

LEICESTER CITY HEALTH AND WELLBEING BOARD DATE 28th April 2022

Subject:	Identification of Unregistered Patients Programme (GP Registration Programme)
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EXECUTIVE SUMMARY:

This report provides an update to the Health and Wellbeing Board on progress of the Identification of Unregistered Patient Programme, where patients reside within Leicester City but are not registered with a GP practice.

The investment of an additional £59,546 to Leicester City CCG to resource two additional band 4 staff for 12 months fixed term, enabled the CCG meet part of the NHS's pledge to reduce health inequalities, work with areas of high deprivation and large BAME communities. Aiming to work with local communities, patient groups, identifying unregistered patients and supporting them through the process. Additionally, registering patients with 'No Legal Status' in the UK, informing them of all the healthcare and benefits provided by NHS.

The report provides detailed information on the approach taken including:

- the aims and objectives
- methodology
- communication and engagement
- outcomes
- lessons learnt.

As summarised below, the GP Registration programme has delivered a significant increase in patient registrations across Leicester City during 2021 and a wealth of learning which has been used to inform current practice.

Date	New Patients Registered
January to December 2019	32,798
January to December 2020	29,222
January to November 2021	51,545

The programme was extended from January 2022 to March 2022 to expand across LLR, utilising the funding from NHS England on addressing health inequalities for Q4 of 2021/22.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

• Note the paper.

Background

- 1. The NHS Constitution sets out the principles and values of the NHS in England, a key principle is that "access to NHS services is based on clinical need, not an individual's ability to pay." This is further explained in the following statement, "NHS services are free of charge, except in limited circumstances sanctioned by parliament". This is applicable to all patients whether residing in the UK lawfully or not, including those that are within the area for more than 24 hours and less than 4 months. This applies to all patients including those who are an asylum seeker, refugee, homeless patients or overseas visitor, whether residing lawfully in the UK or not.
- 2. According to a Public Health England estimation, potentially 5,000-15,000 patients living within Leicester City have not registered with a general practice. To support and address these gaps, investment of £59,546 was given to Leicester City CCG. Leicester City CCG used the funds to recruit two GP Registration Officers to work with primary care providers, a range of statuary and voluntary care organization at a neighbourhood level to identify patients suitable for registration with a general practice to reduce health inequalities. GP Registration Officers also worked with large BAME communities as well as areas with high deprivation.

Aims & Objectives

- 3. The primary aim of this project was to ensure that all citizens in Leicester City have the knowledge, resources and information to make an informed choice on their rights to access primary care treatment provided by a GP and other primary care services.
- 4. The target was to register around 5,000 new patients in Leicester City by January 2022. The secondary objective was to ascertain, identify and acknowledge the issues faced within certain cohorts of patients in registering with primary care providers, and to generate a longer term, sustainable solution through co-production.

Methodology Identifying Areas / Communities to Target

- 5. A triangulation exercise was undertaken between CCG and Public Health teams, and potential gaps between the registered and resident population were identified with in the City. This enabled a strategic approach to target engagement on the areas most likely to be affected.
- 6. Vital work was undertaken in association with stakeholders to ensure development and delivery of communication and engagement strategies were co-designed. It was also crucial to build close relationships with the relevant local agencies and community groups with expertise in this area such as the Immigration Enforcement team and groups supporting citizens with an illegal status where confirmation was provided that registering would not have an impact on their residency to remain in this country. Through this partnership approach, reassurances were provided by the Immigration Enforcement team to enable the GP registration officers to have an open and transparent dialogue with patients.
- 7. VCS organisations were invited to an online workshop to discuss the barriers their communities faced when registering with general practices and what mitigating solutions they would recommend for these barriers. Over 20 organisations attended and participated during the workshop, providing valuable feedback, feeding into the strategy developed to engage with patients and the communities they live in.

- 8. A strategic approach was taken to meet the aims and objectives of the project. A map (Appendix 1) was created to display all wards within Leicester City with a database showing the City geographically and targeting the population through a neighbourhood/locality approach.
- 9. The map identifies and highlights the type of engagement undertaken within each ward. This includes face to face engagements as well as places visited. The main focus of engagement remained through the hotspot areas of each ward including:
 - Places of Worship, Local Community Centres, Supermarkets, Pharmacies (as well as other primary care providers) and Walk in Covid-19 Vaccination clinics.
 - Once the national restrictions were eased, 21 neighbourhood areas were engaged across the City including Beaumont Leys, Frog Island & Abbey, Belgrave, Rushey Mead, Humberstone, Hamilton, North Evington, Evington, Thurncourt, Highfields, Spinney Hill, St Matthews, New Parks, Westcotes, City Centre, Stoneygate, Braunstone, Freeman, Knighton, Aylestone and Eyres Monsell.
 - To assure inclusion, the map also incorporated areas covered with the 9 protected characteristics, which was regularly reviewed throughout the year. Identifying communities within Leicester City, the engagement took place with 25 different communities and 'communities within communities' including Sikh, Muslim, Hindu, Somali, Bangladesh, Romanian, Polish, Gypsy, Traveller, Roma, Homeless, Refugees/Asylum Seeker, British Deaf Association, Elderly, LGBTQ+, Carers, Visually Impaired, South Asians Women's support groups, Children, Local families and communities, Mental Health, African/Caribbean, Afghans, Students, Chinese and Pregnant women etc. This partnership approach assured that patients of all ethnicities and protected characteristics were part of the programme mobilisation, aiming to reduce health inequalities for all and create better health outcomes.

