STREET CLINIC

In partnership with Support Medical Group

STREET CLINIC

Business proposal

Abstract

We are here to put an end to health inequality in Norfolk; we will work with other organizations and charities, and we will use Street Clinic as the umbrella for healthcare to the most vulnerable in Norfolk. We aim to get the right care and treatment to those in need in a way that crushes the traditional barriers that are in place in healthcare in England.

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Introduction

In this business proposal we will give the reasons behind the idea of Street Clinic, the need for a dedicated service and how it will work in practice. We will go into the background and history of potential service users and how they suffer and face health inequalities across the whole of Norfolk. It is shown widely in evidence that health inequalities put people at increased risk of abuse and neglect, alongside this people who face majority of health inequalities tend to die younger than the general population. Poverty is also associated with worse health outcomes which is especially the case for people in persistent poverty.

People who experience the most extreme of health inequalities, are those who are homeless; sex workers; Gypsy, Roma, and Travellers communities; vulnerable non-UK nationals; and people with substance misuse issues. These group of people encounter significant barriers to accessing and receiving healthcare that meets their needs. Currently, people with Severe Mental Illness (SMI) tend to live on average 12 to 15 years less than those in the general population. 80% of deaths of those with SMI are caused by common diseases such as heart disease, respiratory illnesses, diabetes, cancer, and digestive disorders.

Long-term conditions are found more in adults from lower socio-economic groups, including the 'working poor', such as diabetes, chronic obstructive pulmonary disease, arthritis, and hypertension. For example, two-fifths of adults in England aged 45 to 64 with below-average incomes have a limiting long-term illness, more than twice the rate of adults of the same age with above-average incomes. Multi-morbidity is more common among deprived populations, with delays in outpatient clinics due to the pandemic it can lead to conditions getting worse due to lack of access to GP and hospital clinics.

With the UK currently experiencing a cost-of-living crises, food prices, energy prices, fuel prices increasing, and with more people facing poverty, it has been evidenced that people's health will also suffer due to the rising costs, putting a bigger strain on an already stretched NHS system. This does not mean Street Clinic will be a replacement for a GP practice or designed to take away funding from any GP practices, but to supplement the practices and add specialist services in addition to those already in place.

Street Clinic will be providing services to the NHS with some funding by the NHS, but this would be a cost saving to the NHS, by providing care and treatment to avoid hospital admissions, by catching medical issues early and with its unique approach in dealing with health inequalities to treat patients in the most clinically appropriate manner.

Background

People who experience the most extreme of health inequalities, are those who are homeless; sex workers; Gypsy, Roma, Travellers communities; vulnerable non-UK nationals; and people with substance misuse issues. These group of people encounter significant barriers to accessing and receiving healthcare that meets their needs. These barriers can include stigma, discrimination, no fixed abode or photo ID, fragmented services, a disruption to continuity of care because of unstable accommodation, immigration status, a lack of awareness by healthcare professionals of their specific needs, and lack of financial stability/ Money. Too often this results in people continually moving through support systems without getting the help they truly need to combat any medical needs.

King's College London found that 56.5% of homelessness projects in England do not have specialist primary healthcare services in their area. *"The experiences of healthcare services among the homeless and vulnerably housed do not meet the standards of universally accessible patient-centred care. EOHC could provide a framework for changes to the healthcare system, creating a system that is more trauma-informed, equity-enhancing, and accessible to people experiencing homelessness, thus limiting identified barriers and negative experiences of care."*[1]

People Experiencing Homelessness (PEH) often experience poor health, multimorbidity, and early mortality, and rough sleepers die 30 years earlier than the general population on average.[2] In addition to substandard health outcomes, their care directly translates into an increased burden for the health and social care sector; PEH in England are admitted to secondary care 3.2 times as often as the general population[3] putting an extended pressure on the health services with longer stays in hospital due to not being able to discharge safely into the community due to being PEH and lack support in the community.

The health of people with low incomes and the most vulnerable are the ones who often suffer because they cannot afford adequate housing, food, or childcare. Such living conditions, and the stress they cause, can lead to higher rates of tobacco and alcohol use, and increase the risk of health problems developing or worsening over time. Income is associated with health people in the bottom 40% of the income distribution are almost twice as likely to report poor health than those in the top 20%. Poverty is associated with worse health outcomes. This is especially the case for persistent poverty [4], this can be due to not having a break from poverty and conditions are declining in such a way that they lose their accommodation or due to persistent poverty they develop mental health conditions, such as depression.

