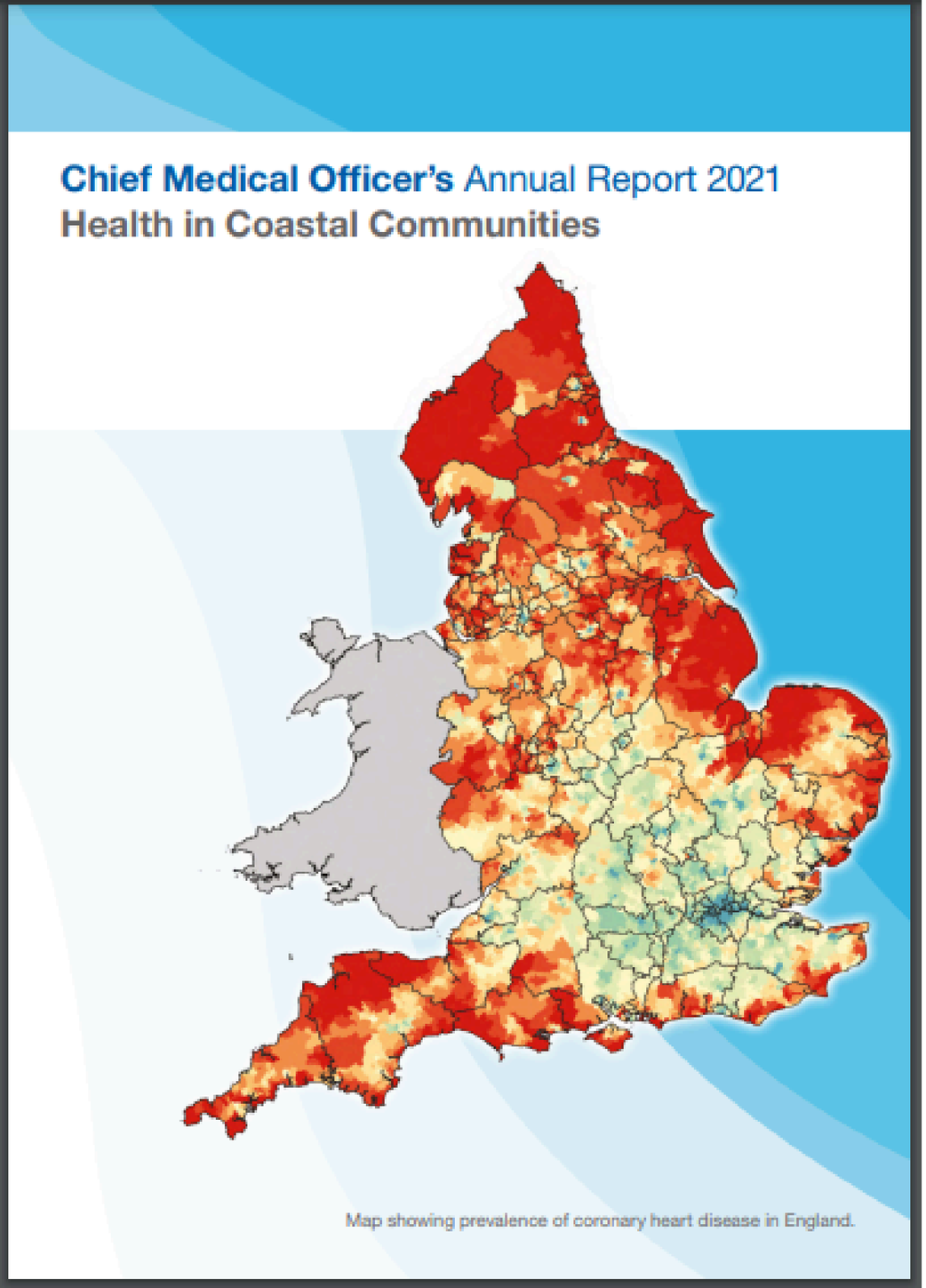
Belle’s Place
Primary Care Outreach Clinic
Pilot

Contents



'Coastal communities, the villages, towns and cities of England's coast, include many of the most beautiful, vibrant and historically important places in the country. They also have some of the worst outcomes in England, with low life expectancy and high rates of many major diseases.' (Whitty, 2021)

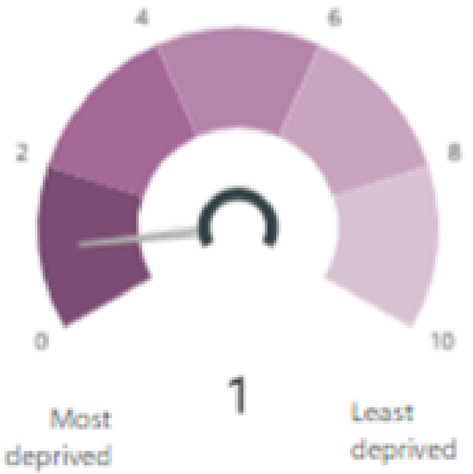
Looks can be deceiving ...

Ilfracombe is in one of the most beautiful parts of the country, but its stunning coastline, bustling harbour & seafront mask the harsh realities of deprivation & health inequalities. Parts of Ilfracombe are in the top 10% most deprived in England. People in Central Ilfracombe have a 15-year lower life expectancy than those in more affluent parts of Devon.

Deprivation North Devon 001B - LSOA covering Ilfracombe - High Street, ...

Indices of Multiple Deprivation - 2019

IMD Decile



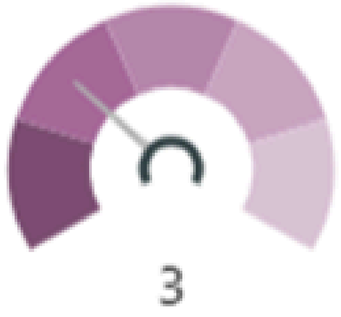
Income

Employment

Education

Health

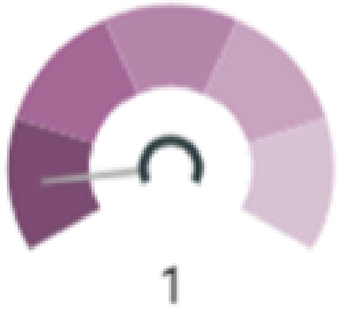
Crime



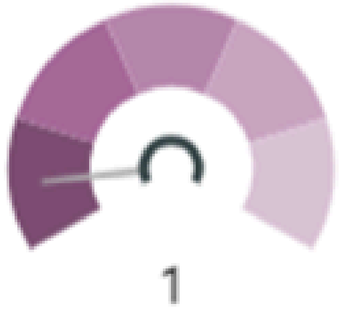
Barriers

For more information, please see the English indices of deprivation website

Environment



IDACI



IDOPI

Decile 1 - 10% most deprived areas nationally
Decile 10 - 10% least deprived areas nationally
IDACI - Income deprivation affecting children index
IDAOPI - Income deprivation affecting older people index

Related content available from the Devon Health and Wellbeing website - Library

Devon County Council

A key driver of Ilfracombe’s health inequalities - housing

Ilfracombe has a strong Victorian heritage and many of the large Victorian hotels and homes have been split into poor quality, privately rented flats and houses of multiple occupancy. There is a low availability of social rented accommodation. Many people have found their way to Ilfracombe through temporary housing by local authorities outside of the area, due to the relative availability of cheap private accommodation. These individuals often have complex health and social needs but lack any social support network within the town.

