Equality for All

Working to provide healthcare that meets the needs of all our patients

Simple ways to get across healthcare messages to the whole community
SEE PAGE 2

DJ Mikey Hughes explains the challenges facing blind people
SEE PAGE 3

You tell us what you thought of the patient experience conference
SEE PAGES 6&7
The building blocks to providing effective care

Head of inequalities and health improvement Sue Laughlin explains why NHSGGC is committed to making equality in health a reality for all our patients.

Case study:
Jelina is a Pakistani woman who cannot speak English or read in any language. Jelina was admitted to hospital for a stay of several weeks. During this time, staff did not communicate with her and she was left completely isolated in her already vulnerable state. Jelina’s family had to draw pictures for her to use to make simple requests.

This case study is based on a real-life experience and highlights how the NHS can discriminate, however unintentionally, against people during the course of their everyday lives.

This special edition of Staff Newsletter is focusing on a fundamental building block for effective care – communication and language support – because it is so central to addressing discrimination and promoting equality. NHSGGC has made a commitment to ensuring that every person who uses its services is communicated with in a way that they understand.

We recognise that some people find it easier than others to access healthcare so we need to be thinking constantly about whether we are creating barriers in the way that we provide our services.

The fact that society has thought it necessary to have equalities legislation reminds us that the problems of discrimination are not being addressed and that we need the strength of the law to promote change.

NHSGGC has adopted an equality scheme which has been designed to try to make real how we will meet the requirements of the law. I cannot stress too highly that every member of staff is bound by the legislation and the expectations of the scheme on behalf of the organisation.

The scheme has clearly identified improving communication as one of a number of key priorities which need to be implemented before further change can be introduced. By holding the Understanding Patients’ Experiences event at Glasgow Royal Concert Hall recently for staff, we have already started looking at ways we can improve communication among staff and with patients.

Some of the main aims of the event were to help us deliver services that help reduce inequalities in health, encourage thinking and actions to overcome some of the barriers people experience, and to learn more about examples of good practice.

By involving patients directly, we were able to understand the perspective of those patients who have experienced discrimination or poor communication and find out about some of the small things we can do to improve this.

For more information about the equality scheme, visit: www.equality.scot.nhs.uk

For more information on the NHSGGC corporate inequalities team, visit: http://staffnet/Corporate+Services/Inequalities+and+Health+Improvement/CIT+Contact+Details.htm

Treatting people fairly

ALL staff should have received the Treating People Fairly leaflet with their pay slips earlier this year. This leaflet outlines how staff can tackle discrimination and ensure all patients are treated fairly.

It gives examples of real-life experiences of various patients who have all faced discrimination in our services and how we should have responded to those situations.

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A LEAFLET on swine flu to help patients with learning disabilities or those who require information presented in an easy-to-read format has been produced by the corporate inequalities team.

Sue Laughlin, head of inequalities and health improvement, explained: “As H1N1 becomes more prevalent in the community, we will have more patients affected by the virus, so it is important that all patients have access to the right information in a format they can understand.

“This shows good practice in relation to dealing with this particular issue and shows in a practical way the sort of information we need to produce.

“This approach is one that we, as an organisation must begin to develop as everyday practice. We need to think about what we are trying to get across in simple graphic terms to reach as many patients as possible.”

To download a copy of the leaflet, visit: http://www.equalitiesinhealth.org/publications/treatingpeoplefairly.pdf
O why don’t you send me the information I need in the format I want? So asked a forthright Mikey Hughes, who as well as being a DJ for Insight Radio – a station run by the Royal National Institute for the Blind (RNIB) – and a Big Brother runner-up, is also one of our blind service users.

Mikey, who has the genetic condition Stickler’s syndrome, told staff how he became blind in 1998. He clearly laid out the difficulties that blind people can face.

Research by the RNIB showed that the majority of blind people live alone, can suffer from depression, and often don’t go out. One in five has learning difficulties.

Mikey explained: “As well as having the problems of accessing information, there is also the problem of mobility to actually get to and from hospital appointments. Often you have to get taxis, which is costly.

“I find getting information in an accessible format difficult – often I get a letter and it sits for weeks before I remember to get somebody to read it to me, so I may miss appointments. But even that takes trust – many people don’t want someone reading their private letters.