Poor health can prevent people from gaining or remaining in full time employment, this in turn, affects earnings and income. In addition, partly because they are more likely to be unable to afford care, people with low incomes use fewer preventive care services, this can be using over the counter medications and also accessing specialist topical medicated creams to relieve any symptoms or provide active treatment. As a result of people in poverty not reaching out to clinical services, such as talking to a pharmacist or booking a GP appointment this leads to fewer opportunities for healthcare practitioners to assess and educate these patients about their health conditions and also health risks. Even when low-income people do see health care providers, treatment might not be affective as people

[1] equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1004-4 (March 2022)
[2] www.crisis.org.uk/media/236798/crisis_homelessness_kills2012.pdf (March 2022)
[3] NHS (2010) Healthcare for single homeless people (Department of Health), (March 2022)
[4] hwww.health.org.uk/publications/long-reads/living-in-poverty-was-bad-for-your-health-long-before-COVID-19 (March 2022

cannot afford the medication via prescription as they cannot pay the current £9.35 per an item that is charged in England. As well as physical needs the social needs like poor housing affect people in different ways but may affect their health due to living conditions that are not addressed and will complicate treatment due to these issues are being rarely addressed.

In England, there is a systematic relationship between deprivation and life expectancy, known as the social gradient in health. Males living in the least deprived areas can, at birth, expect to live 9.4 years longer than males in the most deprived areas. For females, this gap is 7.4 years.[5] This discrepancy between life expectancies and people living in poverty is extreme and will be getting worse with the cost-of-living crises.

Long-term conditions are found more in adults from lower socio-economic groups, including the 'working poor', such as diabetes, chronic obstructive pulmonary disease (COPD), arthritis, and hypertension. For example, two-fifths of adults in England aged 45 to 64 with below-average incomes have a form of long-term illness, more than twice the rate of adults of the same age with above-average incomes. Multi- morbidity is also more common among deprived populations, leading to more complex health needs. With Delays in outpatient clinics due to the pandemic it can lead to conditions getting worse due to lack of access to GP and hospital clinics.

A range of long-standing social, economic, and environmental factors saw the most deprived parts of the country experience significantly higher Covid-19 infection and mortality rates throughout the pandemic. As such, health systems in these areas were likely to face greater and more persistent disruption to services. This has caused several more issues with regards of Long COVID which has led to people having long term breathing, neurological and cardiac conditions.

Poverty has been estimated to cost the healthcare system in the UK £29 billion a year which equals to roughly £690,476,190 per an integrated care service (ICS)[6]. People living in the most deprived fifth of neighbourhoods have 72% more emergency hospital admissions and 20% more planned admissions than people living in the most affluent fifth of neighbourhoods, studies have reveals.[7]

Professor Majid Ezzati, senior author of the research from Imperial's School of Public Health, stated*: "Falling life expectancy in the poorest communities is a deeply worrying indicator of the state of our nation's health, and shows that we are leaving the most vulnerable out of the collective gain". "We currently have a perfect storm of factors that can impact on health, and that are leading to poor people dying younger. Working income has stagnated and benefits have been cut, forcing many working families to use foodbanks. The price of healthy foods like fresh fruit and vegetables has increased relative to unhealthy, processed food, putting them out of the reach of the poorest."* [8]

Street Sex Workers (SSWs) are a highly marginalised and stigmatised group, who carry an extremely high burden of unmet health needs. They experience multiple and interdependent health and social problems and extreme health inequality. Despite high levels of chronic physical and mental ill-health, there is little evidence of effective healthcare provision for this group. Despite high rates of chronic disease, reproductive health need, respiratory disease and health problems related to substance misuse, most clinical services for SSWs (and

[5]www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2015to2017#life-expectancy-and-healthy-life-expectancy-in-england-by-the-index-of-multiple-deprivation-2015-imd15-2015-to-2017
[6] https://www.health.org.uk/infographic/poverty-and-health
[7] Asaria M, Doran T, Cookson R The costs of inequality: whole-population modelling study of lifetime inpatient hospital costs in the English National Health Service by level of neighbourhood deprivation J Epidemiol Community Health 2016;70:990-996.
[8] www.imperial.ac.uk/news/189149/poorest-dying-nearly-years-younger-than/

evaluations) predominantly focus on sexual health but not mental or physical health[9]. They are frequently excluded from mental health services due to concurrent substance misuse, termed dual diagnosis, which we know to be a common response to adverse experience and extensive trauma.[10]

