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

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 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).

Progrress
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
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
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 and support the work of the hospice teams. (Aims of the Day Box 3).

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.

References
National Census 2001