Checklist

HEALTH & RACE

A STARTING POINT FOR MANAGERS ON IMPROVING SERVICES FOR BLACK POPULATIONS

YASMIN GUNARATNAM

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A NOTE ON VIEWS AND TERMINOLOGY

The King's Fund Centre uses the term 'Black populations' to refer to people from racial or other minorities in this country who may be disadvantaged because of their racial backgrounds. We are aware that there is no single accepted term and that there are people who do not identify themselves as Black but who share a common experience of racism.

FOREWORD

People from black and ethnic minorities now form a significant proportion of our population, bringing a great richness and variety to our society. It is quite clear, though, that the way we organise and deliver our health services often makes those services inappropriate or inaccessible to these people. Changing services to meet the needs of black and ethnic minorities is not a side issue nor something which can be handed to a lone black worker. Providing better services must be part of the mainstream, with chief executives themselves taking responsibility for ensuring that services are appropriate for everyone.

I have seen a much greater willingness among managers to take on these issues in recent months, but managers are not always sure how best to proceed. I therefore warmly welcome the guidance in this document. Its timing could not be better. Health Ministers are determined to add to the impetus for improvement in health care for black and ethnic minorities. A task force representing consumers, the NHS, and the Department will shortly be reporting to me on how to ensure the wide application of current best practice in this field. This document provides many pointers to such practice.

As its name implies, this guidance is a starting point for managers. If used well, however, it could make a major difference to meeting the health care needs not only for black and ethnic minorities but for all our population. I have great pleasure in bringing it to your attention.

Julia Cumberlege.

Baroness Cumberlege
Parliamentary Under-Secretary of State for Health
House of Lords
1993

INTRODUCTION: WHAT THIS DOCUMENT IS AND WHAT IT IS NOT

Many managers recognise that the services provided by the NHS are not always appropriate or easily accessible to people from Black populations. Managers are often concerned to improve services but do not know where to begin nor the full range of issues they should be concerned about. This document, *Checklist health and race,* provides guidance to managers. It is a resource document, not intended to be worked through all at once nor necessarily in the order in which the issues appear. What managers need to attend to will depend on how far their organisations have already developed and/or the areas about which local communities have expressed particular concern.

The core race equality standards, the policy and strategy and quality sections provide the basis on which all service improvements should be made. We would like to see work in these areas built into corporate contracts, both between the NHSME and region and between region and purchasers. Particular types of service and particular health conditions are covered in the two annexes – these may need to be used rather differently. It may be that particular services can be chosen for attention at different times and the appropriate sections used accordingly.

The purpose of the guidance is to enable managers to make services more appropriate and accessible, but the document does not set specific health outcome targets. There is no doubt, though, that if the Health of the Nation targets are to be achieved, then the appropriateness of health services for Black populations will have to be improved. This document is not about the targets themselves, but about what needs to be done to achieve them.

Checklist health and race provides guidance primarily for managers in regional health authorities, purchasing authorities and provider units. In the policy and strategy section, guidance is related to the particular roles of the different bodies. However, all the information is provided here for all managers so that each group can understand what the others can and should be doing. The document and some particular sub-sections (such as that on health needs assessment) will also be relevant to FHSAs and GPs, but other more specific guidance is in preparation for them. Social services managers may also find this document helpful.

Regions

Managers at regional level should find the guidance useful in:

- reviewing and developing race equality initiatives within their own organisations;
- developing health strategies and investments in service development;
- reviewing and evaluating the performance of purchasers in implementing and developing race equality initiatives;
- producing guidance for purchasers on meeting the needs of Black patients, to be implemented through their contracting procedures.

Purchasers

Purchasing managers can use the guidance in:

- reviewing and developing race equality initiatives within their own organisation;
- developing processes to assess the health needs of local Black populations;
- developing and negotiating contracts and agreements with specific race equality standards to ensure that services are available and accessible to Black patients;
- monitoring contracts and contract compliance with race equality standards.

Providers

Managers in provider units can use the guidance in:

- building race equality into strategic plans and local charters;
- developing and monitoring service provision to Black patients.

The guidance should also be a basis on which community organisations and users' groups can evaluate race equality initiatives in local service provision.

The document was prepared by Yasmin Gunaratnam and was funded by the Department of Health.

SECTION 1:
CORE RACE EQUALITY STANDARDS

This section outlines core race equality standards for improving the accessibility and appropriateness of services for Black populations. Senior managers have a responsibility for ensuring that these standards are in place.

1. Patients' rights and needs

1.1 **There should be written standards which detail the rights of Black patients and their carers. These should be made known through the development of local patient charters.**

1.2 **The standards should be:**

(a) consistent with the *Patient's Charter*
(b) made available to Black patients and community organisations
(c) made known to staff.

1.3 **The standards should address issues concerning:**

(a) the need to respect the privacy and dignity of the patient and the patient's carers
(b) the need to show respect for and consideration of the individual needs of the patient and the patient's carers
(c) the need to recognise and cater for cultural and religious requirements
(d) the need to respond to and cater for difficulties in communication
(e) the need to recognise and provide for dietary requirements
(f) access to professional bilingual and/or advocacy services
(g) access to written information regarding service provision in community languages
(h) the patient's preference to consult and be examined by a male or female nurse/doctor
(i) access to complaints and suggestions procedures.

