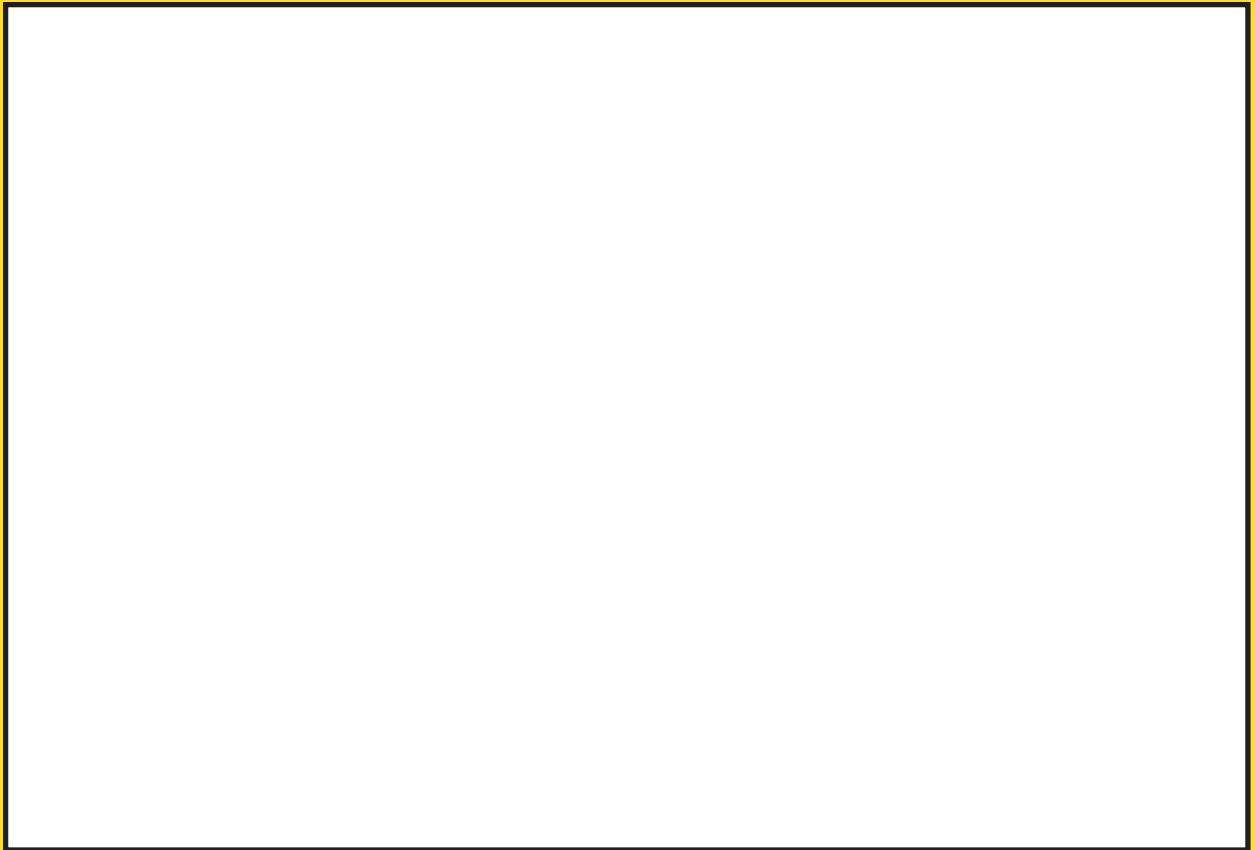


Community Action on Health West



Annual Report 2000 - 2001
and feedback from the seventh
Community Health Conference

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Contents

Background to Community Action on Health West 4

What’s been done this year? 6

Things People said during visits to Community groups. 8

The seventh Community Action on Health West Conference 16

Feedback from workshops

Workshop 1

Health and Older people 18

Workshop 2

Support for people when they are discharged from hospital 20

Workshop 3

What support does your group need to promote healthy living activities? .23

Workshop 4

How can we tackle racism to support Asylum seekers in our community? 25

Workshop 5

Services from your Doctor’s Surgery - How can they be improved?28

Workshop 6

How can we get positive action when we’ve made our voices heard?30

Workshop 7

Low income and unemployment - How does it affect our health? 33

Workshop 8

Workshop for the Chinese Community36

Workshop 9

Workshop for Asian Women (1)38

Workshop 10

Workshop for Asian Women (2)40

Workshop 11

Workshop for Iranian Women42

What people thought of the conference 45

Current Members of Community Action on Health West Management
Committee46

More things to read..... 47

Glossary - explaining what things are..... 48

CAH West would like to thank50

Appendix I51

Appendix II53

CAH contact details55

Background to Community Action on Health West

What is Community Action on Health?

Community Action on Health West (CAH West) supports a network of communities across West Newcastle (from Cruddas Park to Newburn) to take action on their health agenda and influence services. It is one of four Community Action on Health projects in the city: Community Action on Health West, East, North and Newcastle.

Why Community Action on Health West?

Poor housing, unemployment, poverty, the environment and discrimination all affect our chances of good health. People living in West Newcastle are less likely to have good health than those living in more affluent areas. Statistics show they also have poorer access to health services and health care. Government papers on health are now recognising that local people should have more say about how health services are organised and run. CAH West and other community health projects have been saying this for a long time. CAH West aims to work with those most discriminated against and least often heard through the usual channels. People need to have a say about health, and by starting with their experiences and their knowledge of what needs to change, we can start to tackle inequalities in health.

How does Community Action on Health West work?

A committee is elected annually, with local people representing geographical community groups and groups of interest or identity. The committee is an action group, taking up community health concerns. It also directs the work of two Community Development in Health workers. Two people from the committee sit on the West Locality Group of the Primary Care Trust (see glossary). They make sure that community views inform the Locality Groups' discussions and decisions. They also give feedback on local services, suggesting improvements.

Each year, CAH West visits as many groups as possible to ask them about their health issues and to invite them to an annual conference. The conference is an opportunity for the community to set their agenda on

health, and for health professionals to listen. People from community groups say that the conferences helps them increase their confidence, realise how powerful they can be, and make useful links with other individuals and groups. The visits and the conference are a key part of the year's work, connecting the voices of different communities. However, CAH West depends on individuals, groups and organisations working together throughout the year to tackle health inequalities.



What's been done this year?

CAH West has been involved in many ways in many different issues over the past year, and it would not be possible to list them all here. Some of our work is short term and has a definite end, such as responding to consultation documents or being involved in planning an event. Other work is longer term and involves working with others to take 'on going' action to get long-term change to improve health and health services. Here are just some examples of work in the past year:

- ◆ CAH West and the Community Health Council have started to visit Doctors' surgeries in the West end to look at things like access, what information they provide, how people can make comments, waiting room arrangements and so on. We talk to people in the waiting rooms and to the staff. The aim is to spread the best ways of doing things. The quality of services from their Doctor's surgery continues to be a major concern for many people.
- ◆ In November 2000, a follow-up workshop from the annual conference was held for people with diabetes. This was well attended, with good representation from minority ethnic communities who had not contributed to the conference workshop. People had the opportunity to discuss their concerns and to raise these with key health service professionals. A report was also circulated. We plan to have a follow - up workshop again this autumn to see if things have improved and what still needs to be done.
- ◆ Along with several other projects, CAH West was part of a group of workers who organised a Health Awareness Day for Black and Minority Ethnic women in March 2001. This was in response to the need for more information about services – what is available and who can provide what. The day was attended by over 100 women and the feedback has been very positive.
- ◆ CAH West made the needs of Asylum seekers one of its main priorities for work this year. We have made contact with some groups of Asylum seekers to support them to get their voices heard. We have also raised issues and concerns in many forums e.g. CAH West representatives took a report to the Health Partnership (see glossary)

to ask that more family support workers be available for Asylum seekers across the city.