“Why can’t information be given in an accessible format? I don’t read Braille – many blind people don’t. A letter is not good enough. I have a talking computer – if you email me, I’ll get the information. It saves a stamp and the postman a trip, so why can’t you do this?”

DJ Mikey Hughes explains how health boards can make life easier for those with sight problems

I find getting information in an accessible format difficult. I don’t read Braille so a letter is not good enough

Mikey Hughes

FIONA MACDONALD, adult literacies development co-ordinator for the Scottish Government, explained that a key objective for this current Government was to improve the patient experience of the health service.

“We need to work to make life easier for health users and to work to lesson the profound mismatch between the literacy skills of the public and literacy demands of the health service,” she said.

Fiona discussed many of the barriers that exist to prevent good communication, the main one for the health service being reading.

“We tend to always think it’s about communication in text with signage, graphs, forms, prescription guidance and website searches all in text format, but even websites are difficult to find if you can’t spell!”

Fiona added that a key part of improving literacies was the professional development of our own staff.

The Scottish Health Council worked closely with NHSGGC in planning and organising the GRCH event, with the aim of promoting good communication, particularly for patients who may have communication needs.

Director of the Scottish Health Council Richard Norris said: “We are all working towards setting a vision for a health service in Scotland that listens to, understands and acts on the views of patients and local communities.

“Patients are the experts when it comes to saying how services should be delivered – this is even more important when those patients experience sensory impairment or communication issues.

“We are pleased to support NHSGGC in developing health services that focus on key priorities such as improved access, better communication with patients and respect for all.”

THE Scottish Health Council

Richard Norris

Setting a vision for Scotland

Finding the right tone

Fiona MacDonald

THE Understanding Patients’ Experiences event featured presentations from a number of high-profile speakers. Here are some of their comments and thoughts on the day…

You know I’m blind...

Speakers
Effective communication

The key to improving our patients’ experience is good communication

UNDERSTANDING and improving our patients’ experiences is vital to the future of NHSGGC, according to our chief executive Robert Calderwood. Speaking at an event specially designed for staff at Glasgow Royal Concert Hall, the chief executive said the key to achieving this understanding is effective communication.

Robert said: “There is clear evidence to suggest that enhancing the patient ‘voice’ leads to better health outcomes. Effective communication is therefore central in achieving this.” However, he also added that we all have a role to play in improving communication not just with patients, but within the organisation itself.

While the event was concentrating on the communication needs of patients, Robert emphasised that “it is important to recognise that issues associated with communication and language apply to our staff as well. Supporting staff around these also forms part of our organisation’s ethos.

“Communication is a crucial element in almost all health service activities and interactions. Performed effectively, it can assist in understanding, reduce inequalities, improve outcomes and improve the patient experience. Done badly, it can increase the clinical risk, raise the likelihood of exclusion and inequality, and lead to complaints.”

Of particular concern where communication and understanding are essential were those groups and individuals considered particularly vulnerable because of their communication needs. This included those whose first language was not English, learning disabled people, or people who have problems with literacy or numeracy. This last group is estimated to be about 200,000 in Greater Glasgow and Clyde.

We must also consider those who have survived a stroke or suffered a brain injury which has affected their ability to communicate significantly.

“If as an organisation we don’t communicate effectively with patients, this can contribute to them being denied the opportunity to access, or get the full value from, our services. This is discriminatory and will contribute to inequalities in healthcare and health outcomes.”

Poor communication as discrimination

Robert recognised that discrimination was a difficult concept for NHS staff to accept because of the ethos of patient service and our widely held belief that we treat everybody the same. However, discrimination in some cases for these patients is not usually deliberate or intentional, but happens on a regular basis.

To tackle this, Robert said we need to plan and deliver our services to meet the needs of all the people we serve: “We also have to make sure that staff take personal responsibility, and are equipped, to address inequality and discrimination where they see it and through how services are delivered.”

One of the first things we must do to help tackle these problems and support our patients is identify and record their communication needs and make sure this information is available in each part of the service so we can put in place the communication or language support required.

Communication is a crucial element in almost all health service activities and interactions

Robert Calderwood

Robert continued: “We need to work with staff to develop and embed the recognition that not only do we need to communicate with patients differently according to their needs, but equality legislation requires us to treat people differently in order to achieve equality in health outcomes.

“Through tackling discrimination, we will make sure that patients receive the best care and achieve the best outcomes possible, as well as maximising their wellbeing,” he added.

