



WHO WE ARE:

Pilot Hospital Portraits



AT: Kaiser Franz-Josefs-Spital, Vienna, Austria

1. People

We will represent our hospital at the Kick-off Meeting:		
Karoline Kandel	Local focal person	Physician (specialist in internal and tropical medicine)
Margit Endler	Deputy focal person	Medical director of the hospital (gynaecologist)

2. Our Hospital – Some Facts

Ownership	Public
Size	
<u>Number of beds</u>	714
<u>Patients/year:</u>	
in-patients:	27.826 (2001)
out-patients:	149.114 (2001)
<u>Staff</u>	1.835
medical:	319
Nursing	715
Specialisation	General hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Turkey, former Yugoslavia, the third “group” being formed by representatives of a wide variety of different ethnic origin
The 3 most important health problems of migrant patients:	birth/obstetric problems (young women), psychiatric/psychosomatic problems, respiratory problems
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication (family members as interpreters), cultural differences and different expectations of patients + staff, lack of structures for migrant health

4. Existing Services for Migrants and Ethnic Minorities

<ul style="list-style-type: none"> ▪ Co-operation with the FEM (Centre for Women’s Health with focus on migrant problems): consultation, courses and training programmes ▪ Training in intercultural competence in medical care and nursing ▪ Recently founded a Centre for Men’s Health – also with a special focus on migrant health ▪ Multicultural competencies of staff ▪ Turkish community interpreter at the department for obstetrics and gynaecology ▪ Information material for patients in different languages <p>The final decision to develop our hospital into an important secondary care centre was only taken about 10 years ago. The hospital is situated in one of the largest districts of Vienna with a migrant population of more than 16 %. Representatives of this population form a big and important group of our patients. The need of developing and improving services targeting these patients is obvious. In the last years we have begun to intensify our efforts in this field. Our aim is to increase patients’ and staff’s satisfaction within the hospital setting. We want to improve collaboration with pre-existing extramural services for migrant populations and increase the public’s awareness of our role as a “migrant friendly hospital”.</p>



DE: Immanuel Krankenhaus GmbH – Rheumaklinik Berlin-Wannsee, Germany

1. People

We will represent our hospital at the Kick-off Meeting:

Prof. Dr. Werner Schmidt	Focal Person	Sociologist
Mag. theol. Elimar Brandt	General Director	Hospital Management, Theology

2. Our Hospital – Some Facts

Ownership	Non-profit; limited company
Size	
<u>Number of beds</u>	200
<u>Patients/year:</u>	
in-patients:	3750
out-patients:	9600
<u>Staff</u>	261
medical:	27
Nursing	99
Specialisation	Rheumatology

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Turkey, Russia and former Yugoslavia
The 3 most important health problems of migrant patients:	Orthopaedic problems, bone and metabolic diseases, immunal diseases (same problems as German patients- due to specialisation of hospital)
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication, family visits, cultural competence

4. Existing Services for Migrants and Ethnic Minorities

- No specific services to date,
- but future approaches to providing health services for migrants are characterised by the integration into an overall Health Promoting Hospitals (HPH) implementation strategy through combination of quality management and the Balanced Scorecard in the Immanuel Hospital.
- Experience gained in 2 Berlin hospitals with a high proportion of migrant users owned by VIVANTES GmbH (Klinikum Am Urban and Klinikum Neukölln- as an observer hospital-) is integrated into our pilot project.
- Furthermore, our approach is characterised by the co-operation with 2 Berlin project groups participating in other migrant-relevant EU-projects (Minority Elderly Care and a community-run interpreting service).