Belle’s Place

At Belle’s Place, a community hub on the seafront, over 200 people are provided with a safe and nurturing place to eat a meal and socialise. In addition to food, they can access practical support e.g. clothing and showers, as well as be supported to connect with housing, drug and alcohol services etc. Belle’s Place is almost entirely run by volunteers.

Many attending Belle's Place are either homeless or insecurely housed. A significant proportion experience poor mental health, and many have drug and/or alcohol dependencies. These individuals are at high risk of poor health and have a low life expectancy.

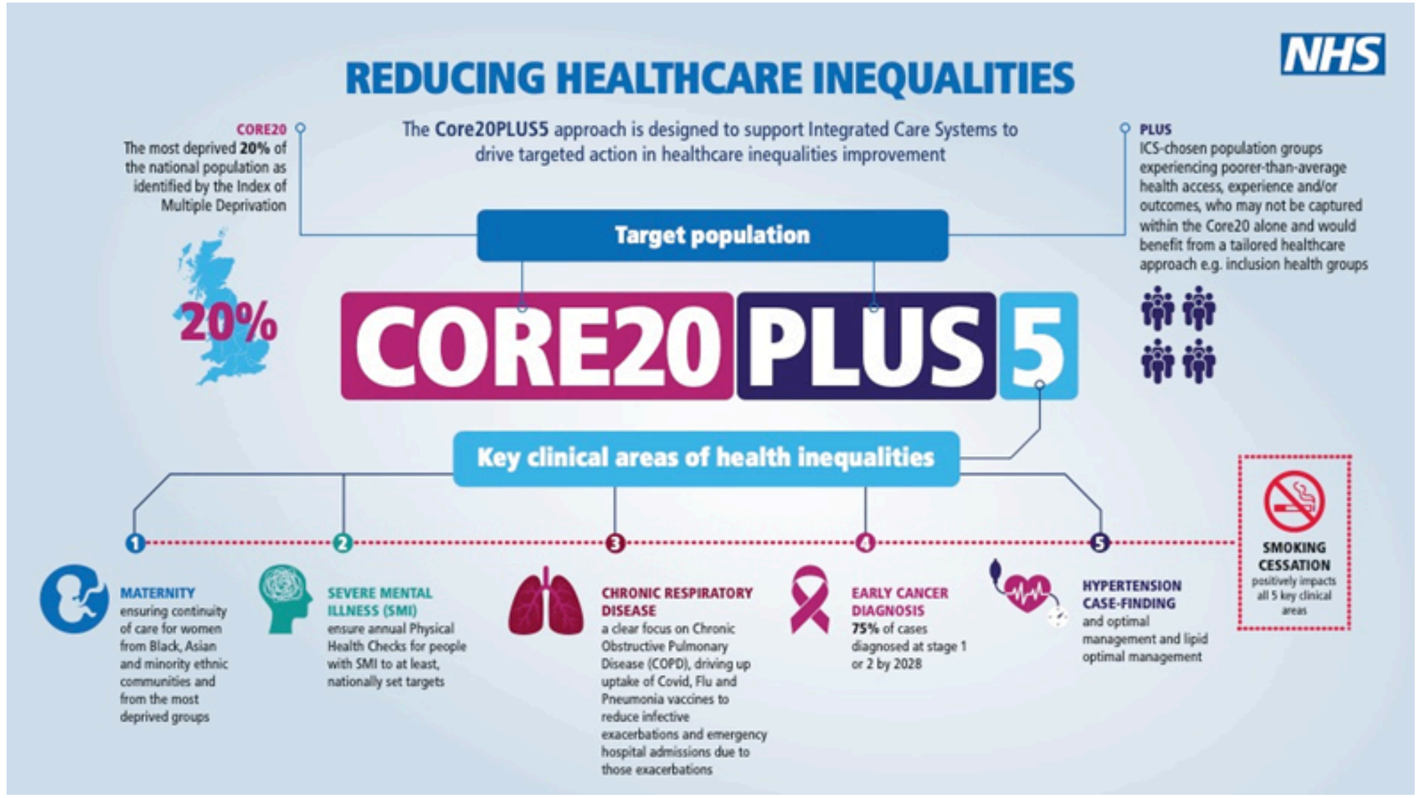
Some struggle to access healthcare via traditional routes. The reasons, identified through interviews, were variable. Some barriers were practical: lacking access to mobile phones & credit to book appointments; finding it difficult to stick to fixed appointment times; or lacking the disposable income needed to attend hospital appointments 15 miles away. Others were psychological: individuals experiencing severe anxiety within the clinical waiting areas; feeling stigmatised & "looked down upon"by staff & other patients; not feeling listened to by the GP.

The pilot

A 12-month Primary Care Outreach Clinic at Belle's Place. The primary aim of the pilot was to overcome the barriers to accessing healthcare and re-establish trust between service users and primary care.

A secondary aim was improved health outcomes, with a specific focus on four of the five key areas identified in the Core20PLUS5 approach to reducing healthcare inequalities:

- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding & optimal management & lipid optimal management



Clinical sessions were delivered by GPs from Combe Coastal Practice in the meeting room at Belle's Place twice a month. Each clinic was 3 hours in length, running between 12-3pm, when the centre was open for lunch.

Service design was strongly influenced by Carol Parkin, Belle's Place manager, given her detailed understanding of the group.

Appointments

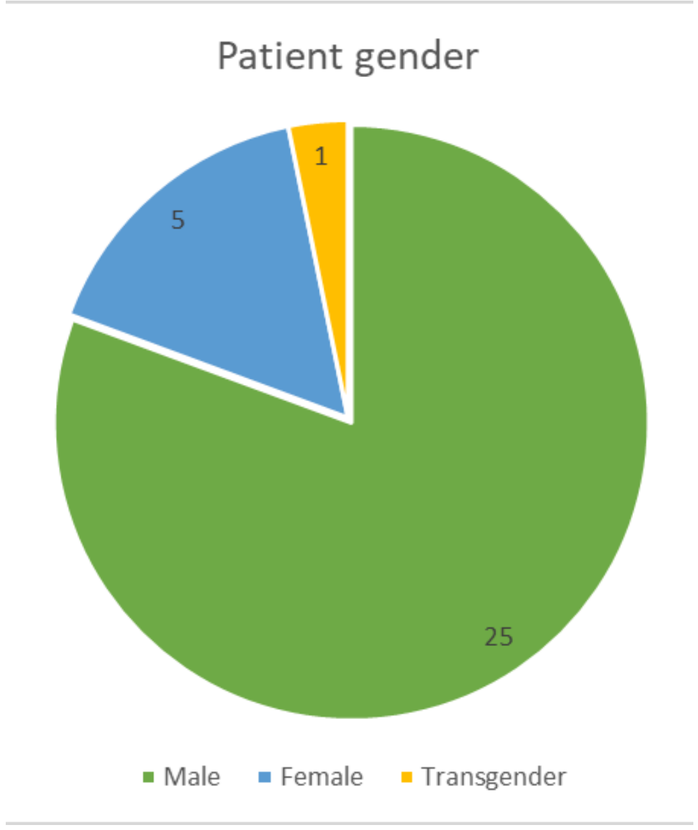
- Appointments were offered on a first come first served basis, with no set appointment time. Pre-booked appointment slots were introduced at one stage to see if this helped facilitate access for individuals who attended Belle's Place less frequently. These were under-utilised however, so the service reverted to the original 'first come first served' drop-in service.

