race for health

a transformational change programme

NHS

November 2004

News from the Frontline

Providing ante-natal screening for sickle cell…

Getting Imams to help promote healthy lifestyles…

Driving a diabetes bus around hard to reach communities…

These are just some of the stories you'll find inside, drawn from some of the PCTs taking part in Race for Health. We've chosen to focus on these to illustrate the sheer breadth of the programme. While they differ enormously, they all stem from a serious, senior commitment by PCT leaders to embed race equality throughout their organisations for the long-term benefit of the people of their communities.

We hope you will enjoy reading them, discussing them, sharing them with others. We plan to add to them, with stories from the other Race for Health PCTs, in time. By sharing ideas and experiences, and by challenging each other in a spirit of mutual support and respect, we can make the real step changes required to deliver a Health Service that is significantly fairer for black and minority ethnic communities.

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race for health

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New website for PCTs committed to transforming health services for black and minority ethnic communities: www.raceforhealth.org

The Race for Health programme enables PCTs to make the Health Service in their areas significantly fairer for black and minority ethnic communities.

The programme supports a network of 13 PCTs around the country, working in partnership with local black and minority ethnic communities to improve health, modernise services, increase choice and create greater diversity within the NHS workforce.

www.raceforhealth.org is designed to make it easier for PCTs to make real progress, by inspiring, sharing and pooling information. Primarily aimed at the 13 PCTs in this programme, it is also useful for anyone interested in race and health.

Getting closer to communities

"It is essential that we are reaching every corner of the community. Involving faith groups is another way of doing this." Dr Rafaqut Rashid, Bradford GP.

Dr Rafaqut Rashid is studying to be an Imam, a leader of prayer in the Muslim faith. He is also a GP at Picton Medical Centre in Bradford.

So when Bradford City Teaching Primary Care Trust was looking for innovative ways of getting health messages across to black and minority ethnic communities in the city, he had an idea.

"I know many of the Imams in Bradford personally," he says. "They are leaders within the community and I realised they could help us get positive messages across. They were only too happy to help."

Dr Rashid had already organised a series of events to raise awareness of type-two diabetes in the city's South Asian community – who are up to five times more likely to suffer from the disease than people from other backgrounds – but he needed to attract those most at risk.

So he approached the Imams to make announcements about the events at prayer time.

The move was a success. The events, held immediately after Friday prayer in Asian business centres and town halls in Bradford, attracted hundreds of people, who were able to have their blood pressure checked and body mass index measured. Staff from the Trust were on hand to offer information about diabetes, including its link with coronary heart disease, and tips on healthy Asian cooking.

Findings

"The staff that helped out said the people they saw were quite different from the people they expected to reach," he says. "The people who usually come are health conscious anyway. But this group was unaware of even the basics. We were reaching people who might never have heard these health messages before, which is very positive."

The Trust's work with the city's mosques is just one of the ways it is reaching out, determined to find ways of getting messages on health across to communities that might not be reached with conventional methods.

Not only is this resulting in real help for people who need it, it is also generating new ideas about how to improve the health of local communities, including a plan to develop stronger links with healthcare providers in Mirpur, Pakistan, where around 40 per cent of Bradford City's patients originate.

Ali-Jan Haider, Director of Primary Care Equality and Diversity Partnerships at the Trust, says that building such relationships is important to ensure continuity of care for those patients with long-term or chronic diseases such as diabetes, coronary heart disease or mental health problems.

"We still have lots of migrants from Pakistan who come to Bradford to marry," he explains. "A lot of people spend large amounts of time back in Pakistan visiting their families. If they don't access health services or their drug compliance breaks down their health can deteriorate to such an extent that they need secondary care by the time they come back. If we can develop good links we might be able to prevent that happening."

Among other initiatives, a relationship has been established with Bradford's Radio Iqra, broadcast during the month of Ramadan. The station now broadcasts 30-second health information sketches in a range of languages on antibiotics, colds and the signs and symptoms of diabetes.

Ali-Jan says the moves are an attempt to overcome the barriers that have prevented the city's black and ethnic minority communities from having full access to health services and information.

Overcoming barriers

"The barriers are about language and about communication," he says. "They are also about the kind of cultural baggage that people bring with them from abroad such as the misconception common amongst Asians that if you are ill, taking to the bed with a hot water bottle will cure everything.

"We need to be able to communicate effectively with those patients who find communication difficult. If they don't believe what we are saying because their culture says something else, then we are fighting a losing battle."

He says the Trust's work with those who have close links with the community, such as Imams, is essential to overcome such cultural barriers. "The mosques have access to people. We have access to knowledge. Together we can have a good partnership," he says.

Dr Rashid says work with religious leaders can help the Trust reach people who might otherwise be overlooked in a city where more than 16 per cent of the population is Muslim.

"It's a question of relaying information from one side to the other and increasing communication," he says. "It is essential that we are reaching every corner of the community. Involving faith groups is another way of doing this."

Working with mosques is critical to the PCT forging closer links with the community.

Tackling major health inequalities

"We found that all patients had pretty low awareness, but amongst South Asians that knowledge was even lower." Natalie Field, Assistant Director of Public Health, Bristol North and Bristol South and West PCTs.

Mohammed Ainul Islam has never smoked a cigarette, but he knows how hard it is to give up.

As a Stop Smoking Advisor to Bristol's South Asian community, he has helped dozens of people give up and warned hundreds more of the health risks if they continue.