2. Race equality strategies – service provision

2.1 **There should be local health strategies and local targets for the *Health of the Nation* key areas which include reference to the specific health needs of local Black populations.**

2.2 There should be written policies and strategies which detail a commitment to race equality in service provision.

2.3 The strategies should include reference to responsibilities under the Race Relations Act (1976).

2.4 The strategies should have been developed with the participation of:

(a) Black user groups and community organisations

(b) Black staff

(c) trade unions and staff associations.

2.5 Information about the strategies and race equality initiatives should be made available to patients, community organisations and staff.

2.6 Responsibility for implementation and development of race equality strategies should be allocated to a member or members of senior management.

2.7 There should be mechanisms to ensure that race equality strategies should be regularly reviewed and amended.

2.8 There should be a written policy which states the aims and objectives of, and defines the process of, ethnic record keeping and monitoring in service provision.

2.9 There should be training strategies to ensure that staff can understand and implement race equality policies and initiatives.

2.10 There should be a complaints procedure for patients and carers in relation to racial discrimination, verbal abuse and harassment in service provision.

3. Race equality strategies - employment

3.1 There should be race equality policies and strategies relating to employment practices which should be supported by written procedures. These should refer to:

(a) ethnic record keeping and monitoring

(b) staff recruitment and selection

(c) staff development and training

(d) positive action programmes.

3.2 There should be systems and procedures to enable monitoring and review of the policies and strategies to be carried out.

3.3 Targets should be set for the employment of Black staff which have been developed with reference to local demographic information.

3.4 There should be a complaints procedure for staff in relation to racial discrimination, verbal abuse and harassment in employment.

SECTION 2: POLICY AND STRATEGY

REGIONS

1. Health needs assessment

Regions should ensure that organisations purchasing for services have developed processes for assessing health needs which can be used to identify the specific needs of local Black populations. Where regions are undertaking work with service providers they should ensure that information from the health needs assessment process is used to develop services for Black patients.

1.1 **Are there provisions to enable the continuing development of local research and health surveys on Black populations?**

1.2 **Has information from the 1991 census been analysed and used to inform service development and provision to Black patients?**

1.3 **Are there provisions for supplementing research findings and generating new information through consultations with Black patients and community organisations?**

1.4 **Are there arrangements for enabling the input of information into the health needs assessment process on Black patients and:**

(a) hospital utilisation rates?
(b) professional bilingual services?
(c) waiting lists?
(d) clinical audit?
(e) complaints procedures?

2. Strategy for active community participation in service planning and review

The concept of active community participation is used in this section to denote a dynamic, two-way process of communication between health services and Black people which goes beyond traditional strategies of community consultation. Active participation describes a wider framework for involving patients and communities in ongoing processes of agenda setting and decision making. The Management Executive's *Local Voices* document provided guidance and encouraged health authorities to develop a clear communication strategy with their local populations. As a part of this strategy, it is important that initiatives are also developed to ensure the participation of local Black populations.

Regions should ensure that purchasing organisations have developed a strategy for active community participation which includes provisions and initiatives for enabling the involvement of local Black people in the commissioning process and in decision making regarding local health strategies, priorities and targets.

3. Ethnic record keeping and monitoring in service provision

Regions should ensure that purchasing organisations develop and negotiate contracts for services which include provisions for ethnic record keeping and monitoring. Regions should ensure that there is consistency in categories of ethnicity used across the region. Regional guidance on the development of service objectives, input indicators and outcome indicators relating to race equality in service provision could assist purchasers in determining whether the identified needs of Black patients are being met.

3.1 **Where appropriate, is the requirement for ethnic record keeping and monitoring defined within contracts for quality assurance and activity monitoring?**

PURCHASERS

1. Health needs assessment

Purchasers should ensure that their health needs assessment process identifies the specific needs of local Black populations. Purchasers should use information on the health needs of these populations to set clear targets, inform providers about the development of contracts and monitor service impact against demographic information. While specific demographic information on local Black populations may not be readily available yet, this infomation will become more available with the progressive analysis of the 1991 census information.

1.1 **Are there arrangements to identify:**
   (a) the diversity of Black populations in the locality?
   (b) the range of local initiatives being undertaken to identify the specific health needs of these populations?

1.2 **Are there provisions to enable the continuing development of local research and health surveys on Black populations?**

1.3 **Has information from the 1991 census been analysed and used in service development and provision to Black patients?**

1.4 **Has the analysis of the census information included reference to information on the ethnicity question and:**
   (a) local population size and ethnic breakdown?
   (b) age structure?
   (c) sex structure?
   (d) the geographical distribution of different Black populations? (Locality purchasing arrangements may enhance the scope for addressing the specific health needs of these populations.)
   (e) housing and tenure?
   (f) occupational and social class structure?
   (g) limiting and long-standing illness?

