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# FFT & Patient Insight - Primary Care:
# Engaging with asylum seekers and the homeless to commission a new primary care service

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# Leicester


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Belgrave
Humberstone & Hamilton
Latimer
Fosse
Charnwood
Thurncourt
Coleman
Spinney Hills
New Parks
Western Park
Braunstone Park & Rowley Fields
Westcotes
Castle
Stoneygate
Evington
Freemen
Knighton
Aylestone
Eyres Monsell

# Leicester City Clinical Commissioning Group

- Leicester City Clinical Commissioning Group (CCG) was formed in early 2011 after the Health and Social Care Act announced the abolition of primary care trusts and introduced new organisations led by GPs. Initially operating in shadow form under the guidance of the outgoing primary care trust, the CCG officially took over responsibility in April 2013 for planning and managing health care for Leicester city's population, which is almost 330,000 people.

- Leicester City CCG looks after a budget of around £469 million per year, to plan and manage healthcare for the local population and work with partners to address poor health in the city.

- The services that it is responsible for include primary care, hospital treatment, rehabilitation services, urgent and emergency care, community health services, mental health and learning disability services. Bases in the centre of Leicester, it employs approximately 90 staff.

# Engaging with asylum seekers and the homeless to commission a new primary care service

- Some of Leicester City CCG's most rewarding
- co-commissioning engagement activity to date has been for the *asylum seeker and homeless primary care services* which took place in two phases; between September 2015 and May 2016.


- In two separate engagement periods patients from these marginalised communities were actively involved in shaping the future plans of the health services they access, using a wide range of different methods to reach out to individuals who often struggle to have their say.

# Background

- Leicester City CCG first spoke to patients of the asylum seeker and homeless primary care services in September 2015 to give them the opportunity to provide feedback and suggestions to make improvements. The two contracts with the NHS to provide these services were due to end on 30th September 2016.

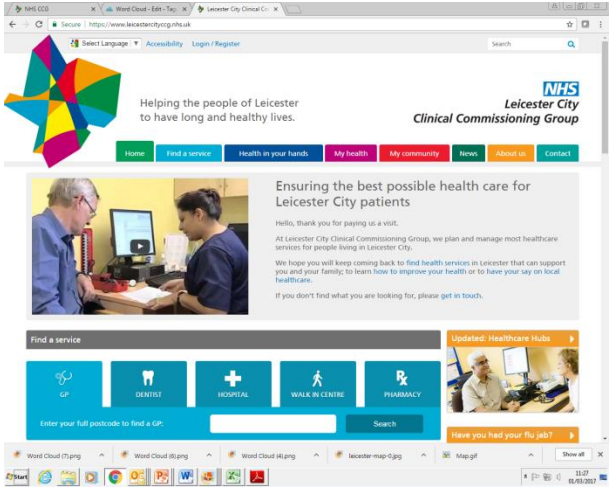
- Patients were also asked if they would like to see both contracts merge to form one specialist primary care service.

- Following the consultation it was decided that the CCG would undertake a more detailed health needs analysis of the communities that these practices serve.

- The CCG therefore extended the current contract for six months (until the 31 March 2017) so that the CCG could carry out this work.

# Detailed engagement and communications plan

| | | | | |
|---|---|---|---|---|
| Wednesday 4th May | Homeless service | Bosworth House, 9 – 15 Princess Road West, Leicester LE1 6TH | 12.00 – 13.30 | Stakeholder briefing |
| Wednesday 4th May | ASSIST/Asylum seeker | Bosworth House, 9 – 15 Princess Road West, Leicester LE1 6TH | 14.00 – 15.30 | Stakeholder briefing |




| DATE | SERVICE | VENUE | TIME | TYPE |
|---|---|---|---|---|
| Friday 6th May | ASSIST/Asylum seeker | ASSIST Clyde St | 1.30pm – 3.30pm | Drop in |
| Monday 9th May | ASSIST/Asylum seeker | Red Cross | 1pm – 3pm | Drop in |
| Tuesday 10th May | Homeless service | The Dawn Centre | 8.30am – 10.30am | Drop in |
| Wednesday 11th May | ASSIST/Asylum seeker | City of Sanctuary | 11am – 1pm | Drop in |
| Wednesday 11th May | Homeless service | Charles Berry House | 2pm – 5pm | Drop in plus video booth |
| Wednesday 11thMay | ASSIST/Asylum seeker | The Race Equality Centre | 1.30 – 3.30 | Workshop |
| Monday 16th May | Homeless service | Charles Berry House | 8.30am – 10.30am | Drop in plus video booth |
| Tuesday 17th May | Homeless service | The Dawn Centre | 8.30am – 10.30am | Drop in |