Engagement and Working with Primary Care

- 10. Upon commencement of this programme, GP Registration Officers were introduced to practice managers and their teams. Individual MS team meetings were held with 25 practice managers covering 39 practices of the 56 in the city representing 75% take up. Also practice managers across Leicester City were engaged through weekly PM forums. A focused webinar for practice administration staff was also held. The progress and the success of the programme were also presented regularly at the Leicester City PLT as part of the Chair's address.
- 11. To improve registration and use of primary care, GP practice must ensure their policies and practice are in line with NHS England guidance and consider the needs of potentially excluded members of their local population.
- 12. A standard operating procedure was developed in partnership with Primary Care Contracting team. It includes the main principle for GP registrations which relates to:
 - Asking for identification
 - Different types of registration, including registering homeless / asylum seekers
 - And the reason for rejecting a patient registration.
- 13. The aim of this process was to ensure there was a standardized approach across Leicester City when GP practice registered new patients.

Communications Campaign

- 14. Communication campaign was created to promote the programme across the Leicester City consisting of:
 - A4 posters & A5 Leaflets in English, translated in top 7 Leicester City specific languages, both providing details of GP registration officers and information about service available to patient by registering with GP practice.
 - Banner pens were created with brief information and contact details, NHS "How to register with a GP" leaflet was also printed.
 - Posters were distributed to 204 outlets including pharmacies, local supermarket, shop, places of worship and VCS organisations.
 - Information was also posted on 11 Facebook spotted sites
 - Email was sent to 132 PPG groups
 - Workshop held with 20 VCS organisation
 - Regular engagement held at ED, large factory site visited, 31 Vaccine clinics attended engaging with 7800 patients, 36 face to face engagement event held engaging with approx. 2150 patients.
- 15. Covid-19 restrictions and government guidelines directly impacted the initial 2–3-month period, restricting the officers to non-face-to-face engagements. A wide range of digital methods were utilised to reach communities with message being relayed directly. A selection of the material used is in Appendix 2.
- 16. After the COVID-19 restrictions were lifted, officers attended 30+ walk in clinics as well as appointment based Covid-19 vaccine clinics held by GP Practices across Leicester City including: Community Health Centre Highfields, St Peter's Health Centre Highfields, Peepul Centre Belgrave, Al Furquan Mosque St Matthews, Merridale Medical Centre 6 Westcotes, King Power Stadium Aylestone, Barley Croft Community Centre Beaumont Leys, De Montfort Hall Clarendon Park, Afro Caribbean Centre Highfields, Tudor Community Centre Beaumont Leys, De Montfort University City Centre etc.

Result

17. The target was to register 5,000 new patients by January 2022. The success and effectiveness of the programme were measured regularly and by the end of December 2021, 51,545 new patients were registered within Leicester City that an increase of 22,323 new patients then in year 2020.

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January to December 2019	32,798
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18. Data incorporates All new registrations (Which include newly born babies, patients moving into the area and patients registering from one practice to another) cannot be attributed directly to the project-however, a 76% increase in registrations compared to the three-year trend suggests that the additional engagement process put into place had an impact on registrations.



- January & February, early stages of the programme. Scoping / project plan completed to ensure requirements and objectives of the program were outlined with clear targets. Aiming to understand what communities to reach with tailored messages. Covid-19 restrictions and government guidelines had a direct impact on the first 2-3 months. Officers were unable to commence face-to-face engagements with the communities therefore messages were being relayed digitally.
- From March onwards demonstrates the full launch of this programme. Work to target potential patients, their carers and families through a range of communication channels including media, social media, websites, newsletter, stakeholder communications channels and by distributing communications materials.
- May / June indicates a slight decrease due to university students moving home and re-registering at their home residency. Similarly, September / October shows an increase to student moving into Leicester and registering.
- November & December showing slight reduction then previous Month as people are self isolating at home due to Covid19 Omicron variant.
- Promoting on local community radio stations; radio advertising across cultural and community specific radio stations.
- Key enablers in achieving the above target were robust communication and community engagement strategies, whilst working within the restrictions of the pandemic.

