



**PRODUCED BY:  
THE EDUCATION, LEARNING AND  
LEADERSHIP DEVELOPMENT TEAM**

## **BHIP – GREATER MANCHESTER Report 2021-2023**

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## **About CAHN**

### **Who we are and what we do**

CAHN is a Black-led organisation set up to address the wider social determinants to eradicate health disparities for Caribbean & African people in the United Kingdom. We work with the Black community and cross-sector organisations to build community resilience, relationships, and a social movement to improve health outcomes for Black people.

### **Our Vision**

CAHN's vision is to eradicate health disparities for Caribbean & African people within a generation.

### **Our Mission**

Our mission is to lead strategic engagement to change the unhelpful practices of service providers, commissioners, and member organisations to influence policy and practice to ensure racial and social justice is a focus of health and other public sector service reforms in the UK.

### **Core Values**

The Caribbean & African Health Network is founded on a number of key principles and values which enables us to conduct our activities with integrity respect, openness transparency and within a framework of good governance.

As an organisation we adopt an intersectional approach to engagement and are committed to working in an inclusive, creative, and responsive manner with communities and organisations irrespective of socio-economic status, ethnicity, religion, sexual orientation, gender, age, and physical or mental ability.

We work in a collaborative way to coproduce and codesign meaningful actions that bring about equity, justice and fairness to those that are underserved and marginalised in the community. Our engagement across stakeholders is purposeful and shared in a way that enables learning and best practices to make our society a better place to live for everyone.

**As an organisation, CAHN:**

**Leads**

We lead strategic engagement articulating the needs of the community with an evidence base. We galvanise the community to respond to consultations and influence policy and practice; challenging the myth that we are hard-to-reach.

**Enhances**

We work with community groups and member organisations to reduce duplication and maximise their impact, making them more effective in achieving their objectives.

**Educates**

We raise awareness about prevention, early detection, effective self-care and self-management. We provide commissioners and service providers with insight and cultural awareness of the Black community.

**Supports**

We support a range of initiatives that brings communities together and builds community resilience. We broker collaborations among organisations to compliment and promote partnership working. We work with member organisations to strengthen their governance and support sustainability planning.

**Advocates**

We ensure the voice of the Black community is represented at decision-making tables. Our volunteers from a range of specialities support the most vulnerable in our community.

**Our Core Objectives**

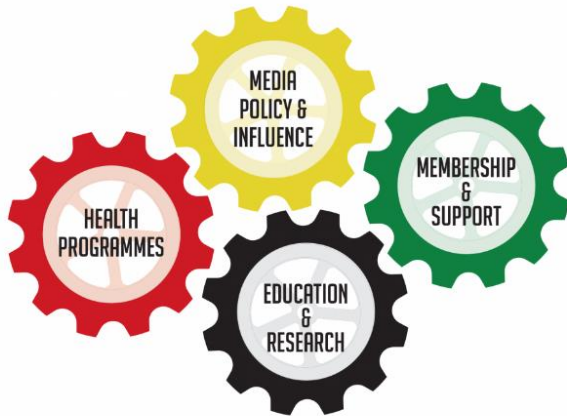
To work collaboratively with Caribbean and African faith and community organisations to strengthen their structures and systems so that they can be responsive to meet the health and wellbeing needs of the community.

To build partnerships across sectors and to be the point of contact between communities, voluntary sector members and commissioning agencies.

To engage in continuous consultation, planning, and evaluation to provide solutions to persistent health inequalities and act as a direct point of contact with commissioners.

To champion the work of the Caribbean and African community and to promote its assets, efficiencies, and achievements.

**Figure 1 Core Values**



### Health Priorities

The evidence base identifies five key areas of work that we need to work with our community and stakeholders to address. Within all of these health programmes there are distinct needs that we need to tailor health prevention initiatives to affect change and improve outcomes. All the health programmes take into account intersectionality within the protected characteristics to deliver impact across generational groups.

Much of our work is undertaken in partnership with Trusts, clinical commissioning groups, local authorities, faith communities and Voluntary sector organisations. This work seeks to enable a better experience and outcome for people of Caribbean or African descent locally and nationally.

**Figure 2 Health Priorities**



## Section One - Introduction

### Background

The Black Health Improvement Programme (BHIP) is a culturally appropriate education, training and support package designed for primary care staff and other healthcare professionals.

The programme is free to GP practices across Greater Manchester (GM) and endorsed and delivered by the Caribbean and African Health Network (CAHN).

The programme has been developed in response to a community consultation with the Caribbean, African community and healthcare professionals who wanted better insights about the Black community to improve health outcomes.

Based upon this evidence Greater Manchester Health and Social Care Partnership (GMHSCP) commissioned this programme to help address the health and wellbeing inequalities and disparities that have been unaddressed for decades and further exposed by COVID-19.

BHIP uses evidence through research which highlights the disparities in health outcomes across several health and wellbeing measures. It offers a robust tool for GP Practices to improve outcomes of their patients from the Black community.

The BHIP Team offers a fully assurance service that will ensure that the BHIP Programme provides awareness of a range of issues that impact upon the engagement of the Black community in relation to their health and wellbeing.

BHIP package consists of:

- A dedicated period of taught culturally appropriate training.
- Access to a bank of resources that are specifically relevant to the most prevalent health conditions found in the Black community.
- A dedicated helpline for advice and referral for targeted interventions or appropriate services
- Access to a BHIP Accreditation Programme following the training, with continual support, resources, and assessment to improve.

**Figure 3 Map of Greater Manchester**



The BHIP programme is delivered across the Greater Manchester primary care footprint. Figure 1 above details a map of Greater Manchester, more information about the 10 areas that are under NHS Greater Manchester, can be found by following the link <https://gmprimarycarecareers.org.uk/our-boroughs/>

The Black Health Improvement Programme (BHIP) has been operating since early 2021 and commenced with several early adopters. The promotion consisted of promotional flyers, direct email to GP practices, CAHN weekly newsletter and information on the Primary Care website.

Watch the video below to find out more about the rationale behind BHIP delivered by the Chair and Chief Executive of CAHN and introduced by Natasha Odita who was the Primary Care Workforce Programme Manager at GMHSCP and championed BHIP at the start of the programme, including the information that was contained on the Primary Care website. Please follow link to find out more <https://gmprimarycarecareers.org.uk/black-health-improvement-programme/>

### BHIP Monthly Monitoring and Reporting

As part of the overall funding for the BHIP programme, the BHIP Team are required to provide a monthly monitoring report to the main funders, who are the Greater Manchester Integrated Care Partnership and CAHN Executive Team. The monthly monitoring report has the following headings. This information is used to inform the take up and interest of the BHIP and the impact on staff across GP Practices. **Table 1** below sets out the various metrics that are collected and reported monthly.