"My role is about mediation," he says. "Ninety-nine per cent of people know that smoking is harmful, but they need somebody to help them find out what services are out there to help them."

The recruitment of advisors such as Mohammed is just one of the ways in which Bristol North and Bristol South and West Primary Care Trusts are working together to address the lifestyle choices, including smoking, that are partly responsible for the high incidence of coronary heart disease in the city's South Asian community.

Nationally, death rates from the disease are up to fifty per cent higher amongst people of South Asian origin than the general population. The Trusts' three-year Health Improvement Performance Scheme is an attempt to tackle this glaring health inequality and improve the health of Bristol's South Asian community, who make up three per cent of the population.

Learning basic keep fit exercises, together with ensuring a healthy diet including plenty of fruit and vegetables, are just two important health messages the PCT promotes locally.

Research

Research has uncovered a number of reasons for the prevalence of the disease in people whose origins lie in India, Pakistan, Bangladesh and Sri Lanka. One is the high levels of tobacco use, a major risk factor for coronary heart disease. Lack of physical activity, a fat- and salt-rich diet, work-related stress and the high incidence of diabetes, a related illness, are also known to play a role in the higher prevalence of heart disease in the South Asian community.

Despite the risks, research also shows that people from South Asian communities are less likely to access help at an early stage of illness, which means they are more likely to be admitted to hospital when their condition is serious. Language barriers are one cause.

Before the Trusts could begin work on tackling the issue, they needed to find out the situation on the ground, and in particular whether patients from a South Asian background were receiving equal care to patients of other backgrounds.

A major consultation was held to find out about patients' experiences. Questionnaires translated into five languages were sent out to both South Asian and non-South Asian cardiovascular patients. The results revealed poor levels of knowledge and understanding of coronary heart disease.

"People were asked a range of questions such as what to do if they experienced severe chest pain," says Natalie Field, Assistant Director of Public Health for the two trusts. "We found that all patients had pretty low awareness, but amongst South Asians that knowledge was even lower."

Later the same year, focus-group meetings were held with staff and a clinical audit was carried out to discover what treatments patients were receiving. The results of the audit revealed that services were largely equitable, but it did find discrepancies. Though South Asian patients were as likely to be prescribed drugs as people from other backgrounds, they were less likely to be given lifestyle advice by their GPs.

New findings

"We found that staff described subtle differences between South Asian and non-South Asian patients in the way symptoms of heart disease were presented," says Natalie. "South Asian patients presented in more general rather than specific terms, which led to problems in interpreting symptoms. Staff also highlighted cultural factors as influencing whether patients were given lifestyle advice about how they could improve their health."

The Trusts responded with a variety of measures, showing how they are implementing their strategic commitment to tackling race inequalities in the local area on a practical level.

A series of posters and leaflets offering patient information were produced in a variety of languages and distributed to GP surgeries, community centres and local groups.

Awareness days for the Asian community were held, attracting hundreds of people. Visitors had the chance to test their blood pressure and blood sugar levels and get advice on diet, smoking and exercise.

The idea of peer education was central. It was felt that people from the same communities as those the Trusts were trying to reach were in the strongest position to educate people about risk factors.

Mohammed, now part of the Trusts' mainstream Smoking Cessation Service, has worked individually with 200 clients over the past two years.

Originally from Bangladesh, he agrees that it is his links with the community that have helped him make a success of the role – though he admits that even he initially faced barriers.

"For this to work there needs to be trust," he says. "Though people knew me, they had a lot of misconceptions. A lot of people were afraid that if they agreed to see me but didn't manage to stop smoking that their hospital treatment would be affected. So I had to make a strong case to people even before I started advising them. But now it works both ways. Now people come to me."

Leadership into action in Manchester

"Leadership is about taking risks, leading the way, testing things out so other people can learn from the lessons we put in place." Evelyn Asante-Mensah, Chair of Central Manchester PCT and Race for Health.

When it comes to race equality, Central Manchester Primary Care Trust is working hard to effect race equality in the NHS locally, regionally and nationally.

Not only is the Trust's Chair, Evelyn Asante-Mensah, the Chair of the nationwide Race for Health programme, but the organisation is also taking the lead in making equality a priority not only for the Trust but for all public sector bodies in Manchester.

For Evelyn, the motivation to improve services for people from black and ethnic minority communities is not just professional but also very personal. "As a black woman who lives and works in Central Manchester, who has grown up here and has four children in this society, it was important for me personally to take this role," she says.

"If you take it back to the personal, it's about me and people like me being able to access appropriate services. It's about people not making assumptions about me and people who look like me. It's also about sending a message to the black and minority ethnic communities and wider society that there are black people in key positions in the NHS who are working to achieve this agenda."

Local leadership

The Trust's commitment to race equality can be seen in every aspect of its work, both locally in central Manchester and in the region as a whole.

Locally, senior managers are working hard to instil a sense of equality into the provision of services and the treatment of staff.

Meetings held with senior managers to discuss how best to respond to local need resulted in each being given a specific action to carry forward. Last month, the Chief Executive, Sue Assar, held a series of 'road-shows' for staff to explain the importance of Race for Health and how they could help make it a success.

The Trust works hard to ensure that it listens to the views of patients and local people, in particular through its work with the five Local Area Groups (LAGs). Each covers two or three wards in central Manchester and is made up of local residents, frontline staff and local councillors.