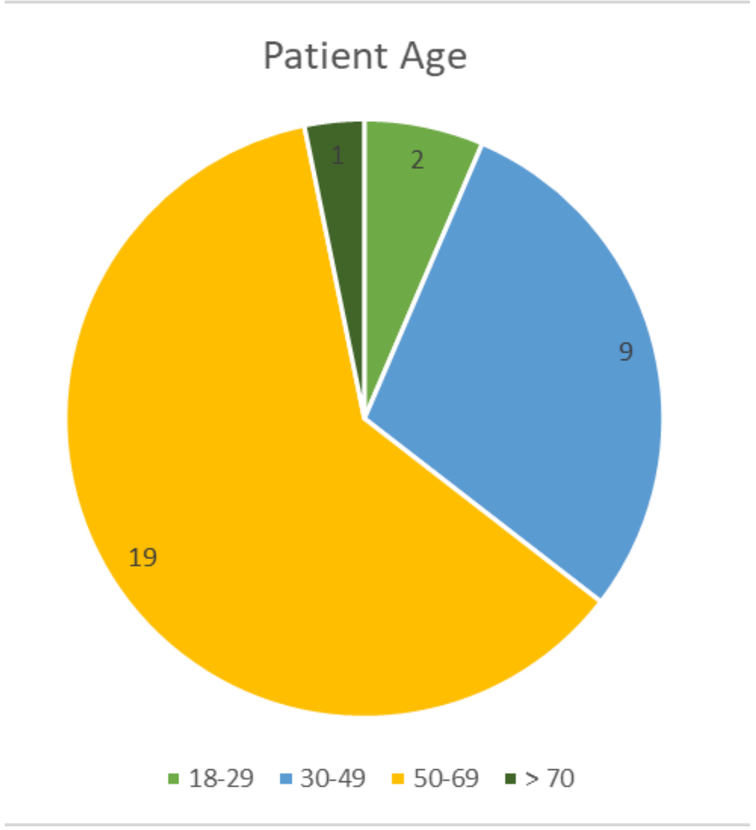
- Generally first appointments took between 45-60 minutes, and follow up appointments between 10-25 minutes. During their first appointment individuals were offered a comprehensive holistic review focussing on their identified health concerns, as well as a discussion around the social determinants impacting upon their health. Subsequent appointments were more targeted, focussing on individual health issues as well as preventative health, annual reviews etc.

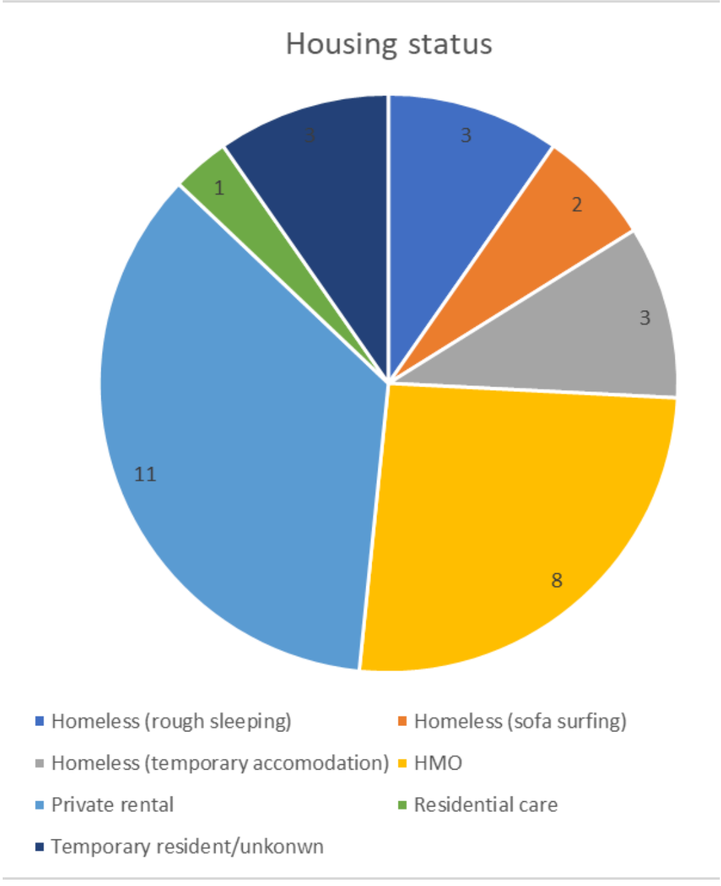
- Service users were generally respectful of each other and were happy to wait in turn for their appointments. As the café was offering lunch at the time, service users would have a meal and chat with other users whilst waiting for their appointment.

Patient demographics

- 31 individuals were seen over the course of the pilot to date (10 months).
- Most were middle-aged/older males.
- Around one quarter were classed as homeless, & one quarter lived in Houses of Multiple Occupancy (HMOs).
- The remainder live, in the majority, in private rental accommodation.
- None of those seen lived in social rented accommodation.