1.5 **Are there provisions for supplementing research findings and generating new information through consultations with local Black patients and community organisations?**

1.6 Are there arrangements for enabling the input of information into the health needs assessment process on Black patients and:

(a) hospital utilisation rates?

(b) professional bilingual services?

(c) waiting lists?

(d) clinical audit?

(e) complaints procedures?

1.7 Are there arrangements for enabling the input of information from primary health care services into the health needs assessment process?

1.8 Are there mechanisms for setting health targets and monitoring their progress and achievement which take into account the specific health needs of local Black populations?

1.9 Is information on the health needs of local Black populations included in the annual report of the Director of Public Health?

2. Strategy for active community participation in service planning and review

The concept of active community participation is described on page 7 (regional checklist, sub-section 2).

Purchasers should ensure that arrangements have been developed for enabling Black people to take part in the commissioning process and in developing patient-focused measures of health gain. These arrangements should be developed in collaboration with Black people.

In negotiating contracts for services, purchasers should satisfy themselves that provider units have established mechanisms which enable Black patients and carers to express their views and levels of satisfaction with service delivery. Information on individual feedback from patients and carers, together with outcomes from the strategy for community participation, should enable purchasers to identify service strengths and weaknesses and to develop future service specifications accordingly.

2.1 Is there a programme of action which details the purpose of, and need for, the participation of Black patients in service planning and review?

2.2 Is information about the programme made available to staff, patients, community organisations and the local media?

2.3 Is responsibility for the participation of Black patients in service planning and review:

(a) 'owned' at board level?

(b) assigned to specific board members?

2.4 Is there a training programme for relevant staff which provides information and models of good practice in enabling the participation of Black patients in service planning and review?

2.5 Is there a budget allocated to enable:

(a) the development of contacts with Black patients and community organisations?

(b) information and training to be provided for Black participants to facilitate their involvement in the participation process?

(c) the payment of expenses to participants (such as travel and child care costs)?

2.6 Is there a variety of participation methods which are appropriate for the diversity of the:

(a) issues consulted on?

(b) experiences and needs of different patients and care groups?

(c) experiences of different ethnic groups?

2.7 Do the methods of participation used include:

(a) meetings with Black patients, users' groups and community organisations?

(b) patient surveys and questionnaires?

(c) one-to-one interviews?

2.8 Are methods of participation with patients and community organisations regularly reviewed with the participants?

2.9 Are there procedures for ensuring that the outcomes of participation will be used in service development and monitoring?

2.10 Are there procedures for involving Black patients in the monitoring of the implementation of contracts and the quality of services provided (for example, through targeted patient satisfaction surveys)?

3. Ethnic record keeping and monitoring in service provision

Research has shown that Black people not only have specific health needs but also that their access to and use of health services is markedly different from that of the White population (for further information, see the Annual Report of the Chief Medical Officer for 1991). In order to meet the needs of Black patients and to ensure equality of access and treatment within health services, it is important that systems for ethnic record keeping and monitoring are established.

3.1 Are there provisions to ensure that the data collected by providers will be used to inform service planning and delivery with specific reference to:

(a) determining patterns in the current use of services and cross-referencing this with information on ethnicity in the 1991 census?

(b) assessing the health needs of Black populations?

(c) quality standards?

(d) evaluating changes in service provision?

3.2 Where appropriate, is the requirement for ethnic record keeping and monitoring defined within contracts for quality assurance and activity monitoring?

PROVIDERS

1. Health Needs Assessment

Providers should develop systems and procedures to monitor patterns of activity, indicators of health needs and outcomes of care by ethnicity.

1.1 Has information from the 1991 census been analysed and used to inform service development and provision to Black patients?

1.2 Are there procedures for obtaining information, for use by purchasers, on the health needs of Black patients from:

(a) hospital utilisation rates?
(b) professional bilingual services?
(c) waiting lists?
(d) clinical audit?
(e) complaints procedures?

2. Strategy for active community participation in service planning and review

The concept of active community participation is described on page 7 (regional checklist, sub-section 2).

Provider units should ensure that there are arrangements for complaints and suggestion procedures which are accessible and appropriate to Black patients and carers. Specific initiatives to target the views and experiences of patients (for example, satisfaction surveys) should be formally linked to planning and decision making processes.

2.1 Is there a programme of action which details the purpose and need for the participation of Black patients in service planning and review?

2.2 Is information about the programme made available to staff, patients, community organisations and the local media?

2.3 Are methods of participation for Black patients regularly reviewed with the participants?

2.4 **Are there procedures for ensuring that the outcomes of participation will be used in service development and monitoring?**

3. Ethnic record keeping and monitoring in service provision

Providers should ensure that systems and procedures for ethnic record keeping and monitoring reflect the ethnic diversity of local Black populations. The ethnic monitoring process should be formally linked to service planning and review, quality assurance and customer care programmes.

