Evaluation of diabetes services for Black and Minority Ethnic Communities in Scotland

Results from a survey of Diabetes Managed Clinical Networks

National Resource Centre for Ethnic Minority Health
Diabetes UK, Scotland
Diabetes and Ethnic Minority Working Group
September 2006
Foreword

This report presents the results of an evaluation of current diabetes service provision for black and minority ethnic (BME) communities in Scotland.

It was a joint initiative between the National Resource Centre for Ethnic Minority Health, Diabetes UK Scotland and the Scottish Diabetes and Ethnic Minority Working Group. Funding for the evaluation was made available by the Scottish Executive Health Department. The evaluation was conducted by our Diabetes Project Manager, Anne-Marie Love, and we wish to acknowledge her contribution both in terms of research input and reporting of the evaluation.

We would like to take this opportunity to thank all of the managers of the Diabetes Managed Clinical Networks for completing the survey and for the openness of their responses.

Scotland is now a multiracial society. Its increasing diversity provides a challenge for us all to deliver culturally appropriate and accessible diabetes services. In addition, the greater prevalence of diabetes among Scotland’s BME communities means that this is a health problem of significant concern.

We believe that the results of this evaluation are a significant starting point in working towards the provision of high quality diabetes care for all of Scotland’s diverse populations. The results point to a number of key areas where a more integrated approach to delivering services will result in improvements in current service provision.

With the recent publication of the Scottish Diabetes Framework Action Plan (see points 1.5 & 1.4 below), we believe there is now an opportunity for us to work together with the Diabetes Managed Clinical Networks in a creative way to ensure BME patients with diabetes receive more sensitive and culturally competent services in Scotland.

Kind regards,

Audrey Birt
Director, Diabetes UK Scotland

Dr Rafik Gardee, MBE
Director, National Resource Centre for Ethnic Minority Health

Sunita Wallia
Chair, DEM Working Group
Scottish Diabetes Framework Action Plan (June 2006)

1.5 Ensure that all people with diabetes from minority ethnic communities are able to access diabetes services which are culturally appropriate.
   - All NHS Boards will work to improve the collection of data on ethnicity. The ethnicity of patients on the diabetes register will be recorded for over 50% of patients by December 2006 and over 80% by December 2007. Progress in capturing data will be monitored by the Scottish Diabetes Survey.
   - The Scottish Executive will publish, by June 2007, diabetes education packages tailored for six minority ethnic communities including Chinese and South Asian.
   - Diabetes Managed Clinical Networks will undertake a review of local services and educational initiatives aimed at meeting the needs of people with diabetes from minority ethnic communities. The Scottish Executive will collate a report to be published by March 2008.

1.4 Improve access to services for people with diabetes from disadvantaged groups and disadvantaged areas
   - During 2007/08 Diabetes Managed Clinical Networks should undertake a needs analysis of their population to identify disadvantaged groups (such as asylum seekers, those with learning difficulties, the homeless, travellers, as well as those who may be disadvantaged as a result of the long distances they may need to travel to access services, or as a result of poor transport links). Managed Clinical Networks should develop plans to describe the provision of services to meet their needs in terms of diabetes care.

## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>5</td>
</tr>
<tr>
<td>Background</td>
<td>7</td>
</tr>
<tr>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Black and minority ethnic population figures</td>
<td>11</td>
</tr>
<tr>
<td>Diabetes Services for black and minority ethnic communities</td>
<td>14</td>
</tr>
<tr>
<td>Training on race awareness/black and minority ethnic issues</td>
<td>19</td>
</tr>
<tr>
<td>Barriers/difficulties in providing services for black and minority ethnic communities</td>
<td>21</td>
</tr>
<tr>
<td>Support/information that would help with provision of services for black and minority ethnic communities</td>
<td>23</td>
</tr>
<tr>
<td>Examples of good practice</td>
<td>24</td>
</tr>
<tr>
<td>Discussion</td>
<td>26</td>
</tr>
<tr>
<td>Recommendations</td>
<td>29</td>
</tr>
<tr>
<td>Appendix 1 – letter to MCNs &amp; questionnaire</td>
<td>30</td>
</tr>
<tr>
<td>Appendix 2 – Services in NHS Lothian and NHS Grampian</td>
<td>38</td>
</tr>
</tbody>
</table>
Executive Summary

Aims of the evaluation

The overall aims of this evaluation were to work towards ensuring that:

- Black and minority ethnic (BME) patient needs are met by providing appropriate and accessible services.
- BME Patients with diabetes receive clinically non-discriminatory treatment, delivered by culturally competent staff.
- Information is made available about diabetes in BME groups in Scotland.

Key findings

- All 15 Managed Clinical Networks (MCNs) completed the survey
- Almost all of the MCNs were able to provide figures for the BME population in their area (14, 93%)
- Seven (47%) of the MCNs were able to say whether there were any BME patients on the diabetes register/SCI-DC - this included 1 where there were no BME patients on the register/SCI-DC.
- Only two MCNs said there were services specifically for people with diabetes from BME communities
- The majority of MCNs said that there were interpreting services (13, 87%) and translated materials (10, 67%) available to support those from BME communities attending general diabetes services (GP/Hospital clinics)
- The majority of MCNs (12, 80%) said that there was a programme/training course on race awareness/BME issues in their area.
- MCNs thought that the most common barriers when providing services for BME communities were:
  - low rates of attendance by BME groups (8, 57%)
  - difficult to engage/reach/invoke people from BME groups (7, 50%)
  - Lack of information about local BME communities/community contacts (6, 43%)
  - BME issues a low priority/other issues more pressing (5, 36%)
- The most useful types of support to help provide services were:
  - Resource pack/website for healthcare workers (12, 80%)
  - Knowing about services that have worked in other areas (12, 80%)
  - Information available and easy to access in different languages (10, 67%)
- Having access to programmes that have worked in other areas (10, 67%)
- Knowing how to engage those from BME groups in services (10, 67%)
- Knowing how to access information for BME groups (10, 67%)
- List of community contacts (9, 60%)

- Eight (53%) of MCNs provided examples of good practice
- Three (20%) rated overall service provision for BME groups as good and five (33%) rated this as OK

**Recommendations**

The results in this report point to a number of key areas where a more integrated approach to delivering services would result in improvements in current service provision.

It is therefore recommended that the Diabetes Managed Clinical Networks, Diabetes UK, Scotland and the National Resource Centre for Ethnic Minority Health work together in the following areas:

- Development of a resource pack for healthcare professionals working with BME patients with diabetes
- Develop seminars (on a regional basis) on delivering diabetes services to BME communities- including case studies; standard information on diabetes and BME communities; localised additional information on BME population and how to engage local BME population in services
- Best ways of sharing examples of good practice nationally
- Best ways of letting those working within the same geographical area know about other services available in the area
- Training
- Data collection of ethnicity of diabetics
- Centralise translated resources available
- Guidance on engaging BME people in services particularly those living in small family units in isolated areas where no ‘community’ exists

In addition to the above, it is important that those working in the area of diabetes also work with Managed Clinical Networks and health professionals from other chronic disease disciplines such as cardiovascular disease and stroke. Such an integrated healthcare approach will ensure better chronic disease management for BME communities living in Scotland.
Background

Diabetes is a public health problem of potentially enormous proportions. It poses significant clinical and economic challenges for the NHS in Scotland.

