

Introduction:

The Pacesetters programme is a partnership between local communities who experience health inequalities, the NHS and the Department of Health (DH). The Equality and Human Right Group (EHRG) of DH is working on the programme with Strategic Health Authorities (SHAs) across the UK.

The aim of the programme is to reduce health inequalities for patients and service users, as well as creating working environments that are fair and free of discrimination.

This is the second wave of Pacesetters and it is hoped those joining the programme will build on the success of Wave 1, by reducing inequalities arising from discrimination on account of age, disability, ethnicity, gender, relation, and sexual orientation and gender identity.

Community participation is central to the programme. SHAs and trusts will work in partnerships with local populations, patients and service users to test innovative new ways of working. Wave 2 sites, such as BEN PCT, will receive support from trusts that participated in Wave 1 and will benefit from their experiences and insights.

The Pacesetters programme enables SHAs to link together and share knowledge gained from identifying, addressing and embedding equality issues and applying them to local situations. The programme aims to spread learning across the NHS.

PACESETTERS WAVE 2

Support:

The PCT is required to submit bi-monthly reports to the SHA, detailing the progress and achievements made and any challenges encountered. PCTs are encouraged to share their actions since the last reporting period and those that are expected to take place before the next reporting period. Participating organisations are also invited to meet with other Wave 2 sites in the West Midlands on a monthly basis, to share ideas and provide support. Wave 1 sites will join this group bi-monthly to help guide the progress of the new sites. BEN PCT also has the local project support of the ex-HEFT lead who participated in Wave 1 of Pacesetters.

Current Situation:

The 2001 Census revealed that 9.5 million people in England and Wales (18.2%) said they had a long term illness, health problem or disability; 4.3 million of whom were working age. In Birmingham, in 2007, 58,595 people were Disability Living Allowance Claimants.

The PCT does employ some registered disabled people (awaiting data); however, the aim of this project is to increase the number. This will be not only through ensuring that those currently employed remain with BEN PCT, but also through encouraging more people to apply for work here.

Data collection is already underway to understand the number of registered disabled people currently in the workforce and the number of disabled people who have applied to the PCT in the last year.

There is also an issue of the completeness of data. It is clear that not all people declare their disability at work and there is a need in BEN PCT to empower staff to declare their disability, through an awareness that they will be supported through a variety of means and through the understanding that BEN PCT would like to encourage more disabled people to work for them.

Project Team:

Hannah Robinson, HR Manager (BEN PCT)
Gemma Smallwood, Head of Recruitment (BEN PCT)
Ricky Manton, Training and Development (BEN PCT)
Marguerite Standing, Chair of Disability Advisory Group (HEFT)
Kathryn Lennon (Pacesetter Project manager)

Change Idea: Increasing the representation of registered disabled people in the BEN PCT workforce by at least 10% by March 2011

Key Steps Actioned:

Project team to meet on a regular basis to guide project;
Baseline data gathered through ESR;
Understanding and recording staff experience;
Online survey drafted;
BEN PCT has signed up to the Employers Forum on Disability, Disability Standard 2009

Expected Outcomes:

Increase of at least 10% in the number of registered disabled people working for the PCT, over the next two years.
This will be achieved through staff engagement, working with Remploy and developing the Disability Case Team procedure.

Next Steps:

Continue with staff involvement, via online survey and recording experiences.
Understand links with Remploy more thoroughly and explore ways to develop these links.
Look at how to develop Disability Case Team (already in PCT disability employment policy).
Carry out Disability Standard assessment.

Current Situation:

500,000 people suffer from Glaucoma in England and Wales. The majority of these people have a chronic, slow developing form of the condition known as Primary Open Angle Glaucoma (POAG). Studies suggest that half of all cases remain undiagnosed.

People of African-Caribbean descent are 8 times more likely to develop glaucoma than the general population and it tends to appear 10-15 years earlier (Cross et al, 2005)

Close blood relatives of patients with POAG have at least a four fold risk of Glaucoma compared with those without a family history of glaucoma.

People from families in which a member has glaucoma should be tested for glaucoma from the age of 35 onwards. People with other glaucoma risk factors in addition to the family history (e.g. being of African-Caribbean origin or having diabetes) should be tested from an even earlier age.

Project Team (proposed):

Dr Anil Negi, Consultant Ophthalmologist (HEFT)

Katie Pedwell, Sister (HEFT)

Carole Atkins, Ophthalmology Nurse (HEFT)

Pauline Bloomfield, Ophthalmology Nurse (HEFT)

Waqar Malik, Consultant Diabetologist (BEN PCT)

Saj Kahrod, Head of CVD (BEN PCT)

Kathryn Lennon (Pacesetter Project manager)

Change idea: Improving Glaucoma Screening for African-Caribbean people with Diabetes

Key Steps Actioned:

Attendance at Solihull Community Support Group to record patient opinion on the Glaucoma service;

Understand and record patient pathway;

Project team to meet on a regular basis to monitor project.

Establishing link between Community Diabetes Team and Glaucoma team at HEFT.