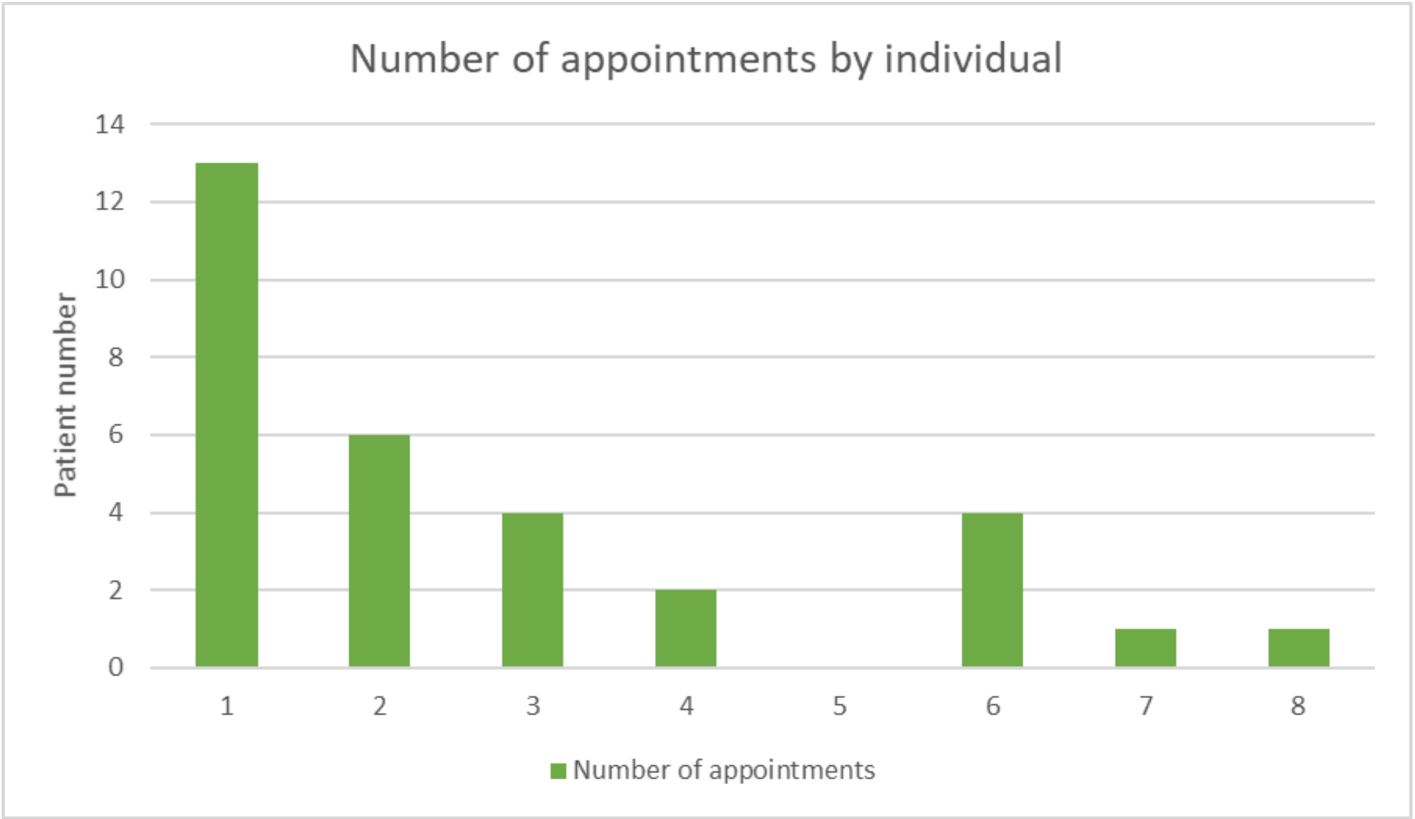


Number of appointments

The number of appointments per person was variable. One third had a single appointment only whilst a proportion had 6 or more.

Reasons for attending a single appointment included individuals:

- seen for the initial comprehensive assessment who were happy, and able, to continue their care at the surgery.
- who sought support while temporarily housed in Ilfracombe before being moved elsewhere.
- who chose not to continue to engage
- who attended Belle's Place infrequently, so struggled with the drop-in nature of the clinic.
- seen for the first time on the final clinic included in the evaluation who have since had further input at Belle's.



A small proportion of individuals attended 6 or more times. In several cases this was deemed clinically appropriate. However, a couple of individuals needed to be actively discouraged from attending the clinic 'for a chat with the GP.' Carol acted as a gatekeeper for appointments to ensure they were, as much as is feasible, clinically indicated.

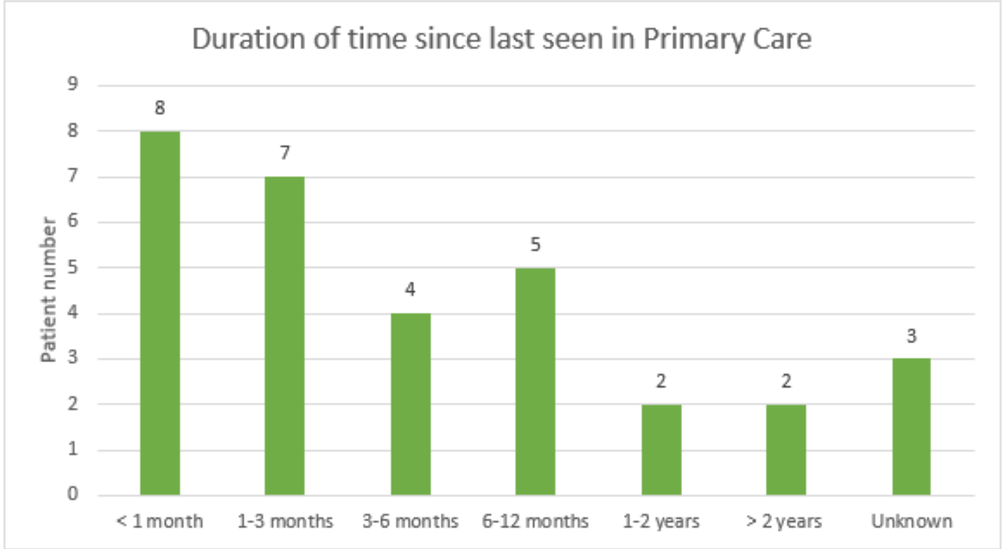
Previous engagement with primary care

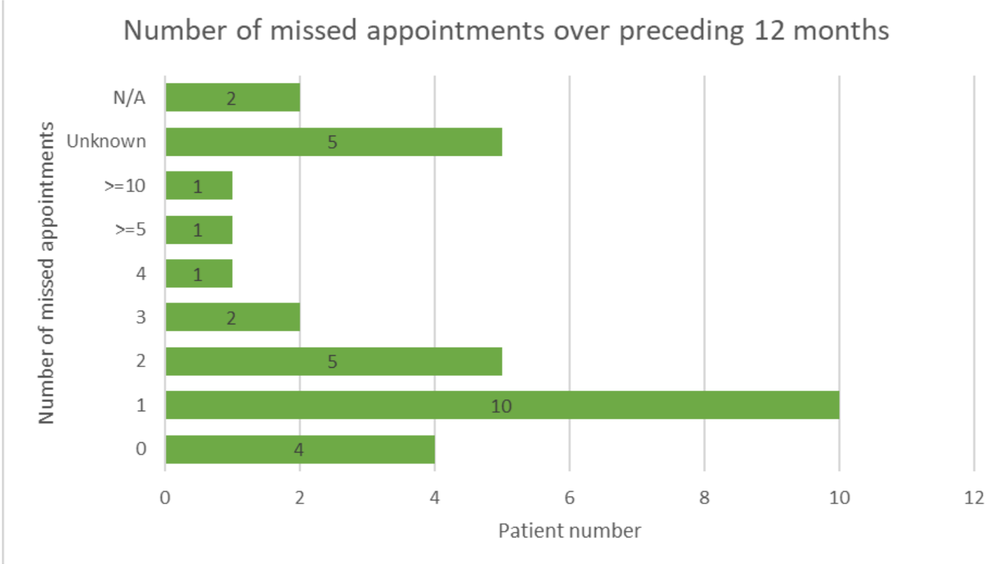
Almost half those seen had had contact with the surgery within the preceding 3 months, & almost all within the preceding year.

It was notable, however, that a sizeable proportion of these consultations had been transactional e.g. requests for additional medication, as opposed to focussing directly on health issues. Several individuals regularly accessed nursing services at the surgery e.g. wound dressings, but did not see their GP.