3.1 **Is there an officer (or officers) who is designated to co-ordinate and manage the record-keeping and monitoring programme and who is also available to provide advice and support to staff?**

3.2 **Are there procedures which document who will have access to ethnic group data and which assure the confidentiality of the data?**

3.3 **Is there a planned publicity strategy to ensure that patients and the public are aware of the need for and use of ethnic record keeping and monitoring?**

3.4 **Are the classifications of ethnicity used consistent with those used by the Office of Population Censuses and Surveys (OPCS) in the 1991 census?**

3.5 **If the classification system does not include the same categories for ethnicity as those used by the OPCS, has the system:**

(a) been developed to reflect the ethnic profile of the locality?

(b) been developed to record other variables such language and religion?

3.6 **Is there a programme of staff training to ensure that relevant staff and professionals:**

(a) understand the need for ethnic record keeping and monitoring?

(b) are able to provide information and support to patients?

(c) are trained in methods of data collection and storage?

3.7 **Are there procedures to ensure that data on ethnicity will be collected as a part of the normal patient administrative system ?**

3.8 Are there provisions to ensure the regular analysis of data and the dissemination of the results of data analysis to staff, community organisations and the purchasing authority?

3.9 Are there provisions to ensure that the data collected will be used to inform service planning and delivery, with specific reference to:

(a) determining patterns in the current use of services and cross-referencing this with information on ethnicity in the 1991 census?

(b) quality assurance?

(c) evaluating changes in service provision?

3.10 Are there plans to develop ethnic monitoring to include analysis of treatment decisions and clinical outcomes (for example, in medical audit)?

SECTION 3: SERVICE PROVISION

This section looks at core elements within the provision of services which will improve access and enable them to be developed to meet some of the needs of Black patients. The information in this section will also be useful in auditing services and in monitoring the progess of initiatives – for example, purchasers may use parts of the section in reviewing and developing services with providers.

1. Information for Black patients

1.1 Is there a written policy on the translation of information into community languages which includes reference to the need to translate:

(a) patient information (including admission booklets)?

(b) hospital forms (including consent forms)?

(c) health education information?

1.2 Are there guidelines for the translation of information covering:

(a) the commissioning of external translation services?

(b) the assessment of the quality and standards of translated information?

(c) the need for the regular assessment of translators?

1.3 Is information about services and service provision:

(a) available in community languages?

(b) available in a range of media – for example, leaflets, audio cassettes and videos?

(c) made available to Black community organisations?

1.4 Are there mechanisms for involving Black patients and community organisations in:

(a) planning and development of patient information and health education campaigns?

(b) monitoring of the appropriateness of advice and images in information materials?

(c) pilot studies of information strategies?

(d) dissemination of information?

(e) monitoring of the take-up and impact of information resources?

2. Professional bilingual services

2.1 **Are provisions for professional bilingual services based upon a regular assessment of need in relation to:**

(a) current research into languages spoken and literacy levels within local Black populations?

(b) the findings of patient surveys across the range of service provision?

(c) consultation with staff, patients and Black community organisations?

2.2 **Is there a communication strategy for publicising the interpreting service and its availability to staff, patients, carers and Black community organisations?**

2.3 **Are there arrangements to monitor the use of and demand for interpreters, linkworkers and advocates in relation to:**

(a) ethnicity?

(b) language(s) spoken?

(c) clinical specialty?

2.4 **Are there procedures in place to ensure that all interpreters, linkworkers and advocates have undertaken appropriate training and testing?**

2.5 **Are there provisions for interpreters, linkworkers and advocates to receive in-service training and assessment?**

2.6 **Are there guidelines and a programme of in-service training for other appropriate staff on working effectively with interpreters, linkworkers and advocates?**

2.7 **Are there arrangements for the emergency and out-of-hours provision of interpreters and advocates?**

2.8 **Are there arrangements to ensure that the language and/or dialect of patients who do not speak English are recorded on all administrative, nursing, patient and discharge records?**

3. Catering and dietary services

3.1 Is there a policy which details responsibilities for meeting the dietary needs of Black patients and service users?

3.2 Are there arrangements to ensure that information on diet and the cultural and religious requirements of these populations are provided to:

(a) catering managers and staff?

(b) catering suppliers?

(c) all appropriate staff?

3.3 Is there a training programme for dieticians, health visitors and catering staff on diet and the cultural and religious requirements of the users?

3.4 Do all service catering outlets provide a range of food which is appropriate to users' needs?

3.5 Are there arrangements to monitor the quality and appropriateness of food and diets?

3.6 Are there procedures for the recording of information relating to diet and cultural and religious requirements on patient and nursing records?

3.7 Are menus available community languages?

3.8 Are there provisions for information to be given to patients which can verify that the content and preparation of food complies with religious requirements?

4. Religious and spiritual care

4.1 Is there guidance which details the requirement for staff to respect and cater for religious differences and needs? (See also HSG(92)2 (AQ) on 'Meeting The Spiritual Needs of Patients and Staff'.)

4.2 Are there provisions to ensure that all patients, carers and staff have access to religious and spiritual support of their choice?

4.3 **Is written information about access to religious and spiritual support translated into community languages?**

4.4 **Are local Black community organisations consulted about the provision of religious and spiritual care and counselling?**

4.5 **Is there a list, available to all staff, of local ministers of religions serving Black populations?**

4.6 **Are these ministers consulted about:**

(a) religious rites and observances?

