

Bristol Community Health

Bristol Index of Multiple Deprivation map²

Reaching more people screening uptake success in an inner city surgery

Background

In 2015-16, only 45% of people with diabetes registered with the Broadmead Medical Centre attended a screening appointment. Broadmead Medical Centre is a small surgery with:

- A transient population, including homeless people, people living in hostels, students and visitors
- A very mixed demographic, less than 1% of the total surgery population are over 75 years and 33% are from black and minority ethnic groups
- An annual turnover of approximately 40% for registered patients
- Deprivation in the second lowest level, support is available for people with drug or alcohol addictions

Broadmead Medical Centre Multiple Deprivation 2015 IMD% Rank Most deprived 1% Most deprived 1.1 - 2% Most deprived 2.1 - 3% Most deprived 3.1 - 4% Most deprived 3.1 - 4% Most deprived 4.1 - 5% Most deprived 5.1 - 6% Most deprived 5.1 - 6% Most deprived 7.1 - 8% Most deprived 9.1 - 10% and mental health problems, and homeless people can register with the surgery as their home address.¹

Aim

To improve attendance rates from those people with diabetes registered with Broadmead Medical Centre.

What we did

We devised a protocol specifically for people requiring screening from Broadmead. It includes the following:

• Regularly send a list of all people invited for screening directly to the Practice Nurse

• Allow drop-in appointments at our regular Friday clinic in central Bristol

• Twice weekly check of appointments booked for people from Broadmead Medical Centre to trigger a reminder call or text

What worked well

- Working with the Practice Nurse so this group of people could be supported to understand the importance of attending screening
- Drop-in appointments on Fridays
- Using multiple communications such as calling, texting and email reminders
- Due to the small size of the Broadmead Medical Centre population, regular monitoring of each person from the surgery on our register was possible.

Future plans

- Continue monitoring and reminding people with diabetes registered at Broadmead Medical Centre
- Continue working with the Practice Nurse

- Monthly check of all Broadmead cohort:
 - o If no reply to appointment invitation within four weeks, call out to book them an appointment
- o If patient did not attend or cancelled, call out to ask them to rebook

• People with diabetes new to the service to receive a phone call two weeks post-invitation to ensure a screening appointment is booked



• Phone calls are attempted three times, (AM, Midday and PM). If no reply, a text or email is sent. All actions to be logged.

Results

Increased screening attendance rate by over 20% from 2015/16 to 2016-17.

- Implement automated text reminders for all service users
- Offer more out of hours appointments in central Bristol
- Implement patient engagement strategies for the Broadmead cohort to obtain feedback on how we might improve the service.

References

- https://www.cqc.org.uk/sites/default/files/new_reports/AAAH3520.pdf, 11/06/2018, Broadmead Medical Centre Inspection Report
- 2. Bristol Index of Multiple Deprivation showing Most Deprived LSOAs from 1% to 10% Department for Communities and Local Government, Indices of Deprivation 2015

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2015-16 2016-17 2017-18

	Broadmead Medical Centre population	Broadmead Medical Centre screening uptake
2015-16	118	45.76%
2016-17	130	66.15%
2017-18	139	65.47%