Taking health care into black and minority communities — a pharmacist-led initiative

By Clair Huckerby, Judith Hesslewood and Parbir Jagpal

Abstract

Aims
To investigate the current level of patient awareness and interest in health care in black and minority ethnic communities. To reduce language and cultural barriers between patients and health care professionals.

Method
Local community groups interested in information and advice sessions were contacted using primary care trust resources. A generic presentation providing core information was developed. Each presentation was then tailored according to the needs of each community group. The session was delivered in the patients’ native language, using the linguistic skills of the prescribing team. Each session was followed by an opportunity for participants to ask questions and have an individual medication review, which included blood pressure measurement.

Subjects and setting
Community groups in the Dudley Beacon and Castle Primary Care Trust and adjoining Dudley South PCT.

Over a period of one year, practice-based pharmacists in a multicultural setting in the Birmingham and Black Country Strategic Health Authority area reported a variety of concordance issues ranging from patients’ lack of understanding of their illness, their reasons for taking medicines, consequences of non-compliance and denial. In addition there were many cultural issues that influenced how medicines were taken. A recent study among British Pakistani and Indian patients concluded that cultural factors need to be understood and taken into consideration to ensure that these patients are given appropriate advice and to avoid unnecessary changes to prescriptions. "Other studies show that more than 13 per cent of patients in primary care practices did not know the indication of at least one of their prescription medicines. Lack of knowledge was most prevalent for cardiovascular medicines."2,5

There is limited pharmacy-related literature on the use of pharmaceutical services by ethnic minorities. Aslam and Wilson suggested that, in addition to having help from family members, the problem of communication could be addressed by employing staff from the local community.

The opportunity arose to try to improve patients’ awareness of medicines when Dudley Beacon and Castle Primary Care Trust’s prescribing team successfully gained funding through a clinical governance bid. The project focused on community groups within the PCT and the adjoining Dudley South PCT, and used a team of pharmacists who, collectively, spoke five different languages. Some of the community groups had previously been identified by the public health department within the PCT as being disadvantaged from a health equity perspective.

The aims of the project were to increase the awareness of medicines and their use within black and minority ethnic communities in Dudley borough. This group was targeted since it was well known that the uptake of and access to health care services was more difficult due to social, cultural, religious beliefs and language barriers.

It was also intended to allow patients the opportunity to ask about their medicines and get further individual information tailored to their particular needs. We hoped to provide access to pharmacists as an additional source of information with regards to health. The pharmacists could identify patients who were suffering poor health and provide signposting to appropriate health care services and follow up.

Outcome measures
Evaluation forms in English, including pictograms were used and verbal and written feedback was taken after the sessions.

Results
There was a good level of attendance at all sessions and participants were interested in their conditions, medicines and healthy lifestyles. Participants wanted more information and to play a more active role in their health care. Speaking to patients in their own languages in their community setting broke down many barriers. Limited success was obtained with the evaluation forms.

Conclusions
Taking health care into the community has illustrated that patients are interested in their own health and willing to act upon information and advice that they may not have otherwise had access to. Pharmacists can contribute towards reducing health inequalities within the community.

Panel 1: Format of the generic presentation

The first part of the presentation addressed the following issues:

- Why do we take medicines?
- What do I need to know about my condition?
- How do I take my medicines?
- What about side effects?
- Storing medicines
- How long do I take my medicines for?
- What about medicines I don’t need?
- Can I take medicines not on my prescription?
- What is a medication use review?
- What about vitamins/supplements/traditional medicines?
- General health advice

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Panel 2: Medicines awareness issues identified

- Patients have limited understanding of medical conditions such as diabetes and hypertension
- Patients lack understanding of the importance and relevance of taking medicines
- Patients lack knowledge of the ramifications of poorly controlled cardiovascular disease
- Patients have an interest in the place of vitamins, herbal and homoeopathic medicines in therapy
- Patients have an interest in what to expect from a medication review, although a large number of people did not know what a medication review is or why it is important
- Patients want to know about animal products in medicines
- Patients like talking to the pharmacists and learning more about their medicines
- Patients experience some problems in accessing medicines from community pharmacies

Panel 3: Lifestyle and public health issues raised

- People want to take a more active role in their health care
- People wanted to know more about healthy eating and exercise
- People do want to know more about their medicines and their medical conditions
- Patients liked having these sessions in their own communities and want more
- Speaking to patients in their own language about health care issues helped to break down barriers between health care professionals and minority communities

arranged in the future. They also expressed an interest in cholesterol measurements.

