Addressing inequalities – reaching the hard-to-reach groups

National Service Frameworks

A practical aid to implementation in primary care

August 2002
Key Messages

• Take a whole systems approach to planning services, as part of the Health Improvement and Modernisation Plan (HIMP), involving the community and partner organisations.

• Having good quality data about the local population is important for a needs-based approach. Health visitors and community nurses, working alongside PCT public health specialists, can play a key role in community profiling, whilst the Public Health Observatories can advise PCTs on accessing lifestyle data.

• Think imaginatively about using different settings to target health promotion messages and services at hard-to-reach groups (e.g., mosques, schools, day centres, mobile clinics). In addition, the use of innovative approaches such as ‘health buses’ and theatre techniques have been found by some to be helpful for particular groups.
Overview

Reducing inequalities in health and health provision is a key theme underpinning the NHS Plan and the National Service Frameworks. Primary care has a strong role to play in tackling this agenda, providing services that reach those in greatest need.

Health inequalities affect all communities; action is most effective if it addresses the needs of whole communities, particularly in relation to manual groups. Because the health gap between groups *within* areas is greater than that *between* areas, national and local health improvement targets will need to be underpinned by concerted action on inequalities. PCTs will co-ordinate strategic action on inequalities through their Health Improvement and Modernisation Plan (HIMP), working in partnership with local agencies and communities.

Since action to address inequalities requires a broad-based approach, it is important to read this leaflet in conjunction with the *Health Improvement and Prevention* leaflet in this pack. This covers key public health interventions around such areas as smoking, reducing overweight and obesity and increasing exercise. The *Inequalities* leaflet complements this by highlighting strategies to ensure prevention and treatment interventions are appropriately targeted and accessible to marginalised and deprived groups. Both aspects will need to be addressed if health inequalities are to be effectively tackled. Practice teams alone cannot do this - PCT action and support is needed. PCTs also have a key role in working with other agencies (particularly local government and, where they exist, Health Action Zones and Local Strategic Partnerships) to address some of the wider determinants of health inequalities (see also the *Partnership Working* leaflet).

*Tackling Health Inequalities*, a recent Department of Health publication, said that:

‘People who experience one or more of: material disadvantage, lower educational attainment and/or insecure employment are likely to experience worse health than the rest of the population.’

Ethnicity, gender and disability also shape individual experience and opportunities throughout life. All practices, rural or urban, will have patients for whom inequalities in health are both avoidable and unjust.

Access issues

Communities most at risk of ill-health also tend to experience the least satisfactory access to a full range of preventing services. Improved access, improved prevention and early intervention in primary care are central to reducing inequalities in health. Groups who suffer from social exclusion include homeless people, travellers, asylum seekers, refugees, people with disabilities, those living in deprivation and prisoners. Members of these groups tend to suffer high levels of morbidity and premature death. For example:

• the prison population suffers particularly high rates of mental illness and other health problems

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*Tackling Health Inequalities: consultation on a plan for delivery 2001 DH*
• people living in ‘Deprived Industrial Areas’ in England and Wales are more likely to be treated for depression than those living in any other type of area

• infant mortality in social class 5 is double that for social class 1

• life expectancy among street homeless people is in the mid forties.

Marginalised communities can also face considerable difficulties in accessing health care services. Common barriers include services which are intimidating or stigmatising, access and transport difficulties, lack of interpreters and inflexible service hours or appointment systems. Those with learning disabilities have particular problems including staff attitudes, waiting times, fear of clinical settings and communication/literacy problems.

**Improving access for people with learning disabilities in Leeds**

An innovative project in Leeds has used theatre techniques to help people with learning disabilities to access health care. Forum Theatre is an interactive way of exploring issues and dilemmas. Through the use of a questionnaire and discussions, people with learning disabilities identify and present to the audience scenarios about health care. The audience, comprising professionals, carers and people with learning disabilities, then look creatively at understanding the problems and collectively attempt to find solutions to them.

This partnership between the Joint Commissioning Service for People with Learning Disabilities, Leeds Community and Mental Health Services NHS Trust and Leeds Voluntary Sector Learning Disabilities Forum is helping to improve access and knowledge for patients, carers and professionals in the areas of CHD, cancer, mental health and waiting times. Health education and appropriate services will help to reduce inequalities and improve health.