A board member and a manager from the Trust is involved with each LAG and members of the LAG also attend board meetings at the Trust in an official capacity. These ensure that local views are incorporated into the work of the organisation in a meaningful way.

Regionally

A range of good work has come from this partnership, including the involvement of Longsight and Arwick LAG in the redesign of local maternity services and of Rusholme and Fallowfield LAG in work on recruitment and retention.

Regionally, Central Manchester has played a key role in Agenda 2010, a partnership arrangement between the Trust and the other public sector bodies in the city including Manchester City Council and the city's other primary and acute care Trusts.

Though Agenda 2010 was set up four years ago to embed equality concerns into the provision of health and social care, crime and disorder, education and employment, it was widely felt that not enough progress was being made on health.

All that changed when Central Manchester got involved earlier this year. Claudette Webster, Associate Director of Access and Inclusion at the Trust, now chairs Agenda 2010's health and social care theme group which involves nine NHS trusts across Manchester. She says the programme has encouraged local bodies to work together on equality issues like never before.

"The issue for me was getting so many organisations around the table," she says. "We recognised early on that different trusts were at different stages, so a lot of work has gone into pitching the meetings to bring everyone up to the same level.

"But we now have a situation where we all have the same common goals and objectives. This is a way of us helping and supporting each other and also finding areas of excellent practice we can learn from."

Central Manchester has built a strong working relationship with Greater Manchester Strategic Health Authority, which has supported the Trust in taking the lead to help the fourteen other Primary Care Trusts in the city identify what work needs to be done around race and health.

Another move initiated by the Trust and Manchester City Council was the organisation of a city-wide event with chief executives and chairs of all the public sector organisation to move the race agenda forward. The black voluntary sector was represented at the event by the Manchester Council for Community Relations, the Progress Trust and the Mohammed Iqbal Ullah Archive Library.

"The event was an opportunity to look at what we are all doing individually and how we can move that forward to a collective response," says Evelyn. "It enabled us to share knowledge and discuss issues surrounding race as well as look at joint working in this area. We wanted senior people involved because we wanted them to give that level of credibility to the work."

Roots

All of the Trust's work involves input from local ethnic minority communities, with whom it has strong links through the city-wide Health Inequalities Partnership and the Health and Race Forum, in which community groups express the health needs of different communities.

"The NHS was set up in the 1940s and the community that was around in the 1940s is very different to the one here today," says Claudette. "Yet services are still being delivered in the same traditional way. We have to begin to change our culture and the way in which our services are delivered. This isn't going to change overnight. But we can't sit still and ignore the fact that some health outcomes for some communities are really very poor."

Evelyn makes no bones about the fact that institutional racism has led to complacency within the NHS in the past. "People are scared of being labelled racist if they get things wrong or use the wrong language," she says. "There is a real fear out there of getting it wrong. I don't think we should pretend racism doesn't exist. It does. But we can't hide behind our anxieties and fear and allow that to be used as a reason not to do anything.

"We need to create an environment where saying the wrong thing or making mistakes is okay, and celebrate diversity as a positive in the development of appropriate services for our residents."

She is optimistic that Race for Health and the leadership role that Central Manchester is playing can make a difference to ordinary people across the country.

"In Central Manchester we have a very diverse and vibrant community, with 38 per cent of people across our patch from black and ethnic minority communities," says Evelyn. "Leadership is about taking risks, leading the way, testing things out so other people can learn from the lessons we put in place. Ensuring that we provide effective and appropriate services for black and minority ethnic communities we will invariably be making services more appropriate for all our communities."

Evelyn Asante-Mensah discussing health needs with ex-Mayor of Trafford, Whit Stennet.

Transferring skills to the NHS

"We saw the benefit of creating a very simple programme to increase awareness of what help there is." Stephen James, Head of Partnerships and Diversity, Ealing PCT.

Links being forged at the Southall Healthy Living Initiative Opportunities and Training Fair, an event designed to reach out to the local community, held in October this year.

Fadumo Nour had eight years' experience as a nurse when she arrived in Britain from Somalia as a refugee.

But it still took her two years to get the new qualifications she needed to practice nursing in the NHS.

Now working as a Refugee Health-Link Worker at GPs' surgeries in Ealing, she says: "It was a very hard process to get registered in this country. I wrote hundreds of letters to hospitals and nursing schools all over the country, but I got there in the end."

Fadumo is exactly the sort of person that a new programme launched by Ealing Primary Care Trust hopes to help.

The Signposts for Overseas Qualified Health Professionals (OQHPs) project aims to raise awareness amongst staff and managers at the Trust about the help available for those who arrive in the UK with qualifications from abroad.

There are no comprehensive figures on the numbers of refugees and asylum seekers who have medical qualifications, but studies by bodies including the Royal College of Nursing estimate that there are several thousand refugee nurses living in the UK, while more than 800 qualified doctors are registered with the Refugee Council alone.

Raising awareness

"We are a major employer in Ealing and staff often come across qualified professionals from abroad, either through work or their personal lives," says Stephen James, Head of Partnerships and Diversity.

"The problem is that although there are a lot of resources out there, there is only patchy awareness of them. People get the information they need eventually, but it might take several phone calls, which can be frustrating. We wanted to create shortcuts. We saw the benefit of creating a very simple programme to increase awareness of what help there is."

The work was instigated at the request of both staff, local refugee and community groups with whom the Trust has contact through a range of forums.

