

# St Mary's NHS Trust Response To Recommendations in the Final Report of the Task Group on the Experiences of Muslim Women Using Health Services

The issue of Access to Health Services by Muslim Women was identified following one of the recommendations of a year-long consultation with BME communities in KCW in 2000 that led to the setting up of the BME Health Forum, as well as following the recommendations from the Conference on "*Improving Health and Social Care for the Arabic-Speaking Community in Kensington & Chelsea*".

A Task Group was set up by the BME Health Forum with the aim of undertaking a mini action-research project. Local community groups, hospitals and G.P. practices working with Muslim women from different nationalities were invited to join the Task Group. As part of the Task Group, the BME Health Forum commissioned community groups to undertake a series of consultations with community members and users of their services, to find out problems and issues related to access to health services.

The focus was on issues of access to primary care, hospital and community health services, women's services, services for children and young people, as well as other specialist services such as dentists, physiotherapists, counselling, advocacy, etc. Statutory agencies were also invited to participate in these sessions, to enable them to link this with other consultation work they may already have been undertaking. St Mary's Hospital undertook a series of in-patient consultations, both at the hospital and in G.P. surgeries they work with.

The following response was received from St Mary's Hospital in 2003 – in response to the recommendations and findings made in the Final Report and Action Plan of the Task group.

**RECOMMENDATION 1 - Provision of Single Sex Wards:** One issue that was overwhelmingly highlighted in all the consultation exercises was the issue of mixed wards. All women felt that mixed wards were not appropriate as they do not provide privacy, and the majority of women remained enclosed in their cubicles for the whole period of their hospitalisation. Although some women asked for a single sex ward, the majority were not aware about whom they should ask.

**ST MARY'S RESPONSE** - This is acknowledged as a priority for the Trust. Current capacity planning aims to gradually convert all wards to single sex over time. Constraints on beds means that placing a woman on a single sex ward may not be an option. Gynaecology wards are female only.

**RECOMMENDATION 2 - Awareness of Hospital facilities:** A large number of participants were not aware of the facilities available within St Mary's, including access to prayer areas: many ended up praying in their own cubicles. Although all the

participants stated that they were provided with halal/vegetarian meals, they were not informed about this beforehand, and many asked their families to bring them food from home.

**ST MARY'S RESPONSE** - It may be appropriate to publicise this information in GP's surgeries / health centres. Some information will be available in the new inpatient information leaflet. There is a prayer room available, with a sectioned off area for use by females.

**RECOMMENDATION 3 - Flexible visiting times:** Overall, participants were very happy about being allowed visitors at various times, as their partners worked in the evenings and could only visit during the mornings.

**ST MARY'S RESPONSE** - A flexible approach to visiting is always adopted where it is possible and appropriate.

**RECOMMENDATION 4 - Awareness of Hospitalisation and Discharge procedures:** Participants had a mixed reaction in terms of the information given to them by the hospital staff. However, overall feedback was positive. Some participants said that they were given information in their mother tongue about the procedures and support services once they were discharged. One woman stated that she was shown a video about the support services available on discharge and she found it very reassuring. She was also visited by a nurse at home, who was able to go through the medication with her.

**ST MARY'S RESPONSE** - In St Mary's the effective management of beds is directly related to the management of discharges. Here, these roles are brought together in the joint management of these areas. The **Discharge Team** has provided a specialised service at St Mary's since 1993. In December 2000, the service was expanded to cover Parkside Community Trust.

The team has a broad range of experience with staff from health, local authority and voluntary agency sector backgrounds. The team helps to train staff and liaises with community health and social services to ensure that any arrangements for care after leaving hospital are properly organised. They also monitor and work with complex cases where discharge is delayed. Each Directorate has a dedicated Discharge Team member who facilitates good practice. The Team ensures that policies and procedures are up to date. The Team provides the Trust with comprehensive data on delayed transfers of care, admissions and cancellations, speciality outliers, treatment delays and several other aspects of bed usage. The data provides a focus for discussion with Social Services, to encourage support and investment where shortfalls are identified. Finally, the Team dynamically manages the Trust bed base, minimising cancellations and waiting times, and ensuring that the A&E department rarely closes its doors. Videos will be ordered in Arabic for some Gynaecology procedures.