For more information, contact Sharon Kirkby at change.north@tesco.net.

(Source: HAZnet)

**‘Health Days’ in the community - Sheffield**

Parts of Sheffield have high unemployment and high deprivation. In one such area, the local pharmacy runs ‘Health Days’ in conjunction with the CIRC team. Whilst performing opportunistic blood pressure recording and blood glucose monitoring, the nurses have been able to encourage and empower people to access primary care and to challenge the service provided if it is not suited to their needs.

For more information, contact the CIRC project, South East Sheffield PCT on southeast.pct@sheffieldse-pct.nhs.uk.

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* CIRC (City-wide Initiative for Reducing Cardiovascular Disease in Sheffield) - [www.sheffield-ha.nhs.uk](http://www.sheffield-ha.nhs.uk) – follow the disease management link
Gender issues

In addition, there are significant differences between health outcomes for men and women. Male life expectancy at birth is still lower than that for women and the gap is wider for men from less affluent backgrounds – possibly because they tend to access health services later than women, have less healthy lifestyles and they may be more susceptible to the wider determinants of ill-health such as poverty and unemployment. Headline facts are:

- over twice as many men as women die of CHD (under age 75)
- 63% of men are overweight or obese, compared with 53% of women
- six out of ten girls are active for less than an hour per day compared to four out of ten boys
- prevalence of smoking is higher amongst men than women, especially in unskilled manual households
- suicide rates for males were three times higher than for females in 2000 – and yet:
- two and half times as many women as men are treated for depression in England and Wales.

Promoting exercise in vulnerable groups

As part of a wider project to open up leisure facilities to disadvantaged and vulnerable groups, a Nottingham initiative developed a single-sex protected swimming time in a local leisure centre and was successful in reaching groups such ethnic minority women who did not normally access such facilities.

Accessing care in South London

In Lambeth, Lewisham and Southwark, freephone access for homeless people is provided (on a pilot basis) via a NHS 24 hour nurse-led information and advice helpline. Following evaluation of the pilot, the service will be extended to other areas if appropriate. Other targeted health services such as NHS Walk-in Centres also provide access to primary care services for the homeless and rough sleepers.

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Addressing inequalities – reaching the hard-to-reach groups
What the practice can do

- Record data on social deprivation and exclusion.
- Ensure health promotion interventions such as smoking cessation support target low income and hard-to-reach groups.
- Work with the PCT to ensure comprehensive health care provision is available to marginalised groups such as refugees and asylum seekers.
- Ensure access to interpreters/bilingual health advocates where needed.
- Work with community groups and PALS* (Patient Advocacy Liaison Service) to determine how services can be better tailored to their needs.
- Consider satellite clinics, home visits and drop-ins to make services more accessible.
- Work with community nurses to access the community budget (see *Funding Streams* leaflet).
- Target men with health promotion messages – for example, around diet, physical activity and smoking.

What the PCT can do

- Undertake ‘equity audits’ in NSF priority areas to determine how far services reach those in greatest need and take account of health inequalities in the commissioning and development of services.
- Work with other local agencies - through the Health Improvement and Modernisation Plan (HIMP) - to plan services across the whole system (encompassing both the practice population and the wider local community), recognising that in some areas not all services, in particular community development activities, can be provided by the practice.
- Commission and provide leadership for health visiting and school nursing services in ways which both support and hold services to account for tackling health priorities and inequalities.
- Encourage GPs and nurses to focus on hard-to-reach groups via PMS and/or investing in Local Development Schemes, and where appropriate GMS.
- Support practitioners in health needs profiling, mapping of available resources and shaping services to address priorities and deficits.

* Established under the NHS Plan
• Work with marginalised communities to determine how services can best be tailored to their needs.

• Work in partnership with local communities and agencies on community health initiatives to tackle the causes of ill-health.

• Shift community nursing and other workforce resources to reflect areas of deprivation.

• Plan appropriate outreach and community based services such as Walk-in Centres and health cafes to meet the needs of marginalised groups.

• Provide employment opportunities for local people supporting regeneration.

• Ensure availability of interpreting services and health advocates where needed.

• Support the development of appropriate evaluation measures that demonstrate how far services respond to those in greatest need.