- ◆ CAH West supported the introduction into medical students training at Newcastle University of a training session called “Listening for a change”. This was developed by local women and encourages discussion of ways to communicate well with women during pregnancy and birth.
- ◆ Improved Information continues to be an action point for communities. CAH West circulates information both to health services and to local communities. For example, we circulated information packs to all Doctors’ surgeries before “International Day Against Violence Against Women”, containing posters and leaflets regarding help and advice for women experiencing violence. For local community groups we put together and circulated a list of places where people can get a replacement hearing aid battery. The North East Pensioners’ Association identified the need for this. This information had not been pulled together before, and some people were travelling all the way from the West End to the Freeman Hospital.
- ◆ HealthWORKS West is a network of community groups that aims to provide resources, funding, training and support so that local groups can provide healthy living activities for their communities. Already, several local groups have received funding and it is hoped that a bid to the National Lottery New Opportunities Fund will be successful, so that more groups can get support. A steering group led by local people has been formed to direct the work. CAH West is one of a group of organisations supporting the setting up of HealthWORKS West.
- ◆ CAH West attends the West Public Health Group of the Primary Care Trust (see glossary). This group has agreed to use the action points from CAH West annual conference to help decide its work over the next year, ensuring a community perspective to their actions.
- ◆ CAH West workers and committee members continue to go to many meetings and multi-agency forums to feed in the action points from the conference, to raise community priorities and to argue for real community involvement.

Things People said during visits to Community groups.

Community Action on Health West workers visited many community groups from March to June 2001, to ask them what issues they would like to raise about health and health services. This is what they said.

Waiting Times / Referral Times

A major issue people brought up time and time again is that waiting time for appointments to see doctors is too long, waiting times for referrals to see specialists at hospitals are too long and finally waiting times once you are at the doctor's surgery are also too long.

There is a long waiting time for a visit from Social Services.

Waiting times at Accident and Emergency, and at the Walk in Centre at the General Hospital need to be reduced.

There is a need for quicker referral to cardiac rehab after the first heart attack. This should be available to all and not just through the postal code system.

Issues regarding Doctors, Doctors' surgeries, and Hospital Staff

Open surgeries are needed, where prior appointments are not required.

There is a lot of pressure on the three bilingual doctors in the West End, many people don't like using interpreters. There is therefore a need for more bilingual nurses and doctors in the community, particularly female doctors.

There is a need for bilingual staff in hospitals.

There needs to be a full annual review of people with diabetes in all surgeries.

People need to understand what medications they are on and what they are for and if there are any side effects.

Things People said.....

When people request to be seen by a female doctor then a female interpreter must be booked.

There should be signs in hospitals in community languages.

Some people feel some doctors do not take them seriously and therefore do not listen properly.

There is concern over the location of doctors' surgeries and pharmacies.

All doctors need to share information with people, giving information during every stage of treatment.

The attitude of some frontline staff is very poor and needs improving.

There is an issue about doctors not having enough time for patients. Maybe patients need to be asked approximately how long they would need with their doctor?

There is concern about national media reports of bad practice at hospitals.

People would like doctors to come out at night.

Complimentary therapy should be easily available and free in the community.

There needs to be race equality training / cultural awareness training for all staff.

There are issues around waiting for an ambulance to go home after an appointment at the hospital. People end up having to get a taxi home, as the waiting time is very long.

Discharge procedures are very slow.

Hospitals need more staff.

Things People said.....

Diabetes care - people should have an appointment more than once a year with their doctor.

Some people are not given enough information by doctors about the likelihood of further strokes.

Issues around interpreters / interpreting service

Interpreters at the Diabetes Centre need training in Diabetes. Paid training should be built in during the work time of interpreters.

Need for interpreters in casualty - *“ what do you do when there’s an emergency?”*

Interpreters are not always being provided when people go for appointments at hospital.

The availability of an interpreter for an appointment can often be a problem.

There is an issue regarding interpreters sometimes turning up late at hospital appointments.

Issues around Black and Minority Ethnic (BME) Communities including Asylum seekers

Language barriers affect people’s health - people face difficulties when having to ring out of hours emergency services.

Assumptions are made that Asian doctors can speak to all Asian people.

There is not adequate health information available in other languages. There should be a co-ordinator to deal with information / resources in the community and to overcome any gaps and avoid duplication.

Cardiac Rehab at the RVI and Freeman Hospital need to improve their response to the needs of the BME community.

BME people feel they are less likely to be referred to secondary care.

Things People said.....

Families are under stress due to difficulties with children taking on the culture of this country, which clashes with traditional views. This causes marital difficulties. There needs to be more support for families.

A lot of Asylum seekers do not have proper legal support for their cases, which in turn affects their mental well-being.

Housing conditions of Asylum seekers are very bad, which affects their physical and mental health.

Many women who are Asylum seekers would like to study but cannot do so, as childcare is not available. Cost is also an issue.

The media affects the mental health of Asylum seekers by portraying negative stories.

Support should be given to Asylum seekers who wish to train as counsellors or interpreters.

People may be given numbers to call when they go to see their doctor. These are often not a free service, which is a problem for Asylum seekers who have very limited income.

Asylum seekers suffer from stress and anxiety, they need to go somewhere for confidential support.

Roma Czech asylum seekers don't really have anywhere to go, where it is safe to spend their free time with friends and family e.g. a community centre.

The attitude of some health professionals towards Asylum seekers needs to change.

Racism is a major problem for Asylum seekers. Police take action but there is no change.

There is lack of support for Asylum seekers to join doctors' surgeries, dentists and opticians when they first arrive in this country.

Things People said.....

With the voucher system people are limited as to where they can shop. Some children of asylum seeker families are not being registered at schools; people feel there is no effective system for enrolment.

There is a need for physical exercise facilities for BME men in the West End.

People suffer from racism and abuse when coming out of mosques.

There is a need for Asian Health Visitors to do the Positive Parenting Training with Asian families, for reasons such as language and culture. The Positive Parenting pack needs to be available in different community languages.

An access service is needed for attending appointments at hospitals as many Asian women do not feel comfortable using the taxi service, and need assistance once they arrive.

People feel the NHS are paying very low salaries to BME support workers and therefore there are not enough people applying for these jobs. Also the jobs need to be advertised in the right places.

Women from BME communities need information on menopause and diabetes.

There needs to be written information around preventative screening, e.g. smear tests and breast screening, in community languages, as well as through talks and discussions.

Issues around Older People

Older people need access to medical services, without barriers such as transport, attitude of health professionals, service providers and society as a whole.

There is ageism amongst health professionals.

Things People said.....

"It's disgusting the way old people get treated in doctors' surgeries and hospitals."

High blood pressure is an issue for a lot of older people.

Issues around disability

Disability access must be taken seriously if you want to involve people with disabilities.

Health professionals need more training in disability awareness.

Professionals sometimes ask people to take their hearing aid and glasses off e.g. for a scan and then continue to talk to them, sometimes shouting.

There are problems with the booking of the Care Bus through Nexus, and the drivers not being familiar with the routes.

Issues around Mental Health

People need more social activities / outings to relieve stress and anxiety.

Often mothers feel afraid to say "I'm depressed" in case their child is taken away.

Doctors need further training in mental health issues. People with mental health difficulties suffer from the side effects of medication rather than the mental health illness itself. Some drugs are addictive.

There should be alternative therapies for mental health other than medication, such as counselling. Resources should be available easily to the community, free of charge. A lot of alternative therapies cost money, and many people just cannot afford this, as well as maintain the household, especially being on benefits.