The qualitative analysis identifies the concept of being ‘seen but not heard’, reflecting the fact that although most individuals had been attending the surgery, they felt unable to address their health issues in that setting.

Almost all had missed at least one appointment in primary care in the preceding 12 months, with a few missing multiple booked appointments.

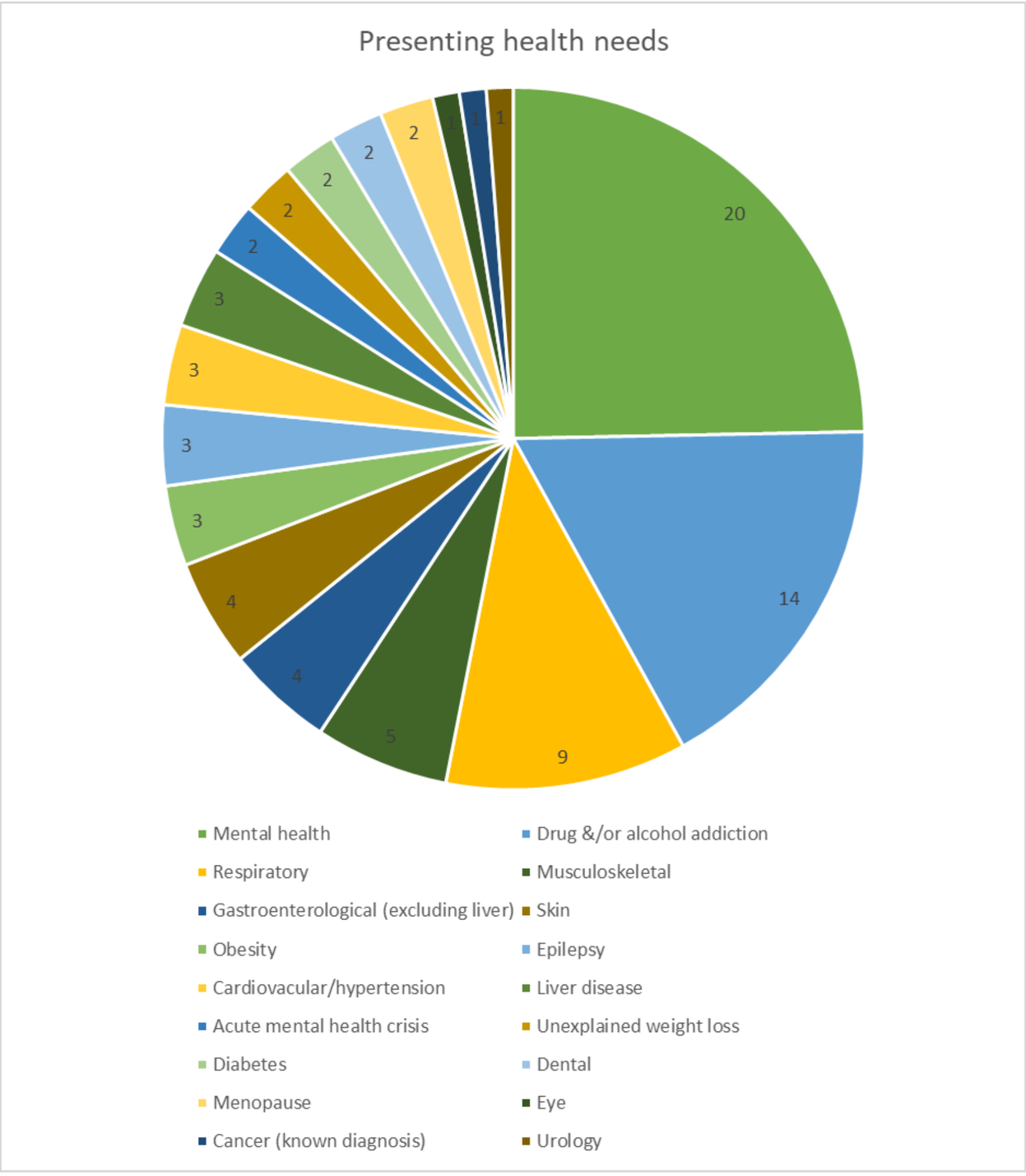




Presenting health need

The primary aim for Belle's Place pilot was to build trust between socially excluded individuals and primary care. We therefore did not try to focus too much on any specific agenda with regards to outcomes, instead choosing to focus on the identified health needs of the individual.

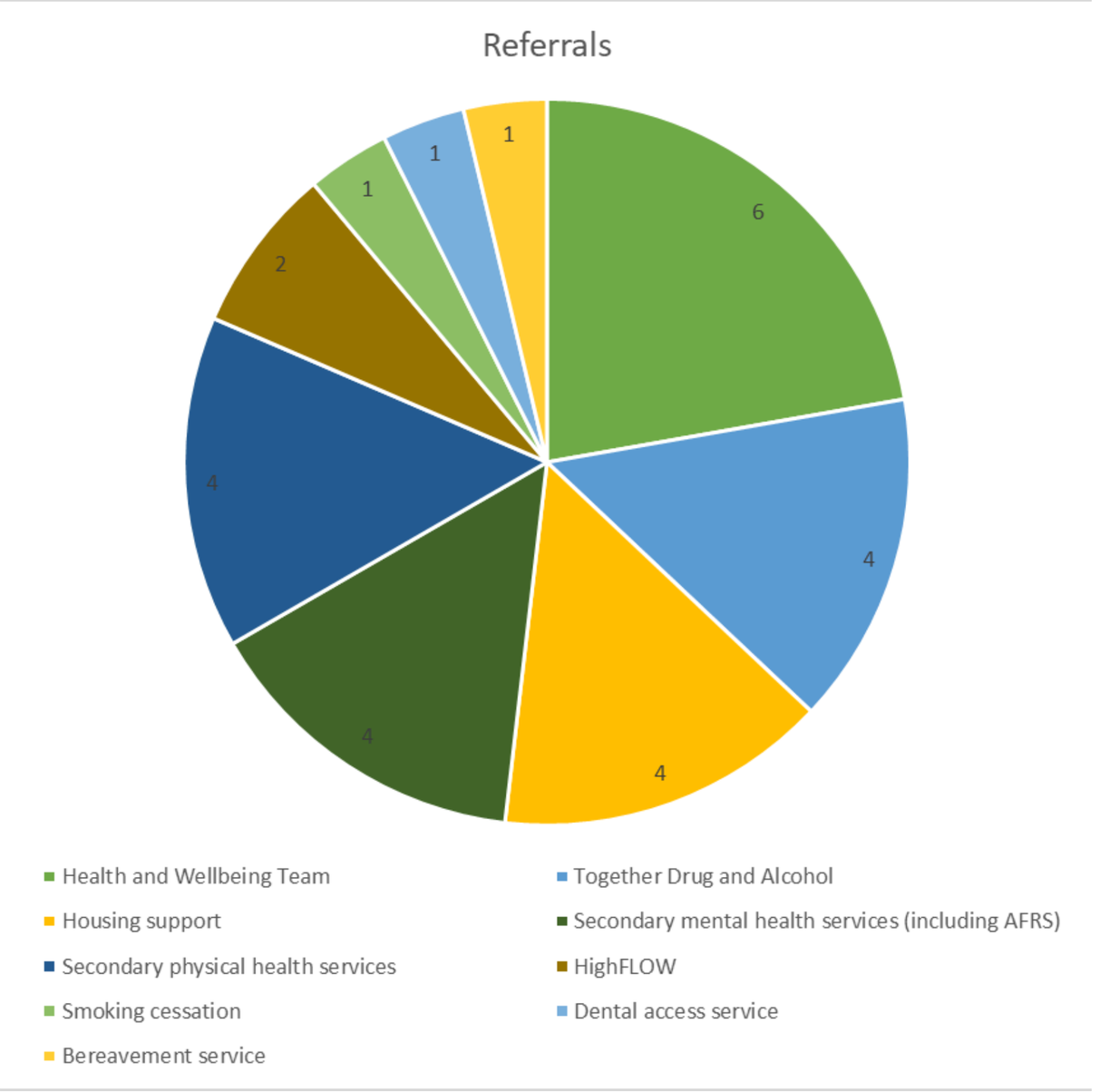
These presenting health needs varied from chronic conditions to acute health issues. Many individuals identified multiple health needs.