**RECOMMENDATION 5 - Women's Services and Sexual Health Services.** Ante/post-natal services and family planning: most women were informed of these services by their GPs/nurse once they became pregnant, although a large number of women felt that they did not understand why they needed to visit the ante-natal clinics and some did not attend at all. In terms of ante-natal exercises, the majority were not informed of any

activities and stated that even if they were, they would not attend as these classes were not exclusively for women and were therefore not culturally appropriate.

**RESPONSE** - It is unfortunate that as the GP's do not explain the importance of ante-natal care to women they often do not attend. Once they have made their first visit, interpreters are available if necessary, to explain all about the maternity services. Several classes are for women only. There is also a class for Muslim women.

**RECOMMENDATION 6 - Cervical and Breast -screening services:** Participants were more aware of cervical rather than breast- screening services, although when asked how often they have had cervical smears done, women above 50 years of age said that once in your lifetime should be enough. Those with more awareness about smear tests were overwhelmingly mothers with young children born in the UK. In terms of breast-screening services, older women didn't know about breast -screening, and said that it wasn't relevant to them.

Furthermore, some of those who had attended an appointment for breast- screening said that the clinic was very far away. They had a very stressful experience and found it difficult to communicate with staff, as the service did not provide interpreters. They also felt very exposed and humiliated as the changing area was far from the consulting room. Most of those who attended the clinic said that they would not go back. When asked whether they would attend a session if it were within a mobile clinic and with a community worker, they said this would be good.

**RESPONSE** - The Nurse Colposcopist runs teaching sessions for women on cervical screening. General health promotion material is available in clinics.

**RECOMMENDATION 7 - Sexual Health Services:** Most of those consulted had no knowledge of any sexual health services available, and thought that this was not relevant to them. They did, however, express concerns about thrush and urinary infections and stated that they only consulted their GPs once the problem became acute.

**RESPONSE** - General health promotion material is available in clinics.

**RECOMMENDATION 8 – Provision of Interpreting Services - Issue of Confidentiality:** Although most women were aware of interpreting services, some said that they still used their relatives, including young children, to interpret for them. The underlying reason for this is the issue of confidentiality: they felt that their community was very close knit and that they did not want other people to find out about their health or family problems.

**RESPONSE** - Interpreters are always requested, as it is not appropriate for children to be interpreting for their mothers. It is unfortunate that some women felt that the interpreters threatened their confidentiality. The interpreters used are professionally trained to work in clinical settings and are fully aware of issues around patient confidentiality as part of that training.

**RECOMMENDATION 9 - Pro-active approach to the provision of interpreting:** Participants also stated that health professionals – including front-line staff – are not proactive in providing interpreting services; and when a client asks for an interpreter, health professionals are very reluctant to provide this service. In one case, when an

elderly client requested an interpreter from the receptionist at her GP practice - she was told that they did not provide interpreting services and that she should register with an Arabic-speaking GP.

**RESPONSE** - This is not an issue at St. Mary's. Staff are aware of the procedures on how to book interpreters and the rationale behind why a professional interpreter should be used for clinical consultations.

**RECOMMENDATION 10 - Double appointments for patients requiring interpreters:** Some women have highlighted that their appointments were usually for 20 minutes, instead of the allocated 10 minutes, when they were provided with an interpreter. All participants felt that this was a very good practice as it would allow them to discuss their health problems properly with their GPs.

**RESPONSE** - This positive comment has been noted.

**RECOMMENDATION 11 - Interpreting medication:** Currently no one has the task of interpreting medication. Women felt that this should be part of the interpreting process.

**RECOMMENDATION 12 - Provision of interpreters who speak the same dialect:** Lack of provision of interpreters who speak the same dialect, are of the same gender and are familiar with the cultural and religious background of the patient.

**RESPONSE** - One idea we are considering within the maternity service is to employ 'support partners' i.e. women who will accompany women to all appointments and to the labour ward, to interpret for them and to act as an advocate. We would be interested to know whether this would be an acceptable option. This would help to address this issue.

**General Comments:** Gynaecology leaflets are available in Arabic, and are currently under review for update. Links are being established by the Gynaecology team with local GPs to improve communication between the hospital, GP and patients, and it is expected that this work will help to address some of the issues raised.