(b) festivals, celebrations and holy days?

(c) the preparation of food and diets according to religious requirements?

4.7 **Is there a non-denominational quiet area set aside in hospitals and day centres for prayer and meditation?**

4.8 **Are there provisions in maternity services for staff to cater for religious requirements and ceremonies relating to childbirth?**

4.9 **In the care of the terminally ill or dying patient, are staff aware of the need to consult the patient and/or the patient's carers regarding preferences for pastoral support?**

4.10 **In the event of the death of a patient, are staff aware of the need to consult the patient's carers regarding their preferences in relation to:**

(a) religious rites?

(b) the preparation of the body?

(c) pastoral support and ministration?

INTRODUCTION TO THE ANNEXES

The specific sections in these annexes should be used as and when they are needed. We do not envisage managers necessarily working their way through them systematically, though they may decide to do so. They may prefer to target particular services at particular times and/or may wish to pass on these sections to the relevant service manager/clinical director.

ANNEX A: SERVICE AREAS

1. General inpatient and outpatient services

1.1 **Are there written policies and procedures which are consistent with the *Patient's Charter* which guide service provision in the inpatient and outpatient services?**

1.2 **Is information about professional bilingual services translated into community languages in:**

(a) the letter of admission?

(b) information given to patients about appointments?

1.3 **Are pre-operative and post-operative instructions available in community languages?**

1.4 **Is signposting to services, departments, wards and facilities:**

(a) supported, where possible, by clear signs which do not require wording?

(b) translated into community languages?

1.5 **Are there arrangements for regular, formal liaison with the professional bilingual service in relation to:**

(a) improving service provision to Black patients?

(b) monitoring service provision?

INPATIENT SERVICE

1.6 **Are there procedures to ensure that, where appropriate, all patients are interviewed by a member of nursing staff on their arrival at a ward and that:**

(a) personal, cultural and religious requirements are recorded on nursing patient records?

(b) the proposed treatment plan, where appropriate, is explained and discussed?

(c) the right to decline treatment is made known?

(d) the right to decline to have medical students present at examinations is made known?

(e) visiting arrangements are explained and flexibility offered if there are difficulties with visiting?

1.7 **Are consent forms available in community languages?**

1.8 **Are there provisions for confidential consultations between patients and staff and between patients and visitors?**

1.9 **Are there facilities for the visual privacy of patients (for example, the provision of screens, curtains and long gowns)?**

1.10 **Are there facilities to meet the needs of patients with cultural requirements in regard to personal hygiene (such as the provision of facilities to wash after using the lavatory)?**

OUTPATIENT SERVICE

1.11 **Do methods of keeping medical records take account of different naming systems within Black populations?**

1.12 **Is there a training programme for medical records staff, ward clerks and receptionists relating to different naming systems within these communities which also instructs them in:**

(a) how to set out names on medical records?

(b) how to identify and address patients correctly?

1.13 **Are there procedures for monitoring by ethnicity those patients who:**

(a) cancel appointments?

(b) do not attend appointments?

2. Maternity services

2.1 **Is responsibility for the development of maternity services for Black women allocated to specific member(s) of staff?**

2.2 **Are there procedures for the ethnic monitoring of statistics on:**

(a) maternal mortality?

(b) perinatal and infant mortality?

2.3 Are there arrangements for the regular dissemination to staff of the results of monitoring these statistics?

2.4 Are there provisions for women who are in temporary accommodation, who are about to change their address or who are travellers to keep their own records?

2.5 Are parentcraft classes:

(a) planned and developed with the participation of Black women and community organisations?

(b) publicised in community languages?

(c) publicised with the co-operation of Black community organisations?

(d) routinely available with bilingual staff, trained linkworkers or interpreters?

2.6 Are there provisions to ensure that screening services for genetically inherited disorders include those which have a high incidence in Black populations (such as sickle-cell anaemia, thalassaemia and Tay–Sachs disease)?

2.7 Is there a haemoglobinopathies counselling service available to patients and relatives? (See also sub-section 4 on 'Haemoglobinopathies' in Annex 2 of the Checklist, page 33.)

2.8 Are there arrangements for women patients to be given a choice about consulting and receiving treatment from women doctors?

2.9 Is there written guidance to staff on the patient's right to choose:

(a) her companion at clinics or in labour?

(b) to have a person with her throughout labour who speaks her preferred language?

(c) her position during labour?

(d) hospital or home delivery?

(e) circumcision for male babies?

(f) family planning methods?

2.10 Are there arrangements for information about the labour ward protocol to be made available to:

(a) women and their relatives?

(b) the Community Health Council?

(c) appropriate local Black community organisations?

2.11 Are there procedures to enable women to have a right of access to maternity unit statistical data?

3. Services for elderly people

3.1 Are there joint health care planning teams for the development of policy and service planning for elderly people which include:

(a) Black community organisations?
(b) elderly people's organisations?
(c) carers' organisations and support groups?
(d) local authority departments?
(e) primary and community health care services?
(f) private and commercial agencies?