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What NHSGGC is doing

Our commitments to address the problems of communications can be found in the NHSGGC Communication Support and Language Plan. This significant work aims to achieve a systematic approach to communication support across NHSGGC.

- A key element of the plan is the accessible information policy that aims to make sure there is a consistent, accurate and clear approach to the provision of information to the public which meets their specific needs, whether in a written or oral format.
- The Black/Minority Ethnic (BME) and British Sign Language (BSL) interpreting policies and procedures have both been reviewed and revised and will be distributed across NHSGGC this month, along with resources to help staff identify the language support required and how to get that support.
- We are working with other health boards and national procurement to establish a national contract for interpreting, communication support and translation to enable a more efficient and effective delivery to support these services.
- Patient information centres in the new Stobhill and Victoria hospitals to provide information as well as health improvement sessions for the local community.
- There are programmes of work in relation to the adult literacy or numeracy for both staff and the public. The Go Ahead literacies project provides workplace support to staff for reading, writing and numeracy on a one-to-one basis.
- English classes on an ongoing basis for staff whose first language isn’t English with GRI.

There were 10 workshops at the event, all led by people who have experienced communication or access issues when using NHSGGC services. The workshops fed back some common themes on how to improve communication and access for patients.

Among these were:
1. Staff need to be aware of the communication needs of service users and understand the importance of communication in patient interactions and how it can improve patient care.
2. Additional time will be required to allow people with communication needs to have the same quality of interaction.
3. Recording or flagging patients’ records re communication needs would allow staff to be prepared. This would mean communication support could be in place prior to appointments and longer appointment times could be arranged.
4. There is a lack of consistency in approach to communication across services with different practices in different settings. This needs to be addressed through the communication support and language plan.
5. NHSGGC needs to invest in better ways of contacting and interacting with service users. This includes information for patients and the public and feedback from patients on how we can improve our services.
6. Privacy and confidentiality were raised as an issue, especially when interpreters are present. It is recognised that this presents a ‘tension’ for the system because interpreters are central to making sure that information is relayed accurately.

If you have an example of good practice or you are doing anything to develop better communications please share this with CIT. Email: susan.thompson@ggc.scot.nhs.uk
Mark Gallagher, community learning disability nurse, East Renfrewshire CHCP
“The event was excellent. There was a variety of interesting information on the other areas that have problems with communication. In learning disabilities, we are constantly aware of the problems we face and it’s good to know that NHSGGC is taking steps to progress how we deal with these across the spectrum.”

Audrey Blair, facilities
“The breakout sessions were very useful as we explored many avenues. We are a huge organisation so it was interesting and very positive to hear what other people are doing.”

Paul Carberry, service user
“The event was interesting. It’s about helping people and educating staff about their needs. It also gives you first-hand knowledge so you can move forward.”

Frances Rodger, equalities manager, Glasgow addictions services
“It’s useful for frontline staff to get involved in these events and bridge the gap between policy and practice. After today, staff can take away practices and plan to change their own working environment.”

Angela Perry, Sylvia Cranston, and Katrine Somerville, Renfrewshire addictions services
KS: “While we recognise the problems and have experience in dealing with communication issues in our area, it was interesting to hear the issues other parts of the organisation have.”
SC: “We often forget the problems people have with literacies and patient confidentiality is key in this. Often people don’t want their family to know they have a problem or that they are seeking treatment and can’t ask family to read letters to them that we send, so we need to find better, alternative ways of communicating.”

Nada Kadhim, involving people manager at Golden Jubilee
“It’s been an absolutely brilliant event and so good to see the support of senior managers and your chief executive. There has been a wide variety of information from the public, Scottish Government, the Scottish Health Council and other organisations. It was a nice piece of work to be done in half a day!”

Flora Muir, quality co-ordinator, Southern General Hospital
“The need for a clean link from primary care to secondary care came out of the workshop I was in. We have a long way to go and it’s very difficult to achieve, but it is something the organisation is aware of and working towards – creating a seamless patient journey.”

Con Gillespie, head nurse clinical improvement and development, emergency care
“I didn’t get my first choice of workshop, but was instead allocated to the workshop looking at the experience of using NHSGGC services from the perspective of a profoundly deaf British Sign Language-using man. I feel that was actually better for me as the personal experiences talked about in the workshop were very insightful.”