Prevalence of Diabetes in Scotland

- Around 170,000 people in Scotland have been diagnosed with diabetes
- Tens of thousands have the condition but don’t know it yet.
- People from Scotland’s BME communities are at a higher risk of developing diabetes than those from the white population.

Risk factors for developing Type 2 diabetes

- People with a family history of diabetes
- People aged between 40 and 75
- People who are very overweight
- People of South Asian or African Caribbean origin
- Women who had diabetes during a pregnancy

Complications

People with diabetes have a higher chance of developing certain serious health problems, including heart disease, stroke, high blood pressure, circulation problems, nerve damage, and damage to the kidneys and eyes. The risk is particularly high for people with diabetes who are also very overweight, who smoke or who are not physically active.

Risk factors for BME communities

- **Ethnicity**
  South Asians are 6 times more likely to have Type 2 diabetes than someone from the white population

  In the Black African Caribbean community Type 2 diabetes is 3-5 times more likely than in white population.

- **Age**
  South Asians and those from the Black African Caribbean community tend to develop Type 2 diabetes at an earlier age than those from the white population (25 years and over compared with aged 40 years and over in the white population)
Complications for BME communities

South Asians and those from the Black African Caribbean community are susceptible to developing long term complications 5 years sooner than those from the white population.

Recent research has shown that people from the South Asian community are doing less well in managing blood glucose levels, this leaves them at a higher risk of developing serious complications such as blindness, kidney disease and amputations.
Introduction

The Scottish Diabetes Framework (SDF) provides a strategic framework to ensure that the challenges of diabetes in Scotland are met and black and minority ethnic (BME) groups have been highlighted as needing particular attention. NHS Scotland is committed to providing high quality diabetes care to all patients with diabetes and to provide this service to all of Scotland’s diverse populations. The ‘Diabetes in Minority Ethnic Groups in Scotland’ report (NRCEMH, 2004) aimed to stimulate ideas and address the learning needed to develop and deliver such high quality care and services for people with diabetes from BME groups.

Introduction to the evaluation
Following on from this report, a joint collaboration - between the Scottish Diabetes and Ethnic Minority Working Group, the National Resource Centre for Ethnic Minority Health and Diabetes UK, Scotland – aimed to evaluate current diabetes service provision for minority ethnic groups in Scotland. To achieve this, a questionnaire was sent to all Diabetes Managed Clinical Networks (MCNs) in Scotland.

Aims of the evaluation
The overall aims of this evaluation were to work towards ensuring that:
- Patient needs are met by providing appropriate and accessible services.
- Patients with diabetes receive clinically non-discriminatory treatment, delivered by culturally competent staff.
- Information is made available about diabetes in Black and Minority Ethnic Groups in Scotland.

The key objectives and outcomes of the evaluation were to:
- Identify current activity
- Identify areas of good practice
- Identify unmet need
- Disseminate findings and share examples of good practice
- Encourage more collaborative working between service providers
- Develop recommendations on how to take this work forward

Development of the questionnaire
The questionnaire (appendix 1) was developed through joint consultation between Diabetes UK, Scotland, the National Resource Centre for Ethnic Minority Health and the Scottish Diabetes & Ethnic Minority Working Group. The questionnaire was piloted with one MCN before being sent out.

Questionnaire content:
The questionnaire asked about:
Population & BME population in each area
BME people on Diabetes registers/SCI-DC
Whether services are available specifically for BME population
The need for specifically targeted services
Services currently in place in general diabetes services to support people from BME groups
Whether there are any bi-lingual link workers or healthcare professionals
Whether medication management programmes exist for BME population
Training on race awareness/BME issues
Barriers/difficulties in providing services for BME groups
Support/information that would help provide services for BME groups
Whether the MCN has a BME subgroup
Whether a needs assessment has been undertaken with BME population
Any examples of good practice
Rating of overall service provision for BME groups

Methods
The evaluation had 3 main parts:

1. Initial questionnaire sent to Diabetes MCNs.
2. Analysis of the data collected and initial report sent to each MCN.
3. Final report produced including results from all MCNs

Questionnaires were sent to all 15 Diabetes MCNs by email on 6th March 2006. MCNs had the option of self-completion and return by email or a telephone interview. There was a three week deadline for completion of the questionnaires.

MCNs were then telephoned to check that the information contained in their questionnaires had been interpreted correctly. This exercise proved very valuable as additional important information was collected at this stage.

The questionnaires were then analysed and an initial draft of the results was produced. This draft of the results section of the report was sent to the MCNs for them to check and comment upon. Again this proved useful as a number of MCNs supplied additional information at this stage.

Results
All of the 15 Diabetes MCNs completed questionnaires. 14 self-completed the questionnaire and emailed this back and one MCN requested a telephone interview.
BME Population

Population & BME population in each area
All MCNs were able to provide figures on their Health Board population. Almost all were able to give figures for their BME population (14, 93%). No definition of BME population was given to the MCNs. The majority quoted figures from the 2001 Census – however Borders, Highland, Grampian and Lothian provided more recent figures than those given in the 2001 census. This new data includes non-British white populations and reflects the increasingly diverse populations in these areas including ‘migrant workers’.

<table>
<thead>
<tr>
<th>MCN</th>
<th>Health Board population</th>
<th>BME population</th>
<th>% of Health Board population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argyll &amp; Clyde</td>
<td>412,733</td>
<td>4,144</td>
<td>1%</td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>362,495</td>
<td>2,500</td>
<td>0.68%</td>
</tr>
<tr>
<td>Borders</td>
<td>106,764</td>
<td>619 BME / 1300 migrant workers</td>
<td>0.6% / 1.8% including migrant workers</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>146,000</td>
<td>1,022</td>
<td>0.7%</td>
</tr>
<tr>
<td>Fife</td>
<td>351,742</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Forth Valley</td>
<td>281,764</td>
<td>3,180</td>
<td>1.13%</td>
</tr>
<tr>
<td>Grampian</td>
<td>517,564</td>
<td>38,908</td>
<td>7.5%</td>
</tr>
<tr>
<td>Greater Glasgow</td>
<td>868,000</td>
<td>39,318</td>
<td>4.5%</td>
</tr>
<tr>
<td>Highland</td>
<td>208,914</td>
<td>5,849</td>
<td>2.8%</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>556,114</td>
<td>6,579</td>
<td>1.2%</td>
</tr>
<tr>
<td>Lothian</td>
<td>778,367</td>
<td>21,016 / 43,589</td>
<td>2.7% / 5.6%</td>
</tr>
<tr>
<td>Orkney</td>
<td>19,250</td>
<td>86</td>
<td>0.45%</td>
</tr>
<tr>
<td>Shetland</td>
<td>21,988</td>
<td>220</td>
<td></td>
</tr>
<tr>
<td>Tayside</td>
<td>400,000</td>
<td>7,495</td>
<td>1.9%</td>
</tr>
<tr>
<td>Western Isles</td>
<td>26,502</td>
<td>172</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

BME patients on Diabetes registers/SCI-DC
MCNs were asked to provide details on the actual numbers of BME patients on the diabetes register/SCI-DC. They were also asked to provide an estimate of the number of BME people with diabetes in their area.

Seven (47%) of the MCNs were able to say whether there were any BME patients on the diabetes register/SCI-DC - this included 1 where there were no BME patients on the register/SCI-DC.