There needs to be a community of Mental Health survivors set up in the West End of Newcastle. There are a lot of people out there who are just left behind.

Things People said.....

The system has made people incapable, by making them institutionalised.

There needs to be 'User run facilities', without having to go through the system. This issue has been said over and over again and needs to be taken forward.

General issues

Need for keep fit programmes, which are cheap and accessible to all members of the Community - "*Prevention is better than cure*".

Smoking is seen as a problem in the community especially people starting at a younger age.

Extra money is needed for Healthy Eating initiatives.

Communication between professionals needs improving e.g. dentists should liaise with doctors about someone's medication.

Lots of service receivers don't understand their care plan. It seems that services are being withdrawn and people don't know why.

Funding needs of the Outer West should be looked at as they are often left out from the West funding.

Young mothers need much more support, to explain their rights and responsibilities during and after pregnancy.

Social Services refuse to recognise 'Attention Deficit Hyperactivity Disorder' (ADHD) therefore there is lack of support from them.

There is frustration about inconsistency in granting benefits.

Links need to be made between housing and health.

There is a need for counselling services for young people who are sufferers of crime / harassment.

Things People said.....

Cleaner environments are needed. There is dog muck everywhere.

There should be services out there, which are sensitive to the needs of young mothers - as they do not always feel comfortable using the same services as more older and experienced mothers.

Parking at the RVI is very poor and needs to be improved. Parking at the General Hospital is good.

Services for young people need to be publicised well.

There is lack of clarity on where to get bath aids.

Some positive things people said

The Walk in Centre at the General Hospital is good

Some people who are hard of hearing have had good experiences of going to hospitals in Newcastle. When the person tells the health professionals they are hard of hearing, they turn and face the person.

Belsay unit - *“place to go for a head scan is a wonderful place.”*

There is a lot of appreciation of the facilities at the West End Health Resource Centre, and the support from the staff there. People feel it's a shame that many of those on National Vocational Qualifications (NVQ) don't get to stay on.

Some practices have a system where the nurse or doctor rings someone back who wants an urgent appointment, and assesses with them, who they need to see and when. People value this service.

The seventh Community Action on Health West Conference

The annual conference is an event:

- ◆ For communities to get together and talk about **their** health issues, and decide on actions that can make a difference.
- ◆ For managers and decision makers in key agencies to come and **listen** to the community's health agenda.

Over two hundred and fifty people came to this year's conference, which was held at St. James Park conference and banqueting suite. Anne Steele, Chair of CAH West, welcomed everyone, and explained that the role of the interpreters at the conference is to give everyone an equal chance to take part. The Riverside and Walker singers started the Conference with some wonderful entertainment.

Anne Steele gave an Annual report. She said all the work of CAH West is in partnership with others, and we aim to carry on working together "to give a voice to communities about their health and the services they receive, and to tackle inequalities in health".

Anne talked about the number of changes going on in the West End; Going for Growth, New Deal for Communities, Modernisation of Health Centres (see glossary) along with many others. CAH West play a role by passing on the comments local people have made, supporting them to be involved and pushing for real consultation and involvement.

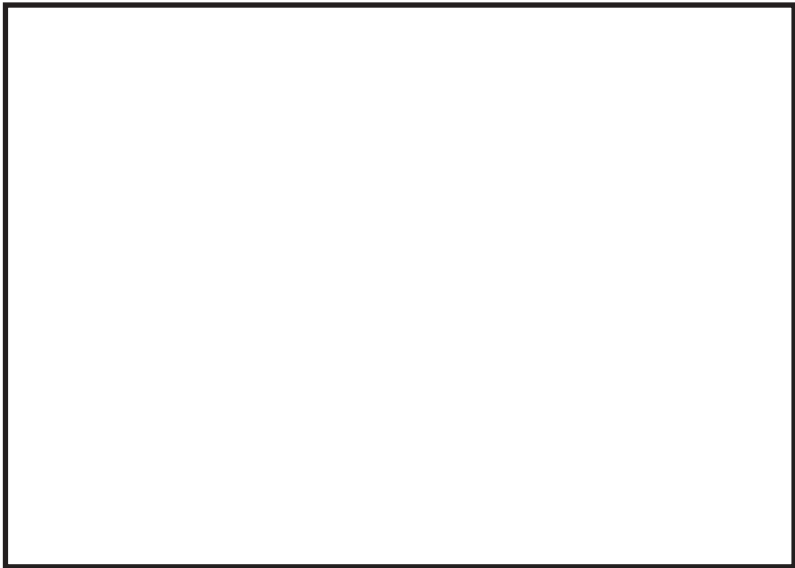
Anne asked two groups who came to last year's conference, to tell people what they have achieved over the last year.

The first two users to give their presentation were from 'Skills for People' and 'Better Days' projects, which work alongside people with learning disabilities giving them support. Samantha Bell and Graham Newton gave a presentation and talked about their group's involvement in the planning and delivering of training for receptionists at doctor's surgeries.

The groups have also been involved in writing an information booklet for a doctor's practice in such a way that it is readable by all.

The second group were from KICK (Keep Involving Challenging Kids). KICK is a group set up initially through 'Families First' by a group of parents who have children with difficult to manage behaviour. Paula Laverick and Debra Le Free gave a presentation of the work the group have been involved with. The group have set up a support group for families, as well as setting up a telephone help line so other families can speak to someone about their problems. The group have also been fundraising to continue supporting their children to access social activities where they will be understood and not excluded for disruptive behaviour.

After the feedback it was time for people to go into the workshops they had chosen. The themes for the workshops came from what people in community groups talked about during visits prior to the conference. However, issues such as disability, mental health, drugs and alcohol were not included specifically in this year's workshops, as they have been discussed in previous years. These areas of work do continue to be important and Community Action on Health West will continue to make these areas of work a priority.



Workshop 1

Health and Older people

Discussion

(a) Information

Accessibility to services is not good enough. Older people and Carer groups need clearer information about the different services out there, both local and national.

People in this workshop came up with ideas as to where information could be displayed or received from. Their suggestions included; Doctors' surgeries, newspapers, religious places, schools, audiotapes, radio and TV. People agreed that the National Service Framework (NSF– see glossary) for Older people should be available in other languages.

Doctors should have knowledge and written information on the different types of benefits there are for older people and pass this information on to people.

(b) Service provision

Hospital waiting lists are too long. Waiting times at doctors' surgeries are also too long and the problem is getting worse. Waiting times for out of hours services are also too long, especially in the evenings. People felt that some doctors don't seem to take good care of patients, some people said medication is sometimes given to people without any examination.

Better training needs to be provided for doctors focusing around the needs of older people, as well as to receptionist staff as many people find it difficult to get past the frontline staff at doctors' surgeries.

The Walk in Centre however has been helpful for some people.

(c) Ideas to help older people not to depend on doctors

There were discussions around what alternative services people could use in order for them not to become dependent on their doctors.

- ◆ Use chemists
- ◆ It may be easier to see a nurse
- ◆ NHS Direct (some found this helpful others did not)
- ◆ Surgeries should be open when people want them and there should be open appointments
- ◆ West End Health Resource Centre – Access to exercise
- ◆ Access to Healthy food
- ◆ Extra benefits for those who need special diets
- ◆ New schemes should be introduced around : information and support for healthy eating
- ◆ More chiropody – reduce waiting lists
- ◆ Need better local access
- ◆ Need information on things such as local builders, plumbers gardeners etc.

Action Points

- 1) There is no connection between various services. A contact person is needed to co-ordinate with an advocacy role.
- 2) Older people do not know where to go for: out of hours home call, Accident and Emergency and the Walk in Centre.
- 3) There is a need for more Asian workers to promote health and well being.
- 4) Provide support to people who want to complain as people are afraid.
- 5) Older people need a local champion to co-ordinate services and projects and get information to people.
- 6) Set up a telephone advice line covering all services.
- 7) Surgeries should be open for longer hours and there should be some form of 'Open' sessions for people who can't wait for appointments.