Expected Outcomes:

The aim of this project is to improve glaucoma screening for African Caribbean Diabetics. The key outcome measure is to see an increase in the percentage of African Caribbean Diabetics being screened for Glaucoma from the base position.

The project will link existing Diabetes services with Glaucoma. This will be achieved by co-locating clinics or process linking Diabetes clinics with Glaucoma screening. The Diabetes team can be used to trigger screening for Glaucoma

Next Steps:

Establish Project team and define change idea more precisely; change idea to commence implementation in March 2009.

Current Situation:

Birmingham Integrated Language and Communication Services (BILCS) provide interpreters for planned medical intervention in 187 languages.

Historically, there has been a lack of performance management of this service. A block contract was in place. An SLA is currently being drafted and BEN PCT is looking to change the service, so that interpreters will be provided for a wider range of health services such as group education etc. BEN PCT will receive quarterly data on the use of BILCS by patients, by GP practice and by language. It will also give the commissioners a better profile of service users, by language spoken, in the PCT. Quality measure will also be put in place.

Health professionals report that some patients need interpreters on a regular basis, but there is no consistency of attendance by the same interpreter each time. Feedback from health professionals has revealed that this can cause difficulties, due to the lack of continuity to the patient, the lack of rapport between all parties and the lack of specialist knowledge and vocabulary from the interpreter.

The project aim is to improve access to health care, contribute to staff and patient satisfaction, contribute to staff retention, and promote health care which will support vital sign targets of objectives of reducing infant mortality. In addition the patient level data that BEN PCT will have access to will inform it of the population distribution within the PCT.

This work underpins access to all services, including the stroke and diabetes pacesetters projects, where language can present a barrier.

Project Team:

Hardev Bansal, BILCS Manager (HOBt PCT)
 Rosey Monaghan, Deputy Director of Performance and OD (BEN PCT)
 Lynne Laine, Head of Adult and Child Services (BEN PCT)
 Kathryn Lennon (Pacesetter Project manager)
 HV representatives

Data Change idea: Redesigning the data reporting system for interpreting services in BEN PCT

Key Steps Actioned:

Re drafting of the SLA BEN holds with HOBt PCT.
 Redefinition of the data set,
 Data set required has been redefined
 Definition of reporting KPIs and quality standards
 Regular quarterly performance meetings
 Fernbank Health Visitors are now working with two interpreters. The health visitors have completed questionnaires to provide baseline data regarding their experience of BILCS. Data is being recorded to highlight the number of patients attending each clinic and the number that required an interpreter.

Expected Outcomes:

BEN PCT will have an improved SLA with HOBt PCT. BEN PCT will receive regular reporting from HOBt PCT and BILCS which details patient level data, by GP practise, by language. Improved quantitative and qualitative data set.
 BEN will be assured that only BEN patient activity is included in the contract-VFM.
 Improved staff satisfaction.
 Improved staff retention.
 Better continuity for patients
 Better access for patients
 Contribution to reducing infant mortality
 Higher level of patient satisfaction.
 Transferable to all services where language is a barrier to healthcare and understanding.

Next Steps:

Provide feedback to HOBt PCT regarding draft SLA.
 Complete implementation at Adderley and set up monitoring.
 Monitor use of interpreters and amend project plan to reflect health visitor and patient feedback.
 Work with HVs to ensure changes are communicated to GPs and patients.



Current Situation:

Every year 150 000 people in the UK have a stroke. It is the third most common cause of death and the leading cause of severe disability. 250 000 people in the UK live with disabilities caused by a stroke. In BENPCT last year 597 people were discharged from HEFT having had a stroke.29 (second largest cohort after British) were Pakistani.

People are at greater risk of stroke from South Asian communities e.g. Pakistani, Indian, Bangladeshi. They have a higher incidence of high BP and they have a greater chance of dying from a stroke than the general population in the UK.

As part of the new Stroke Strategy, BEN PCT are setting up a process to track patients through the stroke pathway to better understand areas how patients access services and how this can be improved through hospital stay, discharge, rehabilitation , and home. This project, whilst developing on a PCT wide basis will identify 15 Pakistani stroke patients and map their journey. Selected interventions will be set up to understand and support service users with getting gold standard care and access to services.

Project Team:

Mel Young, Commissioner (BEN PCT)
Corinne Ralph (Stroke Network Director)
Anthony Smith, TIA Nurse (BEN PCT)
David Sandler (Consultant Physician HEFT)
Kathryn Lennon (Pacesetter Project manager)

Change idea: Improving Stroke Services for Pakistani People

Key Steps Actioned:

Project team to meet on a monthly basis to monitor project;
Actions include development of IT tracking system.
Use Doctor Foster Typology data to identify specific area with greatest need, e.g. highest admissions for stroke.
Work with PPI and communications on development of experiential engagement tools.

Expected Outcomes:

Establish tracking system for stroke patients.
Track 15 Pakistani and record patient experience using qualitative methods.
Better use of interpreting services for this group of patients monitored using BILCS reporting.
Understand interventions required for specific group.
Increase patients accessing appropriate services.
Work with commissioners to meet needs of the group.

Next Steps:

Continue work with Mel Young to align work with Stroke strategy.
Begin tracking process with IT project manager.