

Tackling health inequalities in patients with diabetes

Alia Gilani has been working as a health inequalities pharmacist for the past seven years. This article describes recent advances in her work, which now includes a service for all ethnic minorities taking long-term medication and help for asylum seekers. By Shona Kirk.

Alia Gilani has worked as a health inequalities pharmacist in the pharmacy and prescribing support unit (PPSU) at NHS Greater Glasgow and Clyde for the past seven years.

Ms Gilani and Richard Lowrie, the clinical services lead in the PPSU, first established the bilingual medication review clinics in 2002. The first clinics were run specifically for the South Asian population. The development of these clinics was carried out in several stages, each adding something new (see background box).

Holding clinics in Urdu resulted in increased attendance by the South Asian population. About 18 months ago the service was expanded to include all ethnic groups with health inequalities, including the African-Caribbean population. This resulted in the opening of MELTS (minority ethnic long-term medicines

service). Referrals to MELTS can be made by family members or health care professionals, including consultants and diabetic nurses. Patients can also refer themselves.

The service was recently expanded to include asylum seekers. Ms Gilani explains that for some groups of people, such as asylum seekers, the important aspect is not necessarily just speaking their language. "It is about understanding the needs of the patient, giving them time to talk and listening to their cultural needs," she says.

Running the clinics

Ms Gilani is responsible for running bilingual medication review clinics. This includes everything from carrying out the medication reviews to completing paperwork. She runs outreach clinics in various locations, including a community



Alia Gilani

Background

A medication review service for patients with diabetes has been in place in NHS Greater Glasgow and Clyde since 1997. However the existing service was not meeting the needs of the South Asian population. South Asian people have a higher incidence of diabetes¹ and reduced access to health care services,² and fewer of these individuals were attending the clinics compared with those in the indigenous population.

Since Alia Gilani speaks English and Urdu, a medication review clinic was able to be developed for Urdu speaking patients, to increase the attendance rate by South Asian individuals.

Development of the bilingual medication review service was carried

out in several stages. In the initial stage, South Asian patients with diabetes were contacted in their spoken language of Urdu and invited to attend the clinic.

The second stage involved running outreach clinics in a more accessible environment; clinics were held in a mosque for a year and have since been held in a Hindu elderly centre, a Sikh elderly centre and other voluntary centres. In the third stage of development, clinics were also held in a busy community pharmacy in an area with a high Asian population. This has now been running for about three and a half years.

The most recent advance has been the development of MELTS (minority ethnic long term medicines service).

pharmacy and an elderly centre, and also visits patients referred to her through MELTS. "There are always people who slip through the net but we are trying to counteract that by allowing self-referral, running clinics in venues that are easily accessible to patients and encouraging secondary care consultants to refer patients to us," Ms Gilani says. Enabling consultants to refer patients to the service is an important move, she explains, since consultants may only see patients once a year.

At the clinics, Ms Gilani conducts a complete medication review and recommends or makes changes to treatment where necessary. "As a result of the clinics, patients receive more medicines, more monitoring is carried out and more co-morbid conditions are detected," she says.

One of the main outcomes of the medication review is referral of patients into mainstream services. "Patients are frequently referred to services such as health and social care, English classes, welfare rights, computing courses and primary and secondary health care," Ms Gilani explains. She also visits other organisations, such as voluntary services, to check if they are suitable for her patients. "It is important to network and expand the service as far as possible," she says. "Social circumstances can impact on a patient's condition and state of health. If someone has depression or welfare issues, their blood pressure, cholesterol levels or diabetes may not be their main priority. A holistic approach is important," says Ms Gilani.

Patients who attend the clinics often have regular appointments to personalise their care and address any problems. This allows Ms Gilani to get to know her patients and gain their trust. "Patients are a lot more willing to start taking insulin because of this and because they are able to speak to me in Urdu," she says.

Ms Gilani and Mr Lowrie are currently the only pharmacists working in the service. However, Ms Gilani works with other health care professionals including practice nurses, consultants, a community psychiatric nurse, a diabetic nurse with whom she carries out house visits, and a dietician who speaks Punjabi. "It is important to note that this service is not a separate service," she says.

Prescribing

Ms Gilani became an independent prescriber in 2007 and is affiliated with one practice in which she can prescribe. However, she points out that although the community pharmacy-run clinic attracts patients who are mainly from that practice, the other clinics are attended by patients from about 20 different practices and she cannot prescribe for these patients. "My independent prescribing qualification speeds things up. However, when I am unable to prescribe I leave a note for the doctor, so I am essentially making the decision anyway, and the doctor generally agrees with my suggestions," she adds.

Other responsibilities

Ms Gilani also runs patient education events. For example, a diabetes

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awareness day was recently held at an elderly centre for South Asian people. She is also a member of the South Asian Health Foundation (SAHF), a charitable organisation which aims to raise awareness, promote research and improve access to health care services for the South Asian population. Most of the leading experts in South Asian health care are members of the organisation. There are four working groups in the SAHF and Ms Gilani is part of the diabetes group. She is hoping to raise awareness of the SAHF in Scotland.

Challenges

The main challenge faced by Ms Gilani is a lack of funding. The service is currently funded by the NHS Greater Glasgow and Clyde long term conditions steering group, but this funding runs out in September. She says: "If we had more money I would like to expand the service. I would employ more team members to do things such as administration, so that I can focus more on the patients." She adds that one of her main frustrations is that there is such a need for the service. "There is real inequality out there. Patients from ethnic minorities are dying sooner and have a higher risk of conditions such as heart disease."

Ms Gilani says that when she visits patients to discuss their diabetes-related medication she often finds that they have other problems. "These patients often have many complex issues. One person is not enough to run this service and the lack of time and funding is frustrating," she says. Ms Gilani hopes to obtain funding

to run a randomised controlled trial to show that the service reduces hospital admissions and improves HbA1c levels, blood pressure and lipid levels. "Results so far have been favourable; we are hitting all the right markers," she says.

Ms Gilani says that she would like to branch out further and help other ethnic minority groups. She says: "There are still a lot of services that I would like to establish but it is quite difficult on a day to day basis because our resources are finite."

Benefits

From a clinical pharmacy perspective, the main benefits of the service are being able to provide patients with medicines that improve their outcome, the ability to refer patients to services that they might not otherwise have the opportunity to access, and the ability to detect other conditions as well as helping to manage of existing problems.

Ms Gilani says that on she finds her role very fulfilling. "My passion is dealing with patients who are deprived and who have health inequalities. I enjoy making a difference and being able to see the benefits of the service to patients on a daily," she says. "Patients often express how grateful they are, and this confirms that the service is worthwhile," she adds.

Ms Gilani hopes to see this kind of service applied in other cities. "It would be great if primary care trusts in areas with high numbers of ethnic groups could adopt a similar service," she says.

References

1. Barnett AH, Dixon AN, Bellary S, Hanif MW, O'hare JP, Raymond NT, et al. Type 2 diabetes and cardiovascular risk in the UK south Asian community. *Diabetologia*. 2006;49:2234–46.
2. Hunt SM, Bhopal R. Self report in clinical and epidemiological studies with non-English speakers: the challenge of language and culture. *J Epidemiol Community Health*. 2004;58:618–22.

Alia Gilani was awarded the Sanofi-Aventis diabetes award for her work. This was presented at the UKCPA/GHP conference last month (see p187 for a report from the meeting).