

Access to Healthcare The Bevan Approach

Mathew Sidebottom
Director of Nursing & Quality
Bevan Community Benefit Society



Bevan Bevan's model

- Providing primary and community care to inclusion health populations since 2011
- Specialist general practice is important but most of the care is provided in “non-traditional” settings
- Multi-disciplinary approach is vital
- Focusing on both access and quality of care

- Our migrant health outreach team consists of nursing, OT, HCA, social prescriber and peer advocate support



Migrant health services

- Asked in 2019 to provide health assessment and primary care to those arriving in 1 hotel in Bradford
- Over the years we have conducted:
 - 5,240 health assessments
 - Offered vaccinations to all
 - Offered HIV, hepatitis B/C, syphilis and sexual health/contraception screening to all
 - Offered active and latent TB screening to all
- All done with a small, peripatetic team in each city/town
- Think about the asylum seeker/resettlement process, not many touch points to do all this
- Anecdotally, we have found very few cases where someone has transferred into our care with a full health assessment



Bevan Total numbers supported by Bevan

- Average number of new arrivals per month in 2023/24 so far
 - Leeds 58.9 (43-76)
 - Bradford 65.8 (23-186)
 - Calderdale 34.7 (15-58)
 - Wakefield 32.0 (28-35)
 - South Milford 31.1 (4-92)
- Total 222.5 arriving per month on average (or 2,670 per year)
- Total bed capacity in these cities at present
 - Leeds 454
 - Bradford 522 (+ARAP/ACRS)
 - Calderdale 218
 - Wakefield 374
 - South Milford 198
- Total 1,764

Comprehensive health assessment & screening

- So what is involved?
 - Set up new health record (if not already done)
 - Full health assessment...
 - Vaccinations as per UK schedule
 - Opt out TB, BBV and sexual health screening for all
 - Screening for hypertension, obesity, mental ill health, FGM
 - Further targeted screening as required

Bevan


Demographics

Asylum seeker initial health assessment completed

New patient screening done

Patient identity verified

If completing initial health assessment, ensure both these boxes are ticked.

 Patient Details

Please ensure the following is updated via the link above:

- * Full name
- * Date of birth
- * Gender
- * Place (country) of birth

Country of birth **R X**

Ethnic category - 2011 census **R X**

Nationality

Date of entry to United Kingdom

Religion **R X**

Marital status

Sexual orientation

Current legal status

Main spoken language **R X**

Second language **R X**


Interpreter needed **R X**

Interpreter not needed

Ability to read in their own language

Able to write in their own language

Please record below next of kin (must record parents details if a child).

 Record Relationship

Clinical history 1

Past clinical history



Patient reports injuries due to war/conflict



Family history



Current medication



Record Allergy or Sensitivity



No known allergies

Clinical history 2

Mental health screening and current problems



Consider:

- History of trauma
- Previous mental health disorder
- Current and previous mood
- Patient's appearance
- Patient's interactions with others

H/O: deliberate self harm

H/O: attempted suicide

Depression & Anxiety Screening Tools

Bevan Mental Health Assessment

Drug misuse

Alcohol use

Alcohol units per week

 Units/Week

AUDIT-C

Smoking

Smoking cessation advice

Learning disability and developmental delay

(Only read code diagnosed conditions, otherwise write concerns in free text box below)

Neurodevelopmental disorder




Child developmental observation/concern




Concern around learning/cognition





Paediatric history

Behavioural concerns 

Emotional problems 

Unaccompanied child asylum seeker (Looked after child) 

Attending school or nursery 

 Which school is the child attending?

Ensure any developmental problems, educational needs or concerns are documented on the 'clinical history 2' tab.

Sexual health, pregnancy & lifestyle

Health education - sexual health



Screening- to be offered to all

Chlamydia/GC screening completed



HIV test offered



Hepatitis B screening offered



Hepatitis C screening offered



Syphilis screening offered



Screening declined

HIV screening declined



Hepatitis B screening declined



Hepatitis C screening declined



Syphilis screening declined



Chlamydia screening declined



Females Only Aged 18 - 45yrs

Are you hoping to get pregnant in the next 12 months?

If yes, complete the Starting Well Template

Starting Well

Send task to Social Prescriber who will triage and contact Patient

Task to Start...

Pregnancy history

Pregnancy history



Current pregnancy

If patient currently pregnant, use the pregnancy EDD template below to add 'currently pregnant' read code and estimate due date.

Pregnancy Expected Due Date...

Referral to antenatal clinic



Cervical screening

All those with a cervix should receive a smear every 3 years if aged between 25 and 49 and every 5 years if aged between 50 and 64.

Cervical smear due



Contraception



Contraception counselling

Verbal advice about long acting reversible contraception







TB screening

TB history





- BCG scar present 
- History of TB 

TB symptoms

- Verbal screening for tuberculosis
- Haemoptysis 
- Night sweats 
- Weight loss 
- Extreme lethargy 

Patients with symptoms of potential TB should receive further investigation and may include CXR and sputum samples for AFB.