Local groups reported that they had contact with OQHPs but did not always know where to direct them. They also expressed concern that those professionals who did find employment within the NHS were often under-utilised and had little chance to use their qualifications and skills.

Work on the Signpost project began in June (2004) in partnership with the NHS's Workforce Development Confederation.

By early next year, the Trust hopes to have produced an information sheet clearly describing the resources accessible to OQHPs in west London, including funding for further study and opportunities to take up clinical attachments.

The information sheet, which has been produced with input from refugee health professionals, will be made available to staff throughout the PCT, incorporated into staff training and inductions and posted on the internet. It will also be sent out to local ethnic minority community groups, with whom discussions on the most useful format and language will begin in December (2004).

As well as helping to get people into work, the aim of the project is to address Ealing's severe shortage of doctors, nurses and therapists by making use of the largely untapped workforce within refugee groups – which account for around five per cent of the area's population.

"The Signpost project means that we are able to recruit from the local communities and meet some of the skills gaps rather than struggle to fill vacancies," says Stephen. "In the short-term we will still need to recruit from abroad, but in the long term we might be able to avoid that."

Welcoming Diversity

More than that, he argues, the scheme will send a positive message to the local community. "At the moment there are doctors in Ealing who are not able to practice," he says. "If we achieve some progress towards getting GPs trained who are from communities which are very largely represented here, that would be a major step forward. Not just in terms of workforce needs, but in terms of communities' faith in what we are doing. If they see people from a range of backgrounds it shows we really do welcome diversity."

For Fadumo, the project is a welcome improvement on her own experience. After fleeing Somalia's civil war and arriving in London fourteen years ago, it was an uphill struggle just to find out what she needed to do to get back into nursing.

After two years of writing hundreds of letters to hospitals and nursing colleges, she was finally accepted on a course at Barnet College of Nursing, where she completed her postgraduate basic registration, allowing her to enter nursing again.

"It was a very hard process," she says. "I started from zero but I never gave up. I was lucky because I had my diploma certificate. A lot of people are forced to flee without any of their documents, and that makes things even harder."

Fadumo has gone on to complete a masters degree in health promotion, and values her job as a refugee health-link worker, supporting practice nurses at GP surgeries in Ealing in their work with refugee patients.

She says she knows at least ten people who have been unable to use their medical qualifications at all since arriving here.

"This programme is very, very important," she said. "It is bad that there is a shortage of nurses when there are all these people around who are not functioning as they should.

"It is also bad for the refugees. When they come here and can't work they think nobody wants them and it affects their mental wellbeing. If they could get back into work, I think that would help. If I did it, anyone can."

Making services accessible to all

"The work we do around race should be led by the actual need rather than just us telling communities what they need." Jonathan Barnwell, Assistant Director, Refugees, Race and Health, Haringey Teaching PCT.

Staff at Haringey Teaching Primary Care Trust knew there were a huge number of community groups catering for black and minority ethnic people in the local area.

But they were still amazed by the response when they started a project to pull them all together into one database.

Since beginning to contact community groups to create a borough-wide directory of ethnic minority organisations and health-related services, hundreds have responded, eager to be included in the first directory of its kind.

"The response has been fantastic," says Teresa Edmans, Health and Regeneration Consultant, who is leading work on the directory. "Many of the organisations are extremely small, some are part-time and for some English is not their first language. For many, this is the first time they are being reached by the Trust, so it is very exciting."

Mixed borough

According to the 2001 Census, over fifty per cent of Haringey's population is from an ethnic minority, making it one of the most diverse in the country. The borough also has a high proportion of refugees and asylum seekers, who are particularly vulnerable to health problems complicated by unemployment, poor housing, language barriers and exclusion.

The thinking behind the directory is that knowing which groups and activities are out there will help forge better relationships with parts of the community that can be difficult to reach and, in turn, help them access and influence healthcare provision.

The directory is just part of a much wider strategy by the Trust to put racial equality at the centre its work, which also includes attempts to make the workforce more representative and the strong involvement of the local community in the organisation's decisions on service delivery.

"We were clear that the work we do around race should be led by the actual need rather than us just telling communities what they needed," says Jonathan Barnwell, Assistant Director, Refugees, Race and Health.

"That's why this is so important. It is creating something that will help people access services which can improve their health."

For the long term

A team of three people at the PCT began contacting organisations last summer (2004), working under the guidance of a steering group which included local minority organisations. The team contacted local umbrella groups, the local authority and drew information from existing directories. More than 200 groups have responded so far.

"It is a huge task, but while Rome wasn't built in a day, some of it was," says Jonathan. "We wanted to create something which can be an example of good practice for others."

He says the aim of the project is a living, breathing directory which is frequently updated. "We want it to be useful. It's no good if it's just sitting on a shelf gathering dust and is out of date in six months."

As well as listing groups and societies, the directory will also include health-related activities aimed at people from ethnic minorities, such as a Turkish women's yoga group or black carers' support network.

Although the format has not been finalised, the directory – a draft of which is expected to printed at the end of November (2004) – is likely to be in a ring-binder, so that it can be easily amended.

"We have a large refugee population in Haringey, so it is a very mobile community," says Teresa. "People move in and move out, or funding runs out, so keeping the directory up to date will be very important."

The directory will be available in GPs surgeries, health centres, libraries and community centres and a fully searchable version will be put online. Local people are to be consulted about issues such as which languages it should be printed in.