**Table 1 BHIP Monthly Monitoring Report**

|  |   |
|--|---|
| GM Locality  | Number of Practices by Locality           |
| Number of GP Practices signed up to the programme                        | Number of training sessions delivered     |
| Number of attendees  | Number of Social Prescribing Link workers |
| Number of Podcasts and titles created                                    | Number of Bronze                          |
| Number of Silver   | Number of Gold                            |
| Number of Platinum   | Number of Helpline Contacts               |
| Poster and resource requests   | Average event success                     |
| Average confidence in engaging in issues that influence Black experience |   |



## Section Two - Black Health Improvement Programme (BHIP)

### One-Hour Training Session

The BHIP Programme is split into two parts, the first part is the one-hour training session, and the second part is the Accreditation journey, from Bronze to Platinum.

The one-hour training session consists of several themes and has gone through various iterations to reflect various research, programmes, initiatives, projects and events that CAHN and its partners are delivering or working on.

The one-hour training sessions are delivered to mainly those members of staff who work within the Primary Care sector (GP practices), however over time, attendees have included, staff members from across other health professions, e.g., Social Prescribers, Health Development Co-ordinators, Primary Care Network representatives (PCNs) and staff members from the Manchester GP Federation.

The BHIP Programme is delivered by members of CAHN Education, Learning and Leadership Department (BHIP Team). The sessions are delivered at least twice a week to various clinical and non-clinical staff across the Greater Manchester footprint. However, it is proposed to increase the number of sessions during 2024.

The current interactive one-hour training session, covers the following areas:

1. Black People – who are they?
2. Race, Racism, Institutional racism
3. Health Inequalities
4. Lived Experiences
5. Next Steps
6. Support and Resources
7. Other Information

**Appendix 1** provides a more detailed overview of the content of the one-hour training session.

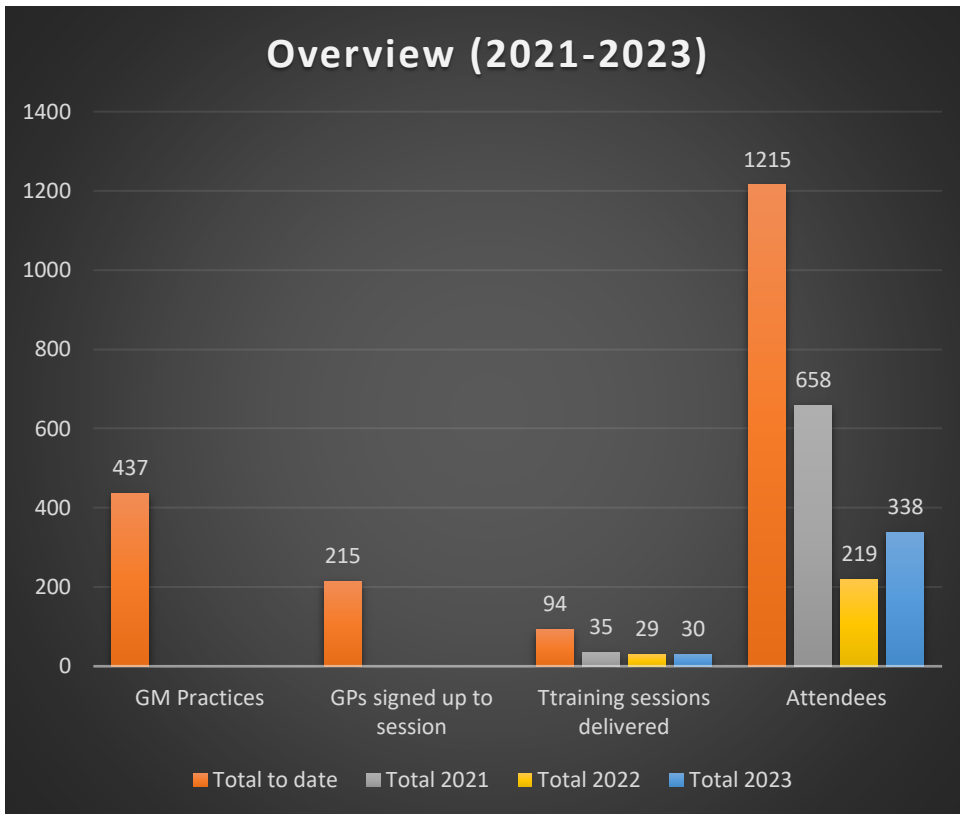
Upon attending the one-hour training session, Practice Managers are sent digital attendance certificates for their staff and lanyards by post (Examples of certificates and lanyards are detailed in **Appendix 2**).

As a result of the one-hour training session, the following additional support is made available to the Practices via the BHIP Team:

- Practices are added to the CAHN Mailing list for the weekly CAHN Newsletter.
- Links to the weekly CATHIP and Healthy Heart sessions.
- Promotional information and links to the various CAHN Flagship events, research, projects, services, other community and CAHN events.
- Access to CAHN social platforms to promote recruitment opportunities.

Most recently CAHN have received Continuous Personal Development (CPD) approval for the BHIP one-hour training session, this means that attendees can use the BHIP training session towards their learning.

**Table 2 Overview of One-Hour Training Sessions 2021 - 2023**



**Table 2** above provides an overview of the overall number of Practices across GM, the number of Practices that have signed and attended the BHIP Programme and the number of staff members that have attended the one-hour training session over the three-year period.

From the data captured in **Table 2**, currently there are approximately a total of 437 GP Practices across Greater Manchester (GM). This number of Practices fluctuates, due to merges and closures. During this period 215 (49%) Practices have signed up and attended the BHIP one-hour training sessions, with 222 Practices (51%), who have not signed up to the Programme at all.

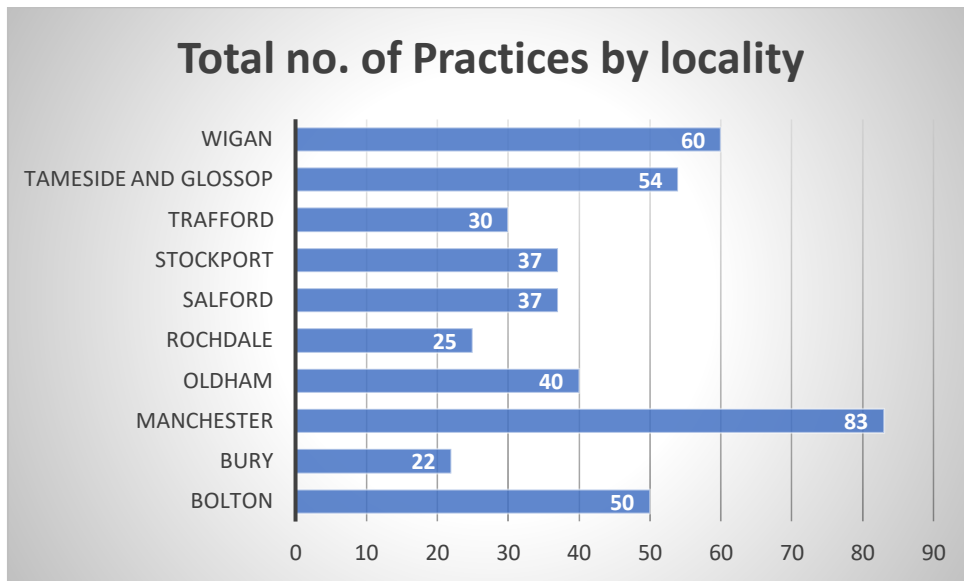
The BHIP Team (Education, Learning and Leadership Department), have delivered 94 one-hour training sessions during this period, and a total of 1215 clinical and non-clinical primary care staff including Social Prescribers, Link Workers, Health Co-ordinators, Primary Care Network Leads and GP Federation staff have attended one of the sessions during the three-year period.