**CHD rehabilitation in deprived communities**

Cardiac rehabilitation in the most deprived communities is often not successful because of other factors in people's lives dominating the post-discharge period. A project in Nottingham brought a package of cardiac rehabilitation to patients in the most deprived wards, who had been shown to access existing services in only 30% of cases. Welfare rights, psycho-social assessment and help, and tailored care co-ordinated by a specialist heart nurse doubled the uptake of rehabilitation in this deprived area.

**Department of Health funded support**

• National health inequalities targets have been set on reducing infant deaths and the number of premature adult deaths in the poorest areas.

• A consultation: *Tackling Health Inequalities* has been held on how best to meet the targets. A summary of the responses to the consultation is due to be published in 2002 and a delivery plan to inform action and implement the national targets is being published later in the year.

• A national programme has been undertaken to support health visitors and school nurses in focusing on health priorities and inequalities. Practice development resource packs supporting new ways of working for these disciplines can be obtained by phoning the NHS Response Line on 08701 555 455 or by email from doh@prolog.uk.com
Walk-in Centres have been set up around the country and are working to target hard-to-reach groups, including young men and the homeless.

Since 1990 the Department of Health’s Homeless Mentally Ill Initiative has provided support and accommodation for rough sleepers with mental health problems.

A £34 million Homeless Action Programme is tackling the problems of rough sleeping and single homeless people outside London. As part of this, more flexible primary care services are being piloted under the Primary Care Act, and the Department of Health is sponsoring research to identify difficulties in obtaining access to GPs.

Breast and cervical cancer screening – people with learning disabilities

In November 2000, the Department of Health and NHS Cancer Screening Programmes published guidance, illustrated leaflets and picture books about breast and cervical screening for women with learning disabilities. The materials, simple and clearly laid out, were produced with the help of women who themselves had a learning disability and have proved popular with a wide range of people.

For further information, visit [www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk).

Breast and cervical cancer screening

A number of projects are underway to improve the uptake of breast and cervical screening amongst deprived and ethnic minority ethnic groups. These include:

- a series of training workshops for staff in primary care, sharing best practice and lessons learnt
- specialist nurse practitioners to provide support to practice nurses and single handed GPs in Ealing, Croydon, Kensington and other districts
- training of receptionists from ethnic minority backgrounds in Camden
- a cervical screening campaign using local media targeting young women from ethnic minority backgrounds in Lambeth
- health promotion: posters for GP surgeries and information to help GPs working in Asian communities
- providing interpreters on breast screening mobile units in communities with a high ethnic population
- training and education courses for receptionists.

For further information, email: Samantha.balkwill@doh.gsi.gov.uk.
Cancer screening – ethnic minority information

The NHS Cancer Plan stated that people invited to participate in screening programmes need to understand the potential benefit and harm in doing so to be able to make an informed choice about whether to proceed. In October 2001, NHS Cancer Screening Programmes launched information leaflets to give women clear, honest and balanced information about the benefits and limitations of breast and cervical screening. NHS Cancer Screening Programmes has now teamed up with Talking Newspapers for their help in transcribing the leaflets into an audio format and the Royal National Institute for the Blind (RNIB) who have developed the English Braille version of the leaflets. The leaflets have also been translated into five languages: Gujarati, Punjabi, Urdu, Bengali and Chinese in the version of Cantonese. Arabic, Somali, Polish, Turkish, Greek and Ukrainian versions of the leaflets will be available from NHS Cancer Screening Programmes website (www.cancerscreening.nhs.uk).

Contacts/references for further information


- The following three documents are available on www.doh.gov.uk/ohn/inequalities.htm:
  - Tackling Health Inequalities: consultation on a plan for delivery (2001)

- The Department of Health has produced a handbook providing comprehensive information to help improve the provision of health care to refugees and asylum seekers in London. Meeting the health needs of refugee and asylum seekers in the UK: an information and resource pack for health workers is available at www.london.nhs.uk/home.htm

- Access to General Practice for People Sleeping Rough, Department of Health, February 2000 is available at http://www.doh.gov.uk/pricar/roughsleeping.htm

- For health visitors’ perspective on their new public health role, see www.hda-online.org.uk/html/hdt1101/healthvisitors.html. A similar article, focusing on the changing role of school nurses, can be found at http://www.hda-online.org.uk/hdt0102/schoolnurses.html

- Health Development Agency – www.hda-online.org.uk

- Men’s Health Forum – 01273 276547