The Issues around poverty are current and it is something that we must deal with now, but we must also look to the future. More than 66,000 more people will be homeless by 2024. With the bulk of the increase being among people forced to "sofa surf". According to annual forecasts by the housing charity Crisis and the Heriot-Watt University. There will be 8,000 more people rough sleeping and 9,000 people forced into unsuitable temporary accommodation. The number of people homeless in England is predicted to jump by a third by 2024 as councils warn of a "tidal wave" of need caused by benefits freezes, soaring food and energy bills and the end of Covid eviction bans.

Gypsies and Travellers have poor access to healthcare generally, with difficulty in registering with GPs and poor access to services as a result, including health screening, home visits and access to secondary health care. The CQC completed area fieldwork and found that not being registered with a GP was identified as an issue that stopped Gypsies and Travellers from receiving good end of life care, as this means that they have poor access to all healthcare services. People also told the CQC that Gypsies and Travellers tended to present very late and did not access services through a GP. The CQC also found that commissioners and services in most areas had done very little to reach out to the Gypsy and Traveller community.

The 2011 census for England and Wales revealed that 14% of Gypsy/Travellers described their health as "bad" or "very bad", more than twice as high as the white British group. Which is worrying as 42% of English Gypsies are affected by a long-term condition, as opposed to 18% of the general population. Which can be correlated to that life expectancy is 10 to 12 years less than that of the non-Traveller population. One in five Gypsy Traveller's mothers will experience the loss of a child, compared to one in a hundred in the non-Traveller community. A survey carried out by Traveller Movement, a national Gypsy, Roma, and Traveller charity, found that, in 2017, 91 per cent of the 199 respondents had experienced discrimination and 77 per cent had experienced hate speech or a hate crime[11]

Gypsy, Roma, and Traveller communities are 6 times more likely to die by suicide than the general population along with 3 times as likely to experience anxiety and 2 times as likely to experience depression anecdotally we Know That Gypsies and travellers from the LGBT+ community are at higher risk of poor mental health and suicide[12].
High levels of digital exclusion, particularly amongst older Gypsies and Travellers, make it harder to access healthcare and benefits which creates a large barrier to healthcare for these group of service users due to not being able to book GP appointments and talk to a GP surgery via messages and emails.

A recent survey found that 10,000 Gypsies and travellers have no place to stop because of a chronic national shortage of sites suitable which leads service users with constant moving and not being able to register with GP practices due the constant moving. This is further

[9] Potter, L.C., Horwood, J. & Feder, G. Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers. BMC Health Serv Res 22, 178 (2022). https://doi.org/10.1186/s12913-022-07581-7
[10] Weaver T, et al. Co-morbidity of substance misuse and mental illness collaborative study (COSMIC). London: National Treatment Agency; 2002.
[11] publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/report-files/36005.htm#footnote-249
[12] Friends, Families and Travellers (2018) 'digital Exclusion in Gypsy and Traveller communities in the United Kingdom'. https://www.gypsy-traveller.org/wp-content/uploads/2018/09/digital-Inclusion-in-Gypsy-and-Traveller-communities-FINAL-1.pdf

exacerbated by 3,000 families living roadside have limited or no access to basic water and sanitation which can lead to several issues with hygiene, which will affect their health.[13]

The poverty rate for disabled people is 26%, compared with 21% for non-disabled people. Within this measure there will be significant variation in poverty, partly related to the type of disability and the economic status of other household members.
The standard measure of poverty potentially understates the extent of poverty for many disabled people. This is because their income can be overstated, due to the income from benefits awarded to cover the additional costs of disability, such as special equipment or higher heating bills, being included in the income measure. The costs such support is designed to meet are not accounted for.[14]

Higher inflation and the resulting cost-of-living crisis are adding to ongoing challenges from COVID-19, with recent NHS performance data painting a bleak picture of rising pressures and longer waits for care. The economic situation risks undermining attempts to reduce the elective care backlog.

After the coronavirus pandemic the NHS formulated plans to get restoration of services to before coronavirus levels of service. Part of this is restoring services must be to increase the scale and pace of NHS action to tackle health inequalities to protect those at greatest risk. The NHS will use preventative programmes which proactively engage those at risk of poor health outcomes such as particularly support those who suffer mental ill-health and collaborating locally in planning and delivering action. Part of the NHS plan is to have better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.