One MCN also made further comments:

‘Community staff will be collecting data on GPASS over the next year which will provide clearer information on numbers of BME patients with type 2 diabetes as we are aware that there will be a number of patients from BME groups in the community.’ (Borders)

Eight (53%) of the MCNs also provided estimates of the numbers of BME people with diabetes in their area.
Of the eight MCNs that did not know the number of BME patients on the diabetes register/SCI-DC, seven had plans to make this information available in the future and the other one commented that:
‘Information will be currently subsumed in total numbers of people with diabetes – BME not specifically recorded’ (Tayside)

Plans for making this information available in the future were as follows:

‘Awaiting update of National System’ (Dumfries & Galloway)

‘Prospective asking of patients. There is also work going on with the SCI-DC developers’” (Fife)

‘Practices will be using new GPASS codes from April 2006. This will enable us to collect more detailed information on patients from BME communities in the future’ (Shetland)

‘We are looking into piloting ethnicity recording with GPs in Dec. 2006’ (Highland)

‘When use SCI-DC’ (Grampian)

‘Linked to GPASS changes required for GMS contract’ (Forth Valley)

‘MCN SCI-DC user-group to progress this now that SCI-DC has been implemented’ (Ayrshire & Arran)

When asked when this information was likely to become available, most said sometime during 2006 (4), one said 2007; one said when they use SCI-DC; and one said they did not know.
Young patients on Diabetes registers/SCI-DC
MCNs were also asked to provide details on the number of young BME patients on the diabetes register/SCI-DC. Six (40%) of the MCNs were able to do this – this included 5 who said there were none under 15 years of age and 3 who said there were none aged 15-24 on the register.

Actual numbers of young BME patients on diabetes register/SCI-DC were reported as follows:

**Under 15 years**
- Grampian 3

**15-24 years**
- Borders 1
- Lothian 6
- Greater Glasgow 22
Diabetes services for BME communities

Whether services are available specifically for BME population
Only two MCNs said there were services specifically targeted at people with diabetes from BME groups – Greater Glasgow and Lothian.
Services available in these areas included:

Greater Glasgow
- Medication management scheme – run by bilingual Community Pharmacist for South Asian patients
- Structured diabetes & healthier lifestyle group education sessions
- Multicultural One Stop Clinics
- Cardiac service
- Practical cookery sessions
- REACH project – runs clinics for patients with diabetes, includes input from diabetes specialist nurses

Lothian
- Minority ethnic diabetic pharmacy service – pharmacist and link workers
- Cardiovascular risk clinic – run by a bilingual pharmacist
- Diabetes training for minority ethnic link workers – input from a number of Diabetes specialists
- 3 in 1 diabetic clinic – variety of diabetes specialists
- Men’s clinic in lunch club – Diabetes Specialist Nurse and two bilingual pharmacists

The need for specifically targeted services
Of the remaining 13 MCNs, only one (8%) thought that there was a need for specifically targeted services - this should be ‘Language, translation services’ (Tayside).
11 (85%) said that there was not a need, one said they did not know.

Services currently in place in general diabetes services to support people from BME groups
When asked about what services were currently in place to support people with diabetes from BME groups who attend general diabetes services (e.g. GP/Hospital clinics), the following responses were given:

13 (87%) said interpreting services were available
10 (67%) said that translated materials were available
  1 (7%) said there were bi-lingual liaison workers
  1 (7%) said there were no services in place
  7 (47%) said there were other services available
Other services available were:

‘Hospital lists of bilingual staff’ (Argyll & Clyde)

‘NHS Shetland has access to bi-lingual staff (who can assist in providing interpretation for patients from a range of European, Scandinavian and Asian languages’ (Shetland)

‘1. Language line interpreting service. 2. Face to face interpretation service. 3. Written patient information’. (Grampian) Full details of these initiatives in Grampian are given in appendix 2 of this report.

‘Service are tailored to the needs of any individual attending a clinic’ (Tayside)

‘Services not routinely available at all clinics, but can be accessed if necessary’ (Lothian)

‘Access to interpreting services – one of the Consultants can communicate in 3 languages’ (Ayrshire & Arran)

‘We can arrange for translation if this is required.’ (Dumfries & Galloway)

‘The Forth Valley Diabetes Service provides an individual approach to our fairly small numbers of patients within the BME communities’ (Forth Valley)

‘We can arrange for access to anything that staff require, to support people from BME communities.’ (Greater Glasgow)
MCNs were then asked to rate a number of statements about interpreting services and patient information:

- Access to interpreters was rated as good by just over half of the MCNs and OK by a third
- Availability of interpreters was rated as good by a third and OK by 40%; two MCNs (13%) rated this as very good
- Availability of patient information in relevant languages was rated as good or OK by two-fifths of the MCNs
- Access to patient information was rated as good by a third and OK by almost half (47%) of the MCNs

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Ok</th>
<th>Not very good</th>
<th>Not at all good</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to interpreting services</td>
<td>1 (7%)</td>
<td>8 (53%)</td>
<td>5 (33%)</td>
<td>0</td>
<td>1 (7%)</td>
<td>0</td>
</tr>
<tr>
<td>Availability of interpreters at times when you require them</td>
<td>2 (13%)</td>
<td>5 (33%)</td>
<td>6 (40%)</td>
<td>0</td>
<td>1 (7%)</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Availability of patient information in relevant languages</td>
<td>1 (7%)</td>
<td>6 (40%)</td>
<td>6 (40%)</td>
<td>2 (13%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Access to patient information in relevant languages</td>
<td>1 (7%)</td>
<td>5 (33%)</td>
<td>7 (47%)</td>
<td>1 (7%)</td>
<td>0</td>
<td>1 (7%)</td>
</tr>
</tbody>
</table>

N=15

Whether there are any bi-lingual workers
Only six of the MCNs said there were bi-lingual healthcare staff or link workers working with people with diabetes in their area. These MCNs were asked to provide details about the languages spoken; which services were provided and which BME groups were covered:

‘Various community link workers – Cantonese, Urdu/Punjabi, Turkish – support. Diabetes courses are run twice a year for them. Pakistani Pharmacist – Urdu/Punjabi- bi-lingual cardiovascular clinics and 3-in-1 clinic for Moslem women. Referral process in place for all ethnic minority patients who are diabetic. Bi-lingual pharmacist can deliver simple education to more complex medication review in an outreach setting; bi-lingual cardiovascular clinic run every two weeks at the WGH and 3-in-1 clinic for ethnic minority women runs once a month. Various community groups such as Khush Dil, Dosti, Nari Kallyann Shango (NKS), and Sikh Sanjog. Milan – health education, talks, support, dietetic advice – all mainly Urdu/Punjabi/Hindi /Bengali. Visit mosques and places of worship ; drop in centres for over 50s men lunch club, undertake health fairs. (Lothian)
The MCNs who did not have any bi-lingual workers were asked if there was a need for this type of worker. Six did not think that there was a local need for this type of worker, however five did think that there was a need nationally.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locally</td>
<td>1 (11%)</td>
<td>6 (60%)</td>
<td>2 (20%)</td>
</tr>
<tr>
<td>Nationally</td>
<td>5 (56%)</td>
<td>0</td>
<td>4 (44%)</td>
</tr>
</tbody>
</table>

N=9

**Whether medication management programmes exist for BME population**

Only three MCNs were aware of a medication management scheme specifically for BME groups in their area.

