

Knowledgeshare

Knowledgeshare Feature - selected reviews and updates

Nicky Hudson

Current health policy emphasises pre-hospital care to avoid inappropriate emergency hospital admissions (Purdy, 2010) and minimise costs and risks (National Audit Office, 2011). Pre-hospital care refers to initial medical care given to an ill or injured patient, for example, by a paramedic or 'first responder' (Hanefield *et al.*, 2004), or agencies such as NHS 111, other emergency services and possibly mental health services. Highly-skilled paramedics (National Audit Office, 2011) and a range of out-of-hours services (Turner *et al.*, 2013) ensure that more patients are safely treated closer to home without having to be transported to hospital (Health and Social Care Information Centre, 2014).

The added complexity of services may increase the risk of under-use of the healthcare system, especially for those unfamiliar with how it works (Szczepura, 2005; Jayaweera, 2011; Chantkowski, 2014). There are strong links between ethnicity, deprivation, and ill-health (Psoinos *et al.*, 2011) and a range of personal and organisational barriers prevent some people from ethnic minority groups with greater need from receiving the care they require (Tudor-Hart, 1971; Szczepura, 2005; Scheppers *et al.*, 2006). Service providers have responded to increasing ethnic diversity through practical measures such as targeted interventions (Addo *et al.*, 2012; Gardois *et al.*, 2014); cultural competency training (Papadopoulos *et al.*, 2004); and collection of patient ethnicity data. This briefing paper identifies barriers and facilitators to prehospital ambulance service care for minority ethnic groups; examines existing responses and identifies challenges for future practice.

<http://www.better-health.org.uk/briefings/ethnicity-and-prehospital-emergency-care-provided-ambulance-services>

Kat Clayton

Information Officer

Race Equality Foundation

42-50 Worsley St

Manchester

M15 4LD

Tel: 0161 220 1016

Email: katherine@racefound.org.uk

www.raceequalityfoundation.org.uk

Trans Healthy Living Factsheets published

A series of trans health factsheets is being prepared by members of the National LGB&T Partnership in collaboration with cliniQ, Mermaids and TransForum Manchester, with support

from Public Health England. The initial list of topics covered in the factsheets includes: Introduction Accessing Adult Gender Services in England Ageing – Rising to the challenge Alcohol, Drugs & Tobacco Exercise and Nutrition Mental Health and Wellbeing Sexual Health Trans Children, Teens & their Parents.

The fact sheet may be accessed via: <https://nationalgbtpartnershipdotorg.files.wordpress.com/2015/05/np-trans-health-factsheet-introduction-final.pdf>

Religious and Cultural Competence for Medical Students: Advancing Patient-Centered Care

The Tanenbaum Center for Interreligious Understanding in New York is proud to announce that our medical school curriculum is now available through AAMC's online platform MedEdPORTAL Publications! In a country where 84% of the population identifies as religious, religious beliefs and practices can significantly impact patients' and families' health care decisions. Tanenbaum has therefore developed resources to help health care providers in training better address this topic with their patients in order to provide culturally competent care. Our medical school curriculum, entitled Religious and Cultural Competence for Medical Students: Advancing Patient-Centered Care, is designed for medical educators to use in teaching their students.

These medical education materials were released over the summer and have now been posted on MedEdPORTAL, a peer-reviewed publication run by the Association of American Medical Colleges. This curriculum is available for free download through our website: <https://tanenbaum.org/programs/healthcare/curricula-for-medical-education/> and on MedEdPORTAL: <https://www.mededportal.org/>

Please don't hesitate to contact Tanenbaum at healthcare@Tanenbaum.org with any questions.

New tool designed to improve care understanding and quality for sickle cell patients is launched nationwide

The new feedback tool, which allows healthcare services to obtain feedback from Sickle Cell Disorder (SCD) patients of all ages, and channel these insights into long-term care improvements, has just launched nationwide and is going to be live and available for completion from March 2015 until late summer. The Picker Institute Europe, the not-for-profit charity which uses people's experiences to improve the quality of health and social care for all, led the development of the questionnaire, which was commissioned by researchers from the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Northwest London (NIHR CLAHRC NWL) based at Imperial College London and

Chelsea & Westminster Hospital, in partnership with the Sickle Cell Society.

