



**Oxfordshire
Clinical Commissioning Group**

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Dear Carol

Re: Oxfordshire Clinical Commissioning Group (OCCG) response to the seAP Report on Gypsy and Traveller Community Experiences of Healthcare

Thank you for your letter dated 3 May and the report on Gypsy and Traveller community experiences of healthcare in Oxfordshire. OCCG welcomes the opportunity to respond to the Healthwatch funded report, conducted by seAP, on the issues faced by the Gypsy and Traveller Communities and the need for addressing the health inequalities in these communities.

It is very positive that the report findings have highlighted a generally high satisfaction from the Gypsy and Traveller communities with local health services, including hospital services such as maternity and specialist services. However, we are aware through national research and local health needs assessments that these communities do often have poorer outcomes and evidence suggests that community members also tend to be late presenters with symptoms to primary care. It is, therefore, important that local systems work together to support access to health care services in this population and we recognise this as a priority. Over recent years OCCG has continued to support the local Gypsy and Traveller communities through a number of local initiatives, which are very much aligned with the findings of your report.

To provide more detail on the recommendations you have raised in the report:

1. An outreach key worker.

As you are aware, a Health Advocate, employed by Oxford Health Foundation Trust (OHFT) has a specific remit to work with Gypsy and Traveller communities across the county. The post has been working as a Health Advocate with this community for many years, previously being employed by Oxfordshire Primary Care Trust (PCT), but then transferred to OHFT during the transition in 2013. I believe that at the time of undertaking this project, the post holder was on long term absence and not available for

input. The duties of the role are to provide advocacy, support, advice and information and specifically to:

- Work with individual clients on all sites, both authorised and temporary, across Oxfordshire;
- Promote uptake of childhood immunisations and flu immunisations;
- Promote uptake of NHS screening programmes;
- Support individuals with benefit claims and signpost to other relevant statutory and non-statutory services;
- Accompany clients to appointments and ensure they are registered with a GP practice;
- Ensure clients access other primary care services, such as dental services;
- Conduct home visits and help clients with reading appointment letters and completing forms, including benefit forms;
- Promote public health initiatives;
- Adapt health initiatives to fit the needs of this community.

Access to the service is via self-referral or referral from any health professional as well as from statutory and non-statutory agencies. The post holder has regular liaison with education sector staff to support young people to stay in education at secondary level and also links community members to access literacy classes.

2. Making GP practices more accessible.

Ensuring timely access to primary care services is a priority for the CCG and the recent work through the Prime Minister's Challenge Fund and GP Access Fund will explore innovative primary care solutions to address this. Some of the initiatives from the local Oxfordshire pilot schemes include:

- Neighbourhood Hubs providing same day access and extended 8-8 working, delivered by GP led Multi-Disciplinary Teams. Patients are triaged into this service if their own practice is unable to offer them a same-day appointment for an urgent assessment;
- Early Visiting provided by Emergency Care Practitioners/Advanced Nurse Practitioner teams to support GPs in responding to urgent visit requests early in the day, releasing GP time for more complex patients;
- E-consulting in and outside core hours, with pre-bookable email appointments with a 2 hour response target for urgent queries;
- Twenty minutes appointments for the most complex patients focusing on preventative care.

The Health Advocate role continues to provide support to clients in negotiating health care systems, but we recognise that many of the issues highlighted by these communities are common to many patients.

3. Dental services.

As mentioned above, ensuring that clients are registered with an NHS dentist is also part of the role of the Health Advocate.

4. Mental health issues.

Evidence from previous local health needs assessments highlights the stigma surrounding mental health and combined with the value that Gypsies and Travellers place on privacy, means that many members find it difficult to discuss such concerns with those 'outside', or even their family members.

OCCG employs a team of Equality and Access Commissioners, who have worked in partnership with the Health Advocate specifically to provide information and to raise awareness of access to NHS services and to conduct a small scale health needs assessment, which unfortunately could not be continued as the Health Advocate was on sickness absence.

The team is keen to work further with the Health Advocate to promote initiatives such as NHS Screening programmes and to facilitate partners, such as Mind, to attend sites and offer appropriate interventions. However, we do recognise the value of working in conjunction with the Health Advocate, as she has gained the trust of the Gypsy and Traveller community members over many years, which is vital for any input from other staff or agencies.

I hope this helps to provide more clarification of the proposed actions for OCCG in ensuring that we commission services that meet the needs of this local population and the OCCG team would be happy to discuss further, as you feel appropriate.

Yours sincerely

A handwritten signature in blue ink that reads "David Smith". The signature is written in a cursive style with a long horizontal flourish extending to the right.

David Smith
Chief Executive