Tests and referrals

We aimed to offer a ‘one stop’ service, undertaking any necessary tests e.g. blood tests & blood pressure checks during the consultation. Home testing kits e.g. QFIT & urine test kits were given to the person. We asked them to attend for further tests elsewhere only if we were unable to offer the test at Belle’s Place e.g. ECG, chest Xray.

A number required referral to additional services, both secondary healthcare as well as wellbeing support, health promotion & social support.
Referrals to secondary care were regularly declined because of distance & cost to travel, along with anxiety about attending the hospital. Where possible we tried to work with the individual to overcome these barriers (see Early Cancer Diagnosis – Case Study 3). The main barrier to accessing health promotion & wellbeing support was the individual’s mental health. Despite these barriers, 27 onward referrals were made.



Opportunities

Working in Belle's Place gave the GPs the opportunity to connect directly with other services e.g., homelessness outreach services, who were often present in Belle's Place while clinics were running.

Building these personal connections enabled the GPs to provide a more joined-up service for individuals seen at Belle's Place, but also develop professional relationships that can benefit the wider practice population.

An unexpected outcome

Regular conversations with people at Belle's Place provided the opportunity to identify, and in some cases address, issues impacting their health for which they had previously lacked support.

MoMENtum – supporting male survivors of childhood sexual abuse

A number of people identified sexual abuse in childhood as being a fundamental driver to their poor mental health +/- drug or alcohol dependency in adulthood. Some had struggled to disclose this previously, or found support options limited if they had disclosed it to healthcare professionals. Finding support for these men would be key to enabling them to address their wider health needs.

MoMENtum, a Devon-based CIC, offering 1:1 & peer support to male survivors of sexual abuse, were contacted. They ran groups in Exeter & Barnstaple, were open to working in Ilfracombe, and so June 2024 they started an Ilfracombe group, based at Belle's Place. This will provide support, not just to those attending Belle's, but others within the community who are survivors of sexual abuse in childhood.

Belle's Place is seen as the ideal venue for this service due to the level of trust and reputation as a safe space.

Reducing healthcare inequalities:
1) Severe Mental Illness (SMI)

People with severe mental illness die on average 15 to 20 years earlier that the general population & it is estimated that 2 in 3 deaths are from physical illnesses that can be prevented (National Mental Health Intelligence Network, 2018).

Core20PLUS5 target: Ensure annual physical health checks for individuals with SMI to at least nationally set targets.

The health check includes a discussion regarding physical symptoms, lifestyle, and measurement of physical parameters – height, weight, blood pressure, and blood tests.

7 individuals were seen at BP who had diagnoses of severe mental illness i.e. bipolar affective disorder or schizophrenia/past psychosis.

3 of the 7 had already completed their annual review at Combe Coastal Practice, 3 had their review at Belle's Place and 1 did not receive an annual health check.

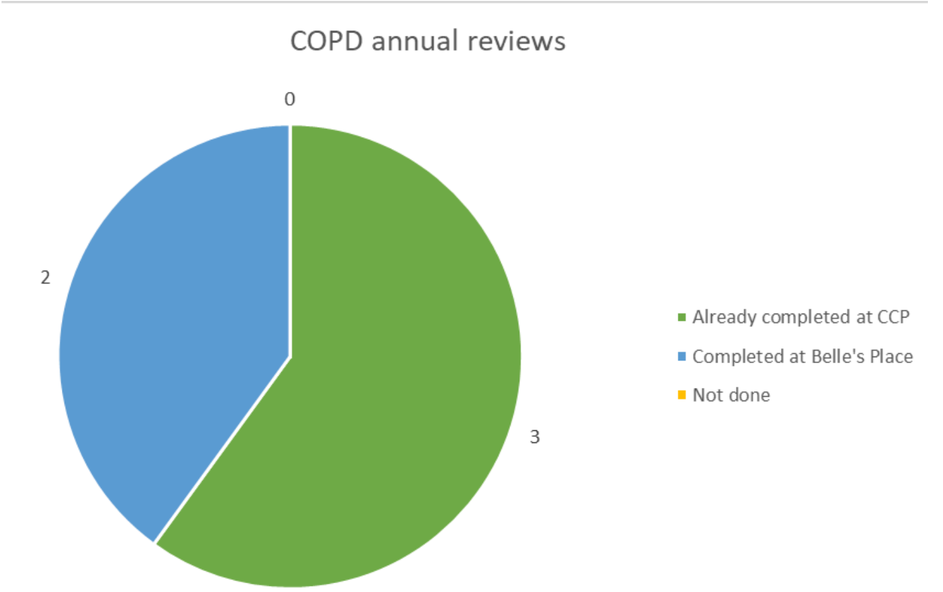
The individual who did not have a health check presented in mental health crisis having recently come out of prison. His care was transferred to the Freedom Centre in Barnstaple after an initial appointment at Belle's Place where the priority focus was on his acute mental health needs and homelessness.