DK: Kolding Hospital, Denmark

1. People

We will represent our hospital at the Kick-off Meeting:

Karen Marie Olesen	Focal person	Registered nurse, Health visitor, Master of Public Health
Jette Ammentorp	Member of the steering group	Head Nurse, Master of Health Science

2. Our Hospital – Some Facts

Ownership	public
Size	
<u>Number of beds</u>	300
<u>Patients/year:</u>	95.000
in-patients:	20.000
out-patients:	75.000
<u>Staff</u>	1.250
medical:	134
nursing:	500
Specialisation	General Hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Turkey, Somalia and the Middle East
The 3 most important health problems of migrant patients:	Infectious diseases Problems in health behaviour (smoking, overweight)
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication, migrants' health behaviour, overuse of emergency services

4. Existing Services for Migrants and Ethnic Minorities

- PC/Touch panel for service evaluation: System uses graphic images + migrant languages so that migrant patients can evaluate services (patient satisfaction) in their own language (at the Paediatric Department)
- Co-operation with external interpreting services
- Education of the staff concerning subjects relevant for their work with migrant patients. Subjects like cultural understanding, illness and health perception in a cultural perspective.
- The midwives have just started gathering pregnant women with different ethnic background in small groups for health education concerning breastfeeding and the coming birth



EL: Hospital Agia Eleni, Athens, Greece

1. People

We will represent our hospital at the Kick-off Meeting:

Dr. Sotirios Zotos	Focal Person	General Manager and President of the Board of Directors
Alexandra Kioulou	Project Steering Group	Head Nurse at the Department of Internal Medicine

2. Our Hospital – Some Facts

Ownership	public
Size	
<u>Number of beds</u>	32
<u>Patients/year:</u>	9.500
in-patients:	480
out-patients:	9.220
<u>Staff</u>	112
medical:	24
nursing:	38
Specialisation	General Hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Albania, Asia (Pakistan, Bangladesh, Philippines) and Eastern Europe
The most important health problems of migrant patients:	Infectious diseases: Hepatitis, Tuberculosis Malnutrition
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication, heavy burden on staff, patient documentation (data collection)

4. Existing Services for Migrants and Ethnic Minorities

- no specific services to date
- assigned by the Ministry of Health to carry out health assessment for migrants as a prerequisite for obtaining a residence and work permit: only hospital in Greece carrying out these assessments
- referral to specialist doctors if health problems are detected

Aims of the project:

- Developing a routine for patient information
- Establishing a new position at the hospital: Officer for Migrant Health

Some more information about our hospital:

Spiliopoulou Hospital "Saint Helen" was founded in 1916. It has been operating as a hospital continuously since then. The hospital's departments specialise in the fields of pathology, cardiology, diabetes, radiology, ultrasound and microbiology. The hospital functions as an emergency hospital once every four days and is located in Athens at 21 Dim. Soutsou, near the Mavili square in Ampelokipi.



ES: Hospital Punta de Europa, Algeciras/Cádiz, Spain

1. People

We will represent our hospital at the Kick-off Meeting:

Antonio Salceda De Alba	Focal Person	Nursing supervisor
Jose Manuel Galiana Auchel	Hospital Director	Director Gerente (Managing Director)

2. Our Hospital – Some Facts

Ownership	public
Size	
<u>Number of beds</u>	314 (hospital) + 37 (medium care unit)
<u>Patients/year:</u>	
in-patients:	12.135
Medical day care patients:	3.361
<u>Staff</u>	
medical:	154
Nursing	569
Specialisation	General Hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from the Maghreb region (part of Northwest Africa) and Sub-Saharan countries (Nigeria, Ghana), EU citizens
The 3 most important health problems of migrant patients:	Injuries/health problems acquired during the journey, reproductive health, infant care
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication (language, culture), migrants' problems with legal status, lack of interpreting services

4. Existing Services for Migrants and Ethnic Minorities

- Statistics/Patient Documentation on incoming migrant patients: raw demographic data
- Use and development of multicultural competencies of staff (both hospital and primary attention services): language courses, lectures on cultural customs
- The 60/ card: a document that is given to every immigrant attended by SAS, that identifies, gives accessibility and continuity in attention to all persons in our autonomic community (Andalucia)
- Co-operation with social forces and NGOs in accommodation and legal advice to immigrants
- Development and improvement of multi-language documentation: advice on self-care, compliance forms, need for a specific test, etc.
- The "Migrant Friendly Hospitals" project: a European initiative to promote health and health literacy for migrants and ethnic minorities



FI: Turku University Hospital, Turku, Finland

1. People

I will represent our hospital at the Kick-off Meeting:

Pia Ahonen	Focal Person	Director of nursing, PhD, Department of Gynaecology and Obstetrics
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2. Our Hospital – Some Facts

Ownership	public
Size	
<u>Number of beds</u>	826 (in 2001)
<u>Patients/year:</u>	96.132 (in 2001)
in-patients:	37.768
out-patients:	58.364
<u>Staff</u>	3.490
medical:	376
nursing:	1.912.5
Specialisation	University Central Hospital with various specialist departments

3. Cultural Diversity at our Hospital

The 4 most important migrant groups/ethnic groups:	People from Somalia, Albania and Arab-speaking countries (Middle East, North Africa), Russia
The most important health problems of migrant patients:	Reproductive health: hyperemesis, Hepatitis-B, sickle-cell anaemia, female circumcision, tuberculosis, HIV, syphilis, parasitosis (worms)
The 3 most important problems in providing services for migrants and ethnic minorities:	Cultural differences (difficulties in understanding service needs), language problems

4. Existing Services for Migrants and Ethnic Minorities

- Native speakers of migrant languages and people with acquired knowledge of migrant languages among the staff
- List of persons able to translate is available at the hospital
- Co-operation with the translation centre at the City of Turku staffed by native speakers of migrant languages

Approaches envisaged to improve health services:

- translate material and increase migrants' health literacy regarding pregnancy and labour
- improving interface to primary care and social services (different programs)
- organising and improving specific programs, for example family training for women and their husbands
- increase multicultural competencies of staff; education of staff concerning subjects relevant for their work with migrant women and their families



FR: Hôpital Avicenne, Paris, France

1. People

We will represent our hospital at the Kick-off Meeting:

Michel Bilis	Director of Avicenne Hospital	director
Olivier Bouchaud	Focal person	medical doctor

2. Our Hospital – Some Facts

Ownership	Public
Size	
<u>Number of beds</u>	530 + 31 day hospital places
<u>Patients/year:</u>	147.676 admissions over 24 hours in 2001 77 emergency cases per day
<u>Staff</u>	1.597
medical:	176
nursing + paramedical	1.258
Specialisation	General University Hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from North Africa, sub-Saharan Africa and Asia
The 3 most important health problems of migrant patients:	tropical and infectious diseases/HIV, diabetes, high blood pressure
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication, legal status and money problems, existing (translation) services not flexible enough

4. Existing Services for Migrants and Ethnic Minorities

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| <ul style="list-style-type: none"> ▪ Co-operation with migrant support associations in the community (including support to HIV patients) ▪ Professional translation service ▪ Work with staff members who speak a migrant language ▪ at the Department of Infectious Diseases and Tropical Medicine - special outpatient service for people going to (advice before travelling) or returning from their countries with a tropical disease ▪ Ethno-psychiatry clinic ▪ free outpatient clinic for illegal residents or people without social insurance ▪ special services for alcohol or drug addicts |
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IR: James Connolly Memorial Hospital, Blanchardstown, Dublin, Ireland

1. People

I will represent our hospital at the Kick-off Meeting:

Ms. Angela Hughes	Focal Person	Health Promotion Co-ordinator
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2. Our Hospital – Some Facts

Ownership	Public
Size	
<u>Number of beds</u>	348
<u>Patients/year:</u>	70.525
in-patients:	9.755
out-patients:	60.770
Staff	1.298
medical:	121
Nursing	527
Specialisation	General hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Romania, Bosnia and Latvia/Lithuania
The 3 most important health problems of migrant patients:	Assault or stabbing incidents, alcohol poisoning
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication (low general literacy), cultural competence among staff

4. Existing Services for Migrants and Ethnic Minorities

The Haemovilligence Officer –Ms. Gretta Boyle developed a Blood Transfusion Information Leaflet for patients in JCMH receiving blood products. The refugee centre in Dublin was contacted to find out what nationalities were moving to Ireland and a local translating service was contacted. The Blood Transfusion Leaflet was then translated into nine most common languages to the non-nationals accessing healthcare in JCMH. The nine languages are as follows; English, Irish, Bosnian, Russian, French, Chinese, Albanian, Arabic, Czech and Romanian. This leaflet is provided to all patients prior to receiving blood products where possible and retrospectively if this is not possible.

