

Culturally Sensitive Hospice Care

The Prince & Princess of Wales Hospice, Glasgow

Barbara Love, Clinical Nurse Specialist and Lead on the Minority Ethnic Project, 0141 429 9852, barbara.love@ppwh.org.uk, Libby Milton, Education Facilitator



The Prince & Princess
of Wales Hospice



View of The Prince & Princess of Wales Hospice from the River Clyde

Introduction

The Prince & Princess of Wales Hospice is situated on the bank of the River Clyde and serves the Southside population of Glasgow (approx 350,000). The Hospice is now 26 years old and has evolved to meet the needs of the local population.

However, this population now consists of a significant number of people of South Asian origin whose needs are arguably different from that of the indigenous population and for whom many barriers exist to accessing services (Box 1). The recent National Action Plan for Palliative and End of Life Care in Scotland, Living and Dying Well (2008), states "we must ensure that good palliative and end of life care is available for all patients and families who require it in a consistent, comprehensive, appropriate and equitable manner across all care settings in Scotland". This reinforces the Race Relations (Amendment) Act 2000 which states that "NHS Scotland must address inequalities in health experienced by minority ethnic populations". Both these reports support the work of The Prince & Princess of Wales Hospice which has determined to address the challenge of providing culturally sensitive palliative care.

The Local Situation

In the year 2006/07 there were 875 referrals made to Hospice services; only 16 were from the minority ethnic community (1.8%). This is in contrast with the proportion of the local population from these groups which is 5.8%. (National Census 2001). The majority of these are of South Asian origin and predominantly Muslim and in some areas such as Govanhill represent up to 40% of the local population.

In 2008 the Hospice undertook a strategic review and established the hospice Minority Ethnic Project (ME) which aims to develop culturally sensitive Hospice services which would address the Palliative Care needs of the minority ethnic population. To this end a raising awareness project has been set up, led by Barbara Love, Clinical Nurse Specialist Palliative Care with some short term financial support from the local Managed Clinical Network.

The Project

The key aim for the first year of the project was to identify and examine barriers to accessing Hospice services. A second aim was to raise awareness of Hospice services within minority ethnic communities. A recent research project undertaken in Edinburgh University was used in the development of this project. (Worth et al 2009.)

A steering group was then established and specific objectives identified. (Box 2)

Progress

The project is now in its second year and great progress has been made. Strong links have been established within the South Asian community and an enthusiasm and willingness to support the project has been displayed.

Awareness Raising



Central Mosque, Glasgow



Gurdwara Temple, Berkeley Street, Glasgow



Eldery Day Care Centre, Women's Group in Central Mosque, Glasgow



Mela Festival in Kelvingrove Park, June 2009

Barbara Love and Dr George Gray have visited the local Mosque, Gurdwara and Mandir Temple to meet the elders of the faith communities who have shown enthusiasm and willingness to engage. They have given presentations about hospice services and joined in social activities.

A phone-in has been arranged with the local "Radio Ramadan". Several local GPs attended the hospice open day and a further open day for the public is planned for November.

Building Relationships

We now have five volunteers from the ME community who have joined the hospice team. One is supporting Barbara's project work.

Breaking Down Barriers



Three of the Hospice Volunteers in the Multi-cultural Prayer Room

A newly developed hospice information leaflet has been designed and translated into Urdu, Hindi and Punjabi. The leaflets will be available in key public locations within the ME community. Barbara is also planning to learn Urdu.

Culturally Appropriate Care

Around 30 staff in the hospice have taken part in two days of training, with local participants from the ME community, including the President of the local Mandir Temple, Shobha Nagpal. These days were well received



Barbara Love and Shobha Nagpal at the "Glasgow's Multi-cultural Communities" training day, February 2009



The Multi-cultural Prayer Room at The Prince & Princess of Wales Hospice



and support the work of the hospice teams. (Aims of the Day Box 3). There is a resource folder in the in-patient unit and the staff are now confident they are able to offer culturally sensitive nursing care. They are aware of, and able to offer, specific faith requirements (food, prayer, facilities).

They are also fully aware of the necessity to engage with families about their specific care needs.

Ethnicity monitoring

Data is now being formally collected about the ethnicity of our patients, based on the ISD codes used at the 2001 Census (Box 4). This will allow us to monitor service uptake and shape services accordingly.

The Future

Our aim for year three is to continue in the redesign of our services to ensure they are culturally sensitive and to establish outreach Palliative Care clinics within key areas populated by the South Asian Community.

Other models of care provision around the UK have been identified. Several key staff are planning to visit Bradford Marie Curie Hospice to meet the Cultural Liaison Officer who supports the work of the local community nurse specialists in palliative care (Jack et al).

Our strategic vision is to offer an equitable and appropriate palliative care service to all cultures and faiths to those who live in the south of Glasgow.

Box 1 : Barriers to Accessing Palliative Care

- Lack of individualised needs led care
 - Food
 - Washing
 - Prayer
- Institutional and personal discrimination by practitioners.
- Negative perceptions of service users regarding hospice.
- Language barriers/lack of interpreters.
- Lack of information/service availability and access.

Ref : Worth et al 2009

Box 3 : Programme for ME Training "Glasgow's Multi-cultural Communities" February 2009 at The Prince & Princess of Wales Hospice

Aims

- To raise awareness of the different cultural needs of the multi-cultural society in Glasgow.
- To recognise individual communities approaches to death and dying
- To discuss the hospice's role in taking culturally sensitive services forward.

Box 2 : Aims of the Hospice ME Project Group

- To engage with the individual minority ethnic communities – accessing them via their faith groups (Muslim, Sikh and Hindu).
- To raise awareness of Hospice services through outreach events based in places of worship and at community gatherings.
- To gather information on barriers to service use through discussions with key members of these communities.
- To design culturally appropriate Hospice information – leaflets and posters which will be printed in 4 core languages (Urdu, Hindi, Punjabi and English). These leaflets and posters will be made available in strategic areas in the community e.g. places of worship, medical facilities, day centres, libraries etc.
- To increase the Hospice staffs confidence and competence in providing culturally sensitive palliative care.

Box 4 : ISD ethnicity codes used in 2001 census

- A - White
 - 1A Scottish
 - 1B Other British
 - 1C Irish
 - 1D Any other White background
- B - Mixed
 - 2A Any mixed background
- C - Asian, Asian Scottish or Asian British
 - 3A Indian
 - 3B Pakistani
 - 3C Bangladeshi
 - 3D Chinese
 - 3E Any other Asian background
- D - Black, Black Scottish or Black British
 - 4A Caribbean
 - 4B African
 - 4C Any other Black background
- E - Other Ethnic Background
 - 5A Any other ethnic background
- F - Refused/Not provided by patient
 - 98 Refused/Not provided by patient
- G - Not Known
 - 99 Not Known

References

- Jack C, Penny L and Nazar W. 2001. Effective palliative care for minority ethnic groups : the role of the liaison worker. International Journal of Palliative Nursing 7:8 pp375-380
- National Census 2001.
- The Scottish Government (2008) Living and Dying Well: a national action plan for palliative and end of life care in Scotland. Edinburgh.
- United Kingdom Parliament. Race Relations (Amendment) Act 2000. London 2000.
- Worth A et al (2009). Vulnerability and access to care for South Asian Sikh and Muslim patients with life limiting illness in Scotland: prospective longitudinal qualitative study. BMJ 2009; 338: b183.