



Improving access
to personalised
healthcare for
underserved groups
in North Devon



They said over 10 years ago I had psychosis right, and they put me on olanzapine and it calmed me down. Then they said, turn round, you haven't got psychosis, you can't have tablets anymore and my emotions are running everywhere - I wanna kill myself, I want to hurt that person - and I told him after so many years I do need those tablets or something else, but no one seemed to listen and I ended up in a trouble.

That was John, who is 44, and who lives in Ilfracombe, a coastal town that is in the top **10% most deprived** areas in England and that has a **15-year difference in life expectancy** between those living there and those residing in the most affluent parts of Devon. John has multiple mental health challenges, he feels isolated and suicidal and he has a Chronic obstructive pulmonary disease. However, after his experiences, he feels too **anxious** to see his GP.

John is not alone. Evidence informing the Core20PLUS5 approach, demonstrated that Chronic respiratory disease is the third biggest cause of this life-expectancy gap with the rate of premature mortality due to respiratory disease at least twice in deprived areas. Moreover, the prevalence of Severe Mental Illness within the most deprived areas is triple the one within the least deprived areas.

How can we improve access to healthcare in rural North Devon for people like John who face **multiple issues** including substance abuse, homelessness, and who find it particularly **challenging** to seek healthcare via the traditional routes?



Together with Andrea Beacham from One Northern Devon who is here with us and Dr Sarah William, an incredibly dedicated GP at Combe Coastal Practice and Health Inequality fellow, we tested a **GP outreach model in a community space** called “Belle’s Place” . There, John and his peers feel safe, understood and cared for.

The healthcare model at Belle’s Place consisted of **twice-monthly, unstructured, drop-in sessions** delivered by a GP that **addressed any health concerns** and provided interventions for major illnesses including an innovative test called quantitative faecal immunochemical test (FIT) to guide referral for colorectal cancer in primary care. Importantly, these sessions were **promoted by trusted community connectors** and coordinated with the provision **of other services** including mental health, housing and literacy services.

During these sessions, people felt respected, trusted and not stigmatised which enabled them to build a rapport with the healthcare professional, something they hadn’t experienced previously.

As a result of this pilot, 30 of the most vulnerable people have had personalised healthcare, the GP has been able to identify serious conditions earlier, treat them accordingly and refer a number of people to other services such as drug and alcohol rehabilitation services.

What about John?



John has felt supported and respected at Belle's Place. There he feels less isolated and anxious and has been able to access clinical care with a sense of personhood without stigma..After seeing the GP, he told us that the GP didn't solely focus on his pills but rather listened to him and linked him up to other services.

In an effort to support more people like John in the South West but also elsewhere, we have developed a set of recommendations for adaptation, adoption and spread of this model of care to other deprived, and potentially coastal and rural areas. We will be able to share them and all our learning in a comprehensive evaluation report in March 2024.

With special thanks to all programme contributors

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Feedback from service-users of Belle's Place

"It was very helpful. It wasn't in a hurry. I spent about 45 minutes in there.

He went through everything, he asked about problems. He went straight on to follow up through things right in front of you. Not say "I'll write it down and say I'll do it later, we'll get on to that and you'll never hear again".

I had a response from the things that the doctor arranged for me within a week. They were ringing the well-being team."

"I probably hadn't had a chat [with a doctor] for quite a number of years.

I was a bit anxious about it and I probably would have put it off.

Put myself on the spot and I got it checked and it wasn't as bad as I thought it was. It was just [a] normal, simplistic cyst.

To conclude I would like to thank all these people who have put their heart and soul into this project, and of course our commissioners for believing and supporting the project.

And I will leave you with these 2 encouraging quotes from attendees which highlight the benefits and the need to rethink when tackling healthcare inequalities.