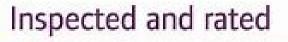
#### inclusion healthcare

responding to need improving health imbroving health ubroving to need

COULICALC







## INCLUSION Practice & ASSIST Practice

### INTRODUCTION

 Inclusion Healthcare is a Community Interest Company in Leicester with a focus on providing primary care to marginalised groups

• Our vision:

"To improve the health and wellbeing of homeless and other marginalised groups of people by the delivery of responsive and high quality healthcare services." and "To be a national leader in the delivery of responsive, high quality healthcare with a demonstrable record of improving the health and wellbeing of the marginalised groups we serve."<sup>1</sup>





inclusion healthcore

responding to need

improving health

## **INCLUSION HEALTH CARE VALUES**



### **Motivation**

Excluded groups often share some common adverse life experiences such as poverty or childhood trauma...



THE INVERSE CARE LAW JULIAN TUDOR HAR Guncorroy Health Conver, Port Talhet, Glamorgan, Weler Summary tends to vary inversely with the need for Summary tends to vary inversely with the need for it in the population served. This inverse care is most operates moore completely where medical care is most operate to market forces, and less so where such exposed to market forces, and less so where such operate is reduced. The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further examserate the maldistribution of medical resources.

Interpreting the Evidence THE existence of large social and geographical inequalities in mortality and morbidity in Britain inhown, and not all of them are diminishing. Between 1934 and 1968, weighted mean standardised mortality from all causes in the Glamorgan and Monemouthshires to 131%. Their weighted mean infant mortality rose to 131% of England and Wales rates to 124% from 115% of England and Wales rates to 124% ...this leads to poor health, multi-morbidity and early mortality...

...but all of this is then compounded by barriers to accessing services

### **APMS** practices





We are celebrating our 10<sup>th</sup> Anniversary Thank you for your support

inclusion

Staff Entrance & Goods Delivery RIVATE PARKING

### **INCLUSION PRACTICE**

- Primary Health Care Providers for Homeless since 2000
- Two GP's, One Nurse, a Practice Manager & a receptionist
- Providing clinic sessions from Hostels & day centres













# What we provide today...

Appointments with –

- GP's
- Advanced Nurse Practitioner
- Practice Nurse
- Health Care Support Workers
- Mental Health Nurse
- Midwives
- Physiotherapist
- Hep C Nurse
- Turning Point Recovery Worker
- Social Prescriber



### DearAlbert





## WORKING IN PARTNERSHIP







Office for Health Improvement & Disparities





### MULTI-AGENCY MEETING'S

- Frontline Street Lifestyles (FSLM)
- Rough Sleeper Initiative (RSI)
- Changing Futures Programme
- Multi Agency Care Collaborative (MACC)
- Midlands Homelessness and Health Network Meeting
- Midlands Migrant Health Leads Network





### **Patient Journey**

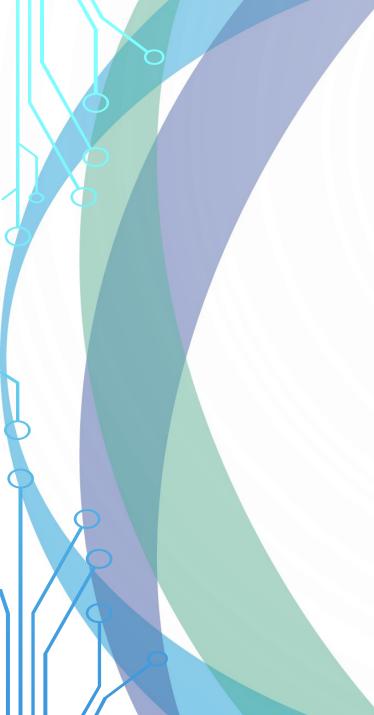
Practice provides two GP sessions daily, am & pm

Patient rings or comes to the surgery door at 8am/8.30am On the day appointment booked, if none available then reception triage and signpost or speak to GP if urgent

GP or ANP appointment offered

Offered F2F or telephone appointment, patient choice

Practice Nurse, HCSW and other clinician sessions available throughout the day



### **Patient Journey**



### Patient Journey





