

Gateway Primary Care – The Gate Surgery

Specialist Services Report and KPI's 2019/20

As a Social Enterprise, we at Gateway are committed to providing accessible and inclusive healthcare for Rotherham's hard to reach and vulnerable groups. We understand that many of our patients lead chaotic lives and provide a flexible service designed to ensure that they can still get the health and social input they need.

We work with RMBC/Fair Share to operate a food bank from The Gate Surgery to provide emergency food to patients in need or who are under benefit sanctions.

We also keep a stock of clothes and toiletries to give out to patients in need throughout the year, during the cold, wet winter months however we require a high number of items such as clean socks and towels – this being due to our rough sleepers/homeless population requiring in some instances daily care of their feet which have become sore, infected due to being outside, inappropriate footwear etc. we request and collect such items from local churches, staff or wherever we can to enable us to provide this service throughout the cold season. We also keep warm coats and provide 'rescue kits' which we buy and these include a waterproof bag containing a sleeping bag, space blanket, socks, towels etc.

Providing care to our practice population often requires us to become the patients advocate, many of our patients are not the easiest to interact with and we understand that some of our patients find it difficult to engage with services and that this in turn leads to frustration which can result in DNA's and unsociable behaviour which often spirals out of control. We provide extra support to these patients and go the extra mile to help them access the help and services they need.

Our clinicians reach out to patients who fall off the radar providing unrequested home visits and outreach services, the all-important knock on the door.

We support the CCG, RMBC, Refugee Council by providing a rapid response to new groups arriving in the Rotherham Borough who need Primary Care, most recently 78 Syrian refugees came into the Rotherham area within 3 days, some requiring immediate attention all arriving with no medical history. Our clinical team attended and initial medicals were undertaken within 10 days. Within this group due to our comprehensive/in depth initial medical we were able to identify and treat appropriately eg TB,HIV, Syphilis and Chronic Disease problems.

Initial Medicals

Our comprehensive initial medical has been developed with our unique patient population in mind including those new to the country that have no medical records and includes:

- Full History
- Blood borne virus screening
- Vaccinations including bringing individuals up to date re UK Schedule
- Alcohol/drug misuse
- STI screening
- FGM screening
- Social and safeguarding issues
- TB screening
- Contraception assessment

- Referrals as required in to CGL & secondary Care, Prescribing/Lifestyle services and our in-house TB clinic.
- BCG administration
- Sexual Contact assessment (under 18 years)
- Foot care assessment (homeless)

KPIs

Expected activity – 780 patients per annum / 195 per quarter.

770 patients booked a new patient appointment (98%). Numbers can tend to fluctuate as in the previous year we had 883.

Our work is extensive and time consuming re new patients, as many have no previous records/history in this country.

Shiloh Outreach

We hold a weekly 3 hour Primary Care outreach clinic at Shiloh a support centre for people who are homeless or at risk of being made homeless. Here we provide services for our patients and also patients who are registered with other GPs if they need it. We also register new patients with us who do not have a current GP.

Our specialist nurse provides:

- Contraception/sexual health advice and services including contraceptive pill/depo injection. Assistance with appointments for coils and implants.
- Fungal feet and nail treatment.
- Treatment and dressing of leg ulcers – checking injection sites are often long and sustained use and use of femoral vein causes a large deep hole.
- Examination & treatment of rashes
- Confidential discussions in areas such as unprotected sex (unfortunately some to earn money) and abusive partners / domestic violence.
- Screening including/ Chlamydia
- DVTs
- Vaccinations
- TB assessments
- Smear test – where patients are unwilling to attend surgery
- Dressings
- Phlebotomy
- Ear care

KPI

Expected activity 3 hours clinic per week (156 hours per annum).

156 clinical hours provided

Rookwood Outreach

Over time we have developed a good working relationship with Rookwood Correctional facility. We provide a service to individuals who are living in Rookwood having recently been released from HMP many are on licence e.g. 10 year/life and these patients often require

special interventions. The process of gathering patient history, repeat medication etc. from HMP is extremely time-consuming and we have a dedicated member of staff for this.

Patients are individually assessed via our strictly confidential referral system which has an incorporated risk assessment e.g. identifying patients who may pose a threat to children, lone females, clinical staff etc. - not all patients are seen as outreach as previously pointed out in reports as this is not appropriate - patients in Rookwood are there to be rehabilitated into the community and day to day living. However once assessed if we feel the risk is too high to surgery staff/other patients we make appropriate interventions and provide outreach services where required.

Corner House

This service has ceased – we would request that the associated funding is redistributed to TB Screening.

Leg Ulcers

At the Gate we have a large cohort of patients with chronic leg ulcers also infected wounds and self-harm wounds. Many of these patients are injecting drug users, poly users and live chaotic lifestyles e.g. -homeless, sofa surfing, making them prone to DNA appointments. They present in surgery unscheduled and demanding immediate care. Often due to lifestyles other services do not like to become involved with many in this cohort, hence keeping this in house, also many patients refuse to go elsewhere for their care.

Many on release from HMP will come directly to The Gate demanding re-dressing of leg ulcers, no information is sent from HMP and again chasing around the prison system for information/history is extremely time consuming. This additional funding allows us to ensure patients receive appropriate, flexible and immediate care this in turn stops many patients attending OOH/Urgent care centres on a regular basis for dressings.

In 2019/20 we recorded 1130 contacts. These numbers can vary year on year due to many in this patient cohort being prolific offenders and being sent to HMP sometimes several times in the same year.

KPI

Expected activity – 25 contacts per week / 325 contacts per quarter.

