

Embrace



Volunteer Community Researchers' Graduation Ceremony

Councillor Judith Blakeman, Deputy Mayor for RBKC handing out certificates to our Volunteer Community Researchers at the completion of their training on social research on 14th September 2007. A group of 17 volunteers have been trained to take part in the Forum Access to GPs Project



Also in this issue

Forum Response to the AHSC Consultation – p3

Access to GPs Project - Progress Report – p4

Volunteer Community Researchers' Training – p5

Westminster PCT Involving People Update – p7

Supported Voices – p12

Mental Health Service Needs of Chinese Elders – p15

New Single Number for GPs outside normal hours – p17

Muslim Women's Project – p18

Forum Quarterly Meeting: Improving Health & Well-being in K&C – p20

The Health Foundation's Shared Leadership for Change (BME) – p20

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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, 9th November

Content

Contacting the BME Health Forum	2
Forum future Quarterly Meetings	2
Forum response the AHSC consultation	3
AHSC Update	4
Access to GPs Project – Progress Report	4
Volunteer Community Researchers' Training	5
New British Sign Language Interpreting Service	6
WPCT Involving People Update	7
Well-Being for Life	11
Local Fresh Fruit and Vegetable Stall	11
Supported Voices	12
Join C&W Hospital NHS Foundation Trust	14
Mental Health Service Needs of Chinese Elders	15
New Single Number for GPs outside normal hours	17
Independence and Safety with Telecare	18
Muslim Women's Voices Project	18
New Chief Executive for K&C PCT	18
The Gate, Westminster's Crisis Pregnancy Centre	19
The Health Foundation's Shared Leadership Scheme	19
Meet Charmaine Mukherjee	19
Quarterly Meeting: Improving Health in K&C	20
The Shared Leadership for Change (BME)	20

BME Health Forum Quarterly Meetings for 2007

Date	Venue	Time
Wednesday, 24 th October	MCHC*	12.30 –3.30
Tuesday, 11 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 Kensington & Chelsea and Westminster Primary Care Trusts

The Academic Health Science Centre (AHSC) - Consultation with the Forum and update

At our last Quarterly Meeting in June, we invited Professor Stephen Smith, the then Principal of the Faculty of Medicine at Imperial College London to give a presentation to us about the plans to merge St Mary's Hospital, Hammersmith Hospitals and Imperial College London to create the UK's first Academic Health Sciences Centre (AHSC). This came as part of the consultation on the proposal with stakeholders. After his presentation, Professor Smith responded to questions from the audience, which comprised of 50 people. Most questions focused on the future role of the planned AHSC in tackling health inequalities and improving access to service for BME communities.

Following on from that meeting, the Forum submitted a formal response to the consultation by answering the consultation questions as follows:

BME Health Forum Response to the AHSC consultation Consultation Questions

1) Do you think the merger of Hammersmith Hospital NHS Trust and St Mary's NHS Trust and integration with Imperial College is a good idea?

Yes

2) Please can you give your reason for the answer in question 1

Should provide a more integrated approach to health care with a uniformity of standards and improvements in access if care pathways are properly designed.

3) Do you think it is right to appoint a single management team to be responsible for the running of the Trusts and the Faculty of Medicine, Imperial College?

Yes

4) What do you see as the benefits to you of an AHSC / what are your concerns?

Partnership between the delivery of healthcare services and research provides a great opportunity for improving healthcare. In particular, we see this as an opportunity to investigate and address health inequalities. We also believe that this partnership can improve access to services for people and communities who experience difficulties accessing services, i.e. people from black and minority ethnic (BME) communities. However, our concerns can be summarized as follows:

- We are concerned with how the decision-making processes that determine which health issues are prioritised will a) reflect local population needs, b) address health inequality issues and c) support, encourage and sustain local BME community involvement in the decision making process.
- To ensure that this project does not have an adverse impact on minority groups, we would like to see a Equality Impact Assessment for this proposal and for any changes to services that might take place in due course.
- We would also like to see a clear idea of what structures the AHSC will develop to ensure that local BME communities are encouraged and supported to be

involved with the development of this project as a service provider and as an employer and also in the project's governance arrangements.

- The AHSC should make an explicit principled commitment to address health inequalities as an NHS body that is expected to serve all people.

5) Do you think it is right to want to create centres of excellence, like the renal centre, that bring together expertise and services on one site?

Yes

Other comments

- To address the concerns we have highlighted above and to ensure that Equality & Diversity (E&D) issues are adequately and fairly represented and addressed throughout the development of this AHSC, an E&D Lead must be appointed as soon as possible to support the project and provide it with the knowledge, expertise and leadership needed to achieve that.
- The project should ensure good communication links are established with GPs and primary care services at outset to ensure that primary care services are involved in the development and delivery of services effectively.