# Wide range of methods used to collect feedback

# Stakeholders

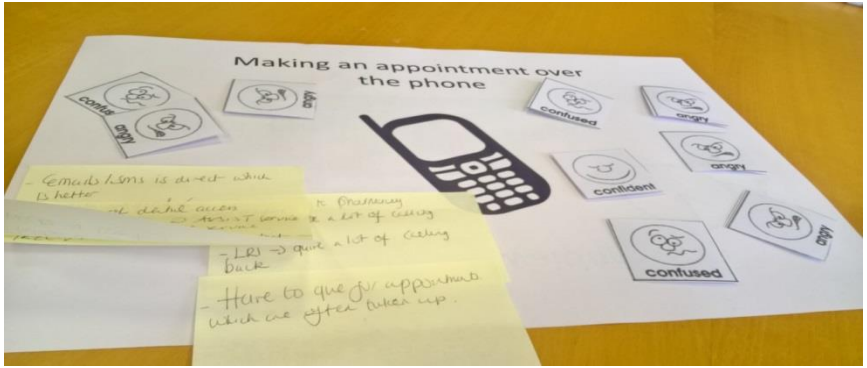

- **Working with patient representatives to access these communities we were able to gain an in-depth level of understanding of the complexities faced by individuals which we would not have previously considered.**

# Video booth

- A video booth placed at one of the practices recorded 5 homeless patient interviews and an asylum seeker patient interview; another asylum seeker interview was filmed by The British Red Cross at their local office.


- Listening to patient experiences and stories has captured a depth of understanding about the needs of the homeless and asylum seekers that could not be gathered though surveying alone. It gave us an insight to the different types of people using the service and the challenges they face.

# Asylum seeker workshop


# Findings

- A combination of the feedback gathered through surveys, interviews and videos gave us an in depth overview of the current service, wants and needs of the service users and risks to any changes to the current service.
- In total we received 342 completed surveys over the 2 engagement phases from both groups and spoke to many homeless and asylum seekers over the course of 8 months during face to face discussions.

- The health needs analysis conducted by Public Health at the same time complimented and validated the engagement activity to give a comprehensive view of Leicester's asylum seeker and homeless population.

- The feedback has helped us to develop the service specification and make important adjustments such as the addition of outreach clinics and arranging separate contracts for each service due to their considerable differences.

# Findings

- The homeless and asylum seeker groups tend to be quite closed groups of people, so the main challenges were gaining trust, getting them to understand who we are and what we wanted to do as well as explain why we wanted to involved them and how important their ideas and experiences are.

- The key elements that contributed to the project's success include the early input from the PPG Chair at both practices, who gave us a good foundation of information about their patient demographic.

- Networking played a vital role, working with The British Red Cross, Voluntary Action Leicester,  City of Sanctuary and Council of Faiths to contact people and ask them to take part.

# Findings

- We were all on a journey together; patients, ourselves and our partners, we had no pre conceptions of what to expect from patients. This made it different from other projects as we tend to be aware of the challenges patients face through our other general feedback mechanisms.
- Some of the information we collected surprised us. One example was that we assumed that any materials such as posters they would want producing in their language, in fact many asylum seekers want to improve their English and asked for materials in English.

# Evaluation

**We evaluated our engagement activity in the following ways:**

- Demographic representation of our members
- % members active in our activities
- Number of people involved in engagement activities
- Number of letters/comments/calls
- Number of attendees at events
- Number of comments per engagement activity
- Number of published articles and social media mentions
- Nature of decisions taken as a result of feedback
- Evaluation of specific events and activities

# Key learnings

- Work as closely as possible with the community, using the contacts you have as much as possible, to develop the most suitable methods for engagement.
- Work to gain trust with your audience early in the project and where possible ask service users for help in disseminating information on your behalf.
- When you have this in place use your networks,  the experience and the knowledge of the community and the organisations who work most closely with them.
- Listen to what they have to say and be open to all responses. Ask them how they might want to be engaged, or what they think would work.
- Be flexible. Groups might not want to meet in a clinical setting where they might meet other people in their community, or they might not want to travel or don’t have a car, so be prepared to hold events in the heart of their communities or organisations that they access regularly for support.

# Key learnings

- Most people do use a mobile phone and rely a lot on text messaging so explore this as an option.

- Involve other teams in your organisations where they will be involved in changes or decisions. For example the primary care team who look after the provider of the contract of the service as well as our communications team who produced materials and wrote the patient letters were heavily involved in the engagement activity throughout.

- This really was about embarking on a journey with the patient at the centre to ensure the homeless and the asylum seeker communities can access the health care they need, from the right health professional, at the right place, right time, first time.

# Thank you for listening