The Accident & Emergency Department – Ms. Fiona McDaid, Unit Co-ordinator, Low literacy was identified initially as an issue for the Travelling Community attending the Accident & Emergency Department in JCMH. Currently in JCMH 17% of admissions are non-nationals and 80% of admissions access health care via the Accident & Emergency Dept. Ms. Mc Daid in collaboration with the Speech & Language Dept. began developing communication boards using pictographs to communicate with individuals with literacy issues. This work is not complete to date, however this process and the current climate highlighted the need to use similar methods and translation services to communicate with Non-nationals attending the A&E Dept. We hope to progress this work via the Migrant Friendly Hospital Initiative to ensure that our service is more accessible to non-nationals and or individuals with literacy issues.

Care of the deceased: Mount Carmel Hospital, Dublin developed a guide for staff in relation to religious and cultural beliefs when caring for a deceased patient. Mount Carmel have agreed to allow JCMH to adapt these guidelines for use in our services.



IT: The “Presidio Ospedaliero” of the Azienda USL di Reggio Emilia, Italy

1. People

We will represent our hospital at the Kick-off Meeting:		
Antonio Chiarenza	Focal person	“Dirigente sociologo” Sociologist, Assistant Co-ordinator of the HPH Network for the Emilia-Romagna Region; Responsible for the overall HPH project for the AUSL of Reggio Emilia; for the Community Health Plans (Piani per la Salute Provincia di Reggio Emilia); and the Research, Innovation and Planning sector.
Andrea Gigliobianco	Deputy focal person	“Dirigente Medico” di Presidio ospedaliero, MD, Hospital Medical Manager of the Guastalla Hospital. Responsible for the HPH project for the Guastalla Hospital and deputy for the overall HPH project for the AUSL of Reggio Emilia.

2. Our Hospital Services – Some Facts

Ownership	Public
Size	
<u>Number of beds</u>	721 + 80 day care beds
<u>Patients/year:</u>	120.816 (2001)
in-patients:	24.443
out-patients:	83.582
day care cases:	12.791
<u>Staff</u>	948
medical:	261
Nursing	687
Specialisation	General; Regional Health Service consisting of 5 hospitals and community services

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Asia (India/Pakistan), North Africa (Morocco) and Albania
The 3 most important health problems of migrant patients:	Infectious diseases (tuberculosis, malaria); heart and circulatory problems; oral diseases; skin disorders (scabies); mental disorders; sexual and reproductive health; digestive system problems.
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication (linguistic, cultural level), cultural competence, over-use of ER services

4. Existing Services for Migrants and Ethnic Minorities

<p>Activities of the Local Health Authority of Reggio Emilia in Intercultural Assistance:</p> <ul style="list-style-type: none"> ▪ Equality of all citizens and service users, prevention of discrimination and respect for personal dignity are specified as policy aims in the Authority’s Citizens’ Charter ▪ Creation of a centre for the Health of Foreign Families together with Caritas (NGO) to assist illegal immigrants: primary care; family care; gynaecology, paediatrics, infectious diseases; dental health (1998) ▪ Research to assess migrant patients’ needs in using and accessing our hospital services and staff experiences in dealing with migrant patients. (2000) ▪ Start up of a local project aimed at tackling the problem of Voluntary Interruption of Pregnancy (unintended pregnancies) among migrant women. (2002) ▪ Actions for health protection and promotion within the local HPH project “The Intercultural Hospital” addressed to legal and illegal migrants and ethnic minorities (2000): <ul style="list-style-type: none"> • to improve maternity services for immigrant women; • to improve the use of and access to emergency services; • to establish a cultural mediation service to facilitate access to and use of services; • to develop training, clinical and liaison meetings and seminars aimed at improving recovery and treatment of the mentally ill among foreign groups; • to provide informative material in several languages to facilitate access to and use of services and to improve communication between medical professional and patient in critical situations (e.g. Emergency out-patients).