In addition, the Forum was a member of the AHSC Stakeholder Forum, which had been established on behalf of the Trust Boards of Hammersmith Hospitals NHS Trust and St Mary's NHS Trust and the Governing Council of Imperial College. The main purpose of the Stakeholder Forum was to advise the Programme Director and relevant decision making bodies of stakeholder views on the creation of an AHSC during the programme engagement and consultation period. Members of this Forum included:

Hammersmith Trust PPI Forum, St Mary's Trust PPI Forum, Hammersmith and Fulham PCT PPI Forum, Westminster PCT PPI Forum, AHSC Programme Hammersmith Hospitals NHS Trust, St Mary's NHS Trust, Overview and Scrutiny Committee, Voluntary Action Westminster (CVS), West London Mental Health NHS Trust, St Mary's Paddington Charitable Trust, Hammersmith Charitable Trust Imperial College Charitable Trust and BME Health Forum

AHSC Update

The consultation on the creation of the AHSC has now concluded. As a result, a new organisation has been formed: Imperial College Healthcare NHS Trust was formed on 1st October 2007 with the merging of Hammersmith Hospitals NHS Trust and St Mary's NHS Trust, and the integration of Imperial College London. Professor Stephen Smith has been appointed as the Chief Executive/Principal of Imperial College Healthcare NHS Trust. A new website for the organisation has been set up and can be accessed at <http://www.imperial.nhs.uk/> (still being developed).

Access to GPs Project - Progress Report

There have been four main developments to our Access to GPs Project since our last update in June:

1. **Provision of Project Co-ordination and Admin**

Support for the BME Health Forum.

The tender for this piece of work was awarded to Race Equality Partnership Kensington & Chelsea (REPKC) and we would like to welcome Charmaine Mukherjee from REPKC, who will be working with us on the project.

2. Provision of the research aspect of the Access to GPs Project through becoming a Project Partner Community Group.

The tender for this was awarded to Migrant Resource Centre (MRC) and Umoja Pamoja and, we would like to welcome Ambra Caruso from MRC and Faith NDirangu from Umoja Pamoja, who will be working with us to deliver the research part of the project.

3. Volunteer Community Researchers.

We have now completed the training of 17 Volunteer Community Researchers, who will be carrying out the interviews with patients and healthcare professionals. The training on social research and interview techniques carried out in July (two sessions) and

September (one refresher sessions).

4. Questionnaires.

The questionnaires for the interviews have now been developed and finalised. There are five different sets of questionnaires, one for each target group. The target groups are:

- a. Patients/users from BME communities
- b. GPs
- c. GP Practice Managers
- d. Chairs of the Professional Executive Committee (PEC) and Clinical Executive Committee (CEC)
- e. Chairs of Practice Based Commissioning (PbC) Clusters

To conclude, we are now ready to start with the interviews. A total of 82 interviews will be carried out – 56 with patients and 26 with health professionals. We have already started contacting healthcare professionals in K&C and Westminster to arrange interviews with them. In the meantime, our Project Partners, MRC and Umoja Pamoja, are preparing lists of patients/users who meet the patient criteria to be interviewed. Our plan is to finish the interviews by 21st December and to produce a final report by April.

Volunteer Community Researchers' Training

As part of its Access to GPs Project, the BME Health Forum has recently recruited and trained 17 volunteers as community researchers. This training course was an intensive programme in the methodologies and techniques of qualitative research, as applied to health and social care. Key elements of the training included face to face interviewing with patients, doctors and managers; Interviewer rapport and bias; Development and use of structured and semi-structured questionnaires; Recording,

management and presentation of data; Culture and gender sensitive interview techniques and use of interpreters; Research ethics and confidentiality.

The training took place on 18th and 19th July and 14th September and was delivered by Malcolm Alexander, trainer and consultant. The volunteers are now ready to start interviewing patients and health professionals for the project.

Here are some pictures from the training sessions and graduation ceremony.



New British Sign Language Interpreting Service

Mark Sherwin joined the Trust at the beginning of September 2007 as a British Sign Language (BSL) / English Interpreter in the Public Health Directorate at 15 Marylebone Road.

Having worked as an interpreter for 3 years, Mark's role is to set up the Trust's British Sign Language (BSL) / English interpreting service, which will work in partnership with Voluntary Action Westminster, Westminster City Council and the Deaf Healthy Living Service, among others.

Mark will be available to interpret at appointments with GPs and community services which is designed to improve access to care for the 3,000 Westminster residents who are deaf or hard of hearing and funded centrally by the NHS for Primary Care.

How to book; please contact the BSL/Interpreter service at Westminster PCT on 020 7150 8125/mob 07770645759, or via email at signlanguage.interpreting@westminster-pct.nhs.uk

Westminster PCT Involving People - Update

In this edition of Embrace, we have two pieces of work to tell you about.

Firstly we have an initial report on the key findings of “Ask your patients week” which was run this summer for the first time. This activity was run across all of Westminster PCT’s directly provided services, where patients were encouraged to complete questionnaires on their experience. This was supplemented by facilitated sessions with interpreters, including one supported by the BME Health Forum. The brief report below outlines the key findings against each of the five dimensions we use to measure patient experience and recommendations made based on initial analysis of the results. If you would like more information please email involving.people@westminster-pct.nhs.uk or talk to Emily Savin on 020 7150 8121.

Ask your patients week

Key Findings

Overall satisfaction with Westminster PCT’s directly provided health services is very high, with 91% of respondents rating their experience as ‘Excellent’ or ‘Good’.