‘Management of insulin and oral medication during Ramadan and other festivals that require fasting. This is an individually tailored service for patients as required’ (Forth Valley)

‘Medication review is carried out by the bi-lingual pharmacist as part of outreach education service. Cardiovascular risk clinic for all ethnic minority patients runs once very two weeks at the WGH. Medication review also conducted at 3IN1 clinic. (Lothian)

‘A medication review clinic at the "Shanti Bhavan” Hindu Elderly Centre has recently been set up. The clinic includes a BP check and medication review without case notes. This leads to a full paper based medication review at the patient’s G.P practice, resulting in integration of the patient into the multidisciplinary team. The clinic will be held 1 day per week until end of March 2006. It is hoped to target the Sikh community in the future with a similar service. Also run clinics at various GP practices with high BME population, mosques and REACH project’. (Greater Glasgow)

**Whether the MCN has a BME subgroup**

Only three (20%) MCNs had a subgroup looking at issues affecting people with diabetes from BME groups. Two of these had developed a work plan and one said that this was in progress.

Of the MCNs who did not have a BME subgroup, two commented that:

‘This work is included in MCN steering group agendas’. (Borders)

‘There are no plans to have a sub group as this work is a priority within the MCN’ (Greater Glasgow)
Whether a needs assessment has been undertaken with the BME population
Seven (47%) of the MCNs had already undertaken a needs assessment for the BME population in their area. Most said that this was not specific to diabetes. Additionally, two MCNs said that a needs assessment was currently being undertaken.

Rating of overall service provision for BME groups

When asked to rate the overall service provision for BME groups in their areas, the following responses were given:

<table>
<thead>
<tr>
<th>Rating</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good – there is good service provision for all BME groups</td>
<td>2 (13%)</td>
</tr>
<tr>
<td>Good – there is good service provision for some BME groups but not for others</td>
<td>3 (20%)</td>
</tr>
<tr>
<td>Ok</td>
<td>5 (33%)</td>
</tr>
<tr>
<td>Not very good</td>
<td>2 (13%)</td>
</tr>
<tr>
<td>Not at all good</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>2 (13%)</td>
</tr>
</tbody>
</table>

N=15
Training on race awareness/BME issues

12 (80%) of the MCNs said that there was a programme/training course on race awareness/BME issues available in their area. One (7%) said there was not and two (13%) said they did not know.

Where training was available, the following issues were covered:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Covered</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racism and Cultural awareness</td>
<td>10</td>
<td>83%</td>
</tr>
<tr>
<td>Ethnicity, valuing and understanding cultural diversity</td>
<td>10</td>
<td>83%</td>
</tr>
<tr>
<td>Legislative requirements, in particular Race Relations Amendment Act</td>
<td>7</td>
<td>58%</td>
</tr>
<tr>
<td>Anti-discriminatory practice</td>
<td>7</td>
<td>58%</td>
</tr>
<tr>
<td>Cross cultural communication</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>Diet &amp; lifestyle</td>
<td>6</td>
<td>50%</td>
</tr>
<tr>
<td>Other, please give details</td>
<td>5</td>
<td>42%</td>
</tr>
</tbody>
</table>

\[N=12\]

Other training was:

‘Equality & Diversity induction is currently available. An online programme is about to be launched and training plan recently approved’ (Highland)

‘Cultural awareness forms part of induction programme. Diverse community, diverse workplace (new course). Diabetes training courses provided to staff caring for patients with diabetes across the Borders have also included sessions on care of patients from BME groups’ (Borders)

‘1. Language Line communication skills (45 seminars in 2006/07).
2. Entitlement to free NHS Health Care for EEA Nationals, Asylum Seekers, Refugees, Work Permit Holders and Those Without Proof of Entitlement- this training is being provided for LCHP staff and GP staff.

‘New course starting Spring 2006’ (Orkney)

‘Cultural awareness forms part of induction programme for all new staff, open to all staff primary care and hospital-based – 209 staff in 2004, 236 in 2005, 75 so far in 2006.
Diverse community, diverse workplace -new course, 6 staff so far.
Diabetes training courses provided to staff caring for patients with diabetes across the Borders have also included sessions on care of patients from BME groups. The intake for these courses throughout 2005 was around 50 ‘. (Borders)
MCNs were also asked what proportion of staff, working with people with diabetes from BME groups, had received this training over the last 2-3 years.

- Five MCNs said they did not know how many primary care staff had received training
- Four said they did not know how many hospital based staff had received training
- One said that all primary care staff had received training
- Five said some primary care staff had received training
- Six said some hospital based staff had received training
- One said that no hospital based staff had received training;
- One MCN provided details on the numbers of staff trained (other – see above).

<table>
<thead>
<tr>
<th></th>
<th>Primary Care Staff</th>
<th>Hospital-based Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff have received training</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Most staff have received training</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Some staff have received training</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>No staff have received training</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

N=12
Barriers/difficulties in providing services for BME communities

MCNs were given a list of barriers and difficulties that could be faced when providing services to BME groups and asked whether any applied in their area:

<table>
<thead>
<tr>
<th></th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low rates of attendance by BME population</td>
<td>8 (57%)</td>
</tr>
<tr>
<td>Difficult to engage/reach/involve people from BME groups</td>
<td>7 (50%)</td>
</tr>
<tr>
<td>Lack of information about local BME communities/community contacts</td>
<td>6 (43%)</td>
</tr>
<tr>
<td>BME issues a low priority / Other issues more pressing</td>
<td>5 (36%)</td>
</tr>
<tr>
<td>Lack of local expertise in BME issues</td>
<td>4 (29%)</td>
</tr>
<tr>
<td>Not enough resources to employ bi-lingual workers</td>
<td>4 (29%)</td>
</tr>
<tr>
<td>Not enough bi-lingual workers</td>
<td>4 (29%)</td>
</tr>
<tr>
<td>Not sure how to provide services tailored to BME groups</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>Not enough time for thorough consultations (especially when using an interpreter)</td>
<td>3 (21%)</td>
</tr>
<tr>
<td>Difficulties in accessing interpreters/translator</td>
<td>2 (14%)</td>
</tr>
<tr>
<td>Difficulties in finding appropriate information in relevant languages</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Difficult to recruit bi-lingual workers</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Other</td>
<td>7 (50%)</td>
</tr>
</tbody>
</table>

N=14

One MCN commented ‘No patients at this time from BME Groups’ (Orkney).

Lanarkshire additionally commented that they had not tried to recruit bi-lingual workers. Also that low rates of attendance by BME population was only a barrier for the Chinese community.