It is hoped that by helping people from ethnic minorities create new links and support networks, the directory will indirectly help improve their physical and mental health.

"If a Somali woman's mother becomes infirm and needs support, we want this directory to be able to help her," says Jonathan. "We want her to be able to go to her local library or community centre and find a support group for carers from a similar background as herself."

Teresa agrees. "It's about seeing people in the round, rather than just looking at the health side," she says. "You might have a Kurdish woman who is a refugee, who has just had a baby, who is isolated and alone. She might be a survivor of rape, she might be depressed. We hope this directory will help her find a women's group that can help support her."

Haringey's directory is laying the foundations for a more accessible NHS, not just for the community of today, but for future generations.

Using marketing to improve health

"This is a tool that can find out about where Asian businesses are, what television programmes people watch, what newspapers they read – even what cars they drive." Mike Attwood, Chief Executive of Slough PCT.

Certain ethnic minority communities have long been labelled 'hard to reach'. But when Slough Primary Care Trust wanted to raise awareness about diabetes among black and minority ethnic communities, it was simply a question of changing tactics.

Rather than rely on the traditional health service methods of getting health messages across, the Trust decided to turn to the marketing techniques of the private sector.

"We needed a better understanding of how we could communicate more effectively," explains Mike Attwood, the Trust's Chief Executive. "Using these methods allows us to be much more intelligent about how we target people."

The Trust already had a working relationship with Dr Foster, an independent medical research company. So when the company suggested its unique health needs mapping tool might help the Trust find out about the lifestyles of black and minority ethnic communities, managers saw it as a golden opportunity to help their work on diabetes.

Health Minister John Hutton beside Slough's Diabetes bus with local MP Fiona MacTaggart, and Mike Attwood and Geoff Cutting, Chief Executive and Chair of Slough PCT respectively, plus members of the local community.

Marketing tool

The computer programme is the only market research tool that combines information about hospital admissions and medical treatment for particular conditions with data on the socio-economic background of a particular area's population.

"This is a tool that can identify where Asian businesses are, what television programmes people watch, what newspapers they read – even what cars they drive," says Grace Vanterpool, Diabetes Specialist Nurse, who is leading the initiative. "It is fantastic because we can use it to map where we have increased incidence of diabetes in the community and how that relates to ethnicity, age and a range of other factors."

People from black and ethnic minority communities are between two and five times more likely to suffer from type-two diabetes than people from other backgrounds, but research shows that a large number do not know that they suffer from the disease.

"There is local and national evidence to show that people from ethnic minorities often use services much later than other people," says Grace. "Sometimes people don't know they are diabetic, which means they are more likely to turn up at an A&E department in a mess later on. We need to catch them earlier to prevent them becoming ill in the first place."

This is a particular issue for Slough, where 30 per cent of the population are from ethnic minority groups. Between seven and ten per cent of the city's population suffer from diabetes, compared with a national average of four per cent.

Action Diabetes

Though around 5,000 people in the city are known to suffer from diabetes, its demographic profile indicates that there may be another 1,000 people who are unaware of their condition – part of the estimated one million people in Britain who do not know they have the disease. If left untreated, diabetes can lead to coronary heart disease, kidney failure, nerve damage and blindness.

The Trust's work with Dr Foster is part of its 'Action Diabetes' initiative which aims to tackle the problem by identifying sufferers as early as possible. Funded by the Department of Health, the pilot project was launched in October (2004) by Health Minister John Hutton.

Slough hopes that the knowledge Dr Foster provides of where and how its population works, rests and plays will help it target those most at risk – people from ethnic minorities.

"Our work with Dr Foster allows us to combine what we know about health statistics with what they know about broader social demographics," says Grace. "If we know that people from the Pakistani community listen to a particular local radio programme or hire videos from a certain shop, we know those are good places to put health information."

Early results

The knowledge gathered from the mapping tool has already been put to good use. In October (2004), the Action Diabetes team completed a three-week tour of the city with a diabetes bus staffed with volunteer 'health counsellors' from the Asian community, many of whom have personal experience of the disease, and medical staff.

Staff carried out tests for the disease, gave out information and offered advice on diet and exercise. Of 672 people seen on the bus, three people were identified as suffering from diabetes and a further twenty were identified as at-risk of the disease and referred to their GPs for further tests. A detailed audit of the project is to be carried out in the coming months.

The pioneering work with Dr Foster played a key role in choosing the bus's locations around the city, which include a bingo hall, supermarkets, community centres, hospitals, leisure centres, mosques and shopping centres.

"We are being able to target our health promotion work at places where people naturally congregate," says Grace. "These are places where people are relaxed and more likely to take in information."

The Trust already knew that Asian people frequently did not attend appointments at its diabetes clinic in Windsor, for example, partly because of prohibitive travel costs. They are now using the mapping tool to find a more suitable home for a new intermediate clinic which will help people manage their symptoms.

Catherine George, Joint Director of Service Delivery, is keen to stress this aspect of the work, which she believes demonstrates a long-standing commitment to change. "This is not a once-and-for-all, like so many initiatives," she says. "It has longevity."

Grace agrees. "When people go to white, middle-class Windsor, they feel nobody understands them and they get frustrated," she says. "We want to get communities to shape the services that they want to use. It's not rocket science, it's about really§ listening to people."