The Trussell Trust charity says it's witnessing an accelerating crisis across the UK as the need for emergency food dramatically increased in the past six months. This follows the £20-a-week cut to Universal Credit and the soaring rise in living costs that people are facing. More than 830,000 parcels were provided for children. This represents a 14% increase compared to the same period in 2019/20. They go on to explain that it is set to get worse as the cost-of-living crisis continues, the charity warns, as it calls for the UK government to act now and help prevent hundreds of thousands more families being forced to the doors of food banks.
Even though one in three people on Universal Credit are already skipping meals, the charity says the UK government is still choosing not to protect people already struggling to make ends meet, taken from a YouGov Poll of 1,506 UK adults who are currently claiming Universal Credit.

Currently people with Severe Mental Illness (SMI) tend to live on average 12 to 15 years less than those in the general population. 80% of deaths of those with SMI are caused by common diseases such as heart disease, respiratory illnesses, diabetes, cancer, and digestive disorders. All these diseases can be partly attributed to unhealthy lifestyle factors, social isolation and deprivation, and inadequate use of healthcare services. One study showed that tackling unhealthy lifestyle factors would provide the greatest benefit in increasing life expectancy among those with SMI. Interventions that aim to stop smoking among people with schizophrenia and approaches to lessen sedentary behaviour among people with bipolar disorders appear to be the most promising ways to increase life expectancy, showing an increase of two years five months and an increase of one year three months respectively.[15]

[13] https://www.gypsy-traveller.org/wp-content/uploads/2020/11/SS00-Health-inequalities_FINAL.pdf
[14] www.health.org.uk/evidence-hub/money-and-resources/poverty/inequalities-in-who-is-in-poverty
[15] Dregan et al. (2020)

Why is there a need for Street Clinic?

In Norfolk and Waveney there is a population of 1.1 million, the top 5 population centres are Norwich, Kings Lynn, Great Yarmouth, Thetford, and Gorleston-on-Sea. In Norwich, 16.3% of the total population is currently classed as income-deprived and in Great Yarmouth, 18.4% of the population is currently classed income-deprived and is ranked 25th in the UK for the most deprived areas by local authority[16]. As of 2011, Great Yarmouth has a population of 99,198 meaning roughly 18,252 people are living in poverty. Norwich has a population of 202,150 meaning roughly 32,950 people are living in poverty in Norwich.

Norfolk has a 326 recorded number of sex workers, but this is an estimate due to Street Sex Workers (SSWs) being a highly marginalised and stigmatised group. The amount of potential service users who would be able to use our service would be around 400 people but some of these might be accessing street clinic for other reasons. Sex Workers and people paid for sex are a largely venerable group due to the risk of abuse and manipulation.

City Reach Health Services (CRHS) used to provide healthcare services for people who find it difficult to visit mainstream GP services, this service was officially shut in April 2020. The service was provided for people who are homeless, or those at risk of being homeless, sex workers, prisoners and ex-offenders, substance misusers, travellers, and asylum seekers. The services provided include treatment for minor illness or injuries, immunisations, sexual health or blood-borne virus screening, advice on mental health or substance misuse, needle exchange and referrals to specialist services. This Service has merged into the Vulnerable Adult Service (VAS) that caters for these patient groups; however, this is currently not county wide, Healthwatch Norfolk has strongly recommended that this is brought in county-wide.

Currently, we have a system that is Norwich centric and does not manage to stop health inequality, this is due to several reasons, being called Vulnerable Adult Service, this has a stigma around being called vulnerable which may deter people accessing the service. The service does not actively cater for Gypsy, Roma, and traveller communities by being a static service based in the city centre. Registering with a GP practice is not easy, Healthwatch Norfolk found 65% of surgeries said a patient of no fixed abode could register, with a further 30% saying it was possible with conditions like needing a ‘care-of address’. In Norfolk we do not have a full or accrete number of how many people are in the county who are in the country undocumented, this causes issues around modern slavery and people getting abused and are unlikely to access help when required due to the worry of being reported to the authorities and being deported from the UK.

In Norfolk we have three main Hospitals which are the Norfolk and Norwich University Hospitals NHS Foundation Trust, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, James Paget University Hospitals NHS Foundation Trust which cover the top three population centres in Norfolk, each have their own issues which are widely publicised in documents from NHS England and in the national and local media. Each hospital is regarded as at or over capacity and following from the pandemic outpatient clinics have been delayed.