Fife also added that these ‘are all barriers but actively trying to address most of these through the current MCN strategy’.
Other barriers given by MCNs were:

‘Trying to find out what everyone is doing and working together. Recently some problems with interpreting services around gender issues’ (Greater Glasgow)

‘Lack of awareness and understanding of prevalence of diabetes and the need to prioritise this population. Lack of awareness and understanding current service. Lack of cohesion in targeting BMEs’. (Lothian)

‘Small estimated BME population’ (Argyll & Clyde)

‘There is a small estimated BME population in the area.’ (Dumfries & Galloway)

‘Awareness amongst some communities – varies between Asian/Chinese/Caribbean – it is important not to lump these communities together. Communities not targeted (e.g. Chinese) have less experience and less positive views of services’. (Lanarkshire)

‘Approximately 1.1 percent of the total population of Shetland are people that are minority ethnic. This equates to around 220 people, dispersed across a large geographical area. Health Centres are located throughout Shetland and act as bases for a wide range of health services and patients are known to healthcare staff because of the small list sizes (650-2400) for country Practices. Although there are good health and community links in Shetland for individual patients accessing services (including diabetes services), there is a wider issue of engagement with people from minority ethnic backgrounds in Shetland because there are no specific BME communities – instead individual families live and work throughout Shetland without a hub such as a community venue or place of worship through which we could develop partnership arrangements. This means engagement around service development issues is more challenging’ (Shetland)
Support/information that would help with provision of services for BME communities

MCNs were also given a list of types of support or information that could be useful in helping to provide services to BME groups, and asked what would be helpful for them:

<table>
<thead>
<tr>
<th>Support/Information</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowing about services that have worked in other areas/sharing good practice</td>
<td>12</td>
<td>80%</td>
</tr>
<tr>
<td>’Diabetes and BME groups in Scotland’ Resource pack/website for healthcare workers</td>
<td>12</td>
<td>80%</td>
</tr>
<tr>
<td>Information available and easy to access in different languages</td>
<td>10</td>
<td>67%</td>
</tr>
<tr>
<td>Having access to programmes that have worked in other areas</td>
<td>10</td>
<td>67%</td>
</tr>
<tr>
<td>Knowing how to engage those from BME groups in services</td>
<td>10</td>
<td>67%</td>
</tr>
<tr>
<td>Knowing how to access information for BME groups</td>
<td>10</td>
<td>67%</td>
</tr>
<tr>
<td>List of community contacts</td>
<td>9</td>
<td>60%</td>
</tr>
<tr>
<td>More training in working with/engaging BME groups</td>
<td>8</td>
<td>53%</td>
</tr>
<tr>
<td>More protected time for individual/group consultations where English is not the 1st language</td>
<td>7</td>
<td>47%</td>
</tr>
<tr>
<td>Bi-lingual workers</td>
<td>5</td>
<td>33%</td>
</tr>
<tr>
<td>Better access to interpreting/translating services</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>13%</td>
</tr>
</tbody>
</table>

N=15

Other support needed by two MCNs was:

‘Look at previous failures to see why community groups have not engaged in the past. Need to ensure that pack/website includes other groups e.g. split BME into sub-groups, include disability groups’ (Lanarkshire)

‘Recognition of the current service available’ (Lothian)
Examples of good practice

Nine (60%) of the MCNs provided details of examples of good practice:

‘Example of good practice – cookery lessons are available to support a healthy eating plan for all patients with diabetes which are provided by the dietitian, Joyce Donohue in conjunction with the local college’. (Shetland)

‘Imminent survey to be undertaken (focus on ethnic minorities) to illicit views and opinions regarding the provision of diabetic care; accredited questionnaire already agreed upon and due to commence in April 2006 (Forth Valley)

‘Hospital Diabetes Dietitian has experience of working with BME groups in a previous post. She has access to diet and lifestyle advice in a number of languages’ (Ayrshire & Arran)

‘Numbers are currently so small thus allowing relationships to have been built up over the years. This enables easy access to diabetic services which offers one to one individualised care as and when necessary. Relevant leaflets and videos are distributed in their relevant language and to date communication has not been a problem’ (Western Isles)

‘Local ethnic minorities have been targeted via our Health Bus initiative which has been taking outreach services to local communities throughout Lanarkshire. This has provided information and advice on a range of topics. The evaluation of the Health Bus has shown that attendance is often lower on the first visit to a community location, but the return visit benefits from word-of-mouth communication. Various health checks are offered and a range of health personnel have gone to the different community locations, including Diabetes Specialist Nurses. Ongoing development in response to feedback from those accessing the service is actively under discussion’ (Lanarkshire)

‘Minority ethnic pharmacy diabetic service. This provides education and medication review to all minority ethnic diabetic patients in Lothian. Link workers are used for non Asian patients.

Khush Dil cardiovascular prevention project for South Asian community.

Dhosti women’s group which provides health related support group for Muslim women.

3-in-1 clinic is a community based diabetic clinic (set in a sports centre). Three therapies are offered, traditional (HbA1c, BP, weight, waist circumference and medication review) followed by alternative therapies (shiatsu, reflexology etc) then exercise. Appears good, but no formal audit data yet. Supported by soft funding and is pilot project.

Mini diabetic clinics have been run in mosque (West Lothian) and drop in lunch club for men over 50

Cardiovascular clinic for minority ethnic patients runs at the WGH and hoping to start at St Johns (West Lothian)

Training of bilingual community pharmacists from a variety of different minority ethnic backgrounds – e.g. Pakistani, Polish and Arabic’ (Lothian, see appendix 2 for details)

Multicultural health team – supported & taken part in diabetes awareness days; supported Primary Care to deliver screening to BME population. Community Dietitian - providing Healthy Lifestyle education in community settings; Community pharmacist - medication reviews in community setting. Specialist nurse multicultural health – setting up multicultural cardiac services using a generic model which could be applied to diabetes services. REACH projects’

(Greater Glasgow, see separate report “Equality & Diversity Matters” which can be obtained from Imran Shariff, NHS Greater Glasgow & Clyde, Imran.Shariff@gartnavel.gla.scot.nhs.uk)

‘Trial of link worker position, hope to make this a permanent post’ (Fife)
NHS Grampian has developed its service provision for BME patients through:

- The NHS Grampian Race Equality Scheme 2005-2008
- The Annual NHS Grampian Race Equality Action Plans
- NHS Grampian new website with its “Other Languages” section. Here, there are key pieces of local health care information, in the main local ethnic community languages. This section is being added to on a monthly basis.
- The “roll out” of Language Line
- The development of Terms and Conditions for interpreters

(Grampian, see appendix 2 for full details)
Discussion

What’s been achieved?

Three MCNs did provide more recent estimates of the BME population in their area. In these MCNs ‘migrant worker’ and non-British white figures were included.

It is likely that the 2001 census figures are an underestimate of the current BME population – in fact in the 2001 census it was noted that: ‘The size of the minority ethnic population has increased since the 1991 Census. Whilst the total population increase between 1991 and 2001 was 1.3%, the minority ethnic population increased by 62.3%’.

1.1 BME patients on diabetes register/SCI-DC

Half of the MCNs could provide figures for the numbers of BME patients on their diabetes register/SCI-DC (some commented that this was an underestimate). More work on the recording of ethnicity on SCI-DC is planned by MCNs over next 2 years.

When asked to estimate the number of BME people with diabetes all of the MCNs who were able to make an estimate gave higher figures than that currently recorded in their systems (except for one MCN which gave the same figure).

It is important that MCNs are able to identify accurately the numbers of BME people living in their area and the number of BME people with diabetes as this will have an impact on the type and range of services needed.

Recommendations:
1. MCNs should continue to encourage health professionals to record ethnicity in patient records (GPASS & SCI-DC).
2. Follow up the recording of BME patients on SCI-DC in two years time.

2. Services

Only two MCNs offered specifically tailored services for BME communities – Greater Glasgow & Lothian. The majority of the other MCNs did not think that there was a need for specifically tailored service in their areas. However, the type of support that most of the MCNs identified as important was knowing about services that had worked in other areas.