1130 contacts recorded

79 Booked appointment and DNA

Travellers

We provide a Primary Care services to Travellers that stop in Rotherham.

Working with RMBC we attend the sites and make assessment of needs including

- Urgent health needs or need for GP appointments
- Pregnant ladies health check and vaccinations
- Child health
- Medication
- Signposting to The Gate for Primary Care and other services as required.

- During this time a total of 53 children were seen and 42 adults – 6 sites- Total 24 vans.

Some of the conditions treated eg:

- Elderly lady with fractured wrist
- elderly lady with thyroid problems and adjustment of medication
- elderly gentleman checked re cardiac problems
- 3 children ear conditions
- 10 children chesty
- 4 children for head lice.

A visit to the travellers by our clinical staff allows, in addition to assessing health and well-being of the group, the opportunity to look for any safeguarding issues of children and vulnerable people, and report/safeguard against this. This is paramount in this group it is likely that children in particular are disadvantaged and may see very few health professionals due to their transient way of life and our unannounced visits help somewhat towards safeguarding whilst in our area.

KPIs

Expected activity 3 hours x 6 occasions per year.

The Gate Surgery

Over time we continue to work within the set areas however we find that demands in the surgery are moving in a different direction. Whilst adhering to/working to the national/local standards of general practice e.g. QOF (many of our areas fall below national average due to patient demographics and transient population) Quality contract, SLA's etc. - we continue to be different to main stream with above average prevalence for our list size:

- Countries of origin - 88
- Hep B positive - 58 patients
- Hep C positive - 159 patients
- HIV - 41 patients
- TB - 40 patients (164 patients screened)
- Mental Health – national average 0.8% - surgery register 1.4%
- Suicide attempts - 88 patients - 122 attempts (in a short time frame)

It is evident that a large part of our service requires above average input, the extensive volume of work generated from our diverse patient population includes - Home Office, solicitors, housing, supporting evidence letters, appeal/tribunal letters. Often patients can singularly generate several different requests. We have a high presence of unemployment. Robust in house systems have been developed in order to ensure best and safe practice and our workload in these areas is now immense.

Safeguarding

The volume of patients on Safeguarding at Gateway Primary Care is possibly different to that of many mainstream surgeries due to our patient cohort and the workload is vast, we have a high ethnic population/ high numbers of EU migrants /patients from a very deprived area. Many safeguarding referrals in our patient cohort are extremely challenging for example, tackling cultural behaviour that illegal in this country e.g. for a 6 year old to look

after a younger sibling, identifying women and children who have been subject to FGM and we have large numbers of children on Safeguarding plans/Child in need Plans.

Our Safeguarding Lead coordinates all Safeguarding for the organisation and we have devised and implemented our own in house system tracking referrals and the outcomes of these.

We run searches on children with Safeguarding flags and each record is checked ensuring that they have been seen by a health professional in a decided time frame, these searches are run at different intervals according to the age bracket they belong to, the most frequent being 0-2 years and 2-5 years (these children are not being seen by School staff, school nurses etc.) Provision of Safeguarding reports is a very frequent activity and it is common for a report to be requested for 7 children in one family.

Current figures of children with safeguarding flags:

- 0-2yrs 12 children search performed every 3 months (looking that babies and young children have been seen by a health professional as expected, vaccines, weights, health visitor input).
- 3-5yrs 39 children search performed every 6 months (looking that children have been seen as expected by a health care professional and outcomes).
- 6-11yrs 79 children search performed every 9 months (as above).
- 12-19yrs 106 children search every 12 months (as above)
- Total = 236 children with a safeguarding flag this number is fairly constant as children >19 come off, new ones go on.
- Currently 56/236 children are subjects of a Child Protection Plan and 18/236 children are on a Child in Need Plan.

All records checked thoroughly against printed search list and outcome recorded, if not seen as expected then actioned accordingly.

Monitoring of children not brought/not taken to hospital/surgery appointments

During the previous 12 months our quarterly searches identified 338 children who DNA'd appointments with us and other services. All hospital correspondence regarding DNA'S IN CHILDREN is actioned on receipt by the safeguarding lead. Tracking and following up on this is very labour intensive and many in our patient cohort tend to be reactive rather than pro-active when looking at the health of their children. It is often necessary to write of meet with the family using translation services to outline what is required and the possible implications of non-compliance.

Suicides

Due to practice population suicide attempts are high. We maintain a spread sheet on suicide attempts, this enables us to cross reference and identify patients making more than one attempt on their life and the methods used. All patients are contacted and brought in for a mental health review and discussion with the GP, major issues etc. identified and dealt with as appropriate.

Safe House support

We provide a primary health care service to is a charitable safe place for women who have been trafficked, held in slavery, domestic abuse, sexually exploited.

FGM

The Gate has a growing number of females who have undergone FGM - current number 30 women. We also currently have 20 children believed to be at risk.

All new patients are assessed regarding their FGM status, where FGM is identified our in house protocol is started. All affected patients recalled and seen in a lengthy consultation - usually requiring an interpreter, any female children of mothers who have undergone this are referred to safeguarding including unborn babies and outcomes are tracked.

Affected female adults are referred to Specialist Gynaecologist for type and classification of FGM in order that we can plan care in surgery e.g. cervical cytology. Affected children who have undergone FGM are referred to Sheffield Children's Hospital. In addition to this patients have a lengthy discussion about the laws around FGM in the UK.

We continue to find our specialist work at The Gate both challenging and rewarding. We believe that every patient deserves equitable and accessible healthcare which is sympathetic to their personal circumstances and that by providing this unique service we have a positive impact on patients, who otherwise would have struggled to access primary healthcare, other services and the wider Rotherham community.