O verall, a large number of people did not know what a medication review is or why it is important. People were generally interested in what to expect from a medication review. However the Yemeni community, while happy to engage in discussion at the end of the session, were not keen to participate in the medication review process.

Discussion

O verall, this project was considered successful. People wanted to know more about their medicines and their medical conditions, in particular diabetes and hypertension, which were poorly understood.

A lmost a third of the participants and over half from the Caribbean Association had uncontrolled hypertension.

Of the medication reviews conducted, 61 per cent resulted in an intervention. Interventions included the identification of compliance and concordance issues, side effects due to medicines taken, advice and signposting for diabetes-related conditions, as well as recommendations for prophylactic medication and the identification of more serious conditions, such as atrial fibrillation, which was suspected when a participant’s pulse was taken and later confirmed by their GP.

Valuable lessons were learnt, in particular the concept of taking health care to the pa-

### Table 1: Details of sessions held (n=125)

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of pharmacists involved</th>
<th>Number of participants</th>
<th>Number of medicines use reviews</th>
<th>Number of patients with BP &gt; 150/90mmHg</th>
<th>Number of intervention forms completed</th>
<th>Reasons for completion of intervention form (other than BP &gt; 150/90mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halesowen Yemeni Community (female)</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Further advice on medication and lifestyle</td>
</tr>
<tr>
<td>Halesowen Yemeni Community (male)</td>
<td>4</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Isolated systolic hypertension suspected, irregular pulse</td>
</tr>
<tr>
<td>Dudley Muslim Association</td>
<td>3</td>
<td>16</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>Compliance with medication, side effects, recommended changes to medication</td>
</tr>
<tr>
<td>Dudley Caribbean Association</td>
<td>4</td>
<td>26</td>
<td>26</td>
<td>15</td>
<td>25</td>
<td>Compliance with medication, side effects, recommended changes to medication</td>
</tr>
<tr>
<td>Sri Krishna Temple Day Care Centre</td>
<td>6</td>
<td>30</td>
<td>18</td>
<td>2</td>
<td>3</td>
<td>Compliance with medication, side effects, recommended changes to medication</td>
</tr>
<tr>
<td>Guru Nanak Singh Sabha Community Centre</td>
<td>8</td>
<td>31</td>
<td>21</td>
<td>3</td>
<td>12</td>
<td>Compliance with medication, side effects, new onset of symptoms, advice on osteoporosis prophylaxis, foot advice for diabetes, blood glucose monitoring</td>
</tr>
</tbody>
</table>

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pient, finding out what patients want and pro-
viding them with information to empower
them.
In order to make informed decisions
about their medical treatment, patients must
understand the risks and benefits of and alter-
natives to treatment and that patient educa-
tion may also improve adherence to drug
therapy. Further development of the evalua-
tion forms is required in order to improve the
level of feedback. Remaining monies from
the project were used to fund the translation
of the PCT's "No antibiotics" campaign
leaflets into five different community lan-
guages. In addition, further monies have been
awarded to extend the project by taking
medicines education and awareness sessions
to more patients and carers into their com-
unity settings. The sessions will continue to
be tailored to individual groups needs. It is
hoped that in the long term this will become
a core service provided by the prescribing
team and will continue to utilise and develop
skills within the team such as supplementary
prescribing.
This piece of work won a team-working
award at the PCT's annual "Celebrating suc-
cess" event, highlighting how well the pre-
scribing team work together and how they
interact with other teams working in the
PCT and the community.

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