3.2 Are there procedures to ensure that community care plans include reference to:

(a) how service provision will aim to meet the needs of Black elderly people and their carers?
(b) arrangements for consulting these service users and their carers?

3.3 Are there procedures to ensure effective discharge planning for elderly people which include arrangements for multidisciplinary liaison between hospital and community health care teams and appropriate community organisations?

3.4 Are there arrangements to monitor the satisfaction of Black patients and their carers with discharge assessments and with post-discharge arrangements?

3.5 Are there procedures for the ethnic monitoring of emergency readmission rates for elderly patients?

3.6 Are there arrangements with the social services department to enable review of the service provision in day hospitals and centres to ensure the appropriate placement of Black elderly people?

3.7 Are there procedures to monitor the acceptability and appropriateness of service provision to Black elderly people and their carers on long-stay wards?

3.8 Are there arrangements to enable the integration of long-term care facilities with local Black community activities (such as through links with religious and cultural organisations)?

3.9 Are there arrangements for liaison with sheltered housing schemes for people from these populations?

3.10 Are there arrangements to enable:

(a) hearing tests and speech therapy to be conducted in community languages?

(b) eye tests to be conducted using symbols or community languages?

4. Services for disabled people

(Please note that 'advocacy' in this section refers to a process of representation for disabled people that is distinct from the role of advocacy referred to in Section 2 of the Checklist in relation to professional bilingual and advocacy services for people from Black communities who do not speak English. Advocacy for disabled people, those with learning difficulties and those with mental health problems is sometimes referred to as 'citizens' advocacy' and is often provided by volunteers who have a continuing relationship with the person whose interests are being represented.)

4.1 Are there joint health care planning teams for the development of policy and service planning for disabled people which include include representatives from:

(a) Black community organisations?

(b) Black disability organisations?

(c) advocacy schemes?

(d) carers' organisations and support groups?

(e) local authority departments?

(f) primary and community health care services?

(g) private and commercial agencies?

(h) employment agencies?

4.2 Are there arrangements for assessing the health needs of Black disabled people which include reference to information on:

(a) the nature of disabilities?

(b) the nature of the health conditions giving rise to disabilities?

(c) the extent and severity of disabilities?

(d) levels of personal support required?

4.3 Are there arrangements for regularly consulting Black disabled people regarding the:

(a) physical accessibility of services?

(b) range of service provision?

(c) technical quality of care?

(d) continuity of care?

(e) effectiveness of treatment?

(f) acceptability and appropriateness of service provision?

(g) the appropriateness of professional bilingual and advocacy services?

4.4 Are there written guidelines for staff which recognise the right of disabled people to:

(a) act as their own advocate?

(b) use an advocate of their choice whose role is recognised and respected?

(c) have access to advocacy services?

4.5 Is there training for staff in rehabilitation services which:

(a) includes information on the cultural needs and practices of people from Black communities?

(b) involves appropriate Black community organisations?

4.6 Are there arrangements to liaise with housing authorities and Black housing schemes to establish schemes for disabled people from these communities?

5. Community health care services

5.1 Are there procedures to enable the monitoring of the geographical and social distribution of community health care facilities?

5.2 Are there provisions for bilingual or linkworker services which may include:

(a) service-based interpreters/linkworkers/advocates?

(b) arrangements with local professional bilingual services for the provision of interpreters and advocates?

(c) arrangements with local Black community organisations for the provision of trained interpreters and advocates?

5.3 Is there a planned strategy for encouraging and enabling the participation of Black people in patient participation groups that has been developed with:

(a) local Black community organisations?
(b) the health authority?
(c) the FHSA?
(d) the CHC?

5.4 **Are there arrangements for obtaining the views of Black patients in relation to the accessibility of services and which include reference to:**

(a) the appropriateness of patient information?
(b) the appropriateness of health education information?
(c) physical accessibility to services (such as public transport and disabled access)?
(d) the appropriateness of the hours of service provided?
(e) appointment systems?
(f) patient care?
(g) the provision of interpreters, linkworkers and advocates (who may work in people's houses)?

5.5 **Are there initiatives to encourage Black patients to use preventative health and screening programmes which include:**

(a) health education materials in community languages and which are culturally appropriate?
(b) information in community languages on screening programmes?
(c) publicising facilities through the ethnic media and community organisations?

5.6 **Are there arrangements for regular liaison between community health care teams, specialist clinic staff and appropriate community organisations with regard to Black patients and:**

(a) health needs assessment?
(b) continuity of care?
(c) service planning and development?

5.7 **Are there arrangements for publicity strategies to encourage the uptake of community health care services which target Black people including:**

(a) refugees?
(b) newly arrived people?
(c) travellers?
(d) homeless people?