Workshop 2

Support for people when they are discharged from hospital

Discussion

(a) Support for families / friends

There needs to be more liaison with families, and support for them when someone is discharged from hospital.

“ It is equally important to give information to family and people supporting you, otherwise it can kill you.”

Families of people with mental illness may need particular support and information to understand what kind of support they could give.

When people go back to their doctors, there should be someone to gather information and do the follow up after discharge. There needs to be a central figure who can provide this support for people. People would like support services at home.

“ When someone comes into hospital there is often no communication from the community and on discharge, with the community from the hospital. A Key worker is needed.”

(b) People's experiences

People gave examples of how difficult it can be to be listened to, to get feedback and to get the resources they need.

“ You just get given your medicine and then the doctor rings the bell for the next patient.”

At times contradictory information was given, or it may just be hard to get past the receptionist to see someone. Waiting times for appointments were felt to be too long at doctors' surgeries and at Accident and Emergency.

Discharge procedures from hospital can be very slow. One person said he was told he could leave in the morning but wasn't discharged until the evening. It was felt that staff should be more sympathetic. One person said how he was in hospital for heart problems, and at the time of discharge he explained to the nurse that he lives on his own and desperately needs help and asked if he could stay in hospital for a few more days. He was told he couldn't. However there were positive examples of how things have improved:

"I've had a lot of heart problems. My experience of hospitals and discharge is excellent. In 1984 there was no after care service the way there is now, things have developed since then. Before it was 'go out, exercise,' that's all."

"On my last discharge there were talks and information given by the rehabilitation department, so I felt quite happy to come home. I didn't feel under any pressure to leave hospital."

After care at the West End Health Resource Centre is now felt to be good.

Black and Minority Ethnic participants felt they had been mistreated, partly due to language barriers but also due to attitudes towards black people within health services.

A number of Asian male elders raised issues about their diabetes and the problems they faced, such as lack of information and misconceptions about their illness.

(c) Lack of information

Some people felt they didn't have information about different services.

"In London there is one office in the library where people can get information about who to contact. There needs to be one place or one person you can go to find out information."

There should be leaflets in community languages saying what facilities there are around discharge and where to go.

Advertisements in community languages are needed for prevention e.g. heart disease.

Audio translation is as important as visual for the older minority ethnic population.

Action points

- 1) We need improved and relevant communication and relationships that are:
 - ◆ Prompt
 - ◆ Accurate
 - ◆ Clear to understand
 - ◆ Translated into different languages (audio, video and leaflets.)

- 2) We need accessible information in one place that relates to:
 - ◆ Hospital / community communication
 - ◆ Doctor / patient communication and relationship
 - ◆ Consultant / patient relationship
 - ◆ Patient / receptionist communication

**Communication
Action
Relationship
Enforcement**

“This is what it’s about.”



Workshop 3

What support does your group need to promote healthy living activities?

Discussion

A number of questions were asked to people in this workshop about what they felt and what they saw as “Healthy Living”.

(a) What do I think healthy living is?

People had a broad view of healthy living activities. Examples included; a place to socialise / meet people, getting out and about exercise, relaxing, healthy eating, red wine, to do something to make me feel good, a decent house to live in, having fun / laughing walking, talking, looking after each other, and money to do the above things.

(b) What do I or my group do for healthy living?

Lots of positive examples of healthy living activities were given, from keep fit to days out, from singing to storytelling.

(c) Why we think healthy living is important?

“Prevention is better than cure.”

People felt healthy living made them feel better about themselves and more confident. It reduces stress, improves health and fitness, stops isolation. Healthy families mean healthy communities. They even felt it could reduce suicides.

(d) What skills do I / my group have for healthy living?

Individuals and groups had many skills such as communication skills, cultural knowledge, language skills, local knowledge, and networking.

Action Points

1) What ACTION do we want for healthy living?

- ◆ Money,
- ◆ healthy food needs to be cheaper and more available,
- ◆ people need more choices / opportunities,
- ◆ marketing needs to be stopped for unhealthy food for children,
- ◆ there needs to be more facilities for kids, parks, dance classes – there needs to be a real choice for them,
- ◆ there needs to be more real involvement and information with follow ups,
- ◆ there needs to be more investment at a community level. Practical things need to happen at local levels,
- ◆ free courses in healthy living should be available,
- ◆ more information on healthy living should be available from doctors' surgeries,
- ◆ healthy activities need to be made cheaper as the high costs prevent people taking up healthy activities,
- ◆ there needs to be better links with health workers (e.g. dieticians),
- ◆ make local groups aware of the support available,
- ◆ build a network of healthy living.

2) What do we need to make this ACTION happen?

- ◆ Pressure groups,
- ◆ a network of healthy living – need to raise issues all year, not just at a conference,
- ◆ need to be able to influence the right people (Councillors, Unions, Doctors, Government, decision makers),
- ◆ we need these people to listen,
- ◆ we need money for healthy living,
- ◆ need more people to be involved,
- ◆ training and support needs to be available, building up the skills of people at local levels,
- ◆ more direct access to decision makers for local people,
- ◆ support for volunteers – childcare, training, support,
- ◆ build confidence,
- ◆ empower people.

“Dear Alan Milburn, we are strong! We’ll keep on working for Healthy Living, because it’s our right and we need your help to make it work now.”

Workshop 4

How can we tackle racism to support Asylum seekers in our community?

Discussion

(a) What affects the health of Asylum seekers?

There were lengthy discussions on the factors that affect the everyday lives of Asylum seekers and Refugees living in our community. Being forced to leave their countries and then trying to adapt to the change in culture and living in a new environment causes a lot of stress. This brings many problems. Communication is a major problem, as well as people's lack of knowledge of the system and the services available in this country. The behaviour of service providers needs to be changed so they do not look down on Asylum seekers.

The dispersal policy causes a lot of distress for Asylum seekers. They don't have a choice over where they live and are not able to move near friends and relatives. They are being put in very bad housing conditions, which are affecting their overall health.

Harassment is a major problem for Asylum seekers, and it is getting worse. Windows being broken and graffiti with foul language written on doors are just some of the problems they face. People discussed how doctors treat some people suffering from harassment by just giving them sleeping pills. Children are being harassed at school as well as at home and have to be kept indoors due to the fear of harassment. This means they cannot join in activities such as play schemes.

Financial problems affect the lives of Asylum seekers. The Voucher system was felt to be a way of exploitation. It identifies Asylum seekers, who are therefore being targeted for harassment.

(b) What are the causes of these problems faced by Asylum seekers?

The group discussed a number of causes which they felt were: racism, politics, "Raj Politics" – (masters and slaves, colonialism),

ignorance and lack of education of the people living in this country, Asylum seekers who are from different communities are being thrown together. Asylum seekers are considered a burden; this fuels racism as people believe all the tax they pay goes towards the Asylum seekers. The Press and Media – stereotyping and lying. Poor communities are led to believe that their problems come from Asylum seekers using up their taxes.

(c) What we can do and what others need to do?

Educate people about the reality for Asylum seekers in their original country and also in this country. Use the media to write articles; education in schools; invite Asylum seekers into our houses, build on what is happening, educate ourselves and change services to meet needs.

(d) What needs to change to improve the health of Asylum seekers

Train health professionals to go deeper than the symptoms, give workers the confidence to challenge racism, change attitudes of staff in doctors practices through training, employ people from different communities in the health services, monitor access. Procedures / policies are needed to deal with racism, educate people about human rights law; better support is needed to doctors practices. Extra funding through the Personal Medical Services (PMS) pilot needs to be seen to meet all the needs of Asylum seekers and not just the medical needs. Services need to be co-ordinated – Social Services and Education in particular

Mental Health support services need to network with community support services, to prevent illness. The Interpreting Service needs to be funded continuously.