NL: Academic Medical Center, Amsterdam, The Netherlands

1. People

We will represent our hospital at the Kick-off Meeting:

Sjaak Molenaar	focal person	Health educator AMC-UvA
Hanneke Hartog	focal person	Policy associate migration and health Emma Children's Hospital AMC, Amsterdam

2. Our Hospital – Some Facts

Ownership	non-profit
Size	
<u>Number of beds</u>	1.002
<u>Patients/year:</u>	
in-patients:	22.500
out-patients:	300.000
day care patients:	26.000
<u>Staff</u>	6.232
medical:	938
nursing:	1.691
Specialisation	University hospital with several top-clinical specialities

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from former Dutch colonies (Surinam, Dutch Antilles, Indonesia and Moluks), Morocco and Turkey.
The 3 most important health problems of migrant patients:	As an university hospital migrant patients are coming with various health problems. For example cardiovascular diseases, diabetes mellitus type 1 and 2 and sickle cell/thalassaemia diseases.
The 3 most important problems in providing services for migrants and ethnic minorities:	Communication, inadequate resources and structures for migrant health, data collection for patient documentation can be problematic.

4. Existing Services for Migrants and Ethnic Minorities

At our university hospital we have a migrant working group called '**Working group Ethnicity and Communication**'. This group is organised by service providers themselves and has a multi-professional membership. Some of the items addressed by this group: members educate others at the hospital, offer translation services and organize symposia around this theme.

In the hospital there is a protocol for how to get translators, personal as well as by phone.

There is also an **Imam involved in the clerical team of the hospital**. He is not only approachable for the many Islamic patients and the Islamic hospital workers but also for all the caregivers by giving information and education.

On ward level there is a working group at the Dept. Paediatric Oncology in the Emma Children's Hospital AMC called '**Transcultural Nursing**' dealing with a specific group of patients, coming from all over the world, only for their specialised treatment in the Netherlands.

Because of our academic quality we have not only to deal with care, but also with education and research. There we have to deal with migrant and ethnic minorities as well. We **adjust our curricula and try to involve ethnic minorities in our studies** rather than excluding them.

A last example; because of our population we provide **special care to people with sickle cell disease**.

Within the hospital as well as in our outpatient clinic we follow young people with sickle cell disease. Not only arrangements to treatment but also to education and research are shaped around this disease.



PT: Hospital Nossa Senhora do Rosário, Barreiro, Portugal

1. People

I will represent our hospital at the Kick-off Meeting:

José Neves	Focal Person	Director of Emergency Services
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2. Our Hospital – Some Facts

Ownership	Public
Size	
<u>Number of beds</u>	409
<u>Patients/year:</u>	
in-patients:	13.575
out-patients:	95.168
<u>Staff</u>	1.382
medical:	256
Nursing	461
Specialisation	General hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Portuguese ex-colonies (Angola, Mocambique, Guinea-Bissau, Cabo Verde, Timor), people from Eastern Europe
The 3 most important health problems of migrant patients:	Trauma caused by accidents at work
The 3 most important problems in providing services for migrants and ethnic minorities:	Legal status of migrants/entitlements for health care, cultural competence, communication

4. Existing Services for Migrants and Ethnic Minorities

- no specific services to date

Local plans for the project:

The project will be implemented in the Emergency Services.

Aims:

- Developing a translation service
- Developing information about the hospital and health services in the region
- Offering social support to patients with a migrant background



SV: Uppsala University Hospital, Psychiatric Centre, Uppsala, Sweden

1. People

We will represent our hospital at the Kick-off Meeting:

Frits-Axel Wiesel	Focal person	Professor
Manuel Fernandez	Deputy focal person	Head physician

2. Our Hospital – Some Facts

Ownership	public
Size	
<u>Number of beds</u>	211
<u>Patients/year:</u>	
in-patients:	3179 admissions/70.646 bed days per year
out-patients:	19.091
<u>Staff</u>	1.116
medical:	91
Nursing	741
Specialisation	Psychiatric Hospital