ANNEX B: HEALTH CONDITIONS

1. Coronary heart disease and stroke

1.1 **Are there arrangements to enable the development of local targets for coronary heart disease and stroke which take into account the health care needs of local Black populations?**

1.2 **Are there arrangements to link national and local coronary heart disease prevention initiatives (for example, a strategy for the adoption of the 'Look After Your Heart' programme)?**

1.3 **Are there procedures to ensure that the planning of prevention programmes for coronary heart disease and stroke take into account local population data including:**

(a) the characteristics of different local Black populations (such as age and sex)?
(b) social and economic deprivation?
(c) homelessness?
(d) unemployment?
(e) population mobility?

1.4 **Are there arrangements for resources to be allocated for prevention projects that address the specific needs of Black populations?**

1.5 **Are there arrangements for liaison with primary and community health care services for initiatives that target Black people including:**

(a) health promotion clinics in community languages?
(b) health checks and screening for individuals at risk of coronary heart disease and stroke?

1.6 **Are there arrangements for the screening for diabetes of patients with coronary heart disease and/or stroke?**

1.7 **Are there procedures in clinical or medical audit which enable the monitoring of intervention procedures (for example, coronary artery bypass grafts) among Black patients?**

1.8 **Are there arrangements for dietary counselling in community languages which takes into account different communities' diets?**

2. Diabetes

2.1 **Is there a register of all diabetic patients to support hospital-based and primary health care systems and to ensure adequate supervision and follow-up of patients?**

2.2 **Are there procedures in clinical audit or medical audit which enable the ethnic monitoring of patients and:**

(a) mortality?

(b) end-stage renal failure?

(c) visual impairment and blindness?

(d) amputation?

(e) myocardial infarction?

2.3 **Are there arrangements for primary health education programmes in community languages for Black patients with newly diagnosed diabetes which include:**

(a) routine diabetic counselling?

(b) dietetic counselling?

(c) guidance on self-monitoring?

2.4 **Are there arrangements for secondary health education programmes in community languages which include:**

(a) long-term diabetes control counselling?

(b) maintenance and reinforcement of changes in diet and lifestyle?

2.5 **Are there mechanisms to ensure that dietetic counselling and advice to Black patients:**

(a) is consistent with the cultural and religious requirements of the patient?

(b) is relative to the patient's dietary patterns?

2.6 **Are there procedures to ensure that the cultural and religious requirements of the patient are recorded in patient and nursing records and are referred to in decisions regarding the type of insulin prescribed to patients?**

2.7 Are there arrangements for pre-conception counselling services and antenatal support and advice in community languages for Black diabetic women?

2.8 Are there arrangements for long-term counselling and support in community languages for children and young people with diabetes and their carers?

2.9 Are there arrangements for the provision of emergency (including 24-hour) advice in community languages for patients and their carers?

3. Mental health

(Please note that 'advocacy' in this section refers to a specific process of representation for people with mental health problems that is distinct from the role of advocacy referred to in Section 3 of the Checklist ('Professional bilingual services') for Black people who do not speak English. Advocacy for people with mental health problems, physical disabilities and learning difficulties is sometimes referred to as 'citizens' advocacy' and is often provided by volunteers who have a continuing relationship with the person whose interests are represented.)

3.1 Are there provisions in services which have developed local targets for mental health to take into account the specific health and social care needs of Black populations?

3.2 Are there joint health care planning teams for the development of policy and services which include representatives from:

(a) local authority departments?
(b) primary and community health care services?
(c) mental health users' forums?
(d) advocacy schemes?
(e) carers' organisations and support groups?
(f) Black community organisations?
(g) homelessness organisations?

3.3 Are there procedures to ensure that community care plans include reference to:

(a) how services will aim to meet the needs of Black mental health patients and their carers?
(b) arrangements for outreach services to target homeless people and refugees from these groups who have mental health care needs?
(c) arrangements for consulting mental health patients and their carers?

3.4 **Are there procedures for ethnic record keeping and monitoring which enable the monitoring of:**

(a) compulsory admissions under the Mental Health Act (1983)?

(b) treatment decisions and clinical outcomes (including referrals to psychotherapy and counselling services)?

(c) the use of inpatient, after-care and day-care facilities?

3.5 **Are there arrangements for mental health teams to introduce ethnic monitoring into multidisciplinary audits of all suicides (and undetermined deaths) of Black people in contact with specialist mental health services?**

3.6 **Are there arrangements to ensure that implementation of the care programme approach includes reference to the cultural needs of the patient in:**

(a) assessment of the health and social care needs of the patient?

(b) nomination of a keyworker?

(c) review and monitoring of the patient's needs and of the delivery of the care programme?

3.7 **Have protocols been developed for the discharge of Black patients from hospital to community care which include reference to:**

(a) liaison between hospital and community health care teams?

(b) liaison (and registration where necessary) with the patient's general practitioner?

(c) the housing status of the patient?

(d) the planning of follow-up and after-care arrangements?

(e) discussion with the patient of future medication and treatment?

(f) the setting of a date to review prescribed medication?

3.8 **Are there written guidelines for staff which recognise the right of patients to:**

(a) act as their own advocate?

(b) use an advocate of their choice whose role is recognised and respected?

(c) have access to advocacy services?

3.9 **Are there training programmes for staff which include:**

(a) anti-racist training?