Into work, into promotion

"If we are to modernise our services we need to recruit people who understand the needs of our changing population." Vicki Fitzgerald, manager of South Birmingham PCT's paraprofessional development team.

After having her baby boy Usmaan two years ago, Ishrat Shaheen Ali found it virtually impossible to get back to work.

The company where she had been an administrator refused to let her go part-time, and she couldn't afford a childminder.

"It was really difficult," she says. "I thought that was it for me. It really knocked my confidence."

But all that changed when the 22-year-old enrolled on the community family worker course run by South Birmingham Primary Care Trust.

The programme is one of the ways in which the Trust is trying to attract more people from Birmingham's ethnic minority communities, who make up 21 per cent of the city's population – and help them climb the organisational ranks.

At present, ethnic minorities are over-represented amongst staff at lower grades within the organisation, comprising 33 per cent of employees below grade three, and under-represented at management level, where they account for just 17 per cent.

National issue

The problem is not just a local one. Just under 30 per cent of NHS medical staff are from ethnic minority groups, but only 6.7 per cent are at senior levels within the organisation.

"Like many organisations, the senior jobs at this Trust are populated by white people," says Vicki Fitzgerald, Manager of the Trust's Paraprofessional Development Team, which designed and developed the course. "Black and minority ethnic people haven't necessarily had a good experience of career progression. This programme is one way of tackling that."

The course was developed over a nine-month period and began enrolling students in October 2003. The team works with Sure Start, a government programme which promotes early education, childcare, health and family support, to identify mothers in the most disadvantaged communities in the city who are keen to start working. Seven of the twelve areas have predominantly ethnic minority populations.

The courses are intended to improve participants' employability and act as a gateway in to work and/or further study. Students are supported to gain qualifications at one or all of three levels, which include work placements.

Those who achieve an Open College Network certificate at level two or three are qualified to work as community family workers for Sure Start. If they wish to continue studying, the certificate qualifies them to begin an NVQ course which in turn might qualify them for a foundation degree. In this way, students are helped not just to enter employment, but also to progress upwards through the organisation through further training.

Real job chances

Vicki says the programme is an important stepping stone into employment and training for women who might not otherwise have had the opportunity either to enter the NHS or to gain qualifications in such a supportive environment.

"Every element of the course was designed with a job description in mind, so it is very practical," she says. "Ultimately we hope the women will enter work in health and social care. If we are to modernise our services we need to recruit people who understand the needs of our changing population."

Research has shown that spiralling childcare costs, the lack of appropriate transport arrangements and an absence of qualifications can stop mothers from returning to work or seeking work in the first place.

For black and ethnic minority groups language issues, family opposition and perceived racism can also play a role. South Birmingham's skills escalator programme has sought to overcome a number of these barriers, offering free transport and free childcare on-site. There is a student support worker on hand to offer emotional support and help is provided with filling in application forms and interviews. More than fifty per cent of students are from ethnic minority groups.

"The women we work with face a number of barriers," says Vicki. "Whether it's for the first time ever or the first time in a long time, getting into the world of work can be a scary thing. We are trying to help people onto the first rung of the ladder."

Ishrat Shaheen Ali found her confidence rose as a result of being on the course.

Self-esteem

Maxine Mills, Course Tutor, says the course acts as an important confidence booster for women. "A lot of the work is about building self-esteem," she says. "A lot of the women come thinking they don't have anything to offer, but I help them realise what they do know and how they can use their life experience. Sometimes just telling them how much they know already can give them that extra push."

Ishrat, whose family is originally from Pakistan, says the course opened her eyes to the possibility of a career in the NHS. "I really didn't know there were so many opportunities out there," she says. "I thought administration was all there was to life."

She is about to get her Open College Network certificate at level three and hopes to go on to complete a degree in health and social care. Her dream is to work with families in a family centre or hospital.

"It has given me a lot of confidence," she says. "I got married quite young while I was still studying, and then got pregnant very quickly, so had to give up, though I wanted to carry on. This has helped me do that. Now I would like to give some of that support back to other mothers in a similar position."

Reducing inequalities through screening

"We are in a very diverse society and a lot of us are unaware of our genetic background." Nadine Hey, Specialist Nurse Counsellor, Wandsworth PCT.

Ten years ago, Nadine Hay was told she was a sickle cell carrier after undergoing a routine operation to have her wisdom teeth removed.

But rather than putting her mind at ease, the dental nurse who informed her could tell her nothing about the condition.

"She didn't know anything about it," says Nadine. "I was left confused. I felt saddened and quite nervous because I didn't know how this was going to affect me and my life."

Nadine, then a practicing midwife, left the surgery determined to find out more. Ten years on she is now a Specialist Nurse Counsellor in Sickle Cell, Thalassaemia and related disorders working in a pioneering department at Wandsworth Primary Care Trust.

Sickle cell anaemia is a blood disorder, which affects the haemoglobin in the red blood cells and prevents oxygen from getting to where it is needed in the body.

Sufferers experience anaemia and severe attacks of acute and chronic pain known as crises. Over time, their internal organs can be damaged, resulting in reduced life expectancy.

On the rise

The disorder affects primarily people of African and African-Caribbean origin, around one in four of whom carry the sickle cell gene, as well as smaller proportions of people from Asian and European backgrounds.

Though carriers of the gene themselves have no symptoms of their own, a couple who both carry sickle cell trait have a 25 per cent risk of having a child with the full-blown disorder.