The BHIP programme encourages Practices to send as many staff as possible for the one-hour training session, therefore the numbers of attendees and the number of sessions per GP Practice may vary.

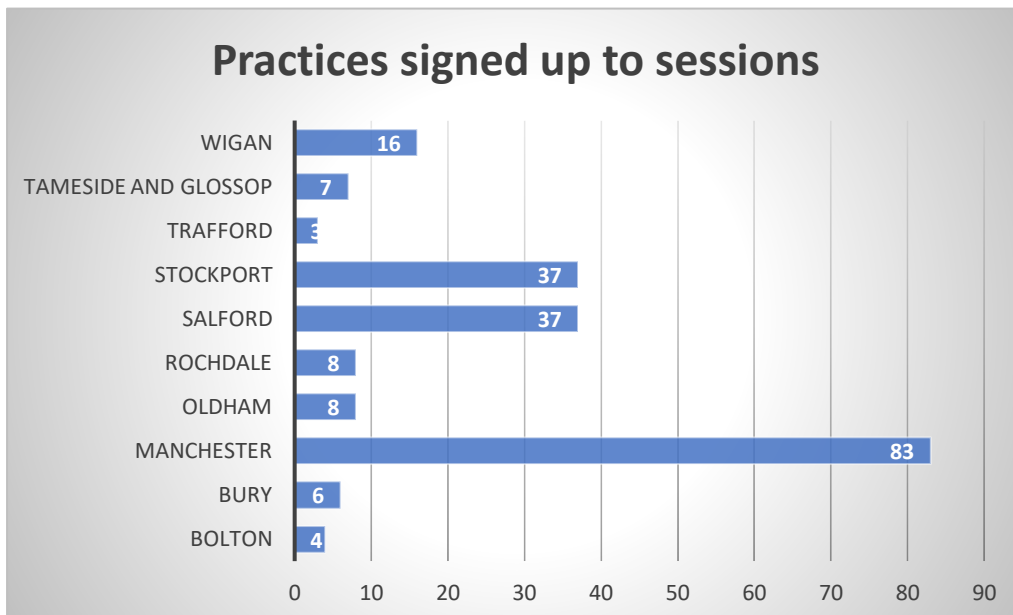
The only caveat is that if a Practice wishes to sign up for the **Accreditation Programme** (more details in Section 3 below), their Practice Manager and a clinician should have attended as part of the criteria for the accreditation sign up. This is because the Practice Manager will fundamentally be the lead for processing the Practice through the various stages of the Accreditation Programme.

Overall, the most successful year of the BHIP programme during this reporting period was 2021 where the team delivered 35 sessions to 658 attendees. However, the evidence shows the difference between year 1, 2 or 3 is very small in comparison.

**Table 3 Total of Practices by Locality and Table 3a Practices signed up to BHIP**



**Table 3a**



**Table 3 and 3a above** details the GM Practices by locality, including the number of Practices who have signed up and attended the one-hour training session, which is the same number.

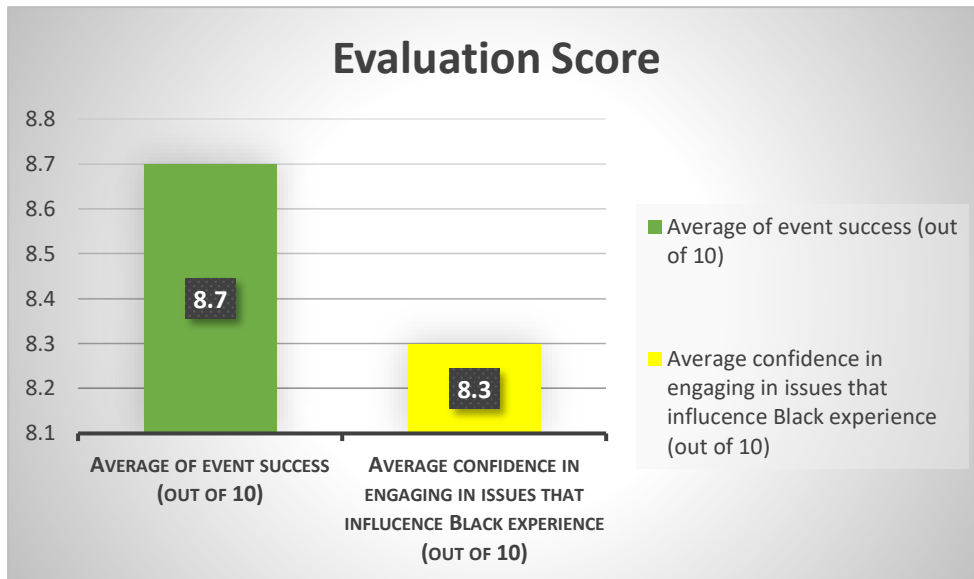
During this reporting period three locality areas, had all their Practices signed up and attended the BHIP one-hour training sessions, these were, Manchester (83), Salford (37) and Stockport (37).

In relation to the other 7 localities, a minimum of 3 Practices have signed up and attended a BHIP one-hour training session during this reporting period.

As mentioned above, the majority of the larger localities have all attended the BHIP programme over the three-year period. With just Bolton and Oldham, that have not had such a positive uptake in comparison to the number of Practices across their locality.

## BHIP One-Hour Training Session Evaluation

**Table 4 Post-Training Evaluation Feedback 2021 – 2023**



**Table 4** above details the post evaluation feedback, which takes place at the end of the one-hour training session.

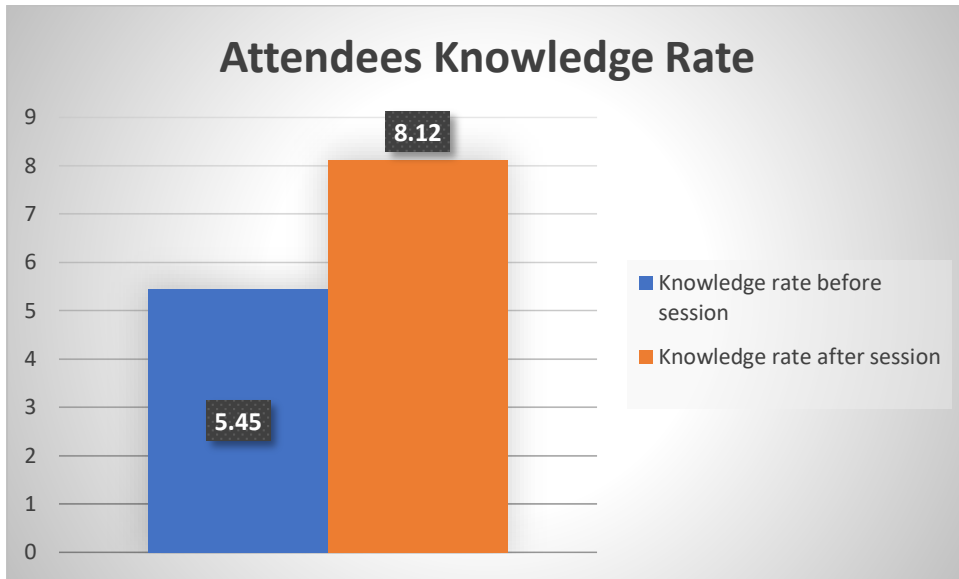
All attendees are invited to complete a post evaluation feedback form and the two key measures used for these metrics is detailed below:

- The success rate of the one-hour training session
- The confidence of attendees in engaging in issues that influence Black experience.