Street Clinic has a rough eligible population of service users of 69,454 which is over double the amount of a standard GP practice, but Street Clinic will not be a replacement for GP practices but an addition to these GP practices. Currently GP practices are under an immense pressure with increased number of patients and delays in secondary care.[17]

[16] The English Indices of Deprivation 2019 - Statistical Release
[17] https://www.gponline.com/map-gp-practice-list-size-varies-across-england/article/1662180

One of the large barriers to healthcare for these group of service users is due to not being able to book GP appointments and talk to a GP surgery via messages, emails, and online systems due to lack of internet connection and wait time for appointments via phone which are only able to be booked at 8-9am. We combat this by not having appointments but drop-in clinics where people can show up and wait for a slot, this works around

With the turbulent nature of the current geopolitical and in the last year we have had two refugee crises which has led to evacuations of a high amount of people from war torn countries which has led to people are coming to the UK with comorbidities that might not have had any care for or receiving care for but needs assessment and treatment.

Current and biggest factors that impact peoples access to healthcare and inequality in healthcare are the Lack of access to Pharmacy Services, some pharmacies shut at 6pm and some are shut over the weekend. Patients who are living in poverty are likely to have a second job and work long hours. With these patients will be limited when they can visit a pharmacy and when they need medication, they cannot get to the pharmacy in the time frame due to work and/or childcare arrangements.

Stigma and discrimination in health undermines diagnosis, treatment, and successful health outcomes. Addressing stigma is fundamental to delivering quality healthcare and achieving optimal health. People who are homeless; sex workers; Gypsy, Roma, and Travellers communities; vulnerable non-UK nationals all face discrimination, many of these faces it in when registering for a GP practice, assessing urgent care can be difficult as they might not be believed or told to visit their GP when they do not have one.

In 2022 some GP practices are refusing to register patients with not photo ID or documented address such as a council bill due to not have a fixed location or any documents. In Norfolk we have a fragmented service due to what is currently in place which only caters for vulnerable adults in Norwich only, which has led to a postcode lottery regarding specific services which cater for all the needs. These patient groups need a specialised service to deal with the issues. Some GP services refuse and turn away patients who do not have a defined immigration status, when attending hospitals, they do not show up on the computer system, many do not want to access healthcare due to the interaction and names being recorded.

Poverty has a significant effect on people's health, it means they cannot afford to eat or go without nutritional food due to the expensive nature of fruits and vegetables. With energy bills going up 50% or more it has had a drastic impact on those who are living in poverty as they cannot afford to turn on heating or be able to cook due to the additional cost of cooking. Some families are only having one meal a day and not having the heating on for the fear of additional costs that they cannot afford. Children are not getting 3 meals a day which will lead to children struggling to get the nutrition that they require for growth and development, which can in turn affect their health.

Increased tobacco and alcohol use is more prevent in people experiencing poverty. Compared with light drinkers living in advantaged areas, excessive drinkers were at around a seven-fold increased risk of alcohol harms. In contrast, excessive drinkers in deprived areas experienced an eleven-fold increase. Harmful impacts of alcohol are higher in socioeconomically disadvantaged communities. However, until recently it was unclear whether those increased harms were because of differences in drinking or because of other factors. The authors found that moving into areas of high deprivation because of heavy drinking did not explain the findings. "Our study finds that the poorest in society are at greater

risk of alcohol's harmful impacts on health, but this is not because they are drinking more or more often binge drinking. "This study suggests that even when other factors are accounted for, including smoking and obesity, living in deprived areas was consistently associated with higher alcohol-related harms.[18]

With people experiencing poverty more likely to of been infected with COVID-19 and in some cases multiple times, this can lead to issues around Long Covid. Long Covid has been evidenced to affect 3% - 12% of people who have been infected with COVID-19. With people experiencing poverty more likely to of been infected with COVID it can lead to more to suffer Long Covid which can cause people to have long-term medical issues which include extreme tiredness (fatigue) shortness of breath, chest pain or tightness, problems with memory and concentration ("brain fog"), difficulty sleeping (insomnia), heart palpitations and dizziness.