We need to build on communities by funding family support workers. Asylum seekers feel isolated; they need to be involved in employment. Development work is needed to support Asylum seekers to get together. (Social Services are already doing this, but more work is needed).

Explore means of influencing ways to house people together.

Provide a health argument for change – there is a role for health leaders to argue for change on the grounds of health.

Action Points

- 1) Challenge ignorance and racism through education in schools, with front line health staff, service providers and the community to help them understand the impact of both institutional racism and racism from the public.
- 2) Support for Asylum seekers.
- 3) Abolish the Voucher system.
- 4) Work with the Media.



Workshop 5

Services from your Doctor's Surgery - How can they be improved?

Discussion

(a) Positive and negative experiences

The workshop started by talking about the positive and negative things about services received from doctors. Many people had positive experiences, such as; a counselling service, play area in the waiting room for children, bilingual doctors, good Family Planning, and other services available such as Chiropody, Hearing aids or baby milk.

Negative things included: waiting times for appointments and prescriptions are too long, you can only get baby milk once a week, doctors' surgeries don't tell you about the interpreting service, children need immediate appointments, there is not enough information about benefits and there are too many rumours about doctors' services closing or moving. Some things were different in different surgeries and might be positive or negative, such as the attitude of receptionists, getting to see a female doctor when wanted, and access for people with disabilities.

(b) How doctors' services could be improved

There were many ways people felt services could be improved; keep the same doctor, otherwise people will have to repeat information each time therefore increasing consultation time, have more female doctors and more doctors generally, open surgeries

" You might have to wait but at least you'll be seen that day."

More opening times,

"If shops are open at weekends then so should doctors surgeries."

Better information about different services should be available, services should be available for everyone not just the target groups, receptionists

should be sent on a 'Customer Care Course'. Surgeries need to be designed with better access, better reception areas and more space should be available. All doctors should offer baby milk. Have appropriate information / leaflets available, in different languages, covering different issues such as disability, and different services such as the interpreting service, nutrition services etc. People need to have a say about whether they are satisfied with all the services they receive. Doctors need to listen and respond to needs. There needs to be a quick service for getting prescriptions although some surgeries are fine.

“At my surgery you phone in one day and you get the prescription the next day, which I think is a pretty good service.”

“Why can't under 2 year olds go the Walk in Centre, instead of having to end up going to Jesmond.”

Some people assumed children under the age of 2 years have to be taken to the Healthcall office in Jesmond. There is confusion about what services are available for under 2 year olds during out of hours.

People need to speak to a Practice nurse over the phone to see if they need an appointment, GPs need to work in partnership with other services; GPs should pass on relevant information to Social Services to benefit their patients.

Action Points

- 1) More information is needed.
- 2) Training for frontline staff - *“Receptionists should be sent on a community care course to be pleasant even if they have a bad day.”*
- 3) People want open surgeries, with no appointment system. This will mean that even if people have to wait a few hours they will still get seen that day. For example between 8.30am to 10.30am on weekdays. - *“If people are anxious about going to the doctors, an appointment can get in the way and stop them. If you can just go and be seen it helps.”*
- 4) Accessibility is needed in the widest form.

Workshop 6

How can we get positive action when we've made our voices heard?

Discussion

(a) Support for people to take action

The workshop started by reviewing what support individuals need to get into groups and find their voice. People need confidence that their views and experiences matter. Training is needed about where and how decisions get made. Information is needed about the way other groups are tackling similar issues and understanding that things don't change overnight. Commitment and enthusiasm is needed to keep on trying to bring about improvements.

"We want to change the world."

(b) Changes taking place

There were discussions around services provided by doctors, and their efforts to improve, e.g. access for people with disabilities; ramps, entrances and doorways; more awareness of individuals concerns; anti-discriminatory attitudes, clearer information for the patients themselves, and more reassurance when undergoing treatments.

People agreed that there is a huge opportunity to influence local services more now that a Primary Care Trust is in charge of the services provided at surgeries, and to get more resources into communities to provide preventative care, which will save money in the long-term.

(c) The need to work in partnership

People spoke about the fact that senior managers in the Health Service, Social Services and Education department have heard first hand about the needs and possible solutions for families with children with behaviour problems. However, the different organisations do not seem to speak to each other, and none of them seem able to take responsibility to bring all

the services together to provide the solution in a co-ordinated way i.e. support in the form that families ask for.

The Government's Best Value Review forces Social Services Departments to consult with users. However, families in Newcastle with children with behavioural difficulties have been told by Social Services that they are not included in the Best Value Review, which covers - children and adults with disabilities. The group concerned are still pursuing this.

People recognised that groups can lobby local councillors, politicians, and senior managers directly, because they should be accountable to the community.

It was highlighted from the discussions that groups could get involved in the training of professionals around equal opportunities, anti - discriminatory practice etc.

(d) Consultation

The group agreed that most consultation has not worked. This is because of jargon or too broad / obscure issues, public organisations also have constraints of money, geographical boundaries and divisions between services such as health and social services, which don't make sense to service users. Different agencies do not seem to agree on priorities and therefore compromises have to be made because they "*can't do everything everybody wants*". The issue facing service managers is how to deal with all the different pressures and requests for services.

The group felt that most people employed at the decision making level are out of touch with people using the services, and recommend that senior managers should commit themselves to spending time with groups of ordinary people.

The group agreed that people should use new legislation to improve services, e.g. the Disability Discrimination Act, and the right of people with disabilities to have their Care Package reviewed every 6 months.

Action Point

- 1) Message to the health service and the local authority.

“Please get rid of organisational boundaries and start working together. Listen to us and take responsibility for leading new ways of providing the services we ask for.”



Workshop 7

Low income and unemployment - How does it affect our health?

Discussion

(a) Healthy Eating

“It’s difficult to afford healthy food when you’re on benefit. This is particularly hard for people who need to eat a certain diet e.g. people with diabetes.”

Boredom was also given as a reason for not eating healthily. There are no supermarkets around Arthurs Hill / Stanhope Street area. This is a problem, as local shops do not necessarily have good quality fresh food. The Chat shop community cafe sells good quality fresh fruit at reduced prices which is excellent and the Time Exchange in Arthurs Hill have also started a food Co-op.

The group were advised that as part of the Health Action Zone, workers go out and give advice on healthy eating, particularly to those with diabetes or heart disease, and the advice is available in a number of community languages.

(b) Exercise

“People just can’t afford to do healthy activities. Some local projects run cheap classes, but not enough.”

It is often assumed that taking exercise means having to go into a gym or Leisure Centre. These facilities can be hard to access for the first time because of lack of confidence, but additionally it also has a cost associated with it, including admission and transport costs e.g. Elswick Pool. However there are now healthy eating and walking groups being established in the area by the Physical Activities Co-ordinator based at the West End Health Resource Centre that have no cost. People’s health can affect what activities they can do;

“I used to ride my bike but can’t now as I have epilepsy and I’m frightened of falling off.”

(c) Childcare

The biggest issue which the group felt was critical was to ensure all groups who had access to leisure facilities also had sufficient childcare places. The West End Health Resource Centre has only a few places and the new Westgate Centre for Sport has none.

“We used to get there early to get a creche place and we were told we had to let other people have a turn. So we stopped going; we really enjoyed the gym.”

Childcare is also an issue for people wanting to do training:

“I wanted to do a childcare course at Newcastle College but there were no childcare places for me. The course I wanted to do was over sixteen hours and I could not get a childcare place.”

