Unity Insights

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Surrey Primary Care Immunisation Outreach Strategy Phase 2

21st August 2024

Healthcare Inequalities

Overview

Under-served populations (for example, Gypsy, Roma Travellers, refugees) face various barriers to accessing health and social care. Without targeted interventions, the consequences for these under-served populations can be significant as unmet healthcare needs contribute to an increased burden on NHS resources. The National Immunisation Pilot created an outreach programme to engage with under-served communities for COVID vaccinations and other health checks. Unity Insights, commissioned by Surrey Heartlands ICB, evaluated the Surrey Immunisation Outreach Programme in Phase 1. This a Phase 2 evaluation, assessing how under-served populations may have behaved without the programme.

What we did

The evaluation utilised six data sources to answer four evaluation questions. Sources consisted of quantitative datasets supplied by Alliance for Better Care (ABC): pop-up, outreach, advocacy, and Make Every Contact Count (MECC) data, as well as qualitative datasets obtained via two surveys. The project ran from November 2023 to May 2024.

What were the outcomes

healthcare services were service availability, appointment booking methods and availability, a preference for alternative settings, travel difficulties, lack of invitations or offers for healthcare checks, and being outside the eligible age groups for some services. The outreach programme mitigated many of these barriers by bringing services into the community. Finally, findings suggested that under-served cohorts perceive health checks as beneficial.

What was the impact

Our analysis provided evidence showing that under-served populations would not have accessed certain services if this outreach programme was not in place, highlighting the service's positive impact. Service availability, age requirements (some services have an eligible age bracket), appointment booking methods, and travel difficulties acted as the main barriers when considering whether individuals would have accessed healthcare services. The outreach programme mitigated these barriers by bringing services into the community. Respondents gave very positive feedback regarding the service and relationships with healthcare workers.

The findings from this evaluation have had significant positive impacts. The findings have contributed to the ICB securing continued funding for the programme, ensuring its sustainability and ongoing support for these communities. Furthermore, the evaluation set a platform for a Phase III evaluation, aimed at conducting health economic modelling to quantify the potential return on investment that an outreach programme can provide within the community.

"This valuable and thorough piece of work has confirmed and evidenced w
i.e. that these target populations value both public health and healthcare
reasons, feel unable to access such care and preventative medicine via 's
robust evidence of what does work and what should work going forwarc
identify and allocate resource such that we can provide maximum support t
their health both now and also, as importantly, into tl

Surrey Heartlands ICB

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