NHS
National Institute for Health Research

Collaboration for Leadership in Applied Health Research and Care

NHS England

CITY REACH HEALTH SERVICES EVALUATION
APPLYING RESEARCH TO INFLUENCE CHANGE

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- Staff and Patients at City Reach Health services

OVERVIEW

- Hidden need and the unmet need
- Why look?
- The service and the system
- Falling through the gaps
- Influencing change

pathway
Healthcare for homeless people

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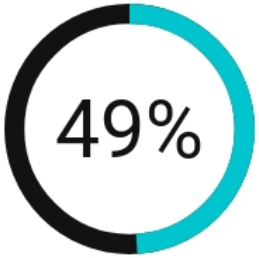
CASE STUDY – ABDUL

- Torture and persecution.
- Symptoms of PTSD.
- Poor accommodation.
- Isolated, distressed and low.
- Support with accessing services.
- Too complex for wellbeing.
- Ongoing asylum application.
- Frequent presentation.

Asylum seeking adults	• **City Reach**
Accompanied asylum seeking children	• No service
Unaccompanied asylum seeking children	• Children's services
Syrian Refugees	• SVPR
Non-Syrian Refugees	• No service
NRPF	• No service

CHARACTERISING THE SERVICE

88
ADULTS



have difficulty accessing mainstream services

need an interpreter to access health services

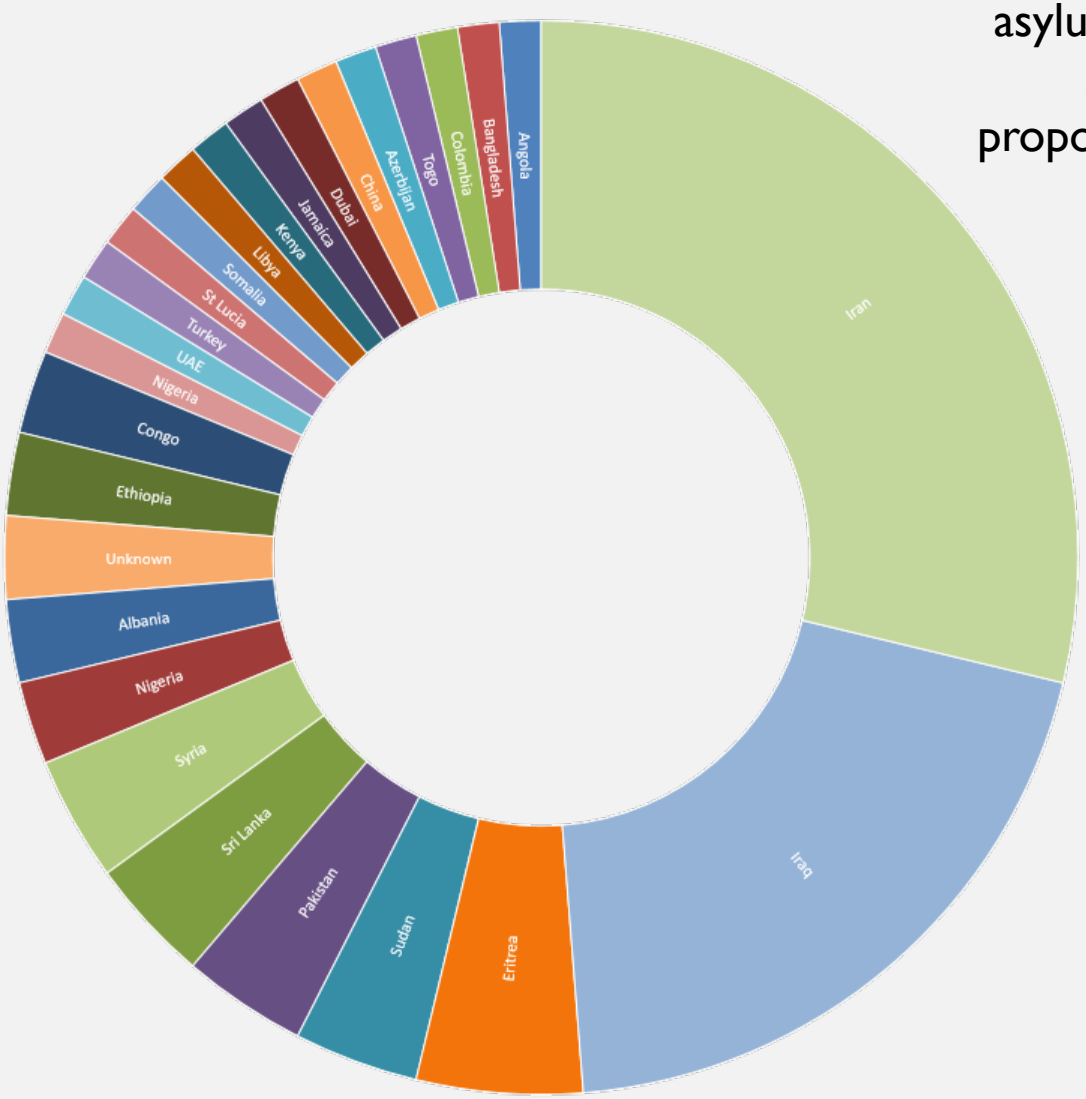
4.7
YEARS in the UK

4 hours per week nurse time
64 hours per week support worker time

Require more contacts per year with clinicians than with support workers

86% with a known reason for migrating did so due to persecution or trafficking

Country of origin of asylum seeker patients at CRHS as a proportion of total, June 2018



68%

have a long-term physical illness

22%

have a chronic infectious disease

51%

have a mental health problem

Category	Example
Language	e.g. Lady with PTSD and Postnatal depression, unable to speak English and told to self-refer by telephone to wellbeing by mainstream GP.
Practicalities	e.g. Unable to get on the day appointment with emergencies such as acute abdominal pain, acutely suicidal.
Mental health	e.g. e.g Unsure how to order repeat medication, stopped anti-depressants.
Fragmentation of care	e.g. Asthmatic & epileptic and regular medications from country of origin not continued, led to exacerbation.