A recent study estimated that, in 2020, the average 9-minute GP consultation costs around £39.23[19]. The cost of someone who attends an urgent care centre and receives the lowest level of investigation and treatment levels the average cost in 2021/22 is roughly £77 per a visit. In 2019/20, the average cost of a patient being taken to A&E by ambulance was £292, Ambulance callouts that didn't result in a trip to A&E cost an average of £206. Street Clinic will be cheaper than all the above options, which in turn will lean to a saving for NHS and avoiding the need for A&E attendances, and attendances at other services.

Benefits of Street Clinic

- A single service the benefits people across the county.
- Cost Effective and Cheaper than other healthcare services.
- Not Replacing GP Practices but providing additional support.
- Provides a mobile service and it comes to the service user.
- Provides regular Healthcare Professionals to vulnerable service users.
- Clinics do not have to be in the same place constantly
- Breaks down barriers of phone calls and appointments
- Additionally Trained Clinicians
- Social prescribing
- Health promotion in workshops and training
- Mobile and can see service users in their 'safe spaces'
- Removes stigma around going into a GP
- Provides Health Promotion as well as treatment
- Providing a service 'under one roof' regarding access to additional support and referrals.
- Can run 7 days per a week not 5 days a week, making access better.
- Not just during office hours, we will operate to capture those who use soup kitchens in the evening.
- Flexible and adaptable service with the ability to increase pressures to meet demand.
- Scope for addition of aiding refugees upon entry into the UK

[18] Socioeconomic status as an effect modifier of alcohol consumption and harm: analysis of linked cohort data Dr Srinivasa Vittal Katikireddi, FFPH

[19] Curtis, L. & Burns, A. (2020) Unit Costs of Health and Social Care 2020, Personal Social Services Research Unit, University of Kent, Canterbury.

Purpose of Street Clinic.

We are here to put an end to health inequality in Norfolk; we will work with other organisations and charities, and we will use Street Clinic as the umbrella for healthcare to the most vulnerable in Norfolk. We aim to get the right care and treatment to those in need in a way that crushes the traditional barriers in healthcare. We will use mobile clinics in our ambulances or medical units to travel around Norfolk getting to those who are in need. We will target soup kitchens and foodbanks to offer clinics to those who use foodbanks and give them access to the street clinic service. We will be traveling to different foodbanks ad soup kitchens across Norfolk with widely publicised dates of our visits.

One barrier to healthcare is getting prescriptions and medication, some patients might not be able to get to a pharmacy to collect medications and some service users might not be eligible for NHS prescriptions due to their immigration status. Street Clinic will combat this with offering Antibiotics, inhalers and other medication via Patient Group Directives which means we can give service users medications at the point of care, saving patients going to pharmacies or going without medications due to cost or status in the country.

To contact a GP, you must be able to phone during office hours and then if urgent phone at 8am and wait in the queue and hope to get an appointment, this creates a challenge as the service users may be working and unable to call the GP practice or may not be able to afford to make the phone call, leading to a large barrier for access to primary healthcare. Not every GP practice has free parking, enough parking or ease of access to public transport. This leads to transportation issues and becomes a barrier for people to access healthcare as they might not be able to afford any parking charges.

In Norfolk is that 30% of GP practices interviewed by Healthwatch said it was possible for service users with no fixed address could register with the practice but with conditions to register such as needing a ‘care-of address’. This means that, these surgeries could not cater to those in the Gypsies and travellers’ population. With Street Clinic we will combat this by, not requiring the patients that we treat to be registered with a GP practice, have any photo ID or proof of address. This also covers people who are waiting conformation of their immigration or if they are in the country and is undocumented when entering.

Street Clinic solves the issue of fragmented services, as it joins the whole of Norfolk with a dedicated service which tackles the issues that people are facing who are in poverty. Street Clinic Clinicians will be trained and able to offer more support and referrals, that would not be accessible to GP services due to the close links with the social enterprises and the charity sector. Street Clinic clinicians will understand the implications of poverty and the additional risks on people’s health.

People experiencing unstable accommodation can cause issues regarding continuation of care due to them moving locations, medical notes may not follow straight away. To see someone in primary care at a GP practice they would have to re-register, Street clinic will never request patients must register with us or provide ID. Street Clinic will run by providing drop-in clinic sessions and patients can just turn up and wait for space. Patients and service users’ immigration status will not mean Street Clinic will treat them differently, they might be recorded differently in the computer system due to not having previous notes or information.

