our Collection

- Up-to-date evidence and information on public health, primary care, nursing, community health development, health promotion, and health management.
- An extensive range of health promotion leaflets and posters to support the 'Choosing Health' agenda.
- A large collection of health promotion materials for teaching, displays and presentations, including teaching packs, DVDs / videos and models.
- Equipment such as display boards and TV/ Video Players.

Electronic Resources

Computer workstations are available in the unit for access to PHIRU's catalogue and the internet. Staff can advise which online health resources will best meet your needs.

Help and Advice

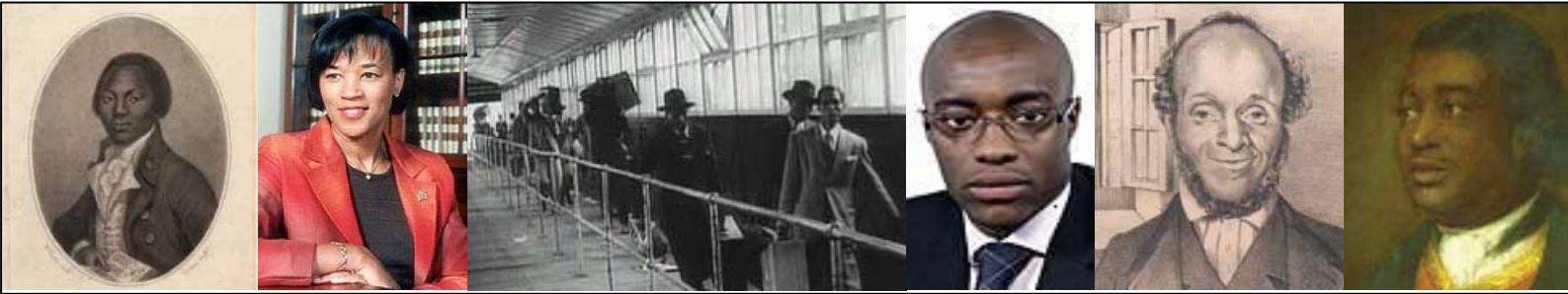
- We produce a catalogue listing the leaflets and posters we supply, and also specialist catalogues for health promotion teaching resources in schools, and for learning disabilities. *Ask us for a resource list tailored to your interests.*
- We distribute materials for key national and local health promotion campaigns.
- We can signpost you to current awareness services in your area of interest.
- General loan and enquiry services.

Contact Us

You are welcome to visit the unit and use our facilities – please ring in advance to book an appointment. We are based at Westminster PCT, 15 Marylebone Road, London, NW1 5JD. Tel: 020 7150 8345

Email: info-centre@westminster-pct.nhs.uk

Intranet: <http://nww.kc-pct.nhs.uk/resources/phiru/default.aspx>



**Free Grand Celebratory Event - 29th October
Greenside Community Centre, 24 Lilestone Street,
Lisson Grove, London NW8**

Audience: Children & young people, Westminster staff & residents

What's it about?

The aim of the day is to promote community cohesion, understanding of different cultures and their contribution to our societies today through art, politics, books, business, music, culture and a variety of other formats.

Food fest

Come and try traditional dishes from a range of countries – aim is for people to try different dishes from around the world.

Project Windrush

An exhibition outlining some of the experiences from those who have lived or worked in Westminster over the last 60 years. Carried out by pupils from Westminster schools, the exhibition uses a number of formats to reflect life in Westminster. There will also be other photos, short films and artefacts about the Empire Windrush.

Get creative

Join in the fun with colourful face painting, costume-making and badge-making to be hosted by a variety of community arts organisations.

Book Fair

In conjunction with Westminster Libraries, BIS Publications and Centerprise, we will be hosting a book fair a range of books which are intriguing, informative and offering a

variety of perspectives of black history and culture.

Overstanding Rastafari

YASUS AFARI is one of Jamaica's leading Dub Poets with many talents as an "edutainer", bringing his background as a recording reggae artiste together with his work as a dub poet. His recent UK tours involved working in schools, colleges and universities supporting understanding about Black History, while exploring ways to live and work together in our plural societies with a focus on self esteem.

Julie Issac

Listen to the eloquent spoken word of Julie Issac, local poet whose work includes poetry of how it was "back in da day" and reflections of life in society today.

Showcase feature

Watch the Play "Sweet Tooth". An excellent one woman show run by Gazebo Theatre which shares the legacy of the slave trade and the struggles faced by those fighting for the abolition of slavery including Nanny of the Maroons, Sojourner Truth and Mary Prince.

Please book in advance simply call 0207 641 8547 or email amsmith2@westminster.gov.uk

Equalities Patient Profiling – Update from WPCT

In the June issue of Embrace, I gave an introduction on this project shortly after joining the PCT. I am now excited to share with you the progress in this major piece of work. Equalities Patient Profiling was launched in Westminster in mid-July marking a very important new beginning to patient profiling in Westminster. 28 practices have now signed up and we are really pleased to have so many practices showing their commitments towards this initiative.

The PCT has plans at various stages to support practices in carrying out patient profiling. I have started my visits to practices since the end of July which will go on until mid-September in order to provide a simple training/briefing to practice staff around the different aspects of patient profiling so that they are fully supported. Practices will then gradually start handing out standardised questionnaires to patients who attend appointments at their practices. The next time you visit your practice, we would appreciate your patience in completing these questionnaires. We will also be able

to assess the achievements of Practices in terms of recording ethnicity and other data by carrying out a detailed analysis, through the Public Health Intelligence Team at the PCT. As this initiative will require much time and effort, the next stage is to help practices to achieve a higher percentage of recordings. The PCT also has plans to provide administrative support (in sending out questionnaires by mailshots) to practices, which will be targeted at patients who are registered but seldom visit their practices.

Patient profiling is fully supported by various departments in the PCT: Primary Care Development, Information, Management and Technology Team, Public Health Intelligence Team, Officer Services and Communication Department.

If your group would like to find out more about patient profiling, please get in touch with me via email on cynthia.chui@westminster-pct.nhs.uk, or Tel: 020 7150 8119. I would be happy to come and meet you to discuss further details.

Improving Access to GP Services

NHS Kensington & Chelsea and Westminster PCT respond to the BME Health Forum report 'Primary Concern'

Plus

Launch of two new projects on 'NHS Dentistry' and 'Circumcision Service'

Date & Time: Wednesday, 8th October 08, 12.30 – 3.00pm
(Lunch: 12.30-1.00pm)

Venue: Muslim Cultural Heritage Centre
244 Acklam Road, London W10 5YG - (nearest tube station: Westbourne Park, on the Hammersmith & City Line)

In June this year, the Forum launched 'Primary Concern' – the final report from its Access to GP Practices project. The purpose of the project was to improve access to GP practices for people from BME communities in KCW. This event gives NHS K&C (previously K&C PCT) and Westminster PCT the opportunity to highlight how they will address the findings and recommendations of the report. In addition, the Forum will be launching two new projects on 'Access to NHS Dentistry for BME communities' and 'Circumcision Services for the Muslim Community in KCW'

To book a place and/or for more information, please contact Charmaine Mukherjee at info@repkc.org.uk or by telephone on 0208 962 3041