Research shows there are around 10,000 sickle cell sufferers in London alone, a figure that is projected to rise to more than 12,000 within the next ten years due to intermarriage and immigration.

The haemoglobinopathy service in Wandsworth was one of the first of its kind when it opened with just one specialist nurse counsellor in 1992, offering help to children and their families with sickle cell, thalassaemia and related conditions.

The service now has three specialist nurses and has screened all newborn babies born in Wandsworth for sickle cell and thalassaemia since 1997. But within the past year, the service has taken screening to a new level with a ground-breaking initiative to offer antenatal genetic screening to every pregnant woman and her partner.

Wide risk

With over twenty-two per cent of the population from black and minority ethnic backgrounds, sickle cell and thalassaemia is a big issue for Wandsworth. But Nadine says it is only recently that it has been recognised that absolutely anybody can be affected.

"This is not something that only affects black and minority ethnic people," she says. "The test is universal. We live in a very diverse society and a lot of us are unaware of our genetic background. It's no good looking at people and making assumptions – there is a lot of mixing going on."

Nadine said the move was an important one as it recognised the importance and prevalence of a disease that has for too long been sadly neglected in service provision.

"Before this, children were getting missed and families were having children without knowing the risks," she says. "If a child inherits the disease with all its dreadful symptoms, it can be a very traumatic experience. People are very clear about what they want. The question they would ask is why weren't they told."

Before Wandsworth's initiative, run jointly with St George's Healthcare NHS Trust, Nadine says the "genetic question" was left up to midwives, who often felt uncomfortable about asking people about their ethnic origin. Effective training from the sickle cell and thalassaemia team has largely overcome those fears and the service now receives up to 250 test results every fortnight taken from expectant parents.

The results from the laboratory at St George's Hospital are analysed, and if for example a woman result indicates she has sickle cell trait she is invited to attend counselling with or without her partner to be given more information. Pre Natal Diagnosis is discussed with the woman/couple.

Mothers can opt out of testing during their pregnancy, in which tests can be carried out once the baby is born. In every case, Nadine is on hand to support the couple through the whole process.

Long term help

"Whether they want to terminate the pregnancy or wait until after the birth to test for sickle cell and thalassaemia, I support them through that," she says.

But the help doesn't stop there. Staff are on hand to support patients and their families through every aspect of living with sickle cell and thalassaemia, from managing their pain at home, to accessing the state benefits to which they are entitled and applying for local authority housing which meets their medical needs.

Nadine says she has experienced an uphill struggle during her decade with the service, but is pleased that health care providers are finally becoming more knowledgeable about the disease.

For a long time, the three-strong Wandsworth team based at Balham Health Centre had to cover both the community and the acute trust, where it was common for a small proportion of severely ill patients to spend more than six months per year in hospital.

It is only within the past year that a specific post for clinical nurse specialist in sickle cell and thalassaemia has been created within St George's Hospital.

"There have been times when the workload was very heavy indeed and a great deal of commitment has been demanded," says Nadine. "Progress has been extremely slow and it has been extremely frustrating. I don't know whether that is because this is seen as primarily a black and minority ethnic issue. But it does seem as though we are finally moving in the right direction."

Participants in Wansdworth PCT's Sickle Cell and Thalassaemia Awareness Week, held in July this year.

Consulting for long term improvement

"There is a sense of shame about being a mental patient and that manifests itself in inequality."
Amjad Taha, Manager of Westminster PCT's Black and Minority Ethnic Health Forum.

Westminster Primary Care Trust is taking a grassroots approach to transforming its mental health services.

The Trust has long worked in partnership with the local Black and Minority Ethnic Health Forum to ensure that people from ethnic minorities are involved in the planning, design and delivery of health services.

Now the Forum has created a new way for the Trust to listen to the experiences of local black and ethnic minority people when it comes to mental health.

"Our approach is different because we are working with community groups on an equal basis," explains Amjad Taha, Manager of the Forum. "They have been involved in the whole process: the planning, the execution and producing the results."

Mental health is a big issue for ethnic minority communities for a number of reasons. Black people, for example, are six times more likely to be sectioned under the Mental Health Act, while women from East Africa and India have a forty per cent higher suicide rate than the national average.

A public meeting to discuss mental health, organised by Westminster PCT and held in March this year.

Going local

The Forum realised that its track record of work and links with more than 300 community groups and voluntary agencies in the local area could be used to tap into the views of ethnic minority people and try to identify some of the problems they faced in trying to access services.

But rather than adopt a top-down approach or use old-fashioned techniques such as sending out questionnaires which might not hear those voices essential to change mental health services in a meaningful way, the Forum decided to support local groups to carry out consultations themselves, in the best way for their communities.

"We wanted to empower the community groups to conduct their own consultation in their own way, in their own environment, rather than telling them what to do," says Amjad. "Too often consultations are planned by an organisation and the community is not consulted until a much later stage. This approach worked because people felt at ease. Things were not imposed on them."

Not only were people from local groups offered a two-day training session with a professional trainer, but support at the consultation meetings was also offered in the form of interpreters and note-takers as well as meeting rooms and refreshments.

Taboo

"We provided the guidance and equipment," says Amjad. "All they needed to do was arrange a date and time with their members."

Groups were encouraged to ask about people's experiences of mental health services, their attitudes to mental wellbeing and their access to information which were then fed back to the Forum.