Attendees are asked to indicate between 1-10, with 1 being the lowest and 10 being the highest.

Over the three-year period the one-hour training sessions, has seen a consistent rating from attendees relating to these two metrics. With **8.7** being the average rate for the first metric and **8.3** for second metric.

**Table 5 Attendees' Knowledge 2021- 2023**



**Table 5** highlights the measurement of attendees' knowledge by asking them to rate their knowledge before and after the 1-hour training session between 1-10, with 1 being the lowest and 10 being the highest.

On average most attendees' score was **5.45** before the session and increased to **8.12** after the session. Overall, this is a 27% difference in attendees knowledge improving by just attending the one-hour training session.

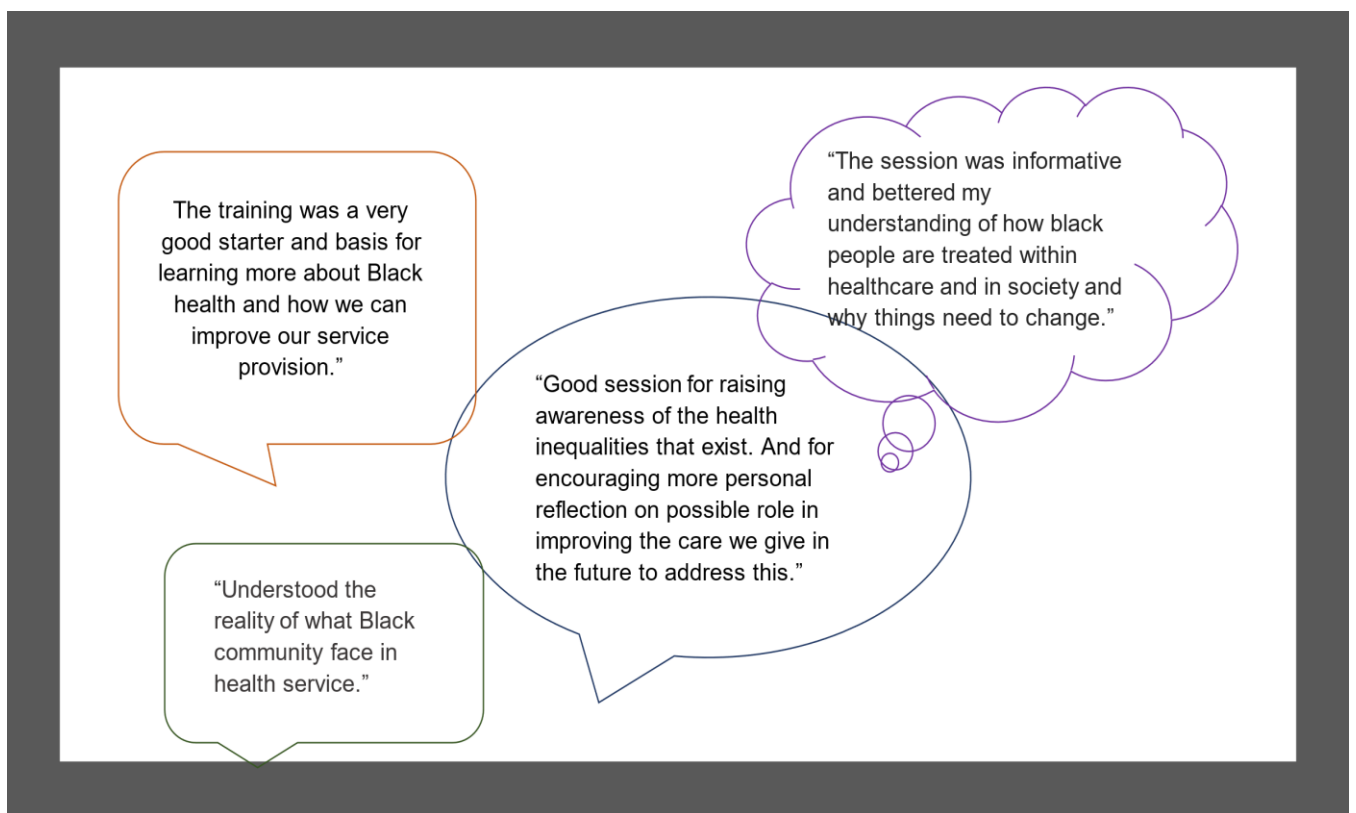
This is borne out by the Evaluation feedback that is received after the one-hour training session. A sample of evaluation feedback comments are detailed in the section below and a more extensive range of evaluation feedback can be found in **Appendix 3**.

## Evaluation Feedback

**Table 6** highlights some of the comments from attendees, demonstrating how the session has increased their knowledge and understanding.

A more detailed overview of feedback received from attendees via the Evaluation process can be found in **Appendix 4**.

### Table 6 Sample of Evaluation Feedback



## Section Three - BHIP Accreditation Programme

### General Overview

Once GP Practices have attended the 1-hour training session, their Practice Managers are encouraged to join the GM BHIP Accreditation Programme. Practices are required to work through each level before moving on to the next.