Access and Waiting

88% of patients reported that they were seen on time. 191 patients answered that they had not been seen on time or had to wait and 56% of these people would like to have been told how long they would have to wait

Some people also expressed they would like to be able to visit clinics after work and at weekends.

Safe, High Quality, Coordinated Care

95% of respondents expressed they had confidence and trust in their health professional.

There is evidence to suggest patients are being copied into letters about their care. The qualitative feedback highlighted the need to ensure patients are supported to understand that information – learning disability service users and people for whom English is not their first language.

83% of respondents felt confident in their health care professionals’ attention to hygiene. There was some concern raised by users of the Phlebotomy service. This may be attributable to routine use of disposable gloves between patients and hand hygiene not being visible. 4% of people were not happy.

Better Information, More Choice

82% of respondents felt involved in decisions regarding their care and treatment and 80% they received enough information. However, this was less in the case of Chinese and Arab respondents, and much higher in the case of people with disabilities, in particular deaf people and people with learning disabilities.

18% of people expressed that they were either not involved or would like to be more involved in their care and this was also highlighted in the qualitative groups.

51% of respondents stated that they knew how to make compliments or complaints about their service’s quality and 49% felt that they did not. However, this increased to 73% in the case of Chinese respondents.

Building Closer Relationships

57% of respondents stated that they clearly saw their health professional’s identification but 13 % said no and 30% said they had not noticed it.

87% of respondents felt that their health care professional listened carefully to

what they had to say during their appointment.

93% respondents felt that they were treated with respect and dignity all the time by the health care professional and 100% of respondents in the bedded services.

Clean, comfortable, friendly place to be

There were a total of 1702 respondents to this section as it applied only to attendances at health centres or clinic.

89% of respondents rated the friendliness and politeness of the receptionist as excellent or good.

When asked to rate the cleanliness of the health centre they used 83% of respondents said it was excellent and only 3% felt that the standard was poor.

Conclusions

Overall the patient feedback of Westminster PCT's directly provided health services received during 'Ask Your Patients Week' is extremely positive.

There are some clear areas for improvement and these will be addressed through the recommendations and an action plan.

The survey has been viewed as an exemplar across the London PCTs and is being widely shared. This will enable further improved benchmarking to take place in subsequent years

Recommendations

The following recommendations do not pick up all of the areas of learning for services and, individual services will be considering the results in depth and building any service-specific findings into their plans for the year ahead.

The key recommendations were identified as follows:

Involving People

- Where services received low numbers of feedback, it is recommended that these services conduct involving people activities outside of those in 'Ask Your Patients Week' so that each service can have detailed specific feedback.
- It is recommended that the process for qualitative research component of 'Ask Your Patients Week' is significantly expanded in future years and includes more currently excluded groups
- The questionnaire was produced and results collated by an external company. It is also recommended that the analysis is also conducted externally next year

Access and Waiting

- PCT services based in clinics should put in place systems to advise patients of any delays (including length of delay and reason for it)
- PCT services need to ensure that staff ask patients if information about them can be shared with other health professionals. This could be built into any revisions of paper work to prompt staff
- Staff need to ensure that they support people with Learning Disabilities or where English is not their first language with interpreting support and check they feel fully involved with their care. This includes explaining any information which is written about them

Safe, High Quality, Coordinated Care

- Staff need to be visible with their hand hygiene during consultation so that this is highlighted to patients. This will be raised with the infection control team to be built in to any training

Better Information, More Choice

- Complaints Department need to do some awareness raising with the Chinese community on how to complain about services
- PCT provider services to be supported by the Head of Health Inequalities and Head of Equality, Diversity & Human Rights to ensure that policies, practices and information support equitable access to services and information

Building Closer Relationships

- Provider services staff need to display their identification and a separate piece of work needs to be undertaken to achieve this

The second piece of work we would like you to know about is our plan to produce a number of fact sheets to help PCT staff involve people. These will cover topics such as how to use findings from Involving People activity and how to feedback to patients. The first fact sheet we have drafted, however, aims to reinforce the importance of being inclusive when involving people and suggests some ways to help achieve this. The draft fact sheet is reproduced here in full and we welcome your comments or suggestions on this draft. When you feedback to us, please bear in mind:

- The target audience for the fact sheet is PCT staff although it may be useful for others.
- We need to assume readers have no experience in these areas.
- The fact sheet should not be more than 2 sides of A4 in length

If you have any comments, please email them to involving.people@westminster-pct.nhs.uk or speak to Pete Westmore on 020 7150 8153.

How to involve (nearly) everyone

When we seek the views of people about health services, the gold standard is that everyone who might wish to express a view is given the opportunity to do so. In the ideal world, each view expressed would be heard, considered and if appropriate acted upon. All participants should receive detailed feedback.

Sometimes, limited resources will mean that it is not possible to offer everyone the opportunity to express their view, or that information cannot be addressed at an individual level and we need to look at trends instead. If we can't involve everyone, we should at least ensure that those who are given the opportunity to be involved are representative of the entire group.

Whether we are trying to get to everyone, or ensure a sample is representative, we need to understand what barriers might exist for people to engage with us and come up with ways around them or alternatives to offer those people.

