

Ref: RJ

Kent House
81 Station Road
Ashford
Kent
TN23 1PP

22.4.22

rachel.jones22@nhs.net
www.kentandmedwayccg.nhs.uk

Kent Health Overview and Scrutiny Committee

BRIEFING NOTE

Date: 11 May 2022

Briefing paper to: All Members of the Kent Health Overview and Scrutiny Committee

Purpose: Access to health services for Gypsy, Roma and Traveller Community

1.0 Primary Care Services Commissioned By the CCG

The CCG is responsible for the commissioning of primary medical services only. These are services normally provided by General Practice. NHS England is currently responsible for the commissioning of Pharmacy, Ophthalmology and Dentistry.

2.0 Demographics of this Population

There are three broad groupings of Gypsies and Travellers in England: English (Romany) Gypsies, Irish Travellers and New Travellers. Romany Gypsies and Irish Travellers are recognised by case law under the Race Relations Act 1976.

There are uncertainties due to different definitions and the lack of data. The 2001 national census, which is the basis for most population data, did not include the legally recognised categories of Romany Gypsy and Irish Travellers on the Census form. Although there is little information on Gypsies and Travellers who live in settled accommodation it has been estimated that it may be over 50% of the Gypsy and Traveller national population.

Based upon national estimates of the total Gypsy/Traveller population in 2001 it was estimated that there were a total of 9,600 Gypsy/Travellers residing in Kent, out of the overall Kent population of 1.6 million. Only a minority of the local Gypsy and Traveller population is nomadic. It is important to recognise that an estimated 70% of the Gypsy and Traveller population in Kent is estimated to live in settled housing or on authorised sites.

National evidence shows that Gypsies and Travellers are significantly disadvantaged regarding health and education.

3.0 Inequalities

It is well documented that Gypsy, Roma and Traveller communities experience poorer health outcomes and have a lower life expectancy than the national average by around 10 years. They are also more likely to experience the death of a child. This relates to many factors including:

- Deprivation
- Lifestyle choices
- Living conditions
- Health literacy
- Access to services

The Clinical Commissioning Group and future Integrated Care Board (ICB) have a responsibility to reduce health inequalities and improve health outcomes. To date, the focus of this has been placed on ensuring appropriate and timely access to health care services, ensuring the impact of new services or changes to existing services are understood and mitigated where necessary.

The population health management approach and the light shone on health inequalities because of Covid, have played an important role in increasing awareness and understanding in the senior leaders in health across Kent & Medway. Future work on the wider determinants of health will be brought together in the formal sub committees of the ICB and therefore provide a collective focus. The establishment of Health Care Partnerships located in 4 geographies – East Kent, Medway & Swale, West Kent and Dartford, Gravesham & Swanley - will provide further opportunities to better engage with and support these communities. Closer working with the voluntary sector who support seldom heard groups including gypsies, Roma and Traveller communities will be a positive step forward.

Access to health care is cited as one of the main barriers for this population, particularly in primary care which is the gateway to many other healthcare services. This is a particular challenge for people who choose to travel on a regular basis.

4.0 Access to Health Care

Access to most health care services is via general practice who then refer on to other health services, based on clinical need. Should further planned care such as diagnostics or surgery be required, these can be accessed recognising the challenges for people who regularly change location.

Travelling Families can contact any GP surgery or pharmacy if advice and/or treatment is needed. For advice or short-term treatment people can register as a temporary resident for up to 3 months and remain registered with a previous/usual GP. If people are not registered with any GP or need regular ongoing treatment such as repeat prescriptions, they can register as a permanent resident. They do not need proof of address, identity, or residency to access an appointment. All surgeries have been provided with the following guidance -

<https://assets.nhs.uk/prod/documents/how-to-register-with-a-gp-gypsy-traveller-roma-communities.pdf>

For life threatening emergencies advice is always to contact 999 and, if unsure of location, to use the What3Words app which enables the ambulance service to pinpoint their location.

For a medical need that is urgent but not life-threatening or where advice is required, advice is to ring 111 free of charge or access NHS 111 online. There are also several Minor Injuries Units and Urgent Care Treatment Centres which are listed on the CCG website.

Travellers who are pregnant or have a new baby can access midwifery services directly through self-referral. The midwifery service will also support with access to local teams of health visitors.

Travellers who require access to sexual health services can do so by a self-referral at several centres available across Kent & Medway which are detailed on the CCG website.

5.0 Impact of Covid

Anecdotally we know that non-settled groups during the pandemic did reach out to settled relatives to achieve a permanent registered address. This was to access Covid vaccines or other treatments during the period where attendance at Urgent Treatment Centres would have been ill advised for safety reasons. This however does not account for all the non-settled population. There were systems and processes in place during the vaccination programme to ensure that those without a registered GP could and did attend mass vaccination centres, and that was a service that was used among the population for those willing to accept the vaccine.

Certainly, it is known that this group will seek out medical attention via Urgent Treatment Centres when there is an urgent need. Younger members of families do tend to be very social media present, and have access to smart phones, and will support older generations to find the unit that they need to attend. This is however a group that may feel uncomfortable in disclosing their ethnicity when they do attend for any health treatment, so even when they are seen that data may not be captured.

Rachel Jones
Executive Director Strategy and Population Health
K&M CCG