

**IMPROVING THE QUALITY OF COMMUNICATION
AND SERVICE PROVISION FOR RENAL PATIENTS OF
SOUTH ASIAN ORIGIN**

**THE CONTRIBUTION OF AN ETHNIC LIAISON
SUPPORT WORKER**

A Report for the Trustees of the British Kidney Patients Association

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Executive Summary

Tahira Akhtar was appointed to the newly created post of Ethnic Liaison Support Worker (ELSW) within the Bradford Renal Unit in March 2010, thanks to a generous start-up grant from the British Kidney Patients Association. The rationale for having an ELSW was our strong commitment to deliver the standards of patient care that are set out in the National Service Framework for Renal Services, also our awareness of the benefits of ELSW involvement in other specialties in the Bradford region (*Appendix 1*).

Tahira is employed on a part-time basis and shares an office in the renal department at Bradford St Luke's Hospital. She has been supported and supervised by key members of the senior medical staff and the renal teams on a daily basis, namely Consultant Nephrologists Dr John Stoves and Dr Habib Akbani, Associate Specialist Dr Ramla Mumtaz, Sister Vicki Hipkiss, Charge Nurse Tony Coman, Sister Claire Burton and Charge Nurse Michael Speight.

A large minority of patients with advanced kidney disease in Bradford are South Asian. They originate from a number of countries, including Pakistan, India and Bangladesh. Effective delivery of holistic care for our South Asian patients demands a consistently high standard of communication between renal unit staff, patients and their families. Communication may be problematic for a number of reasons, including language barriers and cultural or religious beliefs. The Ethnic Liaison Support Worker is able to work closely with patients, relatives and other members of the multidisciplinary renal team to overcome many of these difficulties, putting patients and families at ease and making them feel more involved in decisions made about their care. The ability of patients and family members to explain in detail their concerns to someone who understands their culture, beliefs and religion is of course invaluable, and these concerns are duly shared with other members of the medical team.

Tahira has contributed to a wide range of activities in many areas of the renal service. These include participating in home visits and multidisciplinary clinics to ensure a clear understanding of clinical information and to assist with decisions about choice of renal replacement therapy; providing an additional channel of communication to encourage the engagement of patients and families and attend to their holistic needs; reducing barriers for patients who repeatedly fail to attend hospital appointments (difficulties with reading written communications in English, transport problems, incomplete understanding of the purpose of assessments such as suitability for dialysis access and transplant listing); improving the advice given by diabetes specialist nurses by helping them to understand dietary habits and explain medication changes;

assisting the work of departmental clinical psychologists; encouraging South Asian patients to attend and participate in pre-dialysis open days; engaging with everyday issues such as helping to obtain informed consent for procedures and ensuring clear communication between staff and patients during catheter placement; educating healthcare assistants in the cultural aspects of patient care; promoting uptake of Renal PatientView amongst South Asian patients; and supporting more effective explanation and provision of End of Life care.

The most effective means of capturing the involvement of the ELSW in a very diverse range of clinical activities is to read her anonymised case notes (*Appendix 2*). Qualitative feedback indicates that staff, patients and relatives alike recognise the important contribution of the ELSW towards establishing a more equitable standard of care for patients who require renal services in Bradford (*Appendix 3*). Staff commentaries have been collated (*Appendix 4*).

In summary, The ELSW plays an important role in creating an environment of understanding and trust for our South Asian patients, ensuring that care is delivered in a way that is sensitive to individual cultural and religious beliefs.

Tahira says, “I take on the responsibility for patients with kidney disease who require ongoing support, advice and intervention in relation to their health and social care needs. A smile and a warm welcome in their own language is sometimes all that is needed to start a meaningful dialogue with the patient and their families.’

‘My role is very varied, interesting and informative. I am fortunate to be able to meet many lovely people who I am able to help and improve their quality of life. I treat every patient with respect and recognise them for who they are and not by their illness. I listen to what they have to say and try to sort out their concerns, which can range from medication queries to more complex issues such as ensuring that they fully understand their modality options.’

‘I am also looking forward to being involved in the ABLE end-of-life care research project. This will allow me to share my knowledge and experiences of supporting members of the South Asian community who require end-of-life care.’ (*Appendix 5*)

We are extremely grateful to the Trustees of the British Kidney Patients Association for giving us the opportunity to improve substantially the care that we provide for our South Asian patients. Our work will be presented in poster format at the British Renal Society/ Renal Association conference in June 2011.