For any specific service, the list of people would include people who access the service, their carers, family or advocates, people who might need the service in the future or have used it in the past, staff who deliver the service and those who commission it.

Some of the barriers to involvement to consider are as follows:

Finding people

To reach service users, display posters, mailout flyers and talk to people when they access the service (especially while they are waiting). To find people who don't access the service but might need or want to, ask libraries and community centres to display your information, put adverts or write articles in the local press, visit community groups and day centres and, talk to people. You can get help from organisations such as the Black and Minority Ethnic Health Forum and Voluntary Action Westminster who can forward information to the community

groups they work with or put you in direct contact with them. When you do find people who are interested in getting involved, ask them to help spread the word by telling their friends about it.

Language

Make the most of any bilingual members of your team. Consider paying for translating information into key languages spoken by those you wish to engage but bear in mind that it may be more effective to spend the money on going out into the communities with an interpreter. Community groups can tell you how best to access the communities they work with. For face-to-face activity such as focus groups and public meetings, people should be able to request an interpreter in advance if they need one.

Disability

Events should be held in a venue that is equally welcoming for disabled people as non-disabled people. This does not just mean that it should be compliant with the Disability Discrimination Act. Tables should be at a suitable height for wheelchair users, the venue should be easy to get to and find with clear signage inside and outside. Think about offering transport for those who need it or home visits if viable (and equally, effective & respectful). Make sure everyone can hear, using microphones and/or an induction loop if necessary and interpreters (including British Sign Language). If you are sending out a survey, remember that people who are blind, have visual impairments or difficulty in writing will need support in completing it or an alternative such as an interview.

Culture

Bear in mind that it might be difficult to get people involved during religious days or festivals. Some people might not feel comfortable meeting in a religious venue such as a church or mosque, however this needs to be balanced with other needs and religious venues with a community feel can make great places to

meet. If you are providing food, make sure you allow for special nutrition and belief-based diets, such as Halal and vegetarianism.

Circumstances

The number and variety of participants you get will depend greatly upon the timing of your event. People who work will generally not be available between 9am to 5pm during weekdays. Parents might be busy doing school runs at the beginning and end of the day or might need childcare to participate. Carers might need respite. If possible, run two or more events at different times and try to make those times and locations convenient for the participants rather than the organisers.

Whatever you do

Involve people as early as possible in the process you are going through. Have clear aims and objectives and, provide clear information to those who you wish to engage. Make sure you feedback to participants so that they know what difference (if any) they have made. Use plain English. Don't make assumptions and don't be afraid to ask.

Useful links


Westminster PCT Involving People Team
020 7150 8126
<http://www.westminster-pct.nhs.uk/involvingpeople/index.htm>

BME Health Forum 020 7150 8128
<http://www.westminster-pct.nhs.uk/diversity/bmehealthforum.htm>

Voluntary Action Westminster 020 7723 1216
<http://www.vawcvs.org/>

Faith calendar
<http://www.bbc.co.uk/religion/tools/calendar/index.shtml>

Top tips for effectively involving and recruiting patients & carers
http://www.cgsupport.nhs.uk/download/Patient_Experience/top_tips_involvement_and_recruitment.pdf



Well-Being for Life
A Health Fair for Older People
in RBKC

Friday, 5th October 2007
12 - 4pm

Kensington Town Hall,
Hornton Street, W8 7NX
For more info contact Sixty Plus on 020 8969 9105
Registered Charity number 1035607

‘Well-Being for Life’

The Annual Health Fair for older people in Kensington and Chelsea will be held on Friday October 5th from 12pm to 4pm at Kensington Town Hall, Hornton Street, W8.

The health fair is a one-stop shop where you can learn about healthy ageing including keeping active, keeping independent and mobile, eating well, emotional well-being, managing health, housing, safety and financial advice. As well as being able to talk to a range of professionals in a friendly and informal atmosphere, there will be information stalls, a free café, raffle and giveaways. Visitors will also have the chance to join in with complementary therapy taster sessions, exercise classes and health checks.

With over 50 exhibitors, the afternoon promises to be an engaging, educational and fun experience for all. Come along on October 5th to find out more about keeping well in later years. For more information, contact Sixty Plus on 020 8969 9105.

Kensington and Chelsea 
Primary Care Trust

Local Fresh Fruit and Vegetable Stall

Restarts: 13th September 2007

Where? Chelsea Theatre, Worlds End Estate, Kings Road, SW10 0DR
When? Thursday afternoons 2pm to 4pm
Why? To provide fresh, affordable and accessible fruit and vegetables to the local community.

- Come and support this local initiative by buying fruit and vegetables right on your doorstep!
- Interested in volunteering your time to help run the stall? Volunteers are needed.

Please contact: Kelly Morris, Community Health Development Project Worker – Food and Nutrition, Kensington and Chelsea PCT,
Kelly.Morris@kc-pct.nhs.uk Tel: 020 8962 4540.



