NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO: ……7…….

Date of Meeting: ……9th July 2021……

TITLE OF REPORT:	Patient Focus	
AUTHOR:	CCG Communications/Engagement Team	
PRESENTED BY:	Jane Bradford, Clinical Director Governance & Safety	
PURPOSE OF PAPER: **(Linking to Strategic Objectives)**	This month's patient story updates the Board on how the Covid Vaccination bus helped primary care io identify people who were vulnerable, at risk or weren't engaged with primary care and other services.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	**Deliver the outcomes in the Bolton Joint Health and Care Plan.**	
	Joint collaborative working with Bolton FT and the Council.	
	Supporting people in their home and community.	
	Shared health care records across Bolton.	
	Regulatory Requirement	
	Standing Item	√
RECOMMENDATION TO THE BOARD: **(Please be clear if decision required, or for noting)**	For noting.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	N/A	
REVIEW OF CONFLICTS OF INTEREST:	Review of conflicts of interest not required for this report.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	These stories originate from issues raised with the CCG or providers through complaints and incidents.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	This standard report has been considered against the criteria of EIA and an assessment is not considered necessary for this report.	

NHS
Bolton
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Patient story for July 9 Board

How the vaccination bus helped primary care staff to identify vulnerable patients

This month's patient story is from Karen Robinson, Advanced Nurse Practitioner at Bolton Community Practice.

The practice was involved in running the Covid-19 vaccination bus at Eden Boys' School from May 29 to June 6, with support from The Army.

Karen said:

Running the programme at Eden allowed us to bring the Covid-19 vaccination service to a community that was well known to staff, and where the community knew staff well.

By observing and speaking to people who attended the bus, we were able to identify people who were vulnerable, at risk or weren't engaged with primary care and other services.

Examples of at risk patients we identified included those who were:

- frail
- alcohol dependent
- experiencing mental health issues
- socially isolated
- experiencing poor social care

We then contacted each patients' primary care team to ensure that the team was aware of the need to follow-up with the patient and make any necessary referrals to multi care agencies.

Patient A

Patient A was seen standing near the school entrance. Staff approached her for a chat and to see if the she wanted to have the vaccination.

It became clear that the patient was very vulnerable. She revealed that she had no place to stay and was 'sofa surfing'; she had no money and no support network, was not receiving any benefits and had not been in contact with her GP for some time.

The woman was very frail and unkempt, had clearly not eaten or washed for several days and had large, infected wounds on her hands and face which required antibiotics

She was taken to the vaccination site's emergency room where her wounds were treated. Staff arranged for her GP to prescribe antibiotics for her to collect from a local pharmacy. The patient was also given something to eat and a food parcel to take away, and staff referred her to social care.

It was agreed that she should not have her vaccination then, but return later. Staff took her contact details so they could follow-up with her and remind her to return.

The patient came back after seven days for her jab. She had completed her course of antibiotics and looked much better. She had also been allocated a social worker, was receiving support and was in supported accommodation.

Patient B

Patient B became pale and clammy after having his vaccination. He was taken to the emergency room for observation and treatment, where he revealed that he was living alone with his dog and did not have family to support him.

The man was physically disabled and his only transport was his mobility scooter. He could only visit local shops and said that he survived on "cheap" crisps and ready meals because he could not afford fresh food.

He admitted that he was not eating daily and was tired all the time. He looked frail and underweight.

With patient's permission, staff contacted his GP to highlight their concerns and the need for a face-to-facer appointment. A referral for social prescribing was also suggested.

We rang the man a few days later: he had an appointment with his GP for a home review.

Patient C

Prior to having her jab, Patient C collapsed and lost consciousness for around 30 seconds. She was very distressed and when questioned by staff, she said that she he had experienced increasing episodes of fainting without any warning over the previous few weeks.

The patient was assessed in the emergency room. All her vital signs were normal and she did not have any chest pains, but she had not contacted her GP.

We contacted her GP and arranged for her to be seen the same day. Her GP referred her for cardiology tests.

Final thoughts

Taking the vaccination bus right to the heart of communities has always been intended as a way of removing barriers to people getting the vaccination. However, in some cases like the ones we have heard, it has also helped to remove barriers for patients who might not have accessed vital healthcare support otherwise.

Ends