BME Health Forum

Black & Minority Ethnic Health Forum in Kensington & Chelsea and Westminster
c/o Westminster PCT, 15 Marylebone Road, London NW1 5JD
Tel: 020 7150 8128, Fax: 020 7150 8105
bmehealthforum@westminster-pct.nhs.uk

Health Care for London Consultation

The BME Health Forum, which works in Kensington, Chelsea and Westminster (KCW), held a 'Health Care for London' consultation event on 14th February 2008. The event was organised in partnership with Kensington & Chelsea (K&C) PCT and Westminster PCT and, was attended by 30 people including representatives of BME community groups from KCW.

The event involved three discussion groups on:

1. Maternity and Children & Young People
2. Access to GP practices and health centres
3. Mental Health

General comments:

1. We have been informed that NHS London will only consider or give priority to feedback which submitted through the questionnaires, i.e. direct comments and feedback will not be reviewed. We are very concerned about this as we believe this will exclude many people from all groups and communities but especially from BME communities. Newly arrived asylum seekers, particularly those who cannot write or read English and those who do not have the confidence to express their views in writing, will be excluded as a result. In addition, many of our members and clients find discussion groups as the best way to put their views and ideas forward and would find filling out questionnaires off-putting. This is why we decided to organise an event and conduct the discussion groups.

   A simple **Equality Impact Assessment** would have identified that considering questionnaires alone as feedback is a discriminatory practice, which will exclude the views and input of many vulnerable people.

2. Most of the BME community representatives who attended the event felt that the consultation document failed to address equality and diversity issues adequately. These include issues such as access to services for BME groups, including asylum seekers and refugees; needs of older people from BME communities; and the need to promote and provide opportunities for BME professionals to be represented at all levels of NHS to provide a better understanding of the needs of all BME communities in London in general and KCW specifically.

3. We would like a response from NHS London to the two points above as they represent general concerns about the process of consultation rather than specific comments on the proposals of the consultation itself.

The following is a summary of the Main Discussion Points from this meeting:

Maternity and Children & Young People:

- While a lot of women prefer midwifery care, care by consultation and doctors in situ is also essential
- Different choices should be available for different people in differing circumstances.
- There should be a choice of midwife-led services and, a consultant made available if needed. Not a trade-off.
- People do not opt for home births because they do not have the confidence that they will get the support they need
- In practice, even when they opt for home births, they usually end up in hospital
- Prefer home visits from midwives after birth
- It would be good to have the additional option of dropping in to a midwifery service
- In practice, some women do not get visits by midwives
- Issue about the capacity of specialist centres
- Specialist centres in KCW work well, but only have a local remit
- People feel very pressurised by GPs to agree to vaccinations

---

GP Practices and Polyclinics:

- Perceived shortage of GPs resulting in low take-up of appointments
- Who determines the ratio of GPs per practice?
- Would be very useful to have access to GPs in the morning (7 – 8am), evening (5 – 8pm) and on weekends (9am – 2pm); maybe preference for set appointments rather than drop-in, but need a good booking system in place. This will require flexible working for GPs and their staff.
- Enable on-line booking of appointments
- Ongoing issue of the behaviour of some receptionists, particularly if the patient's first language is not English. Perhaps provide training for them?
- Would be very useful to have the option of having some tests done at GP surgeries – will reduce travelling time, need for multiple appointments, and ideally, be more personal due to familiarity with staff
- Issues raised about continuity of care, eg. Seeing same GP, forging GP/patient relationships

- Regarding Polyclinics → will polyclinics replace GP surgeries? This raised concerns about access, long distances to travel etc. Should be thoroughly assessed before implementation
- Patients would like to see the following services in the proposed polyclinics:
    - Dental services
    - Specialist consultant clinics
    - Link Workers (to assist people to access services)
    - Advice services
    - The Homeless population needs to be catered for – specific services required
    - Create space for community groups to use i.e. generic facility and promote it.

- Regarding A&E/minor ailments unit:
    - The diversity of London's population must be given careful consideration as a 'generic polyclinic' to suit all areas would not be suitable
    - Ongoing issues need to be looked at when exploring how services are to be delivered in future eg. Low use of interpreters, other barriers to registering with and accessing services
    - Improve dissemination of information about services
- More is required within the consultation on why health inequalities arise
- All new proposals for service changes need to be equality and equity assessed
- The current proposals do not explore diversity issues enough
- As they stand, the frameworks will not address existing health inequalities
- Training for GP and primary care staff on diversity, health inequalities and the needs of specific groups

---

Mental Health:

- Reducing fear and stigma
- Interpreting/language needs
- Culturally sensitive services
- People's background/ethnicity etc should be acknowledged and incorporated from the top-down
- Training members about BME communities,; access to training for BME individuals
- Fear of strong medication prevents many patients seeking treatment
- Provide post-diagnosis support to individuals
- Involve carers /family more
- Involve/educate community leaders
- Enable patients to access the different types of services on offer
- Prevent quick/overzealous diagnosis
- Educate about what actually happens in various treatments and what different medications do
- Encourage recruitment of female health professionals

- Promote talking therapy from within BME communities (increase in value)
- Explore partnership working
- Training community individuals/groups who provide services
- Commission the voluntary sector as an information resource
- Increase recognition of the voluntary sector as a link to the community
- Increase the capacity of voluntary sector through funding
- The Commissioning process should be more accessible to voluntary sector organisations who may not have full capacity

Regarding Assertive Outreach:

- Good in theory but practice is questionable; Other issues need to be tackled before carrying out Assertive outreach
- Engage and highlight various avenues/treatments
- Joint visits with community groups
- Community groups should be trained to provide outreach
- Increase education of services (tackle language barriers)
- Alternative therapies should be highlighted
- Independent service/advocacy is essential
- The OREMI Centre (in K&C) could provide outreach model
- Generally→ recognise that BME communities have different needs, learn from community models which are in place (i.e. Jewish community)

Amjad Taha
BME Health Forum Manager
25th February 2008