Learning from the Project

19. The GP Registration programme has gathered a wealth of information regarding barriers faced by the patients when registering with GP practices as well as issues faced by registration staff at practices. The table below outlines the exploratory approach to mitigate these barriers to ensure a positive patient experience and support to General Practice.

Barriers	Solutions
Patients and VCS' experiencing negative 'attitude' from reception staff when trying to register. Registration being refused in the absence of any identity documents (i.e. Passport or Utility bill)	 Patients and VCS are assured through continuous engagement by the officers that when trying to register with a practice, the practice requests to see the relevant documentation to: 1. eliminate duplications if they were previously registered before with the NHS and 2. to check they are within the catchment area However, registration should not be refused in the absence of any identity documentation.
Language Barriers	Working with the wider I&T directorate, both officers were able to engage effectively with most communities in English, Hindi, and Gujarati. Interpretation and Translation services from UJALA are used on regular bases when holding engagement with other communities, such as Eastern European & Somali Communities.
Receptionist not accepting registration forms delivered by the officers	Working in partnership with Primary Care Contracting and GP Practices, solutions were identified to enable full patient registration.
Practices accepting but not processing the form	Working in partnership with Primary Care Contracting and GP Practices, solutions were identified to enable full patient registration.
Practice Managers / admin staff notified the officers that they were struggling to contact the patient with the numbers provided on the registration form.	When completing the GMS1 forms, the officers would check the number to confirm the details were correct and there were no discrepancies.
Lack of support from some places of worship to hold engagement events	Alternative sites; places of worship were identified to hold patient engagement.

- 20. This learning has been shared with general practices to ensure that registration becomes easier for our communities, considering all the learning above.
- 21. The team is currently supporting county areas such as Loughborough with a similar exercise and growth has been noted in these PCN areas already.

Conclusion

- 22. Despite the impact of COVID19 restrictions, and the acceptance that causality cannot be proven, the GP Registration programme has delivered in supporting Leicester City residents to register with a GP practice, where they were not registered before, enabling them to make an informed choice on their rights to access primary care treatment provided by a GP and other primary care services.
- 23. The programme has been an exemplar of integration between health and social care as well as working in partnership with Voluntary Care Sector, where the initial target of registering 5000 over the course of 12 month was exceed by registering over 22,323 by the end of December 2021. (Which equates to 76% increase from previous years).
- 24. The programme has succeeded in reducing the heath inequalities, as it aimed from the commencement, further evidenced by the case study outlined in Appendix 3.
- 25. Specific funding for 2022/23 has been sought from each of the City and County Better Care Funds, given that these citizens also require access to services from partner agencies. The expansion of the programme across Leicester, Leicestershire and Rutland for further 12 months will once again further support reduce the gap of health inequalities for those patients that have been residents in the area but are not registered with a GP practice.



Appendix 1 – Map displays all wards within Leicester City with a database showing the City geographically and targeting the population through a neighbourhood approach



Did you know that treatment provided by a GP Practice is free of charge to all?

By registering with a GP Practice you will have access to a wide range of services such as:

- Tests
- Advice about your health
- Vaccinations
- neartn
- Prescriptions
- Referrals to specialists

Everyone has the right to register

- You don't need to provide a fixed address
- Identification is not mandatory
- Anyone can see a GP even if you are visiting the country





For further information please visit: www.leicestercityccg.nhs.uk/ you-and-your-gp-practice

For help and advice on registering, please contact your local **GP Registration Officers** Monday to Friday 9am to 5pm

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Leicester City Clinical Commissioning Group, West Leicestershire Clinical Commissioning Group, East Leicestershire and Rutland Clinical Commissioning Group

Banner Pen Design



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- Advice about your health Referrals to specialists

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Appendix 3 - Case Study (with permission to share)

- The case study of Mr S reveals an excellent example and the success of this program. Mr S arrived in the UK in 2003 and overstayed his visa on permanent bases with no legal immigration status. He did not register with a GP as he believed this would have an impact on his residency to remain in this country. Mr S is an over stayer in UK and due to not having any valid documents he never approached a GP practice with the fear of being turned away.
- Mr S Said " I was not registered with GP since I came to UK and was not aware that GP service is available free to all regardless of their status. Whenever I fell III, I was worried and I used to go to pharmacy to buy medication over the counter and if needed, used to go and see private doctor and end up paying £100's of pound. After speaking to GP registration officer, who provided me help to register with GP, I now have my own local GP where I can go and see when I need care and receive any relevant treatment free of charge. After registering with GP I have now received both of my COVID-19 Vaccine".
- After 18 years of not registering with a GP Practice, the officers were not only able to successfully register him, but also provide guidance on how services provided by the NHS should be used. Accessing primary care has provided him with services available free of charge which he previously paid. At times he would self-medicate as it would be significantly difficult for him to pay for his treatment with little income and in some instances his condition was made worse. Mr S is exceptionally grateful for the guidance and support provided. This is one of many case studies that has had a significant impact on patient's health and wellbeing.