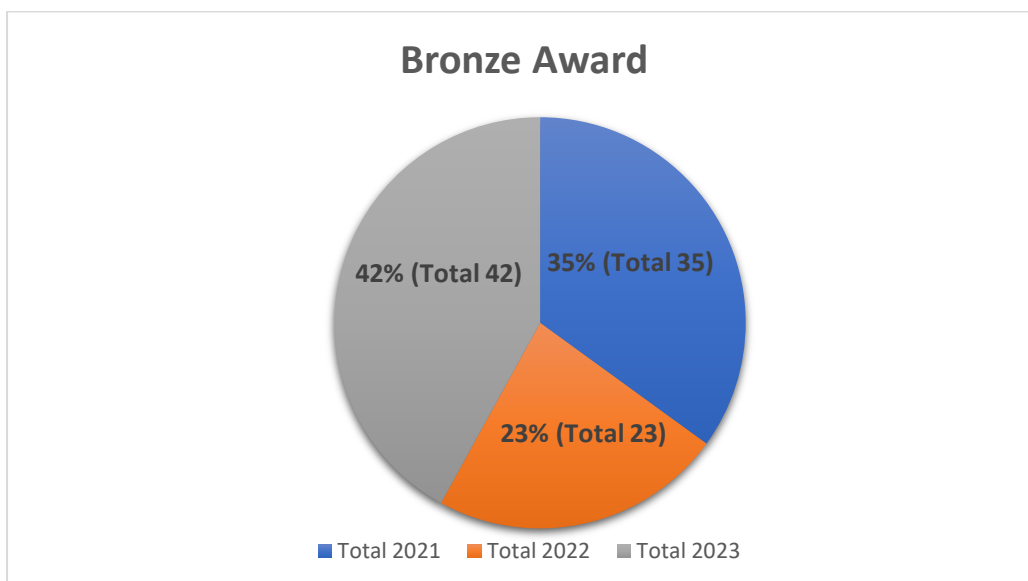
The information below details what practices are required to undertake to achieve the Accreditation Journey across the various levels, Bronze to Platinum. A detailed overview of the four Accreditation levels can be found in **Appendix 5**.

### Bronze Level (Developing)

Following attendance at the one-hour training session, Practice Managers are encouraged to sign up to the BHIP **Bronze Level**, which results in Practices agreeing to the 10 Pledge Charter.

Practices are then provided with a copy of the **10 Pledge Charter** and a certificate to display in their reception area of their Practice. **Appendix 6** details the **10 Pledge Charter and Bronze Award Certificate**.

**Table 6 Total number of Practices achieving Bronze Level Across GM during 2021 - 2023.**



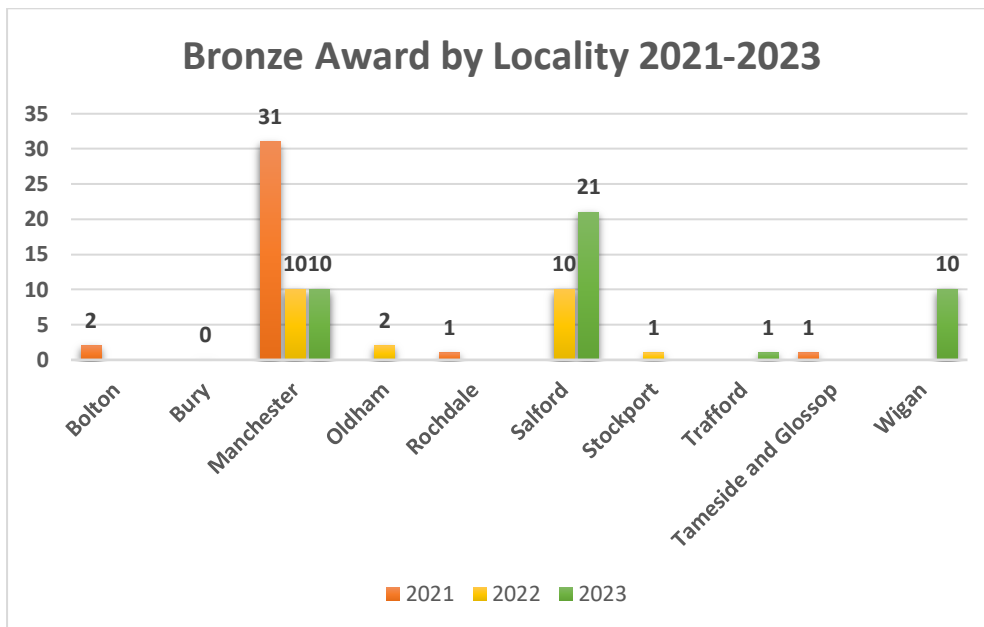


**Table 6** above details the number of Practices across GM who have signed up to the Bronze Level. Currently **99** Practices out of the **215** Practices that have attended the one-hour training session have achieved the Bronze Award, which equates to **46%** of the total number of practices who have attended the one-hour training session.

Overall, there has been a steady take up to the Bronze Level with 2023 seeing the highest take up across the three years at **42%** of Practices.

**Appendix 6** shows examples of Practices displaying their Bronze certificates and the BHIP 10 Pledge Charter.

**Table 7 Total number of Practices achieving Bronze Level by Locality Level 2021 – 2023**



**Table 7** above details the number of Practices awarded the BHIP Bronze Level across the GM localities.

The two localities with the majority of Practices being awarded the Bronze Level are Manchester with **51** and Salford with **31** Practices during the three-year period.

Both localities provided incentives to their practices to join the Bronze Level, hence why there is a greater take up from these two localities comparison to other localities across GM.

Overall, the majority of the localities have at least one Practice that has signed up to the Bronze level.

After approximately six months of achieving the Bronze Award, Practices are then contacted by the BHIP Team to start their Silver journey. More details about this can be found in the section below.

### Silver Level (Enabling)

The next stage of the BHIP Accreditation Programme journey is the **Silver Level**. Interested Practices are invited to attend the Silver Accreditation workshop in advance of starting this level.

The workshop provides Practice Managers with an understanding of the expectations of the Silver Level from both the Practice and BHIP team’s perspective.

**Table 8 Total number of Practices achieving Silver by Locality 2022 – 2023**



To date **seven Practices** have joined the Silver Programme, see **Table 8** above. With the majority coming from Manchester and Salford. Of the seven practices, currently none have fully completed the Silver Level journey, however one practice is now near to completion.

This level focuses on the following themes:

- Inclusive Leadership
- Recruitment and engagement
- Engagement activities and support documentation

The aim of this level is to move the Practice on from the Bronze Level which was just about showing a commitment. The Silver Level requires tangible evidence in support of the **12-point self-assessment criteria**. It is through this level that the BHIP team can start to gather positive impacts that Practices are achieving by going through this accreditation level. Practices are supported with a range of resources as well as two touchpoint meetings during the Silver Level journey.

Practice Managers are required to lead on the collation of documentation and evidence in support of the Silver Level criteria. The BHIP Team's role is to review all documentation against the set criteria and provide either feedback if there are gaps or if the Practice has reached the necessary criteria, then they will be notified with a confirmation email of their successful submission.

**Appendix 7** sets out the Silver Level Accreditation journey for Practices.

On achievement to Silver Level, Practices will receive a Certificate and an award, this will be presented by the Chief Executive and a CAHN Board member. A communicate plan will be developed to support the promotion of the successful Practices.

### **Gold Level (Establishing)**

The **Gold Level Accreditation** Programme is very similar to the Silver Level, as Practices are also required to undertake a self-assessment against a criteria of 19 areas. This level has six themes that Practices have to evidence, these are:

- Clinical Consultations/ diagnosis
- Communication
- Monitoring and data collection
- Policy/Complaints
- Signposting and referrals
- Patient involvement and engagement

Similar to the Silver Level, Practice Managers also are required to lead on the collation of documentation and evidence. The BHIP Team's role is to review all documentation against the set criteria and provide either feedback if there are gaps or if the Practice has reached the necessary criteria, then they will be notified, with a confirmation email of their successful submission.