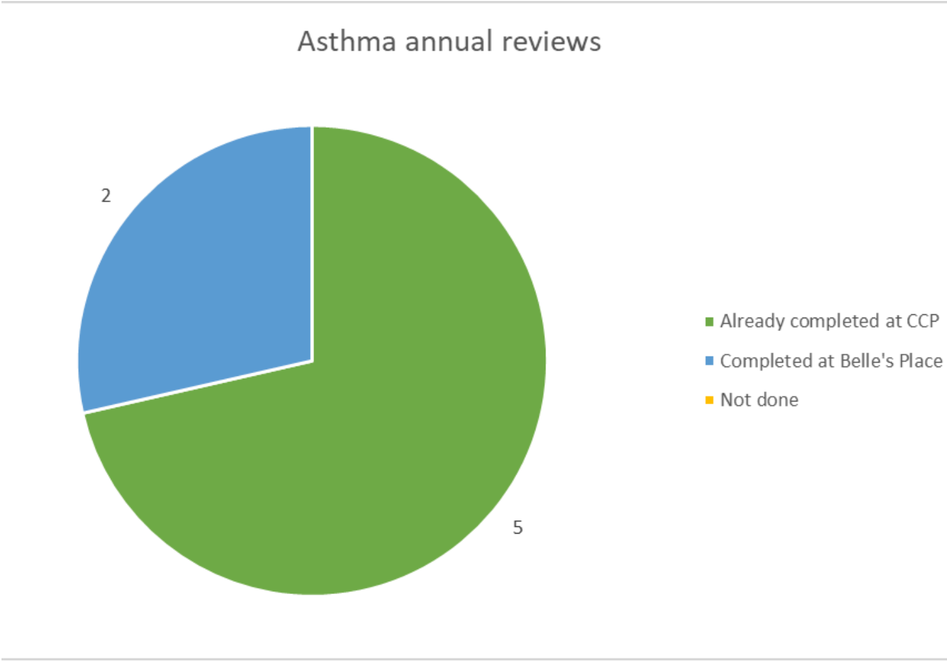
Reducing healthcare inequalities: 2) Chronic Respiratory Disease

68,000 people a year on average die from respiratory disease in England. Mortality considered preventable was 2.9 times higher in the most socioeconomically deprived areas compared to the least deprived. Specific groups are at significantly higher risk of respiratory illness, such as people with severe mental illness, people with learning disabilities, and the homeless. (www.gov.uk, 2022)

Core20PLUS5 target: A clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

Public Health Devon are already working with Belle's Place on vaccine uptake, with high success rates. For the purposes of the pilot study the focus was therefore on optimising management of chronic respiratory disease, along with supporting individuals to address some of the causes of the disease.





Case study: Housing and respiratory health

James moved into private rental accommodation in Ilfracombe High Street in January 2023. He is a smoker. He has longstanding poor mental health.

James had a history of recurrent chest infections over recent years but no diagnosis of chronic respiratory disease. He saw a GP at Belle's Place in December 2023, reporting worsening breathing difficulties since moving into his flat, having presented to Combe Coastal Practice on a number of previous occasions regarding his breathing and mental health. He showed the doctor photos of his flat. The clinical notes state the property had 'extensive mould, including a massive fungus growing from one corner of the living room'.

He was diagnosed clinically with suspected COPD and started on treatment with good effect. Smoking cessation support was offered but declined. An urgent letter of support was written to the council to request consideration for priority social housing on health grounds.

Reducing healthcare inequalities: 3) Early cancer diagnosis

Core20PLUS5 target: 75% of cases diagnosed at Stage 1 or 2 by 2028

Physical examination and investigations were undertaken on all individuals with symptoms that could be the presenting symptoms of cancer - particularly unexplained weight loss and gastrointestinal symptoms.

Tests included a comprehensive blood screen, chest X-ray, QFIT testing and urine dip. We aimed to offer blood tests, QFIT and urine testing at the time of contact.

Chest X-rays were arranged at the Tyrell Community Hospital in Ilfracombe as individuals struggled to travel to Barnstaple to access services at North Devon District Hospital.

Bowel cancer screening

The bowel screening programme is currently being promoted at Belle's Place. The majority of those eligible have previously been exempted from the programme having not responded to the screening invitation.

Posters have been put up in Belle's Place and Carol keeps a list of those who would like to participate.

The national screening programme agreed to supply the test kits directly once we know who would like to participate. We hope this targeted approach will support an increased uptake.

Case study: Investigations for possible prostate cancer

Mark lives in private rental accommodation in Ilfracombe. He had seen his GP only once in the preceding 2 years regarding his memory.

Mark presented to the GP at Belle's regarding worsening lower urinary tract symptoms (LUTS). Due to lack of facilities to perform intimate examinations at Belle's, the GP arranged for Mark to attend the surgery for a prostate examination and blood tests. Mark did attend the appointment and was identified as having a significantly enlarged prostate and a high PSA.

He was referred to urology under the 2-week wait rule. He was found to be in urinary retention and now has a long-term catheter in situ. He is currently awaiting a prostate MRI to assess for possible prostate cancer.

Case study: Supporting Hepatitis C treatment

Hepatitis C can lead to cirrhosis, which in turn can lead on to hepatocellular carcinoma. Frank has been living with Hepatitis C for a number of years. He is alcohol dependent and struggles with his mental health. He lives in an HMO in Ilfracombe. Frank had previously been offered, and declined, Hepatitis C treatment.

Frank consented to referral to the Hepatitis C team following a consultation at Belle's Place. The Hepatitis C outreach team saw him at Belle's Place, undertook a Fibroscan, & started him on a12-week treatment course to eradicate the disease. Carol looked after his medication at Belle's Place & supported him to take when he attended for his daily meals. He successfully completed the full course of treatment and is now clear of Hepatitis C.

Frank unfortunately struggled with significant health anxiety relating to his Hepatitis C treatment. This led to a temporary increase in his alcohol consumption (now resolved). He has declined support from Drug & Alcohol Services at present. He has however continued to engage with the GP outreach service and his long-term goal is to stop drinking.

Case study: Supporting access to cancer follow-up care

Tony is street homeless in Ilfracombe, having recently moved from Exeter. He has no address & no mobile phone. He is alcohol dependent. He was treated last year for head & neck cancer, but failed to attend most of his follow up appointments. He expressed significant concern regarding risk of cancer recurrence.

A conversation with the ENT team identified that they were also concerned about the lack of follow up care/monitoring following his cancer treatment. They arranged an urgent outpatient ENT appointment at North Devon District Hospital the following week.

Tony was referred to the Health & Wellbeing Team to support him to access the initial appointment. Funding was obtained from the Town Council to pay for the Volunteer Car Service to take Tony to his appointment which he attended.

Carol agreed for Belle's Place to be used as his postal address for future hospital appointments & the Health & Wellbeing Team continue to support him.

Reducing healthcare inequalities:

4) Hypertension Case Finding & Optimal Management plus Lipid Optimal Management

High blood pressure is the largest single known risk factor for cardiovascular disease & related disability. People from the most deprived areas in England are 30% more likely than the least deprived to have high blood pressure. (Public Health England, 2017)

Core20PLUS5 target: To allow for interventions to optimise blood pressure & minimise risk of heart disease & stroke

Diagnosis

Blood pressure was checked during appointments when clinically indicated, or opportunistically. Additionally, a blood pressure machine was made available within the café for individuals to check their own blood pressure. Anyone having a single high blood pressure reading was supported to complete additional readings using the café blood pressure monitor to confirm the initial reading and guide ongoing investigation/management.

- 8 individuals were identified as having high blood pressure during the clinic.
- 3 were known to already have hypertension but were poorly controlled.
- 4 were given new diagnoses of hypertension.
- 1 individual had a one-off high reading but then moved area before repeat readings could be undertaken.

...cont'd:

4) Hypertension Case Finding & Optimal Management plus Lipid Optimal Management

Investigation

Blood tests and an ECG are indicated for people with high blood pressure to assess for additional risk factors & to look for evidence of end organ damage. There was no facility for ECGs at Belle's Place so it required attendance at the surgery. This led to poor uptake of ECGs. Additionally, due to logists relating to the Friday clinic (blood tests could not be taken on this day due to the timing of the clinic) there was also a lower than optimal uptake of tests.