**RECOMMENDATION 13 - Provision of Adequate / Culturally Sensitive Health Services.** In relation to St Mary's Hospital, many women stated that **Prayer facilities** are available. However, they emphasized that the area was too small and not segregated. Prayer facilities **should be divided into two sections**, one for men and another for women.

**RESPONSE** – The Hospital is aware of this issue and intends to address this as part of the new build project. Unfortunately due to space constrictions there is no alternative to the present arrangement.

**RECOMMENDATION 14 - Provision of Halal Food:** Most women said that they were given the option of having either Halal or vegetarian food and they felt this made a big difference, as before family members would have had to bring in food for them.

**RESPONSE** - A range of meals is available for different cultures. This is reviewed regularly by the facilities and catering staff. Each ward has a catering hostess service in place, and this person is responsible for obtaining patient food orders and assisting the patients where necessary.

**RECOMMENDATION 15 - Signage in mother-tongue languages:** All those consulted felt that finding their way through St Mary's Hospital was very difficult, and some patients had missed their appointments because they couldn't find their way. All those consulted stated that it would help greatly if the signs were in different languages. Furthermore, they also emphasised that GPs should put up notices in different languages, particularly in relation to the provision of interpreting services, so that patients would know that they could ask for an interpreter should they require one.

**RESPONSE** - This was considered when the Trust renewed its signage last year. A decision was taken not to translate signage, as there were too many languages to accommodate. To facilitate access a speaking sign was installed in the main hospital reception area, which provides directional information to key services in around 10 languages. Language base at St. Mary's is currently in excess of 40 different languages and dialects.

**RECOMMENDATION 16 - Provision of translated appointment letters / cards:** Many participants said that they missed their hospital appointments because they couldn't read the letter. They suggested that it would be better if the letters were sent in mother-tongues; or if the patient was illiterate in their native language it would help if they were contacted by telephone by the interpreter nearer to the appointment date.

**RESPONSE** - This is a very good idea; however, the hospital would need additional resources to pay for it. In addition, the current patient administration systems cannot facilitate the production of translated information. This could be considered when a new PAS system is planned and extra funding sought. Some interpreters have already adopted the practice of contacting patients to remind them about their appointment and we are keen to expand this practice to all interpreters. On outpatient appointment correspondence there is a short translated sentence for around 10 languages, which says "important information about your hospital appointment".

**RECOMMENDATION 17 - Good Practice on Hospitalisation and Discharge Procedures:** Participants gave good feedback on hospitalisation and discharge procedures. Many said that these were provided in different languages and using different methods such as videos etc. One patient gave a very good example, where she said that she was given information in Arabic about the procedures and support services once patients were discharged. Another woman stated that she was shown a video about the support services available once she was discharged and she found it very reassuring. She was also visited by a nurse at home, who was also able to go through the medication with her.

**RESPONSE** - In St Mary's the effective management of beds is directly related to the management of discharges. Here, these roles are brought together in the joint management of these areas. The **Discharge Team** has provided a specialised service at St Mary's since 1993. In December 2000, the service was expanded to cover Parkside Community Trust.

**RECOMMENDATION 18 - More and improved cultural awareness training** should be provided for all staff – including front-line staff like receptionists.

**RESPONSE** - The team has a broad range of experience with staff from health, local authority and voluntary agency sector backgrounds. The team helps to train staff and liaises with community health and social services, to ensure that any arrangements for care after leaving hospital are properly organised. They also monitor and work with complex cases where discharge is delayed. Each Directorate has a dedicated Discharge Team member, who facilitates good practice. The Team ensures that policies and procedures are up to date. The Team provides the Trust with comprehensive data on delayed transfers of care, admissions and cancellations, speciality outliers, treatment delays and several other aspects of bed usage. The data provides a focus for discussion with Social Services, to encourage support and investment where shortfalls are identified. Finally, the Team dynamically manages the Trust bed base minimising cancellations and waiting times, and ensuring that the A&E department rarely closes its' doors.

The Trust has developed a diversity-training programme, which commenced in March 2003.

**FURTHER INFORMATION:** If you would like to follow up on any of the information contained in this report, please contact Esther Maloney at ST Mary's PALS on 020 7886 7777