The tool was intended specifically to monitor the integrated care programme for improving management of SCD services, in London. The hope is to provide equity of care to patients regardless of their geographic location. Focusing directly on patient experience, the survey asks about patients' views on a number of care considerations across inpatient, outpatient and emergency care settings. Question areas include access to healthcare services, experience of seeing clinicians, information, support and management of the condition.

Findings from the qualitative research stage of the project have already informed the development of a community support worker for SCD in Northwest London (an area with a high population of people living with SCD), and led to a successful NIHR research grant to study SCD transition from paediatrics to adults - so showing clear indications of care improvement. The project is now being rolled out nationally across England to gain feedback on sickle cell care, with versions suitable for both paediatric and adult patients, and parents/carers of young SCD patients. The aim is to provide equity of care to all SCD patients - regardless of their geographic location.

For more information contact:

Lanisha Butterfield

Press Officer, Picker Institute Europe,

Buxton Court, 3 West Way,

Oxford,

OX2 0JB

Lanisha.Butterfield@PickerEurope.ac.uk

Health and wellbeing: a guide to community-centred approaches

A new guide outlines a family of approaches for evidence-based community-centred approaches to health and wellbeing. Local government and the NHS have important roles in building confident and connected communities as part of efforts to improve health and reduce inequalities. The project 'Working with communities: empowerment evidence and learning' was initiated jointly by Public Health England and NHS England to draw together and disseminate research and learning on community-centred approaches for health and wellbeing.

This report presents the work undertaken in phase 1 of the project, and provides a guide to the:

- case for change
- concepts
- varieties of approach that have been tried and tested sources of evidence

The guide can be accessed at:

<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

Disabled people struggling to access GP appointments: Healthwatch report

According to the latest GP Satisfaction Survey, 85% of people say they are satisfied with their family doctor and 84 per cent say the same about their local dentist services. Yet studies conducted by 55 local HealthWatch networks from all over England suggest that there are significant issues of concern for some groups of people, particularly for those with hearing, visual and mobility impairments.

We have compiled the findings into a single report which uses patients' real life experiences to highlight areas where people want to see improvement.

Findings include:

- Access to primary care services including GPs, dentists and opticians is the public's number one health concern, according to the local Healthwatch network.
- A study of 550 GP practices and feedback collected from 11,000 patients reveals that, despite overall satisfaction with primary care being high, there are significant issues for some – particularly for those who are deaf, blind or use a wheelchair.
- Local Healthwatch reports reveal stories of relatives carrying family members up stairs and a 5-year-old girl translating between a GP and her deaf mother.

Access the full report at:

<http://www.healthwatch.co.uk/news/disabled-people-struggling-access-gp-appointments>

NHS England takes action to improve race equality across the NHS workforce

NHS England has announced action to improve race equality across the NHS workforce. The move follows recent reports that have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

From April 2015, NHS organisations across the country are required to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to ensure that boards are representative of the communities they serve.

Guidance for the new standard – called the Workforce Race Equality Standard – has been published.

Alongside the standard, the NHS Equality Delivery System (EDS2) will also become mandatory. This is a toolkit that aims to help organisations improve the services they provide for their local communities and provide better working environments for all groups.

See the NHS Workforce Race Equality Standard webpage for more information <http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard>

For enquiries about the Workforce Race Equality Standard, please see <http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard>

Call for Contributions

The Knowledgeshare pages are an Information Exchange provided by the journal as a service to our readers and to our community of people active in the field. We ask you to contribute by submitting any items of news or resources that you have found useful, to share with others:

We particularly welcome:

- Short accounts or evaluations of initiatives to improve practice or education in health and care
- Reviews of books, websites, games or other resources to improve practice
- Conference reports

If you have an item which you think might be of interest to our readers and your colleagues in diversity-practice, please send it to Nicky Hudson (email: nhudson@dmu.ac.uk)