Management

- 6 of those identified with hypertension engaged in lifestyle discussions relating to BP & cardiovascular risk.
- 5 were started on treatment
- 1 declined treatment.
- 1 individual was not started on treatment at the time of diagnosis and then did not attend for follow up.
- Unfortunately, only one individual has achieved target blood pressure to date.

Hypertension management was unquestionably the most challenging element of the Core20Plus5 measures we sought to address. When life is precarious on a day to day basis, encouraging individuals to engage in measures to address a health issue that gave them no symptoms, but may cause a problem in the future, was a challenge.
The two case studies below highlight both the successes and challenges of trying to support individuals to optimally manage their blood pressure and/or other cardiovascular risk factors.

Case study: Increased patient activation following health check

Terry attended the Belle's Place clinic to discuss his mental health. However, he also expressed concern regarding his physical health, and consented to a physical health assessment including blood tests and blood pressure check.

Terry had a normal blood pressure but he was identified as having a high cholesterol and QRISK. He consented to starting a statin, but was also very engaged in discussing the lifestyle measures he could instigate to reduce his QRISK. He has since made significant changes to his diet and lifestyle and, to date, has lost over 1 stone in weight. He danced round the clinic room when he realised how much weight he had lost!

Terry is keen to take control of his physical health as much as he can. He has re-engaged with national screening programmes and is now accessing all of his health care at Combe Coastal Practice.

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Case study: barriers to engagement

Helen was often in the café while the outreach clinic was taking place, however it took her a number of months before she felt comfortable to attend. She was struggling with severe anxiety due to the imminent prospect of becoming homeless. Additionally, she was very worried about her physical health, as this was something she had neglected for a long time.

Helen consented to having blood tests and her blood pressure checked during her first appointment. The tests revealed she was both hypertensive and a new Type 2 diabetic. She was also a smoker.

Helen attended a second appointment to discuss the results & implications on her future health. She consented to start on medication for both conditions, but felt unable to consider lifestyle change due to stress regarding her housing situation.

Unfortunately, Helen subsequently did become homeless. She has never collected further prescriptions for managing her blood pressure or diabetes. At present she is not attending Belle’s Place.

The patient experience

(see Appendix 1 for full report)

Interviews were undertaken early in the pilot to explore the experiences of people accessing healthcare through traditional channels and their experience of accessing healthcare at Belle's Place. A number of **key themes** arose:

A trusted space

Society will always look down on people like me. This is a place I can come right, so you're not judged.... Going there (the surgery) is a concern, yeah, so here is safe, here is trusted.

All participants spoke highly about Belle's Place: both the level of support and how it was viewed as a safe space. They spoke about the high level of trust they had in Carol, the director. The fact that the clinic was endorsed by Carol enabled a degree of trust to be established right from the outset and this gradually built over the course of the pilot.

Time

Everybody else won't be moaning if you need 5 minutes extra time because they might need extra time too.

Removing the time pressure enabled open & honest conversations, so all issues could, where practical, be dealt with at the time, rather than needing additional appointments. The drop-in model worked well for a community of people whose lives were, at times, chaotic. As identified in the analysis 'there seems to be a tacit understanding between Belle's Place users that they all needed time to talk to GPs feeling unrushed. As such there was a shared unspoken agreement to let others take time, as they all needed to receive healthcare without pressure'.

Reduced anxiety

I find it (the surgery) very unnerving & anxiety provoking because I think it is too clinical...Whereas at Belle's Place I feel more relaxed...Its not an intimidating environment...I feel more able to be open here & be me, not someone who I'm not.

A number expressed experiencing high levels of anxiety when attempting to book appointments or speak to their GP by phone, but also attending the surgery & other clinical settings. This often meant they were unable to cover the concerns they had & may explain why, although most had been speaking to their GP, many of their consultations were transactional & the person felt their health concerns weren't addressed. Feeling less stressed enabled them to speak openly, building a good relationship with the GP & address their health issues.

Challenges

Clinical space

Clinics were held in the meeting room at Belle's Place which has multiple other purposes, so not able to be a dedicated clinical space. There is no examination couch, meaning abdominal examinations are undertaken standing up, and clinical records are accessed via laptop which can be temperamental. It's not possible to carry out intimate examinations such as digital rectal examinations or gynaecological examination/smear tests. We also lacked access to diagnostic test facilities available at the surgery, most notably ECGs. Whilst, in the most part, we can work around these challenges, we can't provide as comprehensive or efficient an assessment due to lack of a dedicated clinical area and equipment.

Clinic timing

Clinic days were determined by the times Belle's Place is open & has available space, and GP availability. The Friday afternoon clinic finishes after the last sample collection from the surgery, meaning no blood tests can be taking during the Friday session. This means the GP is less able to take opportunistic blood samples, having to rely on the individual attending the subsequent Wednesday session, or agreeing to attend the surgery at a fixed appointment time. Several individuals have therefore not received as comprehensive an assessment as they might have done, having not attended subsequent appointments for blood tests etc.

Confidentiality

The clinic room is next to the kitchen, where people congregate to make coffee etc. Appointments, at times, are interrupted by other service users trying to enter the clinic room. Several people have expressed concerns regarding the confidentiality of their discussions. It is unclear whether they withhold information due to this.

Follow up appointments

Follow up appointments relied on individuals being present in Belle's Place at the subsequent clinic session. For a few health concerns may have been identified e.g. high blood pressure, high cholesterol, but without the follow up appointment there was no opportunity to address these issues. Attempts were made to contact individuals where feasible, however this was not always possible, particularly due to the barriers individuals faced with regards to mobile phone access.

Health anxiety

Some struggled holding greater knowledge about their health. A number declined any investigations, particularly with regards to preventative healthcare, taking a slightly fatalistic approach to their life trajectory. For those who engaged, some displayed worsening mental health or substance use, due to anxiety about their health. Hence, although their health needs are better understood, and being addressed, this caused the individual greater concern than simply not having an understanding of these issues (see Early Cancer Diagnosis – Case Study 2).

Recommendations

To Combe Coastal Practice
Combe Coastal Practice need to consider whether there are measures that can be taken to address any of these barriers to improve access for vulnerable individuals.

To commissioners of primary care
We believe that there is value in continuing the Belle's Place outreach clinic in the immediate term, both to continue the focus on preventative healthcare, but also for earlier identification of new illness which may not present to primary care otherwise.

Belle's Place offers a unique and essential service within Ilfracombe for the most vulnerable in our community. It has attracted significant recent national attention due to its innovative design of partnership working with health and other statutory services. Despite this, it is run, almost exclusively, through grant funding and donations.

In addition to funding the outreach primary care clinic we strongly urge commissioners to recognise the value of Belle's Place, and its equivalents in other towns and cities, as services that offer true value for money in supporting the health and wellbeing of vulnerable individuals in our communities. We would strongly encourage commissioners to provide statutory support to Belle's Place.