The comments received so far reiterate previous findings that mental ill health is a taboo for many people of ethnic minority backgrounds, making them less likely to seek help from counsellors and therapists.

"There is a sense of shame about being a mental patient and that manifests itself in inequality," says Amjad. "People leave things until they get out of hand because they don't want to be seen as mentally unwell.

"There is a widespread attitude amongst refugees and asylum seekers, for example, that depression and sadness are just part of the refugee experience. They don't feel they need help, so they leave it until it's too late and they have to be taken by the police to hospital."

Inequality

The Black and Minority Ethnic Health Forum is an arms-length advisory group which aims to influence both Westminster and Kensington and Chelsea Primary Care Trusts through regular meetings with local groups and the two boroughs' primary care trusts, hospitals, mental health trusts and social services departments.

Brian Colman, Equality and Diversity Manager at Westminster Primary Care Trust, argues that the Forum's inclusive approach to consultation is important if lasting change is to be made.

"This work is essential because of the glaring inequality and discrimination which has been ethnic minorities' – and particularly the black community's – experience of the mental health system," he says.

"We need to listen better to what the community is telling us and then act on what we hear. My hope is that this project will result in concrete changes and real outcomes which clearly improve the experience of users. This is central to our commitment to Race for Health."

The Forum aims to present its completed findings to both the primary and acute trusts at the end of November (2004). Among its recommendations will be work on both changing the perception of mental health within black and minority ethnic communities and improving their experiences once they make contact with services.

Amjad says community-based mental health workers, more appropriate patient advocates, the wider use of interpreters and improved continuity of treatment once people are discharged would all be steps in the right direction.

"I understand the difficulties and the lack of resources in the NHS, but we are talking about changing culture and attitudes," he says. "It is easy to produce a leaflet but this is much harder. It will take time. But I think the commitment is there and there is some drive from the top to carry this agenda forward. We just have to carry on trying."

Joined-up leadership for joined-up services

"The underlying causes of poor health are poverty, poor housing, social exclusion and low educational attainment. I am not going to stop people getting sick unless I work with other people to address those underlying causes." Jon Crockett, Chief Executive of Wolverhampton PCT.

For Jon Crockett, Chief Executive of Wolverhampton Primary Care Trust, health inequalities cannot be solved by those in the NHS alone.

"Health does not exist in isolation," he says. "The underlying causes of poor health are poverty, poor housing, social exclusion and low educational attainment. I am not going to stop people getting sick unless I work with other people to address those underlying causes."

It is this philosophy that has led the Trust to put partnership working with Wolverhampton's other public bodies at the centre of its attempts to improve services to black and minority ethnic communities.

Like other areas of the country, Wolverhampton has a Local Strategic Partnership (LSP) – a body set up to strengthen the communication with and between public bodies, local government and the voluntary and community sectors.

Strategic approach

Six months ago, Jon became the chair of the Wolverhampton Partnership board and has since worked tirelessly with dozens of other organisations including the police, Wolverhampton University, Jobcentre Plus, Wolverhampton City Council and the city's primary and acute trusts to achieve a joint strategy to improve services for black and minority ethnic communities.

"Everybody who plays a leading role in Wolverhampton, from the Council Leader to the Vice Chancellor of the university, has made a strategic commitment that this city is going to make a difference," says Jon, who has chaired the Partnership for six months. "Part of this is standing up jointly and saying race equality is crucial for the future success of our city. Unless we work together we won't come anywhere near solving this agenda."

Black and minority ethnic communities make up more than twenty per cent of Wolverhampton's population. Importantly, the Partnership involves significant input from local black and minority ethnic organisations and faith groups, who are involved in everything the board does through forums such as the Black and Minority Ethnic Forum.

Local people

Kanta Chankria, a Public Health Support Worker for the Trust, with a background in black and minority ethnic participation, says the involvement of local people is essential if real changes are to be made.

"We can all sit at the top and discuss what's needed but it's no good unless we take into consideration the makeup of the community, the skills of the community, the issues they face," she says. "That's why the forums are so important because they allow the community to engage."

She agrees that the Trust's 'joined-up' work – which also includes key roles in the Neighbourhood Renewal Partnership, addressing health inequalities and representation on the city's Health and Social Care Partnership Board – is the only way to make long-lasting changes.

"Issues tend to come in clusters," she says. "If young people are offending, they might also be truanting from school and taking drugs. The question is how can the police, education and health services work together to help that young person get better? That's where the Partnership comes in."

Through the Wolverhampton Partnership, all of the city's statutory bodies have now agreed on a joint equality strategy and communications policy and are working on information-sharing practices to improve services across the board.

For the past two years, the Trust has held an annual conference on race equality in health and social care with its LSP partners. The last one, in February (2004), attracted 250 people. "They were called Let's Just Do It and the idea was to stop talking about race equality and get on with it," says Jon. "It was a way of seeing what we've done."

Other measures include training programmes for public sector bodies across the city on how to better involve local black and minority ethnic communities, the creation of a city-wide interpretation and translation service to improve access to services across the board and the creation of a network of nurseries, two of which are in predominantly black and minority ethnic communities.

Though progress has been made, Jon stresses that complacency is not an option. "Wolverhampton is an integrated community," he says. "But we recognise that we need to work constantly to improve things and the only way we can do that effectively is by working closely together."

Drumming up support at the 'Let's Just Do It' conference.