Recommendations:
MCNs should look at the examples of specifically tailored services and explore:
1. whether these types of services could be useful in their area
2. ways of making their current diabetes services more culturally sensitive
2.1 Services to support BME people who attend general diabetes services

In most MCNs interpreting & translation services were available. However, it is important that MCNs share their experiences of these types of service to ensure that BME patients throughout Scotland have access to the same standard of services.

Recommendations:
1. Explore the development and sharing of the same high quality translated materials – through some central point for the whole of Scotland.
2. Language line developments in Grampian may be useful in other areas where there is a small dispersed BME population
3. Consider developing more creative ways of providing information to patients e.g. audio; DVD.

2.2 Bi-lingual workers

There was support for the provision of bi-lingual link workers and health professionals within Scotland: six MCNs already had bi-lingual link workers or health professionals working with people with diabetes in their area, and a further five MCNs felt that there was a need for bi-lingual workers nationally.

Recommendations:
1. In areas with established BME communities develop the use of bi-lingual link workers and health professionals further.
2. Provide training on diabetes for existing community-based bi-lingual workers

3. Training

Most MCNs were aware of training courses/programmes on race awareness/BME issues in their areas. The training available covered equality and diversity issues as well as race relations legislation.

However, when asked about the proportion of staff working with BME people with diabetes who had received this training the information was patchy with most saying some staff had received training or they did not know.

Recommendations:
1. MCNs need to have better information about the numbers of staff working with BME patients who have had training on race awareness/BME issues.
2. MCNs need to ensure that all staff who work with BME patients have had this type of training.

4. Good practice

Over half of the MCNs provided examples of good practice in their area.

Recommendation:
1. This information is shared with all MCNs.
2. Information sharing is developed in a more structured and continuous way e.g. bi-annual seminars (regional and national).
5. Overall service provision
Five of the MCNs felt that the service provision for their BME communities was good, a further five felt that it was ok and the remainder thought that it was not very good (two didn’t know).

5.1 Barriers
The most common barriers identified by the MCNs to providing services for BME groups were:

- Low rates of attendance by BME population
- Difficult to engage people from BME groups
- Lack of information about local BME communities/community contacts

5.2 Support information
The most common types of support needed by MCNs to provide services were:

- Resource pack for healthcare professionals working with BME people with diabetes
- Knowing about services that have worked in other areas/sharing good practice
- Having access to programmes that have worked in other areas
- Knowing how to engage those from BME groups in services
- Knowing how to access information for BME groups
- Information available and easy to access in different languages

Recommendations:
1. MCNs to work towards improving overall service provision within their areas so that the majority of MCNs feel that the overall service they provide is good.
2. MCNs are supported in improving the services they provide by:

   - the development of a resource pack for healthcare professionals working with BME patients with diabetes
   - seminars for health professionals run on a regional basis on how to provide services to those from BME communities
   - sharing good practice through the two developments above
   - guidance on engaging BME people in services particularly those living in small family units in isolated areas where no ‘community’ exists
Recommendations

What are the next steps?

The results in this report point to a number of key areas where a more integrated approach to delivering services would result in improvements in current service provision.

It is therefore recommended that the Diabetes Managed Clinical Networks, Diabetes UK, Scotland and the National Resource Centre for Ethnic Minority Health work together in the following areas:

- Development of a resource pack for healthcare professionals working with BME patients with diabetes
- Develop seminars (on a regional basis) on delivering diabetes services to BME communities - including case studies; standard information on diabetes and BME communities; localised additional information on BME population and how to engage local BME population in services
- Best ways of sharing examples of good practice nationally
- Best ways of letting those working within the same geographical area know about other services available in the area
- Training
- Data collection of ethnicity of diabetics
- Centralise translated resources available
- Guidance on engaging BME people in services particularly those living in small family units in isolated areas where no ‘community’ exists

In addition to the above it is important that those working in the area of diabetes also work with Managed Clinical Networks and health professionals from other chronic disease disciplines such as cardiovascular disease and stroke. Such an integrated healthcare approach will ensure better chronic disease management for BME communities living in Scotland.
Appendix 1 - Letter to MCNs & Questionnaire

6th March 2006

Dear Colleague,

Evaluation of diabetes services for Black and Minority Ethnic Groups – we need your help

Background
The ‘Diabetes in Minority Ethnic Groups in Scotland’ report (2004) aimed to stimulate ideas and address the learning needed to develop and deliver high quality care and services for people with diabetes from Black and Minority Ethnic Groups.

Introduction to the evaluation
Following on from this report, a joint collaboration - between the Scottish Diabetes and Ethnic Minority Working Group, the National Resource Centre for Ethnic Minority Health and Diabetes UK, Scotland - are now evaluating current diabetes service provision for minority ethnic groups.

Aims of the evaluation
Our overall aims are to work towards ensuring that:
- Patient needs are met by providing appropriate and accessible services.
- Patients with diabetes receive clinically non-discriminatory treatment, delivered by culturally competent staff.
- Information is made available about diabetes in Black and Minority Ethnic Groups in Scotland.

To achieve this we need your help in letting us know what services are currently available; improvements you would like to make to current services and areas where you think that additional services are needed.
The evaluation
The evaluation will have 4 main parts:
4. Initial questionnaire completed by Diabetes MCNs.
5. Analysis of the data collected and individual reports produced for each MCN. These will be sent to each MCN for input and agreement before inclusion in a final report.
6. Final report produced which will include results from all MCNs
7. Action plans developed with each MCN (including advice & recommendations on how to achieve goals).

The key objectives and outcomes of the evaluation are to:
- Identify current activity
- Identify areas of good practice
- Identify unmet need
- Examine current resource allocation and identify areas which require resources
- Disseminate findings and share examples of good practice
- Encourage more collaborative working between service providers
- Develop action plans for each MCN

Completing the evaluation
The evaluation can be completed in two ways:
1. Completed online by you and returned to email address given below.
2. Telephone interview with you at a prearranged time.

Please complete the attached form detailing which method you prefer and email to Anne-Marie.Love@health.scot.nhs.uk

Timescale
Please help us with this important piece of work by completing the attached questionnaire and returning to Anne-Marie.Love@health.scot.nhs.uk by 27th March 2006. If you have any questions about the evaluation please contact Anne-Marie Love on 0141-300-1040.

Thank you for your help with this.

Kind regards,

Audrey Birt
Director, Diabetes UK Scotland

Rafik Gardee
Director, National Resource Centre for Ethnic Minority Health
Diabetes Services for Black and Minority Ethnic (BME) Communities in Scotland - Survey of Diabetes MCNs (March 2006)

_________________________ NHS Board

<table>
<thead>
<tr>
<th>Health Board population</th>
<th>Number</th>
<th>Percentage</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black and Minority Ethnic population (BME)</td>
<td>(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of patients on diabetes register</td>
<td>(a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BME patients on diabetes register/SCI-DC</td>
<td>(b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BME young people on diabetes register/SCI-DC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under 15 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BME young people on diabetes register/SCI-DC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated number of BME people with diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) percentage of health board population; (b) percentage of diabetes register.

If ‘don’t know’ number/% of BME patients on diabetes register/SCI-DC:

What plans are there to make this information available in the future?

When is this information likely to be available?