(d) Complementary Therapies

“A lot of alternative therapies cost money and people can't afford them.”

The group was informed that a three-year Pilot scheme has been set up across the West End which offers six different types of therapies free of charge for certain medical conditions. Access to the service is via a referral from a doctor and information about the service is available in a number of different languages.

(e) Benefits, Unemployment and Employment

It was felt that unemployment had a huge impact on health e.g. the stress of not having a wage and being on benefits. One of the members of the group mentioned a scheme whereby people with disabilities could work but they would only earn £2.00 per day.

“I am worried that if I take up work my benefits would stop and that I'd be worse off.”

Others talked of it not being worth working if you had to pay for childcare.

“I worked for a while and I,m still paying off the debt.”

“My mam watched the bairn and after paying her, I was only £14.00 a week better off if I worked 16 hours. If I worked full time, I would have only been £22.00 better off.”

It was agreed that after coming away from the Job Centre people felt their self-image was poor and that they were almost unemployable.

Action points

- 1) Most people are unaware that it can be cheaper to eat healthily and this does not mean just eating fruit. There needs to be more information available on healthy eating, in a range of different Languages.
- 2) There needs to be more information available about ‘What’s on’ in the area.
- 3) There needs to be more subsidised childcare provision available in the area. Not just for accessing training but also for accessing leisure facilities and employment. Do Going for Growth plans include purpose built childcare provision?
- 4) All staff (including Reception Staff) should be aware of the complementary therapy services that are available.
- 5) More support such as the Benefit Maximization pilot is needed in order to ensure people can maximize their benefits.

Workshop 8

Workshop for the Chinese Community

Discussion (in Cantonese)

A) Feedback

At the beginning of the workshop, the facilitators gave people feedback on action taken and some changes and improvements in services that have taken place over the past year (see appendix I).

b) Doctors' Services

Discussion took place on the positive and negative things about using services at the doctors' surgery. It is positive that interpreters are available and that emergency appointments are always available for children. However, people felt that it generally takes too long to get appointments, and that there is no language link for them to make appointments at the doctors. This language barrier makes it particularly difficult to get emergency services.

It was felt that people should be able to inform the doctor if they need a longer consultation than the usual. People felt that the fact that you need the doctor to make a referral if you need a second opinion was not good.

c) Hospital services

Again, discussion took place about good and bad experiences of hospital services. Some people felt that nursing and other medical staff are good and caring, with a positive attitude to keeping people informed about procedures. However, some people had experienced a lack of explanation about consultations, and there was a need for information to be available in community languages. Communication is difficult for people in hospital.

It was felt that hospitals had tried to cater for different tastes in food, but that it is often an impossible task. Chinese food is not available on the menu, nor is the menu available in community languages to allow those

who don't read English to make a choice. People are pleased that they are allowed to bring their own food into hospital.

The waiting time at the Out Patients Department is too long. Waiting times for operations were also felt to be too long.

Action Points

- 1) Volunteers need training in first aid and other health knowledge.
- 2) A regular comprehensive check-up should be available to all.
- 3) Trained doctors with community language skills should be encouraged to stay in the U.K.
- 4) Offer incentives to lure professionals from overseas with Chinese language skills and to encourage them to stay.
- 5) Alternative medicine should be available on the NHS.
- 6) Language line should be available for service users.
- 7) Set up a G.P. surgery centrally with a Chinese Doctor with community language skills, practising in Chinese and Western medicine. The surgery would be particularly for the Chinese community but could also be used by people in other communities.

Workshop 9

Workshop for Asian Women (1)

Discussion

(a) Feedback

Last year, Asian women requested feedback at the beginning of this year's conference workshop on action taken and any changes / achievements. Feedback was given (see appendix II), and the following comments made in the workshop. Cards with contact details about health services need to be in different languages. Also, it is difficult to contact services by phone when the person on the phone speaks only English. There is a need for bi-lingual receptionists. People were keen to have further information about services offering support, advice and exercise for people with heart disease.

(b) Hospital services

Two comments were made about hospital services: there is a language difficulty on arrival at hospital - people are unable to speak to the receptionist before an interpreter arrives; people had experience of being given fish or egg when they requested a vegetarian meal. For religious reasons, it is not acceptable for some people to eat fish or egg as part of a vegetarian diet.

(c) People with disabilities

The point was made that people with disabilities need more practical support. The following were felt to be particular needs: support and equipment for bathing; security lights; secure windows; damp-proofing. There should be one person in each area to deal with people who have day to day problems.

(d) Support for people who suffer from anxiety, depression or stress

Some of the causes of anxiety, depression or stress were felt to be family problems, being housebound, and racial harassment.

Discussion took place about the difficulty in getting good treatment for depression. People tell the doctor they are suffering from depression but are only offered anti-depressants. Women felt it was particularly important that interpreters were offered when discussing depression, but they are still not always offered. It is not easy to discuss health issues using a family member as an interpreter. On occasions this may be a child, and this is particularly difficult.

People felt the following support should be available to relieve anxiety, stress and depression: trips / outings, support from the doctors, exercise, swimming, holidays for the weekend, trips out of the country, community centres, aromatherapy and other complimentary therapies, counselling.

Action points

- 1) Husbands and wives should be able to separate if that's what they want.
- 2) Sheltered housing is needed for Asian women and men (separately).
- 3) There should be support groups that meet at least once a week.
- 4) Health services need to provide continued support and advice to the person and their family members.
- 5) Widows should be entitled to the same benefits as people who are on income support.
- 6) An escort service is needed for hospital appointments.
- 7) Information and support is needed for people to access existing services. Community workers and home visits are needed.
- 8) Doctors need to take responsibility for referring people to support services and to other professionals.
- 9) Local doctors should have open surgeries to give advice, information and support to people and their family members.
- 0) Counselling services are needed for Asian people in their own languages. Counsellors should be of a similar age to their clients.
- 11) People need to be trained to become qualified counsellors from our own communities.

Workshop 10

Workshop for Asian Women (2)

Discussion

a) Feedback

Last year, Asian women requested feedback at the beginning of this year's conference workshop on action taken and any changes / achievements. Feedback was given (see appendix II).

b) Mental health

In Asian terminology, the only word for mental illness is "pagal". Translated into English this means mad, and madness remains a taboo subject in the Asian community. However, the workshop discussed the wide range of mental illness suffered, its causes and possible support to overcome it. People felt it was important to discuss mental illness, to raise awareness of it and not to be ashamed of it. It was felt that depression can be caused by the home environment, particularly if a woman feels she has no voice of her own and no control over her life. Family problems were said to lead to depression at times. Women need to stand up for themselves, and to have a place where they can go for counselling so that they can discuss their problems. People need to be made aware of counselling, what it does and why it works.

Doctors need to recognise when people may be suffering from depression, look at the reasons behind it and refer people for support. It was felt that peace of mind was very important and that people need to have a positive attitude.

Some people felt there was a need to teach boys to help in the home, for example cooking and cleaning, so that they will become better husbands in the future. Women felt that men need to be educated to be broad-minded and to trust their wives and give them more space. This will create a better home environment for the children. It was felt that community leaders should raise awareness among men and encourage a change in behaviour so that they become more loving and respectful of their wives and daughters, and make sure their needs are met and that they are happy. It was felt that men need to take more responsibility.

Action points

- 1) Set up a support group in the community for people living with mental health problems and their families.
- 2) There is a need for more trained counsellors.
- 3) Set up an escort service, as many women do not have the confidence to travel on their own, especially older people.
- 4) Sheltered housing is needed for Asian elders (separate for men and women).

Workshop 11

Workshop for Iranian Women

Discussion

(a) Children

"We haven't come here for money, we have come for a peaceful life and the safety of our children."