Supported Voices

Many disadvantaged people from Black and Minority Ethnic (BME) communities are unable to make their views known when dealing with their health and social care issues. Yet access to advocacy for BME communities continues to be very limited in some London Boroughs. Fazil, *et al* (2004) and Joseph Rowntree Foundation concluded that BME advocacy services should ideally be led by members of the same community group, who have expertise in dealing with racial and cultural issues. BME community groups are therefore well positioned to provide advocacy to their communities, but often lack resources, networks and recognition by professional bodies.

ARX recruited Nubian Life to pilot citizen advocacy for Black Elders together with findings from groups, and found that there were many BME community groups working in isolation with no forums for sharing information. Many provide advocacy-type support without the necessary skills, information, or awareness of the wider support and training available within the advocacy sector. They want guidance, support and practical help on how to achieve this. Consultations with second-tier organisations, including the Kings Fund, Action for Advocacy, Council for Ethnic Minority Voluntary Organisations, Migrant and Refugee Communities Forum and others, agreed that although mainstream advocacy providers have many resources, there is a need for coherence across all areas of advocacy linking health, mental health, disability, and other advocates in order to improve partnership working, access wider resources, and promote sustainability and fitness for commissioning. In London it was felt that the BME advocacy sector is particularly at risk of being sidelined into "health advocacy". Without integration into the wider advocacy sector, they could be susceptible to

moving away from the core advocacy ethos of independence, and miss out on networks and resources.

Supported Voices

The aim of Supported Voices is to help to develop more BME advocacy in areas where there is need. By supporting BME community groups to develop high quality advocacy, as well as helping mainstream advocacy providers to initiate a BME service, Supported Voices can make a long-term difference to those who wish to speak out about their health and social care and treatment.

Action Learning provides a structured way of working in small groups which can provide the discipline we often need to help us learn from what we do, and improve our practice as a result. By attending monthly Action Learning meetings, you get access to a network of peers who support your advocacy learning. You will get regular, individual airtime to discuss advocacy challenges so you can make effective changes in the workplace. Through training, networking and exchange of information, a written guideline for developing BME advocacy is to be published and distributed at the end of the first year in October 2007. A newly recruited Development Worker researched, developed, promoted and coordinated monthly Action Learning groups for BME community groups and advocates.

Launching Supported Voices Groups

We launched our second Action Learning group in Southwark to meet the demand of such an ethnically diverse population. According to the Office of National Statistics, along with Brent, Southwark hosts the largest number of diverse communities within London, and we wanted to ensure we were accessible and relevant to these

groups. With the assistance of Southwark Community Care Forum (SCCF), we have been able to provide an accessible space for local volunteers and community group workers to meet. We also have some provision to support those with childcare costs.

Currently, Supported Voices has 8 member organisations from both BME community groups and mainstream advocacy provision. Combining BME community groups with mainstream advocacy providers posed a challenge in terms of differing levels of advocacy knowledge and cultural awareness, however the variety has allowed members to broaden their networks and learning about both.

Members highlighted that a reflective space and interactive learning helped them to “*recognise steps needed to implement practice*”. All found that information sharing was needed and valued, and most members stated that networking with peers was much needed support also. All said they wanted training on BME advocacy practice issues.

The issues raised by Supported Voices members varied. BME Community Group Workers who provided much needed culturally-specific advocacy had little awareness and limited access to the resources afforded to the generic advocacy sector. Also a lack of resources within BME organisations meant access to training was often limited.

Advocacy managers assigned to developing BME-specific advocacy within generic services raised the issue of needing to learn how to get started, and that the desire to get it

right first time, can sometimes backfire and confuse even the most competent and proficient managers.

These issues will be explored in seminars which are being organised over the year. Themes such as ‘Measuring the demographics of your local community’, together with ‘Looking at ways to evaluate the client base’ will be discussed. These events will be open to non-Supported Voices members and details will be posted on the ARX website.

There is a clear need for community groups to access advocacy resources and cost effective and culturally relevant training. Also advocacy providers have said that they do not know where to start when considering a BME advocacy service. We have learnt that both these needs could be met through inter-agency networking and training geared towards supporting community groups to be sustainable, as well as supporting mainstream organisations to be more culturally relevant.

Supported Voices is unique in that it is based on participation and collaboration through action learning. This supports life-long problem solving skills, and empowers the individual to take the necessary action required to develop their accessible and relevant BME advocacy.

Please email Ganesh at:
ganesh@advocacyresource.net or
telephone 07916265786 for a
registration form.

Advocacy Resource Exchange
(ARX). Telephone; 07967 622010,
Email: arx@advocacyresource.net
www.advocacyresource.net
Registered Charity: 1108128

**HAVE YOUR SAY IN HEALTHCARE
JOIN THE CHELSEA AND WESTMINSTER HOSPITAL
NHS FOUNDATION TRUST**

Chelsea and Westminster Hospital NHS Foundation Trust is based at Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 and serves the local population living in Kensington, Chelsea and Westminster as well as parts of Fulham, Putney, Wandsworth and Battersea.

Chelsea and Westminster Hospital was licensed as a Foundation Trust on October 1 2006. Being a Foundation Trust will lead to tangible improvements in patient care and enable us to become more accountable to patients, the public and our staff

Becoming a member

Our membership plays a vital role in providing a community perspective to solving issues and informing service change. We are already working in partnership with more than 13, 000 people who have demonstrated their interest in Chelsea and Westminster Hospital by becoming Foundation Trust members, as well as the Members' Council they elect.