(1) Are there any services/clinics/initiatives specifically targeted at people with diabetes from BME groups?

Yes ☐ No ☐ Don’t Know ☐

(1.1) If yes, please provide details on the attached excel sheet.

(1.2) If no, do you think there is a need for specifically targeted services?

Yes ☐ No ☐ Don’t Know ☐

(2) Which of the following arrangements/services are in place to support people with diabetes from BME groups who attend general diabetes services e.g. GP/Hospital diabetes clinics? (Please put an ‘x’ for all that apply) Please describe any other arrangements/services that are in place.

Interpreting services ☐ Translated advice/information leaflets ☐
Bi-lingual liaison workers ☐ No arrangements/services in place ☐
Other ☐
(3) Within your area how would you rate the following? (please mark your response with an x)

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Ok</th>
<th>Not very good</th>
<th>Not at all good</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to interpreting services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of interpreters at times when you require them</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of patient information in relevant languages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to patient information in relevant languages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(4) Please provide details of any bi-lingual healthcare staff or link workers working with people with diabetes. Please give details about languages spoken; which services are provided; which BME groups are covered.

(4.1) If none, do you think there is a need for bi-lingual healthcare staff or link workers?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locally</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nationally</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(5) Please provide details on any medication management programmes specifically for BME groups available in your area.
(6) Is there a programme/training course on race awareness/BME issues available in your area? (Please tick all that apply)
Yes [ ] No [ ] Don't know [ ]
If yes, what issues are covered?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Primary Care Staff</th>
<th>Hospital-based Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racism and Cultural awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity, valuing and understanding cultural diversity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legislative requirements, in particular Race Relations Amendment Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-discriminatory practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross cultural communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet &amp; lifestyle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please give details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(7) Approximately what proportion of staff working with people with diabetes have attended training on cultural competence/racism awareness within the last 2–3 years?

<table>
<thead>
<tr>
<th>Proportion of staff</th>
<th>Primary Care Staff</th>
<th>Hospital-based Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff have received training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most staff have received training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some staff have received training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No staff have received training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(8) A number of barriers and difficulties have been identified as reasons why some people with diabetes from BME communities may be receiving sub-optimal diabetes care. Please tell us which barriers or difficulties apply in your area (please put an 'x' for all that apply).

<table>
<thead>
<tr>
<th>Lack of local expertise in BME issues</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to engage/reach-involve people from BME groups</td>
<td></td>
</tr>
<tr>
<td>Lack of information about local BME communities/community contacts</td>
<td></td>
</tr>
<tr>
<td>Low rates of attendance by BME population</td>
<td></td>
</tr>
<tr>
<td>Difficulties in accessing interpreters/translators</td>
<td></td>
</tr>
<tr>
<td>Difficulties in finding appropriate information in relevant languages</td>
<td></td>
</tr>
<tr>
<td>Not enough bi-lingual workers</td>
<td></td>
</tr>
<tr>
<td>Difficult to recruit bi-lingual workers</td>
<td></td>
</tr>
<tr>
<td>Not enough resources to employ bi-lingual workers</td>
<td></td>
</tr>
<tr>
<td>Not sure how to provide services tailored to BME groups</td>
<td></td>
</tr>
<tr>
<td>BME issues a low priority / Other issues more pressing</td>
<td></td>
</tr>
<tr>
<td>Not enough time for thorough consultations (especially when using an interpreter)</td>
<td></td>
</tr>
<tr>
<td>Other barriers (please tell us about any other barriers you face)</td>
<td></td>
</tr>
</tbody>
</table>

(9) We want to know what type of support or information would be useful in helping to provide diabetes services to BME groups (please put an 'x' for all that apply).

| Better access to interpreting/translating services |   |
| Bi-lingual workers |   |
| Information available and easy to access in different languages |   |
| Knowing how to access information for BME groups |   |
| Knowing about services that have worked in other areas/sharing good practice |   |
| Having access to programmes that have worked in other areas |   |
| Knowing how to engage those from BME groups in services |   |
| List of community contacts |   |
| 'Diabetes and BME groups in Scotland' Resource pack/website for healthcare workers |   |
| More training in working with/engaging BME groups |   |
| More protected time for individual/group consultations where English is not the 1st language |   |
| Other (please tell us about other types of support you would like) |   |
(10) Has the Diabetes MCN set up a subgroup or working group to look at issues affecting people with diabetes from BME groups?

Yes [ ] No [ ]

If yes, who is the group’s chairman?

Has a work plan been developed?  Yes [ ] No [ ] Don’t know [ ]

(11) Has a needs assessment been undertaken for the BME population in your area?

Yes [ ] No [ ] Don’t know [ ]

If yes, please provide details

(12) Please tell us about any examples of good practice in your area. This could include new services, clinical audits, reports, translated materials, new resources etc. Please attach any relevant materials.

(13) How would you rate the overall diabetes service provision for BME groups within your area?

<table>
<thead>
<tr>
<th>Rating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good – there is good service provision for all BME groups</td>
<td></td>
</tr>
<tr>
<td>Good – there is good service provision for some BME groups but not for others</td>
<td></td>
</tr>
<tr>
<td>Ok</td>
<td></td>
</tr>
<tr>
<td>Not very good</td>
<td></td>
</tr>
<tr>
<td>Not at all good</td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>
Questionnaire completed by: (Please include name and contact details)

Please include any additional information on a separate page.
Please return this questionnaire by 27th March 2006 to Anne-Marie Love.
(Anne-Marie.Love@health.scot.nhs.uk).

Thank you for completing this questionnaire.
Appendix 2 – Services in Lothian and Grampian

Lothian

Minority Ethnic Pharmacy Diabetic Education Service
Minority Ethnic patients can be referred to this service through a single point of contact (Dr. Lubna Kerr, details below). The service includes:

- Diabetes education on a 1 to 1 basis at a location that suits the patients and in an appropriate language
- Advice on healthy eating and exercise in relation to diabetic care
- Referral to a culturally sensitive exercise class and cookery classes
- Review of diabetes medication by a bi-lingual pharmacist
- Access to a 3 in 1 clinic (details below)

The service is run on a continuous basis and over 50 patients have been referred so far. Any health professional can refer a patient to this service.

To refer patients or to find out more about the service please contact Dr. Lubna Kerr, Metabolic Unit, Western General Hospital, 07769 683779

3 in 1 clinic
A new 3 in 1 clinic for Minority Ethnic Women with diabetes is available in Lothian.
This clinic enables patients to:

- have access to diabetes education from a practice nurse and pharmacist
- try alternative therapies (reflexology, head and neck massage)
- benefit from an exercise programme

Patients can be referred to this service from the Minority Ethnic Pharmacy Diabetic Education Service (above). The clinic is held once a month on a Wednesday evening. Each clinic has a maximum of 8 patients.

For more information about this service contact Dr. Lubna Kerr, Metabolic Unit, Western General Hospital, 07769 683779

CVR clinic
This clinic is run from the Western General Hospital and St. John’s Hospital. It is a specialist clinic for diabetic patients and aims to:

- improve BP and cholesterol
- reduce cardiovascular risks

The clinic at the Western General is held every 2 weeks has been running for one year.
The clinic at St. John’s is a new service and is held once a month.

Patients are generally referred from the hospital to the clinic. However, some patients who attend the Minority Ethnic Pharmacy Diabetic Education Service (above) can also attend this clinic.