In the long term, many women felt the needs of their children would not be met. This created high levels of anxiety. Parents said they try hard to integrate children because they don't want them to stand out, but it was impossible to send children on school visits. Children at school struggle when support teachers only speak English. In one situation an Iranian volunteer helped in the classroom and witnessed the Iranian children separated from the rest of the class. This was a worry for parents. It was also noted that head lice in school was a cause for concern. In Iran, children with lice are sent home because it disturbs the child's peace. This does not happen in the UK. People who had young children felt imprisoned in their homes. Childcare provision is not available, and this again adds pressure and strain to family life. Racial harassment and abuse is frequent, and this is especially hard to deal with when targeted at children.

(b) Money

Many mothers felt that they kept promising material goods, e.g. videos, for their children. This created stress and tensions within the family and worry about how parents would be able to provide financially for their family. This was made extremely difficult and limiting in the context of the voucher system. With the voucher system, no change is given. One woman estimated that on average, she had between £3 and £4 a day, in cash, to spend on the family. Transport posed further problems for the group. The bus companies would not accept vouchers for payment of passes, and not all buses took buggies and consequently, many women had to walk miles to find shops that accepted vouchers.

Many of the group members were adjusting to a radical change of circumstances. All of the women were professionals in Iran, yet they are unable to work in the UK. All of the group wanted to be integrated into society, but felt as long as they lived under the voucher and work permit system, they would never be. Many husbands had been unemployed for long periods making families feel that they have not been accepted.

(c) Difficulties with the process for seeking asylum

The group felt there was no consideration as to where Asylum seekers were housed. They were not placed within areas already housing Iranian families who would be a useful source of support. It was voiced by one woman that there are *"...big budgets available for centres to support families, but things might improve if families were housed together in the first place."*

Some families have been granted refugee status. However, for some, this process is made more difficult because of insufficient legal services. Often, families receive letters from the Home Office with incorrect details. On many occasions, dates of births are inaccurate. Such chaos and confusion slows processes down and adds to day to day stresses.

"We are human beings, we just want to be treated as human beings."

(d) Health services

In terms of experiences of the National Health Service (NHS), many people could not understand the long waiting lists for specialist appointments. There did seem to be an attitude within health services that Asylum seekers were not residential, therefore there was a reluctance to enter them into the system. It was made clear that this was institutional racism and that Asylum seekers had the right to be referred on like all users of the NHS. For some Asylum seekers, registration with a doctor seemed to take months, and was hampered by questions like, *"Where are you from?"*, and responses such as, *"Well, we cannot treat you."* It was felt that many doctors handed out paracetamol to relieve the symptoms of all manner of ailments.

Action points

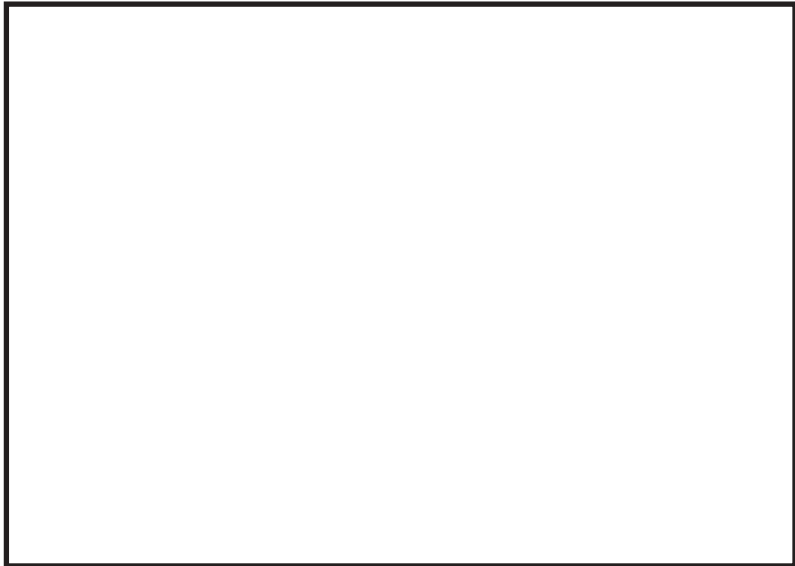
- 1) Support and address issues damaging children's schooling, integration and child care.
- 2) Tackle racism within the community.
- 3) Prevent housing Asylum seekers in areas where people are not prepared to live.
- 4) Challenge the voucher system which is severely limiting.
- 5) Challenge the Home Office around incorrect information.
- 6) Tackle discrimination within the Health Service.
- 7) Provide a Youth Support / Child Care system.

N.B. It was noted that an interpreter for a Turkish speaking man had not been provided. Unfortunately, we had not received a request for a Turkish interpreter.

What people thought of the conference

Evaluation forms were available at the end of the conference for people to let us know what they thought of it. Sixty eight evaluation sheets were completed. Everyone thought the organisation of the conference was either good or very good. All except two people found their workshop useful or very useful. Most people felt they had a chance to have their say, although ten people, for a variety of reasons, did not.

Some things that people liked about the conference included meeting and listening to other people, and feeling able to share ideas and work together. People were very positive about the range of different groups and individuals who came along and took part. Lots of people were enthusiastic about the workshops and the atmosphere. Some of the things that could be improved next year include the organisation of the food to avoid long queues, the speakers could sit at the front with the committee, and there could be more time generally.



Current Members of Community Action on Health West Management Committee

Anne Steele (Chair) - Nominated by Riverside Community Health Project, Health Focus Group

Sylvia Pott (Secretary) - Nominated as a resident of West Newcastle

Paul Nayyar (Treasurer) - Nominated by the Tyne and Wear Racial Equality Council (REC)

Ruth Abrahams - Nominated by the Newcastle Disability Forum

Runa Begum - Nominated by the West End Health Resource Centre

Alison Blackburn - Nominated as a resident of West Newcastle

Andrew Darby - Nominated by Second Chancers

Karen Fan - Nominated by the Chinese Health Club

Rosina Gordon - Nominated by North Benwell Residents Association

Peggy Grant - Nominated by the West Newcastle Branch of the North East Pensioners Association

Mary Howarth - Nominated as a resident of West Newcastle

Bodrul Shaheen Rashid - Nominated by the Triangle Residents Association

More things to read.....

Report of the CAH East Conference, 2001, Rob Errington.

Report of the CAH North Conference, 2001, Ross Cowan.

Report of the "Voices from the real world" conference, October 2000.

Health concerns of Black and minority ethnic communities living in the North of Newcastle. Report of an event held in Gosforth Library. November 2000. Zakia Chowdhury and Shubh Ghai.

Health Action Zone (Area for Special Action). Addressing Inequalities for Black and Ethnic Minority Communities in Newcastle, 2000 - 2002. Shehla Naqvi.

Improving the health of people with diabetes: Community Action on Health West Workshop, November 2000.

Ethnic Monitoring in Newcastle A case for Action, April 2001. Stella Carmichael and Philip Crowley.

Glossary - explaining what things are.....

Newcastle Primary Care Trust (PCT) - was formed in April 2001. It brings together family doctors, health visitors, district nurses, school nurses and other health staff working in the community. The PCT gets money directly from the government to provide local health services and to develop new ones in response to the communities needs.

Newcastle Health Partnership - is a group of different organisations whose aim is to improve the health of the population of Newcastle through encouraging partnership work across the city.

Health Action Zone (HAZ). Newcastle is part of a HAZ. In a HAZ, there is special action, and extra government funding, to reduce health inequalities in areas where people are worst off. Newcastle has six Areas of Special Action : three geographical areas in the East, West and North West and action for three specific groups of people: people with physical and sensory disability; people from BME groups and women who experience violence by known men.