Successful Practices completing the Gold Level, will achieve a certificate and an award, this will be presented by the Chief Executive and a CAHN Board member. A communicate plan will be developed to support the promotion of the successful Practices.

During this reporting period no GM practice have achieved either the Silver or Gold Level of the Accreditation Programme.

### **Platinum Level (Achieved)**

The highest level of the Accreditation Programme is **Platinum**. Practices reaching this level of the BHIP Programme are required to produce two case studies outlining:

- How they have improved their workforce representation in relation to the Black community, and
- How they have addressed and improved health inequalities for their Black patients

These case studies are presented to the BHIP Team for assessment against the Platinum criteria, with supporting evidence. On receipt of the case studies, The BHIP Team will either provide feedback if there are gaps or if the Practice has reached the necessary criteria, then they will be notified, with a confirmation email of their successful submission.

Successful Practices completing the Platinum Level, will achieve a certificate and a special achievement award, this will be presented by the Chief Executive and a CAHN Board member. A communicate plan will be developed to support the promotion of the successful Practices.

We would envisage that the whole accreditation programme may take a number of years to complete starting from Bronze to Platinum.

At the time of this report, no practices have reached the Gold or Platinum level, however a few have started the Silver level journey.

## **BHIP Support**

The BHIP programme has provided an opportunity for greater collaborative working, between the BHIP team and colleagues across the GM health footprint.

- A number of the Health Development Co-ordinator's across Manchester have worked with the BHIP team to support with the promotion of the BHIP one hour training session and also to share relevant information and contact details, to assist with addressing health inequalities across their locality areas.
- Conversations have begun with Wigan PCN who are keen to see how they can deliver the BHIP programme across their PCN area.
- Practices have also sought advice from the BHIP Team to assist with improving their workforce diversity.
- A local Palliative Care Team have met with the BHIP Team to explore different ways of supporting patients from the Black community who are at end of life and accessing palliative care.
- The BHIP Team attended the GM Primary Care Summit during 2022, to promote and raise awareness about the BHIP Programme to Primary Care colleagues.
- The wider CAHN Team promotes the BHIP Programme at every opportunity through the range of different events that they attend.

## Section Four - Conclusion

Overall, the BHIP programme has been successful over the past three years, with nearly **50%** of all Practices across GM attending the BHIP programme. With **99** Practices signed up to the **Bronze Level Accreditation** and **7** working towards the **Silver Level**.

The programme's benefits are concurred by the feedback received and the increase knowledge and awareness that attendees are now armed with, including increased understanding of racial, religious and cultural issues that will have a lasting impact on both their workforce and patients.

The BHIP team recognises that there is still lot more to do to encourage more Practices to sign up to the training and then to join the Accreditation Programme As the benefits of attending the BHIP programme is paramount and will provide a platform to support Practices to address and respond positively to the health inequalities that impact the Black community.

Finally, the main concern for the BHIP programme is:

- The long-term sustainability of the BHIP programme including the BHIP Accreditation Levels
- Lack of take up of the BHIP one-hour session.
- Lack of Practices to provide good examples of the impact of the one-hour session and the Accreditation programme.

## **Section Five - Next steps**

The BHIP Programme is constantly evolving, to ensure that the programme is reflecting feedback and the evidence from the monthly data metrics. As mentioned in the conclusion section above a number of issues that need to be addressed and these are detailed in this section below:

### **One-hour training**

- To improve the take up of practices across GM that have not yet attended a BHIP one-hour training session.
- To develop plans that specifically target localities, where the take up is low.
- To investigate the possibility of developing the one-hour training session as a webinar to increase take up.
- To develop an Online Survey to obtain impact stories and feedback from the one-hour training session.

### **Accreditation**

- To develop a more robust process to capture BHIP Impact Stories at every level of the Accreditation Programme.
- To create a more definitive timeline for Practices to go through the various accreditation levels.
- To Develop a webinar for the Silver Journey Accreditation workshop.

### **General**

- More communication and promotional materials, selling the benefits of the BHIP one-hour training and Accreditation programme.
- Offer the BHIP programme to other non-primary care staff at cost.
- Re-evaluation of the BHIP programme to identify the reasons for low take up across the whole BHIP Programme
- Develop a plan to look at the long-term sustainability of the BHIP Programme.
- Working in collaboration with GP practices that have attended the BHIP one hour training session, to develop a range of focus groups w, to gather data on the experiences of Back patients, whose Practices have been part of the BHIP programme.
- Learn lessons from the success of Pride in Practice.

# Appendices

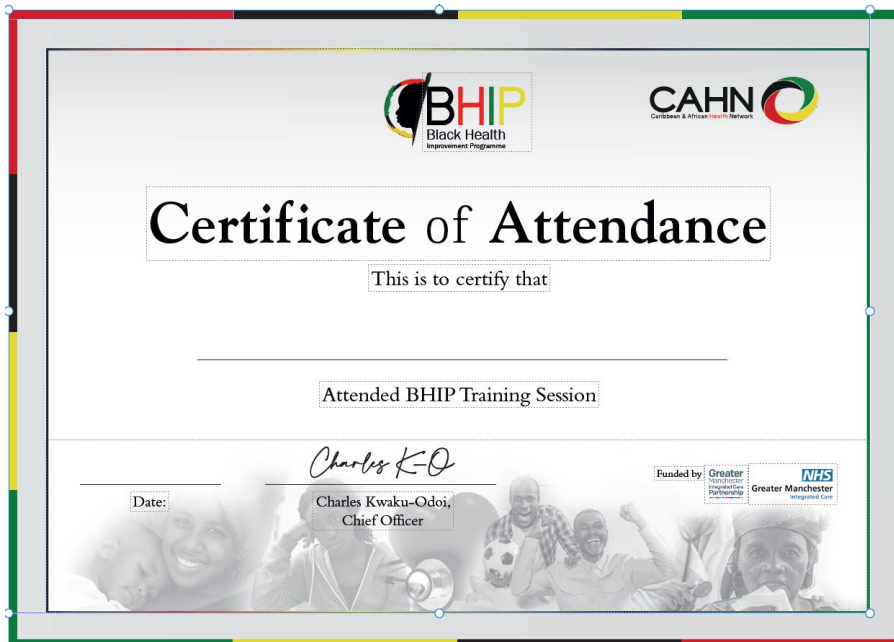


## Appendix 1 – BHIP one-hour Training Session Overview

The BHIP session commences with introductions, housekeeping and the aims of the session. The facilitators then deliver the sessions based on the following content:

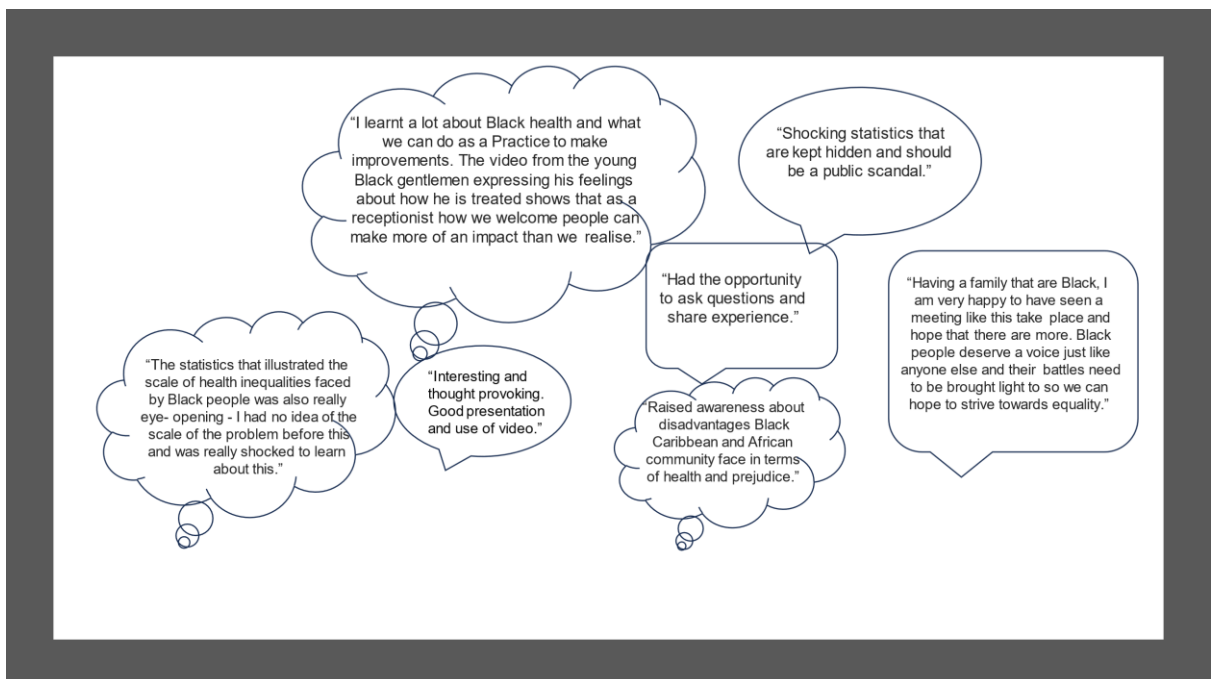
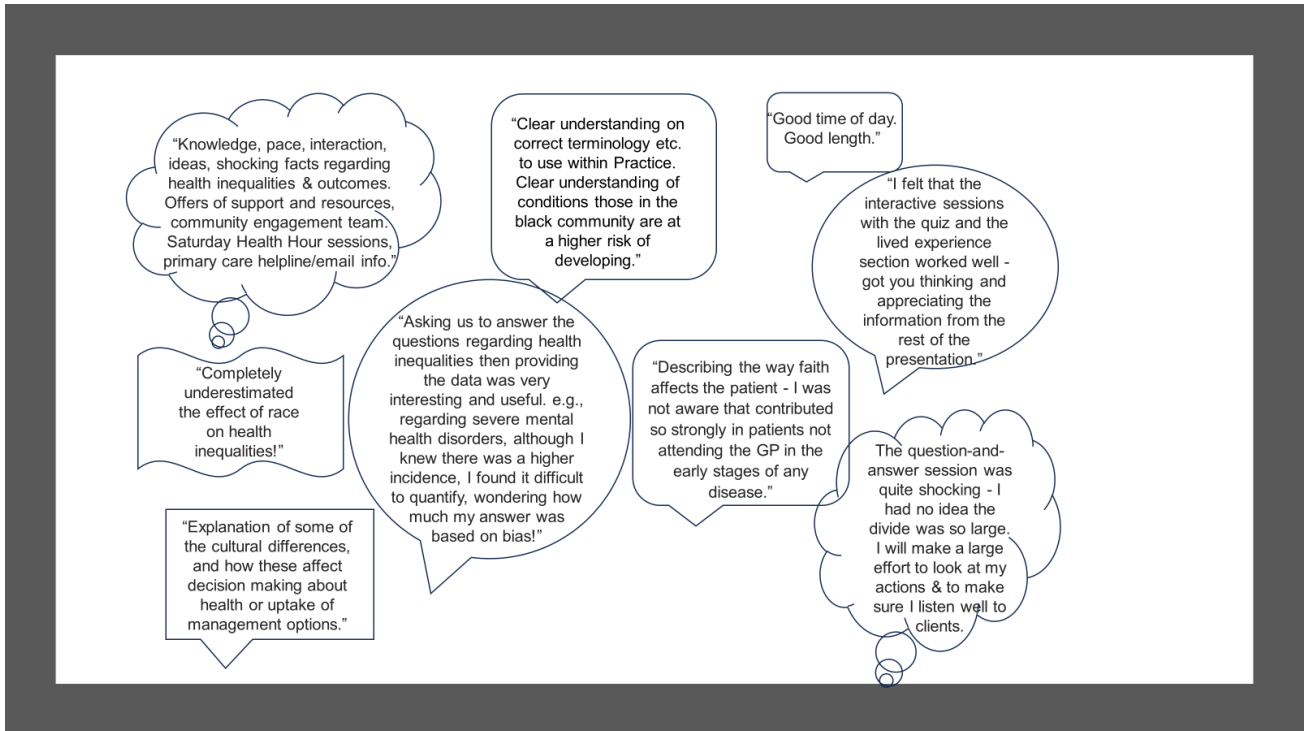
1. **Black People** – who are they? – Sets out a historical overview of where Black people have come from, different terms used to describe them, current demographic data, religious, cultural traditions practices and health beliefs.
2. **Race** – This section explores definitions of Race, Racism and Institutional racism. Historical ideologies about Black people. Why race and racism matter when it comes to health, microaggression and theory of culture.
3. **Health Inequalities** - An interactive quiz and other related information looking at the stark health inequalities, the impact of racism on the Black community, exploring what is the problem (5 key areas).
4. **Lived Experiences** – Interactive video and examples of patient's lived experience in relation to inappropriate information and challenge, obesity and culture, religion and cultural practices.
5. **Next Steps** – Working towards achieving cultural competence, BHIP Accreditation Programme, what happens after the one- hour training, e.g. post evaluation feedback link, issuing of certificate, lanyard and impact story survey. Overall summary of the one-hour training session.
6. **Support and Resources** – Attendees are informed that they have access to a dedicated helpline, links to CATHIP and Healthy Hearts weekly sessions, direct contact details to CAHN services.
7. **Other Information** – Relates to any CAHN Flagship events or any other community events that CAHN is promoting or participating in.