As a Foundation Trust member you can:

- Vote in Members' Council elections
- Stand for election to the Members' Council
- Have your say on future plans for the development of our hospital.
- Apply to become a Non-Executive Director or the Chairman of the NHS Foundation Trust (subject to certain criteria)

All members will be:

- Sent a regular newsletter with news and views about the Trust and its work
- Invited to comment on new services and service ideas
- Invited to the Trust's Annual Members' Meeting, Open Days and other events

How to get involved

Foundation Trust membership

If you have not already signed up as a member of our Foundation Trust, it could not be easier:

- Call us on 0870 707 1567 to ask for an application form.
- Log on at www.nhs-membership.co.uk/cwht to complete an application form online.
- Write to request an application form: Chelsea and Westminster Hospital NHS Foundation Trust, c/o Computershare, The Pavilions, Bridgewater Road, Bristol, BS13 8AE.

Working here

We are always interested in attracting new staff who want to participate in and build on our success. For all the latest vacancies, please log on at www.chelwest.nhs.uk.

Volunteering

If you are interested in volunteering at Chelsea and Westminster, please call Cinzia Giammarchi (Volunteer Liaison Manager) on 020 8746 8480 or email cinzia.giammarchi@chelwest.nhs.uk.

Mental health service needs of Chinese elders

The Chinese National Healthy Living Centre is a registered charity based in the same building as the NHS Soho Centre for Health and Care, Frith Street, close to London's Chinatown.

The Centre was founded in 1987 to promote healthy living and facilitate access to health services for the Chinese community in the UK. The Centre aims to reduce the health inequalities experienced by the Chinese community. Language difficulties and cultural differences present major obstacles to many Chinese people in accessing mainstream health and social services. These barriers can result in their being given inappropriate health care and social isolation. The Chinese National Healthy Living Centre works closely with both statutory and community organisations to deliver its mission.

The Centre provides a range of services designed to tackle both the physical and psychological aspects of health. Amongst several funded projects (see table), the Centre provides core services that include a Chinese-speaking doctor's surgery, Traditional Chinese Medicine clinic and Tai Chi classes, open on Sundays and a Chinese-speaking counselling service, available by appointment on Friday afternoons. The Centre also stocks over 200 Chinese language leaflets and videos that cover a range of health concerns. It continues to answer the queries of the Chinese population, ranging from locating the nearest Chinese community centre or helping them to register with a GP.

In 1999, CNHLC published *The Mental Health Needs of Chinese in England: A Report of a National Survey*¹. The study surveyed 401 Chinese people in England and 86 (21.4%) screened positive for past or current mental health disorder. Seventy one of these

agreed to be interviewed. The interview data showed that

- 74.3% of the interviewees had encountered difficulties with seeking help
- Of 50 interviewees who had a current mental health disorder, 36.8% given a diagnosis did not know what that diagnosis was
- No one was given counselling, psychotherapy or ECT, which meant that drug therapy was the only option
- 40.8 % and 56.1% had negative experiences with their GP and psychiatrist, respectively.

According to *Count me in*, a national census of inpatients in mental health hospitals and facilities in England and Wales on March 31 2005², Chinese men and women were significantly underrepresented in rates of admission to hospital for mental illness compared to the national average. Around a quarter of Chinese people in the census were aged 50 and over.

It is not known whether this underrepresentation is due to a lower prevalence of psychiatric morbidity or an underutilisation of services. However, CNHLC's report³ and experiences of working with the Chinese population suggests that language and cultural inappropriateness of services present barriers to access for Chinese people. The Government's response to the independent inquiry into the death of David Bennet and the resulting DRE action plan acknowledge that there is inequality and discrimination, both direct and indirect, in mental health care³.

In December 2006, the Department of Health's Black and Minority Ethnic Mental Health Programme invited expression of interest from black and minority ethnic community groups and organisations for the provision of

Community Engagement Projects that meet the Government's Delivering Race Equality in Mental Health Care Action Plan 2010. CNHLC successfully tendered for a grant to provide a Community Engagement Project to explore the mental health service needs of Chinese elders in Westminster, Kensington & Chelsea and Brent. The project is one of 80 projects nationally.

The project will use qualitative methods, including focus groups and interviews, to explore:

- i) the views of Chinese elders on current mental health service

ii)

iii)

provision, with a focus on the barriers to accessing services the views of carers of Chinese elders who use mental health services on current provision for older people with mental health problems and current provision for informal carers the experiences of Chinese elders who currently use services or have done so in the past 7 years.

The project welcomes input from statutory, voluntary and community organisations to help make it a success.