3. Cultural Diversity at our Hospital

The 3 most important migrant groups/ethnic groups:	People from Iran/Iraq, Turkey and Russia/former Soviet Union
The 3 most important health problems of migrant patients:	PTSD, Suicidal thoughts/behaviour, depression
The 3 most important problems in providing services for migrants and ethnic minorities:	Understanding/Communication, intercultural competence, legal status + service entitlements of refugees

4. Existing Services for Migrants and Ethnic Minorities

- Two specialist units addressing migrants' mental health needs:
 - Transcultural Psychiatry Outpatient Unit
 - Special Unit for Post-Traumatic Stress Disorder
- Specialist transcultural services at the unit for Child Psychiatry
- Teaching programme for medical students in transcultural psychiatry
- Basic training in transcultural issues for regular staff

- **The Unit of Transcultural Psychiatry and Refugee Trauma** was started in 1985. The unit has developed culturally sensitive diagnostic and treatment strategies for treating refugees who have major psychiatric diagnoses, including sequelae of torture and mass violence.
- The Unit has an EU project for developing methods of early diagnosis and treatment of refugees in the primary care. We are working now in 2002 - 2003 with the development and implementation of a psycho-educative group treatment of refugee patients with posttraumatic stress disorder and a education program for patients with a wide range of trauma-related symptoms and disorders.
- The Unit has organized several international conferences in co-operation with for example the IRCT, Copenhagen and Dr I. Genefke, with Prof. A. Marsella, Hawaii and Prof. S. Loga and I. Ceric, psychiatric clinic, Sarajevo and others.



UK: Bradford Hospitals NHS Trust, UK

1. People

We will represent our hospital at the Kick-off Meeting:		
Dilshad Khan	Project Co-ordinator	Over 20 years experience in the public and voluntary sector in the field of equality and diversity.

2. Our Hospital – Some Facts

Ownership	Public
Size	2 – sites St. Luke’s Hospital and Bradford Royal Infirmary Hospital
Number of beds	1231
Patients/year:	405,544 (March 2001 – April 2002)
In-patients:	105,637 (March 2001- April 2002)
Out-patients:	299,907 (March 2001- April 2002)
Staff	5019
Medical:	503
Nursing and Midwifery staff:	2169
Specialisation	Acute General Hospital

3. Cultural Diversity at our Hospital

The 3 major migrant groups/ethnic groups:	People from Pakistan, India and the African Caribbean
The 3 major health challenges of migrant patients:	<ol style="list-style-type: none"> 1. Thalassaemia (South Asian community), 2. Sickle cell anaemia (African-Caribbean community), 3. Higher prevalence of diabetes and CHD
The 3 major challenges in providing services for migrants and ethnic minorities:	<ul style="list-style-type: none"> • Communication • Accessible, appropriate and responsive services • New challenges posed by asylum seekers as a new client group, lack of health-and social education

4. Existing Services for Migrants and Ethnic Minorities

<p>Bradford Hospitals NHS Trust’s objective is to provide a seamless service to all, where patients are treated as individuals and with privacy and dignity taking account of the different needs of the diverse population we serve. Furthermore, where patients and the public are actively involved in planning services and in monitoring their provision, enabling patients to receive only appropriate interventions and experience successful outcomes.</p> <p>With regards to patients from the black and minority ethnic communities, the above is achieved through the following:</p> <ul style="list-style-type: none"> ▪ Dedicated Equality and Diversity Department ▪ Equality and Diversity Strategy and Structures: Equality and Diversity Steering Committee (chaired by the Chief Executive and membership comprising of Executive Directors), Equality and Diversity Advisory Group (chaired by the Director of Hospital Services and membership comprising of hospital staff, patients and community representatives. <ul style="list-style-type: none"> ▪ Ethnic monitoring system: patient documentation and data transfer to service planning ▪ Provision of interpreting service ▪ Workforce that is reflective of the community served, including multicultural and multi lingual staff ▪ Community consultation on specific service development e.g. diabetes, circumcision service etc. ▪ Policies and procedures relating to managing equality and diversity and for the provision of equitable service to diverse communities.
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