

1.22.3 Health Inequalities – Inequalities

What health inequalities/inequalities will your service need to consider? Which protected or at risk groups may be impacted? Please provide examples of changes you have made to reduce any such health inequalities/inequalities

(Maximum Word Count 1000 words + Attachments)

Words used = 950

1.22.3.1-Key roles

Our Clinical Services and Operations Managers will work with the Quality & Governance Manager to ensure the GP-OOH service addresses health inequalities and patient needs. Reviewing health inequalities forms part of the Patient Experience & Engagement group remit, which will engage with local communities and work towards improving access to all patients across the Staffordshire Lot.

1.22.3.2-Health inequalities/inequalities our service needs to consider**a)-Staffordshire**

Health inequalities in Staffordshire are aligned to those identified in NHS England's definitions of health inequalities:

<https://www.england.nhs.uk/ltphimenu/definitions-for-health-inequalities/>

There is a more pronounced shortage of GPs in our local socio-economic deprived areas, with fewer GPs per patient compared with wealthier areas. In more deprived neighbourhoods, statistics suggest that there is a lack of GPs, although this is sometimes compensated for by nursing or other healthcare roles.

The geography impacts on how care is delivered, with access issues impacting rural communities more than urban conurbations. The GP-OOH Service aims to deliver a standard of care irrespective of protected characteristics, geographical location or inclusion criteria.

Deprivation and digital exclusion: Patients from areas of deprivation in Staffordshire often have poorer health due to unemployment, low income, poor housing and poor educational opportunities. This group of patients may also experience difficulties accessing healthcare, poorer health outcomes and a downward spiral of mental health, physical health and wellbeing. Vocare is fully aware that deprived areas tend to have higher rates of illiteracy and digital exclusion, and that not all patients are comfortable receiving remote or video consultations, and must have the option of alternative methods of receiving care. Others could be excluded due to geographical challenges, regarding access to services, restricted internet access, mobile signal or other access issues such as no vehicle, no public transport. Not everyone is able to access digital technology and it is important and some patients may not have a telephone or be able to read/write to understand how to access services.

Prisons: Patients in prisons have a disproportionately higher burden of illness, poorer access to treatment and prevention programmes and substance misuse problems, especially in young offenders. Complex health concerns and social issues, such as homelessness, unemployment and poor levels of educational attainment are risk factors for prison incarceration. There is a growing cohort of older prisoners whose health and social care needs are increasing. We work with other organisations with the prison service to:

- Improve mental health treatment.
- Deliver women's care pathways.
- Support Infection control procedures.
- Ensure high standards of safeguarding.

There is a clear link with health-related interventions and reduced re-offending rates.

Inclusion health groups: Vocare recognises the increased health risks posed to patients known to be part of inclusion health groups, also known as seldom-heard groups, such as homeless, rough sleepers, vulnerable migrants (refugees, asylum seekers), sex workers and Gypsy, Roma and Traveller communities, and seeks to understand and remove all barriers to accessing care from our services. Clinicians are aware of factors that may contribute to illness presenting in the out of hours setting, for example nutrition may be poor for low-income households.

Vocare actively engages with BAME and LGBTQ+ communities to ensure that needs are met through the service and to ensure that biases (conscious or unconscious) are addressed in our policies and practice.

Protected characteristics: Vocare is committed to our responsibilities under the principles of the Equality Act 2010, to ensure no discrimination against patients and groups with protected characteristics e.g. age, sex, race, sexual orientation, disability, religion, beliefs (not exhaustive). Efforts are made to ensure everybody has their voice heard and is treated with fairness and respect.

Accessing healthcare: There are other groups which may experience difficulty accessing healthcare such as young or single parents, elderly, people with long term conditions may need further help and support to access care help and support. Some groups may not seek healthcare due to cultural beliefs or religion. Many groups may not attend healthcare services due to a fear of being treated differently or judged, for example sex workers.

1.22.3.3-Examples of changes reduce health inequalities/inequalities

The Staffordshire GP-OOH Service has developed pathways in partnership with the local healthcare community that maximise inclusion for all, irrespective of their characteristics or circumstances.

We have implemented additional communication methodology to deliver a wider access e.g. Type Talk to support patients with hearing impairment and language line for those whose first language is not English. There is much more to do to widen access to ensure open access for all.

1.22.3

Health Inequalities – Inequalities

We have the same access opportunity for all patients regardless of their sex, race, religion, ethnicity and aim to treat all patients consistently in line with their medical needs, recognising their individual needs. We realise there is always more to do.

We go out of our way as a service to deliver the care expected from patients e.g. on one occasion delivering important medications to a homeless patient in a telephone box.

We stay on the line and support patients with mental health and wellbeing issues until help arrives, helping them feel they are not alone.

We advise and support our patient's following assessment, educating them in their healthcare needs and giving them advice on when to call back, thus supporting patient health education.

We have reached out to vulnerable groups, including migrants, traveller communities, the homeless and sex workers, advising those who may not be registered how to register with local GP practices and engage with care provision.

We have launched a Patient Experience and Engagement Strategy in 2021 to further address the seldom-heard groups and other people for whom accessing our services is challenging. Our 3-year plan involves work in collaboration with patients and service users to understand what is needed in Staffordshire and to co-design services and new pathways with patients.