CNHLC's current projects

Project name	Description	Contact
Macmillan Chinese Cancer Information Project	Nationwide information service for service users and providers	Richard Lam Richard.lam@cnhlc.org.uk 020 7534 6546
London Chinese Disability and Carers Support Scheme	A community-based advocacy service providing advice and support to disabled, carers and elderly Chinese, bimonthly forums, benefits advice, monthly health walks	Jenny Lam jlam@cnhlc.org.uk 020 7534 6547
Chinese Mental Health Advocacy and Support Project	London-wide advocacy service for Chinese people suffering from mental health problems	Cynthia Chui Cynthia.chui@cnhlc.org.uk 020 7534 6546
Footprints of the Dragon	Supported by the Heritage Lottery Fund, an archive project focussing on the catering and laundry trades from the 1880s to the present day	Yat Ming Loo / Richard Lam Ym.loo@cnhlc.org.uk Richard.lam@cnhlc.org.uk
Community Engagement Project: Mental Health Needs of Chinese elders	A research project exploring the needs of Chinese elders in Westminster, RBKC and Brent in relation to mental health services	Lucy Tran Lucy.tran@cnhlc.org.uk 020 7534 6549

For further information about these and the Centre's other services,

please contact the Centre or visit the official websites.

Chinese National Healthy Living
Centre
Address: 29/30 Soho Square London
W1D 3QS
Telephone: 020 7287 0904
National Helpline: 0845 6016030
Websites: www.cnhlc.org.uk &
www.healthinchinese.com

References

1. Li PL & Logan S. (1999). The mental health needs of Chinese people in England: A report of a national survey. *Chinese National Healthy Living Centre*. London

2. Healthcare Commission. (2005). Count me in: Results of a national census of inpatients in mental health hospitals and facilities in England and Wales.

3. Department of Health. (2005). Delivering race equality in mental health care: An action plan for reform inside and outside services and The Government's response to the independent inquiry into the death of David Bennet.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773

New Single Number for a GP or District Nurse outside normal surgery hours

From 4 September this year, people living in Westminster, and Kensington, Chelsea, there will be a single telephone number for people who are ill and need a GP or District Nurse outside normal surgery hours.

Westminster PCT and Kensington & Chelsea PCT are launching this joint project in an effort to improve out-of-hours services by making access to care as simple and straightforward as possible, and speeding up diagnosis and treatment.

Dr Mark Atkinson, Westminster PCT's Associate Director of Service Development says: "By dialling this single number - 020 8969 7777 - patients will quickly and safely be put someone in touch with a healthcare professional who is best suited to their situation and clinical need. We expect this will not only improve patient care, but also make better use of our professional workforce and relieve the strain on the London Ambulance Service (LAS) and the A&E departments at St Mary's and Chelsea and Westminster hospitals."

"There are many benefits for patients. They will not have to make separate calls to the GP and to the District Nurse; they will not have to repeatedly give their personal details and describe to different services what is wrong before they get treatment and care; one call will lead quickly and safely to effective and timely advice and where necessary, a face-to-face consultation and treatment at a time and place agreed with the patient.

The new service will operate alongside and complement existing services like NHS Direct, Pharmacies, Walk-in Centres, and Minor Injury Units, as well as 999 Ambulance Service and A&E. Patients should still call 999 in an emergency and should still contact NHS Direct for health information and advice.

You can contact Westminster PCT's Patient Advice & Liaison Service (PALS) on Freephone 0800 587 8818 for further information.

Independence and Safety with Telecare

Many of you will have heard of the local Community Alarm Service (CAS) which provides users of its service with the security of knowing that if they fall or have other difficulties, they can use the alarm pendant around their neck to call for help. This enables them to live safely and independently in their own homes.

Recently, a wider range of equipment has been developed and is now available locally, including smoke detectors; bogus caller alarms and equipment that “senses” if someone has fallen and automatically raises the alarm, even if the person is unconscious. Furthermore, some people may be at risk of accidents because they are becoming more forgetful. They may, for example, turn on a gas

cooker and forget to light it, or turn on a tap and forget to turn it off when the sink or bath is full. It is possible to fit flood detector alarms and devices that turn the gas off automatically if it is left unlit.

CAS has a team of people who monitor and respond to such alarm calls 24 hours a day. If necessary, they can send someone out to make sure the person is okay.

If you think that any of the above equipment would be helpful for you or for someone you know or if you want to find out more about what is available, contact CAS (020 7605 6509) or Social Services (020 7361 3013). You may qualify for help with the cost of equipment and weekly service charge of £5.31.

<p style="text-align: center;">Muslim Women’s Voices project</p> <p>Race Equality Partnership Kensington & Chelsea (REP KC) and The Dalgarno Neighbourhood Trust will jointly run a series of consultations with groups of Muslim women in order to hear about their experiences around community cohesion and exclusion issues in the borough. We are keen to hear from Muslim women of all ethnic backgrounds and from across the borough.</p> <p>If you would like to participate and for further information, please contact us via Tel: 0208 960 2070 or Email: info@repkc.org.uk</p>	<p style="text-align: center;">New Chief Executive for Kensington and Chelsea PCT</p> <p>Kensington and Chelsea PCT Chief Executive Andrew Kenworthy has accepted a new role as Chief Executive at Nottingham City Primary Care Trust and will be leaving Kensington and Chelsea PCT in October.</p> <p>The PCT’s current Director of Finance Diana Middleditch will take up the role of Chief Executive upon Andrew’s departure for 12 months.</p> <p>For more information, visit www.kc-pct.nhs.uk</p>
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An unplanned pregnancy can leave a woman feeling anxious and fenced in... The Gate is now open

Westminster has one of the highest abortion rates in the country, particularly amongst women aged between 25 and 35. For these and other women facing an unplanned pregnancy, there is very little free pregnancy support or counselling available.

