Recipe to tackle health inequalities

Delivering walk-in clinics – with the community, in the community





Data and research

that signals an inequality/barrier E.G., PCN with lowest uptake in smear tests in Bolton/GM

Review practice / PCN Data

(Ardens / Tableau) by age, ethnicity, etc. Compare to locality, GM and

England Look closely at existing local insights/research (e.g., Healthwatch

Reach out to your VCSE hyper-local contacts and networks

Establish barriers

Bolton)

Let the people tell you what their barriers are:

Appointment times not convenient or long enough

Location not accessible, comfortable or culturally congruent

X Embarrassed

X Concern about the procedure

X Concern about the outcomes

Co-design

Co-design exercise VCSE lead facilitator hyper local

"I was nervous and unsure about having my smear test. At the walk-in clinic you can stay as long as you need and there's time to chat to the nurse about any concerns you have"

Cancer screening rates in Bolton were amongst the lowest in GM

47% V 76%

Create clinics

Clinics that remove barriers

✓ Walk-in; no appointment

Community-based or town centre location.

Time to sit and talk to alleviate Talk through the procedure,

show the equipment. Trusted nurses (not from own community).

Health centres

Community centres

Children's Centres

Family Hubs

Primary schools

Salvation Army Women's shelter

Homeless hostels

Providing.

Women-only clinics Smear tests and advice

Other cancer screening advice

Health checks

Pill checks

HRT checks

Vaccines

Menopause cafes

Social prescribing

Learning Disability Carers Deaf Street sex workers Drug/alcohol users On probation Homeless

BAME Refugee & Asylum Seekers **ALL** women

Collaborating

Healthwatch Bolton Practices & PCNs Public Health

Foundation Trust GM Answer Cancer VCSE

Faith sector

Social Care teams

Considerations and roles

Programme Management Stakeholder Engagement Community insights Model co-design Communications co-design and delivery Patient consultation and engagement Impact assessments Evaluation and impact review Data reporting and analysis

Financial planning

Quality and governance Training and competencies

Operational leadership and management Clinical leadership

Clinical procedures Workforce Volunteers

Evaluation

What's the difference that makes the difference?

Quantitative

In community settings...

Delivered

smear tests to women overdue or never had a smear

Success factors

MECC

women received advice, health checks, vaccines

Qualitative

a walk-in clinic.

of women said they felt more relaxed.

Practices reported an anecdotal increase in women attending their smear test appointment as their friend or relative had received theirs at

Women felt more confident in going to their practice next time.

Women Only Health Clinic Monday 14 November 8:30am - 3:30pm Call in for a chat, a free health check and a smear test if you are due You are welcome to come in after you drop your children off or before you There will be a warm welcome, space to chat with health advisors and nurses and access to free sanitary and hygiene

area.I liked the white

feedback board."

was trying to get in at my could come to this





couldn't give me an

appointment. I'm so grateful I could come to this walk-in clinic."

Relationships

Working with the wider system and the VCSE sector is pivotal. Take advantage of existing partnerships and connections and factor in time, energy and resources to develop and grow new ones. Garner interest, support and involvement by getting on the agenda of other groups and meetings that include those you want to reach.

Co-design, co-produce, co-deliver, co-evaluate

Invite and involve everybody from start to end. Remember that co-design takes time (and the price of a few refreshments!) and factor that in

Flexibility

Be prepared to change the model, the direction and the language based on what you learn as you go, throughout the timeline of the project and through regular challenge and reviews of business-as-usual service delivery.

Workforce

Think about what roles and disciplines you place in your clinics, for example, LD nurses for LD clinics, volunteers that speak other languages, Social Prescribers and Health Improvement Practitioners connected with that geographical location, etc.

Funding and resources

There are genuine costs to working differently, and only works with the commitment and investment from the outset. Resources and contributions from partners by way of staff time, expertise, knowledge, and volunteering is priceless and will increase both impact and return on any investment.

Governance

Clinical governance embedded with focus on the patient throughout, based on their needs and wants (they asked, we did, and this happened). Map the patient journey for every new clinic.

Use feedback to improve services and patient outcomes and discuss at every service management meeting. Our staff embraced the new ways of working and continue to develop and improve their practice because of this work.