Pathology/radiology

- Latent TB screening (Leeds) 
-  IGRA, AFB and/or CXR request (Leeds)
-  AFB request (Bradford)
-  CXR request (Bradford)

Referral for TB screening (Bradford)

Action


Latent TB screening declined

Latent tuberculosis screening declined

Latent TB screening in Calderdale

All 11-65 year old patients, complete a Quantiferon blood test.

If positive, refer to local TB service via button below. If able, please complete an LFT after referral.

 Refer to Calderdale TB Service

Vaccination

Vaccination history

Vaccination history

Vaccination offer/provision

Vaccinations offered

- Record Vaccination
- Refused Revaxis (DTaP)
- Refused Priorix (MMR)
- Other Vaccination Refusal

Vaccination appointment booked

COVID vaccination

Ensure all COVID vaccinations are documented on Pinnacle not on SystmOne and only completed once patient is allocated an NHS number.

Pinnacle login page can be found [here](#).
Site code for all patients- C6F7Y

Vaccination programmes

For those requiring and accepting vaccination, refer to the nurse. The vaccination schedule can be found [here](#).

COVID vaccination

Ensure all eligible patients are offered COVID vaccination as per guidance.

COVID vaccination declined

Flu vaccination

For those eligible, offer flu vaccination during flu vaccine season.



Influenza vaccination declined

Country specific health concerns

Advice and guidance for country specific health needs can be found [here](#).

Activities of daily living & social circumstances

Sensory impairment

- Blind (Xa0UI) 
- Partial sight (Xa1lh)
- Hearing loss (XE0s9) 
- [D]Smell and taste diso...



Activities of daily living assessment



Consider:

- Diagnosed disabilities or do they consider themselves to have an undiagnosed disability?
- Do they feel their disability impacts on their daily life?
- Any support received prior to coming to the UK (inc equipment, aids, adjustments)
- Occupational adjustments (education/work)
- How is their disability perceived in their home country and in their family?

Action

- Do they feel they are able to participate in their local community?
- Are finances and employment a current concern for them?
- Their journey to the UK (mode of transport, length of journey, route taken, human trafficking)
- Reason for leaving their home
- Any family links in the UK
- Impact of current circumstances on their physical or mental health?
- Have they experienced discrimination after arrival into the UK, and how has it affected their health and wellbeing?
- Do the children have access to education?
- Any concerns relating to diet/nutrition?
- Previous occupation?

Social and personal history



Referral to team occupational therapist

Referral to team social prescriber

Safeguarding adults

Female genital mutilation



Family history of FGM



No safeguarding issues identified



Adult safeguarding concern



Referral to safeguarding adults team



Record Safeguarding Information

Adult no longer safeguarding concern









Clinical observations and investigations

Clinical observations

BP	<input type="text"/>	mmHg
O/E - pulse rate	<input type="text"/>	bpm
O/E - rate of respiration	<input type="text"/>	Resp/min
O/E - tympanic temperature	<input type="text"/>	C
Glasgow coma scale	<input type="text"/>	
O/E - weight	<input type="text"/>	Kg
O/E - height	<input type="text"/>	m
BMI	<input type="text"/>	Kg/m ²
Peak expiratory flow rate	<input type="text"/>	L/min
Predicted PEFR (EN 13826)	<input type="text"/>	l/min
Random blood glucose level	<input type="text"/>	mmol/L

Long-term condition investigations/review:

 Asthma	Add to waiting list for spirometry if none already on the system and task the admin team to arrange a practice nurse review.
 COPD	Add to waiting list for spirometry if none already on the system in the last 12 months and task the admin team to arrange a practice nurse review.
 Diabetes	Bloods for U&Es, LFTs, lipids, FBC, TFT and urine for ACR. Task admin to book into practice nurse diabetes review appointment.
 Hypertension	Bloods for U&Es, LFTs, lipids, HbA1c and urine for ACR. Task admin to book into practice nurse hypertension clinic if not BP not in range.
 CHD	Bloods for FBC, U&Es, LFTs, lipids, HbA1c and urine for ACR. Discuss patient with hotel team ACP.

 New Electronic Pathology/Radiology Request

Immediate health concerns and follow up

Immediate health need



Referred to Advanced Clinical Practitioner



Referred to GP



Referred to practice nurse



Referred to mental health team



Signposted to optician



Signposted to dentist



Referred to dentist



Referred to musculoskeletal clinic



Referred to district nurse



Other referral



Follow-up requirements



Cards on the table!

- I would like to make a plea that we do all we can to ensure this work is (at least) continued for the foreseeable
- More resources are needed to improve uptake of vaccinations
- NHS commissioning colleagues often get confusing messages, however these patients will not be going anywhere soon
- Whether in hotels, “large sites”, barges, initial or dispersed accommodation, the health needs remain
- Proactive health screening is essential in a world where primary care services do not have the capacity to conduct even a small proportion of these health assessments