The 2018 BARS Programme Management Meeting

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Engaging Hard-to-Reach and Transient Patients

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The Challenge

2018-19 DES Service Specification (Draft):

"The provider will have procedures in place to identify and support those persons who are considered vulnerable / hard-to-reach, including but not exclusive to, those who are not registered with a GP; homeless people and rough sleepers, asylum seekers, gypsy traveller groups and sex workers; those in prison; those with mental health problems; those with drug or alcohol harm issues; those with learning disabilities, physical disabilities or communications difficulties…

… the provider will make every effort to maximise the offer and uptake of screening in vulnerable / hard-to-reach populations (including those who are not registered with a GP), within the resources available."

But how?

The Plan for Today

- A workshop not a lecture!
- Identify the obstacles
- Share experience of what works – and what doesn't
- Come up with new ideas
- Learn from each other

Hard-to-Reach and Transient Patients Defined

- Ethnic minority groups and non-English speaking patients
- Patients with a learning disability
- Gypsy and traveller communities
- Patients in prison / secure units
- Homeless patients
- Transient populations, e.g. students or those who spend a lot of time abroad

The importance of screening these cohorts of patients

- Health inequalities and lack of engagement mean that these patients are statistically more likely to present at screening with referable pathology.
- Screening may highlight other social and clinical issues that the patient may need assistance with.
- Legal obligation to address health inequalities
  - (Social Care Act 2012, Accessible Information Standard 2016, Equality Act 2010)

Ethnic Minority Groups and Non-English Speaking Patients: Obstacles

- Communication
  - written: invitation/results/referral letters; patient information literature
  - verbal: telephone and at the screening appointment
- Misunderstandings
  - the screening process (what is it for, and is there a cost?)
- Cultural or religious barriers
  - attendance of some patients may depend on others in their lives, and may require the programme/screener to be sensitive to the patient's religious and cultural needs
  - How are these needs identified?
- Availability of interpreting & translation services
  - Is it acceptable for a family member to translate?

Patients with a Learning Disability

- *"Around 1.5 million people in the UK have a learning disability. It's thought up to 350,000 people have a severe learning disability. This figure is increasing."*
  - (www.nhs.uk/conditions/learning-disabilities/)

- Can be associated with a condition like Down's syndrome or cerebral palsy, but may not be.

Patients with a Learning Disability: Obstacles

- Identification – is the DESP aware of which patients have learning disabilities?
- Communication – does patient information need to be adapted to suit the needs of cognitively impaired patients?
- Misunderstanding – is the patient aware of what will happen to them, and can this be evidenced? Does the screener understand the needs of the patient?
- Consent – is the patient able to give consent? How is this determined?
- Risks – might the process put the patient or screener at any risk? How is this mitigated?
- Screening Location – does the patient prefer to be seen in a particular setting (e.g. no hospitals)?
- How will the patients psychological wellbeing be catered for?

Gypsy and Traveller Communities - Obstacles

- Establishing the cohort – are they registered with a GP? If not, what action is required?
- Trust and engagement issues
- Communication – can patients receive invitation/results/referral letters?
- How transient is the population? How long will they be in the DESP's area? Are their future movements known?

Patients in Prison / Secure Units - Obstacles

- How are the prison patients identified and validated?
- How transient is this population?
- How often do screeners need to attend in order to maintain an annual screening routine?
- How do the patients receive their invitations, results and referral letters?
- What security issues need to be taken into account when screening at prisons?
- Will there be issues referring prisoners for treatment?

Homeless People

"CQC expects [GP] practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them."

- www.cqc.org.uk/guidance-providers/gps/nigels-surgery-29-looking-after-homeless-patients-general-practice

Homeless People - Obstacles

- How are homeless people with diabetes identified and will they be registered with a GP? What action do we need to take if they're not?
- As a DESP, do we go to the homeless, or expect the homeless to come to our clinics?
- Should the DESP tackle this alone or as part of a wider team (e.g. as part of a diabetes care team)?
- In some cases homelessness may be associated with other conditions such as mental health and/or drug and alcohol issues. What issues does this present for the screening programme?

Transient Patients (e.g. students or frequently overseas) - Obstacles

- How are these patients identified?
- For patients living in two places (e.g. university & home), how is the responsibility for screening established?
- How can regular screening intervals be maintained for transient patients?
- How will referrals be handled if the patient is only in the area/country for a limited time?

Breakout Session One
List all the Obstacles

- Table 1 – Ethnic minority groups and non-English speaking patients
- Table 2 – Patients with a learning disability
- Table 3 – Gypsy and traveller communities
- Table 4 – Patients in prison / secure units
- Table 5 – Homeless patients
- Table 6 – Transient populations

Feedback Session One
Obstacles

Each table to feedback on the obstacles, issues and challenges that need to be overcome for their patient group.

Breakout Session Two
Ideas, Actions and Solutions

For your patient cohort:

- What methods have worked in your programme or a programme you know?
- What methods haven't worked?
- What new ideas do you have?
- What could practically be done now?
- What solutions would require more resources or a longer term strategy?

Feedback Session Two
Ideas, Actions and Solutions

Each table to feedback on the actions that could be taken to overcome the obstacles for their patient group.

Open Discussion and Q&A

- Further exchange of ideas for each patient group
- Should every DESP have a Patient Engagement Officer?
- Networking – is your DESP struggling with an issue around hard-to-reach patients that another DESP has already solved?
- Should every DESP have a Patient Engagement Officer?
- How can your programme benefit from the ideas put forward today?

Many thanks for taking part in this session.

For more on this topic, make sure you stay for Karen Bentley-Hollins' presentation *'Increasing Access to Screening'* at 12:35pm on Friday.

Enjoy the rest of the conference!