Please contact Mark Strachan (consultant) or Alison Cockburn (pharmacist) at Western General Hospital for further information.

**Exercise classes**
The exercise classes are open to all women. They are held at the CRAGS Sports Centre every Wednesday evening 7.30-10pm. (This is women only evening). These classes are run in conjunction with Edinburgh Leisure.

Women have access to:
- gym/fitness facilities
- Badminton
- Aerobics

Contact the sports centre for further information

**Cookery classes**
The cookery classes are held once a year for a four week period – one class per week in the evening at a local school.

The classes are for Minority Ethnic women and Health Professionals. The aim is to encourage the women to prepare and eat healthier meals. The cookery classes are run in a culturally sensitive manner.

Please contact Lubna Kerr for more information - 07769 683779.

**Outreach community education service**
There is an ongoing programme of education within community settings. A Diabetes Specialist Nurse and a bi-lingual pharmacist provide screening clinics and education to specific communities. This service is run throughout the year when requested by community organisations.

Contact Lesley Barrow for further information.
Link-worker course
A course providing training on diabetes is held once a year for voluntary sector and community link workers. The course lasts 2 days and gives information on:
The courses are run by Lubna Kerr and Mary Scott.

Please contact Mary Scott for further information.
Grampian

The following extract from the NHS Grampian Communications Action Plan 2005/07 is included as an example of an approach taken by one Board for planning and delivery of interpreting and translation services for BME communities. This is of course an important element in the delivery of diabetes services to such communities.

1. “Language Line” Telephone Interpreting Services

a. Introduction
For many years, NHS Grampian has relied upon the services of a dedicated group of “face to face” interpreters. The interpreters provide effective two way communication when NHS Grampian staff are treating non-English speaking patients. A total of 35 different languages are available. The interpreters do an excellent job for planned appointments, but the service does have its limitations. For example, most of the interpreters are Aberdeen based, which means there is limited cover outwith Aberdeen. In addition, the increase in size of the EU from 1st May 2004, has led to an increase in demand for the less common Eastern European languages for which we have few or no interpreters. Often, the need for interpretation is urgent, for example, at A&E following a road traffic accident, an emergency admission to a ward or an emergency appointment at a G.P. surgery. Accordingly, our current “face to face” interpretation service is being supplemented by the introduction of “Language Line” in all areas of NHS Grampian.

“Language Line” is a telephone based interpreting service which provides experienced qualified interpreters on the telephone in 60-90 seconds, for over 120 different languages. The service is available 24 hours a day, 7 days a week. Language Line is widely used by health authorities in England. In Grampian, we piloted the service in Moray for over 6 months with great success. It is now being rolled out across NHS Grampian on a planned basis, to every location.

b. Preparatory Work
The preparatory work required before Language Line is introduced into a Sector or Community Health Partnership (CHP) area involves;

- identifying every area where the service is required
- providing training to the front line staff who will use the service
- overcoming any technical problems
- providing Access Kits for each access point, containing everything required
Access Kits in areas such as A&E, AMH and acute receiving areas also contain a copy of the British Red Cross Emergency Multilingual Phrasebook. Each Access Kit is customised to meet the requirements of the area in which it is used.

c. Implementation

(i) Acute Sector
Language Line went live in the Acute Sector in May 2005. There are now 60 access points. On average, in the Acute Sector, Language Line is used 40 times per month. There has also been a great deal of positive feedback from staff and patients who have used language Line. The Diabetic Clinic at Woolmanhill is equipped with Language Line.

(ii) Mental Health Services
Language Line went live in Mental Health Services in August 2005, with 12 access points.

(iii) Aberdeen City CHP
Implementation began in December 2005 and will be completed by the end of June 2006. Language Line is now live in 43 out of 45 GP Practices/Medical Centres and Clinics.

(iv) Aberdeenshire CHP

Aberdeenshire North LCHP

Aberdeen Central LCHP
Language Line is due to go live in 22nd August 2006.

Aberdeenshire South LCHP
Language Line is due to go live by September 2006.

Work has already begun to pilot a special “mobile” Language Line Access Kit for use by Health Visitors and District Nurses, for use in patient’s homes.

2. “Face To Face” Interpretation Services
Our “face to face” interpretation service has not been forgotten. We are currently trying to recruit more interpreters in all areas of Grampian. We are also trying to recruit interpreters for those languages currently not covered by our “face to face” service. New Terms and Conditions of service have just been issued for “face to face” interpreters who work for NHS Grampian.
NHS Grampian responds positively to every request for a “face to face” interpreter and draws from a list of experienced interpreters. NHS Grampian, in line with the requirements of the Race Relations (Amendment) Act 2000 and the Scottish Executive Policy “Fair for all”, meets the cost of providing “face to face” interpreters from the approved list. Interpreters can also be sourced from outwith the approved list, if there is a shortage of interpreters for that particular language. Where several interpreters are available for one language, most hospitals use the interpreters in a rota to ensure that as far as possible, a pool of interpreters is maintained. Some GP Practices operate the same system.

The cultural, social and confidentiality requirements of the non-English speaking patient are taken into account when NHS Grampian allocates an interpreter to assist a patient.

Patients are free to source their own private interpreter at their own expense, if they so wish. However, very very few patients find this necessary.

3. Written Patient Information

Personal Health Care information
On average, five pieces of personal health care information are translated each week. The bulk of this work is translating child immunisation, vaccination and general health records from Polish, Latvian and Lithuanian, into English.

General Health Care Information
Our philosophy here is translate once, use many times.

Key pieces of local health care information have been translated into the main ethnic community languages of Arabic, Bengali, Chinese, Polish and Russian and placed on the new NHS Grampian website. These can be accessed at going to the NHS Grampian website at :- nhsgrampian.org, then click on the tab at the top of the main screen marked “Other Languages”. The information includes Patient Admission and Information Booklets, information on Pain Relief in Labour and Bereavement. This information is available to all NHS Grampian staff, for the benefit of patients. More information is being added each month.

In addition, any piece of written NHS Grampian health care information is available in any language, upon request. Any piece of general health care information or guidance will also be sourced in the language of choice.
4. Conclusion
There are many different ethnic communities in Grampian, spread out over a large geographical area. It is vital that NHS Grampian reaches out to all of these communities, to identify their health care needs and address them. The work we are doing to improve communication is a major step forward towards achieving that goal.

Assessment of health needs
A new Health needs assessment entitled “Migrant Workers in Grampian” has been commissioned jointly by Communities Scotland, the three Grampian Councils, NHS Grampian and Scottish enterprise Grampian. The project is being undertaken by the University of the Highlands and Islands (UHI). However, it will not produce a report until November 2006.

Meantime, the report "Ethnic Health Needs in Aberdeen", commissioned on a joint basis by Grampian Health Board (now NHS Grampian) and Aberdeen City Council, will continue to form the basis of our work during 2005/06. The Report was issued in 2002 and was updated in 2004 when the results of the 2001 Scottish Census became available. When the results of the UHI project are known, these will be taken into consideration in the 2006/07 Action Plan.
If you wish to access this publication in other formats or languages, please contact the National Resource Centre for Ethnic Minority Health on 0141 300 1043 or email us at nrcemh@health.scot.nhs.uk
www.nrcemh.nhsscotland.com