Facing an unplanned pregnancy can be a huge shock to all concerned, leaving feelings of confusion and worry. Women can face a situation that has no easy answer and may feel pressure to make a quick decision.

Where do these women turn for support? When do they have a chance to talk through their options in a safe environment?

At **The Gate**, Westminster's Crisis Pregnancy Centre, we can help, providing non-judgemental and sensitive support and a space to talk. The centre is affiliated with CareConfidential, the national pregnancy helpline, and is run by trained advisors supporting all women facing an unplanned pregnancy.

At **The Gate** we also offer: Free pregnancy testing; Pre & Post abortion counselling; Befriending & help during an unplanned pregnancy

Located in the heart of Westminster, **The Gate** is open three sessions a week for drop in or appointments, we also provide telephone support. Our service is free and confidential.

For more information please contact us on 020 7222 7770
2 Greycoat Place SW1P 1SB



The Race Equality Partnership Kensington and Chelsea (REP KC) has closely followed the work of the BME Health Forum for some time. Two REP KC Board Members have close links with the Forum, and the Forum is also a member of our Partnership Group. We are delighted to have been given this opportunity to contribute to the success of the Access to GPs Project, and also to engage directly with issues pertaining to the health sector. I am really enjoying working with the Forum and Amjad, and, hope to meet all the Forum members in due course.

I work as Research and Development Officer at REP KC. We have recently published our report on Community Cohesion in the borough and are now exploring ways to address the issues raised. I co-ordinate our various sub-group meetings: with the local police, station visits for our Racial Incidents Task Group, Partnership Group with key partners, Housing & Equalities and Membership meetings to which we invite guest speakers. For our next meeting, we are planning to focus on local youth issues. Currently, we are running a Muslim Women's Voices project, which is detailed separately and also, contributing to the Black History Season. Please visit our website www.repkc.org.uk for more info.

Charmaine Mukherjee

We are very pleased to have Charmaine with us, who has already started providing co-ordination and admin support for our Access to GPs project on behalf of REP KC -

Welcome Aboard Charmaine

BME Health Forum

Quarterly Meeting – 24th October 2007 Improving Health & Well-being in Kensington & Chelsea

- Choosing Good Health Together - Presented by Dr Melanie Smith, Director of Public Health At K&C PCT.
- Improving Health in K&C and the Role of the Voluntary Sector - Presented by Lev Pedro, Development Officer for Health at Kensington & Chelsea Social Council
- Face-to-Face Project - Presented by David Palmer, Deputy Director at Migrant & Refugee Communities' Forum (MRCF)

Date and time: Wednesday, 24th October 2007, 12.30 - 3.30pm (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)

Programme

12.30pm	Lunch
1.00pm	Minutes of previous meeting and Matters Arising
1.05pm	BME Health Forum updates: - Access to GPs project
1.10pm	First Session: Face-to-Face Project Presentation and film showing by David Palmer, Deputy Director at Migrant & Refugee Communities' Forum (MRCF)
1.40pm	Second Session: K&C Public Health Strategy Presentation by Melanie Smith, Director of Public Health At K&C PCT. Followed by a Question & Answer session.
2.15pm	Coffee break
2.35pm	Third Session: Improving Health in K&C and the Role of the Voluntary Sector. Presentation by Lev Pedro, Development Officer for Health at Kensington & Chelsea Social Council – followed by a discussion about the role of the voluntary and community sectors in improving health in KCW.
3.15pm	Short information points from members
3.30pm	Close

All welcome

The Health Foundation's Shared Leadership for Change (BME)

The Forum is very pleased to inform its members and stakeholders that its application for the above scheme has been successful. The Shared Leadership for Change – Improving the Quality of Healthcare for BME Groups is a leadership development scheme for teams of healthcare professionals working to improve the quality of healthcare for black and minority ethnic (BME) groups. The Forum is one of six outstanding teams who have been awarded this scheme in the UK.

The Health Foundation is investing over £1 million in this unique and exciting opportunity for teams who are passionate about delivering projects to improve mainstream health services. Working closely with a leadership development consultant, teams will develop skills to improve their effectiveness and help them overcome the challenges they face. They'll also gain skills in measurement and evaluation to help them demonstrate that they are really making a difference and they will become recognised as exemplars for good team working. This will lead to more successful delivery of services to, and improved patient experience and improved health outcomes for, BME populations (Health Foundation's definition of BME includes white minority groups).

It is a two-year programme and will consist of the services of technical experts. In addition, £30,000 will be made available to each team to enable them to participate fully in the scheme, e.g. to cover travel costs for scheme-related activities and a contribution to locum or equivalent costs. All costs for the shared learning sessions and the Leadership Development Consultants will be met directly by The Health Foundation. The award will be made to the lead applying organisation to administer across the partnership. For more information about this scheme, visit http://www.health.org.uk/current_work/leadership_schemes/bme.html