Yvonne Milne, project team leader
“I was already very conscious of the difficulties in the organisation to do with equalities, but feel communication is key in relaying this information to other staff, in particular reception staff, who are often the first point of contact. I feel in my department, we are possibly discriminating against interpreting services as often staff feel they only have one option when in actual fact there are many options out there. They just need more information on how to access these.”

George Murphy, public involvement officer, West Dunbartonshire CHP
“I found the event useful – it’s good that we’re taking communication seriously. I attended the dual sensory impaired workshop, which I found really interesting. We were all given alphabet cards which I think is a great idea – if everyone took five minutes out of their day to learn to sign the alphabet on their hands, it would be excellent.”

Sanjeev Chitnis, consultant orthopaedic surgeon, RAH
“I found the event very useful. The two main points I’d like to see taken forward are: improving the lack of communication skills – this needs to be addressed through training and education, from reception to consultants. If we could all learn to communicate it would make the patient’s journey much better. The next point is knowledge – we need to increase the use of technology, such as webcams – these can provide immediate interface with patients and we need to highlight instant access to interpreting services.”

Staff Newsletter asked for your thou
ights on the recent Understanding Patients’ Experiences event. Here’s

YOU SAID...
Cultural awareness

Working with multicultural communities within patient groups can create additional challenges for staff. Glasgow Caledonian University runs courses to improve services to diverse communities, supporting staff to develop their communication and cultural competence skills. These include:

• supporting practitioners in building the self-confidence required to engage effectively with patients and staff from a variety of cultural groups
• enabling practitioners in developing cultural competence
• encouraging best practice to reduce inequalities in accessing information and services
• providing support to facilitate integration.

Since 2002, Glasgow overseas professionals into practice (GOPiP) has supported the integration of international health professionals into the Scottish health sector. It has been recognised that there is a need to support the local workforce to develop their existing skills towards increased cultural competence. This is particularly relevant when clinically supporting international colleagues through their integration, but also when engaging with a local, yet increasingly multicultural patient group.

This helps staff to become more self-aware by recognising how attitudes to different cultural groups might impact on their healthcare.

People from minority ethnic groups often receive poorer care because of the ethnocentric attitudes and unwitting prejudice of practitioners. Therefore, staff groups are required to be culturally competent in care delivery.

International patients and clients access health and social care services with their own set of beliefs and values regarding health needs. Professionals need to be aware of decision-making processes which are culturally unacceptable.

Issues that staff may encounter are:

• misunderstandings around icons and symbols
• issues with medication and treatments from other countries
• international health issues relating to religious and cultural needs.

If you would like more information, tel: 0141 331 8352 or email: gopip@gcal.ac.uk

For further information on diversity mentoring, contact Imran Shariff, equality and diversity manager, tel: 0141 201 4977 or email: imran.shariff@ggc.scot.nhs.uk.
Emma Murray, equality and diversity administrator, tel: 0141 201 4918 or email: emma.murray@ggc.scot.nhs.uk.

Raising awareness of different cultures

Going up the career ladder? Let us help...

The scheme is looking for managers already working in a leadership role with three to five years’ organisational experience in the NHS to build on their existing skills

The first cohort for the Going Up? mentoring scheme has now been established. Going Up? is one of three pilot mentoring schemes funded by the Scottish Government which promotes all-inclusive mentoring to staff already in, or about to embark on, their first leadership role.

Going Up? engages with staff to promote and take forward NHS GGCC’s commitment to a more varied, diverse and inclusive workforce at all levels of the service. The role of mentor will be to motivate and inspire staff groups to find ways to break down their barriers and move forward with their careers.

The scheme is looking for managers already working in a leadership role with three to five years’ organisational experience in the NHS to build on their existing skills as managers and develop them further.

Good mentors are good communicators, have excellent oral presentation and listening skills and will be willing to work towards creating a supportive and motivational environment for mentees.

Mentoring helps people build on their existing skills

Anyone can be mentored
Staff who can take part will either have just taken up, or be about to take up, their first management role. It doesn’t matter what area of the health service you work in, but you must be willing to commit to the project for its duration.

People from as wide a range of staff groups and backgrounds as possible are sought to take part in the project, which should last about six months.

No qualifications or experience are necessary. If you feel you are experiencing barriers to progression – be they educational or social – and would like to develop new skills to overcome those barriers and help with career progression, then why not check out Going Up?

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Health practitioners should be aware of different cultural needs