## Appendix 2 – Attendance Certificate and Lanyard



### Appendix 3 – Evaluation Feedback Comments

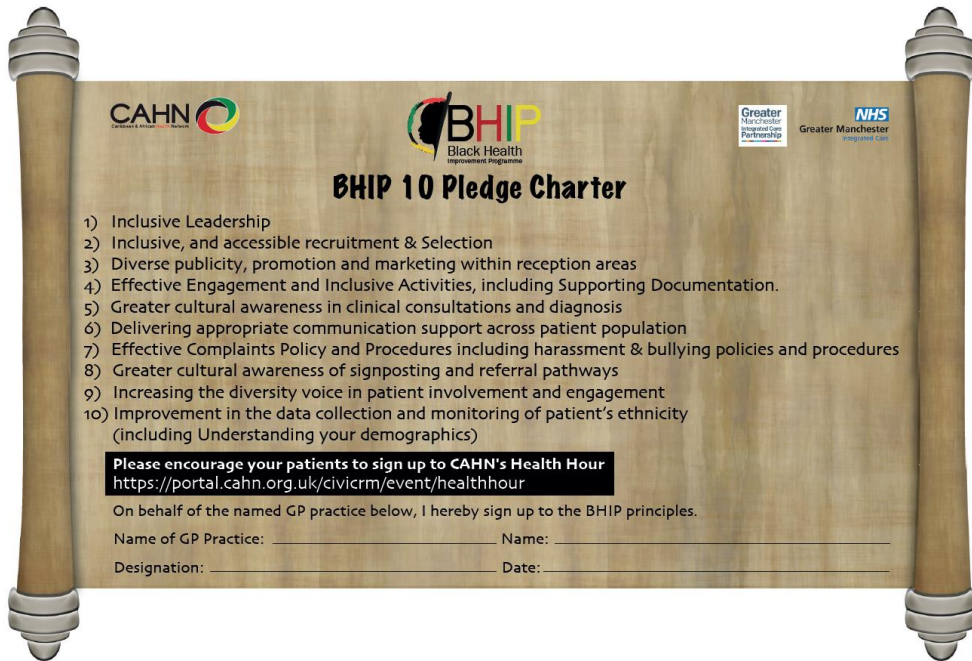
A range of positive feedback has been collated during the reporting period. For more details



## Appendix 4 - The elements required to achieve BHIP Accreditations

| Categories  | Evidence to be uploaded to portal.         | Bronze | Silver | Gold | Platinum |
|---|--|--------|--------|------|----------|
| <b>Bronze Level</b> <ul style="list-style-type: none"> <li>BHIP principles</li> </ul>   | Upload document signed by practice manager | ✓      |        |      |          |
| <b>Silver Level</b> <ul style="list-style-type: none"> <li>Inclusive Leadership</li> <li>Recruitment and engagement</li> <li>Engagement activities and support documentation</li> </ul> | Provides evidence to meet statements 1-12  |        | ✓      |      |          |
| <b>Gold Level</b> <ul style="list-style-type: none"> <li>Clinical Consultations/ diagnosis</li> <li>Communication</li> <li>Monitoring and data collection</li> </ul>                    | Evidence to demonstrate statements 13-23   |        |        | ✓    |          |
| <b>Gold Level</b> <ul style="list-style-type: none"> <li>Policy/Complaints</li> <li>Signposting and referrals</li> <li>Patient involvement and engagement</li> </ul>                    | Evidence to demonstrate statements 24-32   |        |        | ✓    |          |
| <b>Platinum</b> <ul style="list-style-type: none"> <li>2 Best Practice Case Studies</li> </ul>  | Upload case studies 33                     |        |        |      | ✓        |

## Appendix 5 – BHIP 10 Pledge Charter and Bronze Award Certificate



## Appendix 6 – Bronze Certificates Displayed at Practices' Reception Area



## Appendix 7 – Silver Accreditation Journey Log

| <b>Inclusive Leadership, Recruitment, Publicity, Reception area and Engagement</b> |   |   |
|--|---|---|
| 1  | Demonstrates strong inclusive leadership  | <b>Evidence the following:<br/>Named Senior Leader to be Race Champion, promotes commitment to Race Equality, Race issues on regular SMT meeting agenda and identify specific race equality training for senior leaders.</b>  |
| 2  | Has an active recruitment and Selection policy, to achieve a representative group of diverse staff in proportion to the local population?                       | <b>e.g., where you advertise, recruitment panels, advert images, access to different modes of application such as verbal application for those with literacy challenges.</b>  |
| 3  | Information leaflets and posters encourage uptake of screening with a focus on Black Caribbean and African people   | <b>evidence of tailored messages in digital and print to engage the Black community in screening.</b> Linked to 9 below.  |
| 4  | Images within the physical environment reflect diverse groups.  | <b>Advertisements of community events, symbols, artwork etc.</b>  |
| 5  | The Caribbean and African Health Network helpline contact details are clearly displayed within the provider's service   | <b>Contact details visible in physical and digital spaces for patients to contact CAHN.</b>   |
| 6  | Clinical and support staff are reflective about the stereotypes and racial discrimination that create barriers to health care for Caribbean and African people? | <b>e.g., case study videos are made available to staff to watch CAHN case studies and write a short reflection on at least one that could be shared within the team.</b>  |
| 7  | All staff have knowledge of cultural expressions and know how to respond in a supportive manner.  | <b>e.g.an African woman attends reception expressing herself due to an incident is non-threatening and non-aggressive but responding in a way that is customary in her culture. You may wish to collect reflections in a folder.<br/>Attendance at Black cultural awareness training programmes</b> |
| 8  | Clinical staff have knowledge of cultural   | <b>e.g., has information of literature on health beliefs, adherence to</b>  |

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|    | behaviours among Black people that impact decisions relating to their health?   | <b>medication, use of herbal remedies that can be accessed by staff.</b><br><b>Link/contact at least one Black clinicians. Evidence that the video of Faith &amp; Health CATHIP session has been watched.</b><br>Linked to 12 below  |
| 9  | Clinical and support staff use culturally appropriate ways to engage the Black community in health prevention information?  | <b>e.g., clinical and support staff share diabetic nutritional information that is culturally tailored to Black people.</b><br>Linked to 3 above   |
| 10 | Clinical and support staff are aware of and know how to recognize various cultural practices such as female genital mutilation and circumcision. Staff know how to approach this issue with sensitivity and care?             | <b>Has a culturally appropriate safeguarding pathway to support victims and know how to refer and/or signpost to appropriate agencies.</b><br><b>Training evidence on FGM. Establish contact with organisations that deal with FGM, Domestic &amp; Sexual Abuse and evidence.</b>  |
| 11 | Clinical and support staff are aware of the potential language needs of Caribbean and African patients, and do not make assumptions about Black peoples' ability to speak English. Staff know when to request an interpreter. | <b>e.g., Language needs vary for Black people some have a very good command of English, some speak English with a dialectic e.g., patois, and some do not speak English well and require an interpreter.</b><br><b>Interpretation pathways. Flag system to indicate the need of an interpreter for a patient.</b><br><b>(How many different languages are spoken by patients?)</b><br><b>Monitoring data for interpreted languages – how many sessions, how many languages, types of requests, etc.)</b> |
| 12 | Staff know how to refer or signpost for support with challenging conversations about religious beliefs/practices and engagement with primary care services  | <b>e.g., a patient not engaging with medication or screening because of their faith.</b><br>Linked to 8 above  |