(b) information on improving the recognition, assessment and management of depression, anxiety and suicidal risk among Black patients?

3.10 Are staff aware of alternative therapies and traditional healers used by some Black people?

3.11 Are there arrangements for liaison between mental health services and:

(a) community advice centres?

(b) law centres?

(c) local police?

(d) the Homeless Persons Unit?

3.12 Is information available in community languages about drugs used to treat mental health conditions, their side effects and how to avoid dependency on prescribed medication?

3.13 Are there provisions for transcultural therapy and counselling for Black patients?

4. Haemoglobinopathies

4.1 Is there a written policy statement for the care of patients with haemoglobinopathies?

4.2 Have protocols been developed for the management of haemoglobinopathy disorders in different clinical specialities?

4.3 Do the protocols detail procedures for staff in wards and in the accident and emergency department which include guidance on:

(a) pain relief?

(b) rehydration?

(c) analgesic and antibiotic therapy?

4.4 Are there provisions for primary prevention strategies which include:

(a) pre-conception screening?

(b) antenatal screening?

(c) prenatal diagnosis?

4.5 Are there provisions for secondary prevention strategies which include:

(a) pre-anaesthetic screening?

(b) neonatal screening?

4.6 Are there arrangements for community-based screening, counselling and information services in community languages for local Black populations at risk of haemoglobinopathies?

4.7 Are there planned community health education programmes which include information in community languages on:

(a) screening?
(b) counselling facilities?
(c) modes of transmission?
(d) avoidance of precipitating crises?
(e) pain control?
(f) local haemoglobinopathy organisations and support groups?

4.8 Are there arrangements for regular liaison with local haemoglobinopathy organisations and support groups over issues of:

(a) service planning and delivery?
(b) the monitoring of service provision?
(c) quality assurance?
(d) health needs assessment?

4.9 Are there provisions for training in the management of haemoglobinopathies which include reference to the needs of Black patients for:

(a) general practitioners?
(b) nurses?
(c) district obstetricians?
(d) health visitors?
(e) midwives?

5. HIV and AIDS

5.1 Are there arrangements for the development of local targets for HIV and AIDS which take into account the specific health and social care needs of local Black populations?

5.2 Are there procedures to ensure that community care plans include reference to:

(a) how service provision will meet the needs of people living with HIV/AIDS and their carers?
(b) arrangements for consulting them and their carers?

5.3 **Is there a written policy statement regarding the provision of HIV screening services which ensures that:**

(a) informed, recorded consent is given before testing?

(b) there are arrangements for pre-test, post-test and post-diagnosis counselling in community languages?

5.4 **Is information publicised in community languages about confidentiality for HIV/AIDS service users and the ethnic monitoring of services?**

5.5 **Are there arrangements to enable people living with HIV/AIDS to participate in the development of appropriate models of care?**

5.6 **Are there provisions (for example, small grant schemes) to enable the continuing development of local HIV/AIDS initiatives and resources for Black people?**

5.7 **Are there guidelines and training programmes for HIV prevention workers which include information on:**

(a) the demographic distribution and the cultural and religious profiles of local Black populations?

(b) the development of appropriate outreach services for specific populations and for groups within these populations?

(c) assessing the health care needs of Black populations?

(d) developing processes to monitor and evaluate service provision for them?

(e) anti-racist practice?

5.8 **Are there provisions to ensure that information and advice on HIV prevention is culturally appropriate with the aim that recommended changes in behaviour should be acceptable to the cultural and religious beliefs of Black people?**

5.9 **Are there arrangements to ensure that HIV prevention and outreach services for refugees and newly arrived people take into account the national HIV/AIDS programmes in their countries of origin?**

5.10 **Are there arrangements for HIV awareness training and workshops for Black community organisations?**

5.11 Are there arrangements to ensure that HIV/AIDS palliative care takes into account:

(a) the beliefs, customs and values of the individual?

(b) cultural and religious requirements relating to dying and death?

5.12 Are there arrangements for liaison with housing authorities and associations to develop a strategy for housing provision for people living with HIV/AIDS?

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Checklist

HEALTH
&
RACE

Checklist health and race provides guidance for managers in regional and purchasing authorities and in provider units on how to improve NHS services provided to people from Black populations.

Regions

Managers at regional level should find the guidance useful in:

- reviewing and developing race equality initiatives within their own organisations;
- developing health strategies and investments in service development;
- reviewing and evaluating the performance of purchasers in implementing and developing race equality initiatives;
- producing guidance for purchasers on meeting the needs of Black patients, to be implemented through their contracting procedures.

Purchasers

Purchasing managers can use the guidance in:

- reviewing and developing race equality initiatives within their own organisation;
- developing processes to assess the health needs of local Black populations;
- developing and negotiating contracts and agreements with specific race equality standards to ensure that services are available and accessible to Black patients;
- monitoring contracts and contract compliance with race equality standards.

Providers

Managers in provider units can use the guidance in:

- building race equality into strategic plans and local charters;
- developing and monitoring service provision to Black patients.

The guidance should also be a basis on which community organisations and users' groups can evaluate race equality initiatives in local service provision.

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