Charging	e.g. £8000 outstanding hospital bills for surgery

INTERVIEWS

MIGRANT HEALTH - QUOTES

- **Attitude at mainstream** *"One particular surgery, receptionists there would say 'you haven't bought another one. Another what? A Cat , a dog?! " (Staff no. 2)*
- **Language** "*A lot of the GP surgeries don't use language line or book face to face interpreters. that probably has to be THE biggest barrier. When you haven't got the language it's just so difficult.*" (Staff no. 2)
- **Fragmented care "***I would rather be seen in one clinic and not have to got to both (city reach and mainstream) because its very difficult for me to walk. Here I don't have a driver's licence, I don't have a car or money. Even short distances cause suffering for me*" (Patient no,, 11)
- **Support** "*When I come here, I talk and I feel better. They understand me and my problems.*" (Patient no. 11)

MEETING THE STANDARDS

- **2.00** Appropriate skills.
- **2.01** Gender and cultural sensitivity.
- **2.02** Protection and security measures
- **2.03** Interpreting, advocacy and communication.
- 2.04 Literacy.
- 2.05 Peer mentor programmes
- 2.06 GP registration.
- 2.07 Collection of country of birth information
- 2.08 Primary care practitioners play a vital role in early identification of infectious diseases.
- 2.09 Immunisation
- 2.10 Full range of primary healthcare interventions,
- 2.11 Mental health services for vulnerable migrants should be provided according to the detailed specification published by Mind
- 2.12 Whole-population services that recognise migrants' needs are more likely to reach them.
- **2.13** Liaison with voluntary sector organisations
- **2.14** Documentation of evidence of torture or violence.

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SUMMARY

- Complex need, hidden need and unmet need
- What works
- Shortfalls in care
- Disconnect
- System wide approach

NEXT STEPS

1. Maintain and protect what works for our patients
2. Develop an evidence- based action plan key with stakeholders
3. Needs assessment across the wider locality
4. Benchmarking

SAFE SURGERIES