Health Improvement Programme (Himp) - is a local health plan. The Health Authority is responsible for seeing that local NHS services work with community groups, voluntary sector organisations, and the Local Authority, to get services up to date and reduce inequalities in health.

HealthWORKS West - is a community led approach to improving the health of people living in the West end of Newcastle. It is trying to do this by supporting community groups and voluntary sector organisations to run activities that will improve people's health. It is also looking at new ways to include people who are socially isolated, those people who could most benefit from health activities and services.

New Deal for Communities (NDFC) - is a grant from central government of £49 million pounds, over ten years, for the regeneration of the Westgate Area: Arthurs Hill, parts of Elswick and Cruddas Park. The money will be used to tackle things like lack of jobs, poor housing and poor health.

The Walk in Centre - is a fairly new service at Newcastle General Hospital, right next to the Accident and Emergency Department. It is open every day from 8.00am until 11.00pm and offers a fast service (no appointment needed) from specially trained nurses for people with minor injuries and illnesses. The Walk in Centre isn't meant to replace the services provided by people's own doctors.

Going for Growth - is a long-term plan to encourage people to live in Newcastle by improving the city.

Modernisation of Health Centres. Newcastle and North Tyneside Health Authority and Primary Care Groups / Trusts have been working on a £25 million scheme to improve more than 20 health centres and clinics across Newcastle and North Tyneside. The existing premises are outdated, and many of them are no longer in convenient locations for the population they serve.

National Service Framework (NSF) - are national standards produced by the government which health services have to work to. At present there are NSF's on older people, mental health and coronary heart disease. They aim to improve access and standards in health care.

Personal Medical Service (PMS). Community based health staff (family doctors, nurses etc.) are given a set sum of money to provide a local health service. Funding is based on the health needs of local people and the services that will be provided to meet those needs. PMS can be used to fund a service for a particular group, such as homeless people, older people or Asylum seekers or to directly employ staff in areas where there might not be a doctors surgery.

National Health Service (NHS) - provides free healthcare to everyone. The NHS aims to bring about the highest level of physical and mental health for everyone by promoting health and preventing ill health, diagnosing and treating injury and disease and caring for those with a long term illness and disability, who require the services of the NHS.

CAH West would like to thank

All the people, groups and organisations who have worked with us over the past year to tackle inequalities in health.

Everyone who shared their ideas and experiences with Yasmin and Rachel when they visited community groups.

Everyone who took part in the conference on June 14th 2001, and made their voices heard.

All the workers at the West End Health Resource Centre for their constant day to day support.

Linda Watson for her admin. support and her support in organising the conference.

The CAH workers (past and present) for their support and team spirit.

Runa Begum, Amanda Logan, Angela Wallace, Shamshad Iqbal, and Shirley Hayman, who welcomed people at the conference reception.

Workers who supported the conference by facilitating the workshops: Ross Cowan, Sylvia Pott, AnnMarie Norman, Dawn Scott, Shirley Hayman, Gwen Ellison, Philip Crowley, Shehla Naqvi, Ann McNulty, Paul Court, Kate Israel, Marge Craig, Claire Sullivan, Liz Turnbull, Shamshad Iqbal, Sarah Hackett, Susan Donnelly, Rob Errington, Sapna Hussain, Shifa Khanom, Zakia Chowdhury, Shubh Ghai, Jennifer Yuen and Tina Tsang.

Appendix I

Feedback for CAH West workshop for the Chinese community

Please note: It is important to say that not all of the following are due to Community Action on Health, but our work, and the feedback from last year's conference, have contributed to some of them.

- ◆ Information was a key action point from last year's workshop. We passed on the comments about information needs to Newcastle West Primary Care Group who were responsible for co-ordinating local health services. This is now the responsibility of the Primary Care Trust. Good information and communication is a key point in many of our contributions at meetings about health services as so many communities say it needs to be improved. We have recently asked once again that information services should be prioritised and resources put into them.
- ◆ With the Community Health Council, we have started to visit GP practices in the West end to look at things like access, what information they provide, how they inform people about how to make comments or complain and how they use this information, and so on. We talk to people in the waiting rooms and to the staff. The aim is to spread the best ways of doing things.
- ◆ A health awareness day was held in March attended by over 100 women. The information given about local services was provided in response to requests for more information at last year's conference.
- ◆ Surgeries in the West end are at present being asked to: look at how they record information eg religion, language needs etc, and whether they pass these on when someone is referred; what information they have available in different languages; how they use the interpreting service; what staff training and support they provide in race equality; which communities are most often referred to hospital and so on. Once this information is given it will be used to see where the gaps are and who needs to improve their support. Training and support will then be given.

- ◆ Race equality training has been piloted in GP training across the region and is to continue.
- ◆ Training for new nurses in local hospitals about care of minority ethnic people has taken place.
- ◆ Support, advice and exercise for people who have heart disease was not being used a lot by Black and minority ethnic communities. A project to provide this support is in its final stages of getting funding and should start soon.
- ◆ Training is being provided in East Elswick to tackle racial harassment.
- ◆ At last year's conference a workshop was held on diabetes. However, as Black and minority ethnic communities had not taken part a separate follow-up workshop was arranged and was well attended by Black and minority ethnic people with diabetes. They met with the person responsible for planning diabetes care and told him the needs.
- ◆ We passed on the comment about useful tips for users of interpreters to the Interpreting service. Please note: you can have interpreting support to see a dentist, optician or chiropodist.
- ◆ Two part time maternity facilitators have been appointed to work with Black and minority ethnic communities.
- ◆ A community development worker is being appointed to work with Black and minority ethnic communities around care for people with cancer.
- ◆ A member of the Chinese community was elected on to the Management committee of Community Action on Health West in September last year.

Appendix II

Feedback for CAH West workshop for Asian women

Please note: It is important to say that not all of the following are due to Community Action on Health, but our work, and the feedback from last year's conference, have contributed to some of them.

- ◆ A health awareness day was held in March attended by over 100 women. The information provided on local services was provided in response to requests for more information at last year's conference.
- ◆ At the above, cards were given out with the telephone numbers of different services. These are unfortunately only in English at the moment, but may be translated if we get enough money to do so.
- ◆ A group has been meeting to try to set up an escort service. We have some money through New Deal for Communities and Community Action on Health and we will use this to ask people exactly what they want and how they want it to be provided. We will use this information to try and get funding to set up a service.
- ◆ Surgeries in the West end are at present being asked to: look at how they record information eg religion, language needs etc, and whether they pass these on when someone is referred; what information they have available in different languages; how they use the interpreting service; what staff training and support they provide in race equality; which communities are most often referred to hospital and so on. Once this information is given it will be used to see where the gaps are and who needs to improve their service. Training and support will then be given to surgeries to improve their services to Black and Minority Ethnic communities.
- ◆ Race equality training has been piloted in GP training across the region and is to continue.
- ◆ Training for new nurses in local hospitals about care of minority ethnic people has taken place.

- ◆ Training is being provided in East Elswick to tackle racial harassment.
- ◆ Two part-time maternity facilitators have been appointed to work with Black and Minority Ethnic communities.
- ◆ Support, advice and exercise for people who have heart disease was not being used a lot by Black and minority ethnic communities. A project to provide this support is in its final stages of getting funding, and should start soon.
- ◆ At last year's conference a workshop was held on diabetes. However, as Black and minority ethnic communities had not taken part a separate follow-up workshop was arranged and was well attended by Black and minority ethnic people with diabetes. They met with the person responsible for planning diabetes care and told him the needs.
- ◆ A community development worker is being appointed to work with Black and minority ethnic communities around care for people with cancer.
- ◆ The Community Action on Health West management committee this year has four members from the Black and minority ethnic communities.

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