Street Clinic is designed to provide specialist care to those who need it the most. It will tackle the health inequalities and the complex social and economic issues surrounding their health needs. Many of the patients we would encounter use drugs, smoke, and drink alcohol which

all have an impact on their help and with Street Clinic we can look at stop smoking project work, we can reduce the risk to the patient from dyeing early or developing COPD or other long term medical issues. With Street Clinic being held every week, it means that we can check-up on patients and service users and see how they have been coping and if the treatment or the referrals have been followed.

Street Clinic will be free at point of care, our patients and population we would cover would be those living below the poverty line which means they have limited access to over-the-counter medications such as Calpol which can be £3 for a small bottle. Street Clinic will be able to provide certain families free bottles of liquid paracetamol to parents for their children. We would work with pharmaceutical manufactures to get medication at cost to social supermarkets for people to buy.

Street clinic will be the best service to meet those who suffer health inequality in Norfolk as we will be flexible and designed to meet those in need in the best place possible around the county. Having street clinic as a service it leads to a cost saving for the NHS due to nature it will be saving A&E visits, MIU visits and ambulance calls, which saves the NHS between £30 - £300 per an interaction.

What will we aim to offer?

- Free Condoms
- Sexually Transmitted Infections (STI) Test Kits
- HIV Testing – Send away and Point of Care
- Sexual Health Training
- Safer Needle Exchange
- Safer Needle Training
- Narcan Training
- Minor Illness Assessment and Referral
- Urgent Illness Assessment and Referral
- Follow up Advice and Referrals
- Wound Assessment and Referral
- Wound Closure and Wound Care
- Supply of Medications to treat illness and injures at point of care.
- Alcohol Use Support and Advice
- Wellness Checks
- Referrals to Mental Health Teams
- Referrals to Social Services
- Social Prescribe

Near Future Changes to what we can offer (<1 Year)

- Prescribing
- Childhood Vaccination Injections
- Flu Injections
- Hepatitis A and B Vaccinations
- HPV Vaccinations

Who we want to work with?

We are currently working with the following partner agencies:

- Trussell Trust – Kings Lynn and Norwich
- Terrance Higgins Trust – Norfolk
- The Feed - Norwich
- Purfleet Trust – Kings Lynn
- Mind - Norfolk
- Norfolk and Suffolk Foundation Trust - Norfolk
- Norwich Homeless Support – Norwich
- Norfolk Safeguarding Board

We also want to work with the following organisations:

- St Martins - Norwich
- Shelter - Norfolk
- Norfolk County Council - Norfolk
- Friends, Families and Travellers - Norfolk
- Borough Council of King's, Lynn & West Norfolk – Kings Lynn
- Norwich City Council - Norwich
- Great Yarmouth Borough Council – Great Yarmouth and Waveney
- Breckland Council – Thetford
- South Norfolk Council – Norwich and Thetford
- Emmaus Norfolk & Waveney - Great Yarmouth and Waveney
- YMCA Norfolk – Norfolk
- Norfolk Constabulary

How would Street Clinic Work?

Beginning of shift –

- Arrive to Attleborough main base and sign on.
- Sign out Medication Bags
- Vehicle Daily Check Vehicle(s) using that day
- Check all equipment is present in line with SMG policy.
- Leave for the Street Clinic location for that day.

End of Shift –

- Before Shift End to refuel the vehicle before getting back to base.
- Park up Vehicle and put Vehicle on charge.
- Remove medication bag and bring in any bags that have been used.
- End of Shift Checks and Sign off

Which Day where will we be?

Monday – Norwich
Tuesday – Norwich
Wednesday – Great Yarmouth
Thursday – Kings Lynn
Friday – Thetford
Saturday – Location Depends on Demand
Sunday – Other Location such as Thetford.

In the evenings between 6pm and 9pm, we will hold additional Street Clinics at Norwich Soup Kitchens and around Thetford, this would be more ad hock and additional the services we would provide normally.

During the Day

During Street Clinic we will be holding walk in clinics to those who need to use the service at the location, some days we will hold drop-in workshops where people can come and learn about health and wellbeing subjects, such as Sexual Health or Safer Injection and wellbeing and mental health.

Street Clinic has the capacity of seeing roughly 50 Service users a day at maximum, this is for a 20-minute consultation with each service user, but some service users will need more time and some days' time will need to be taken for test results and referrals needing to be made. Each consultation will be recorded on System One unless the service users is not registered in being in the UK or do want to have the assessment documented on a computer system.

Funding and Cost

For Street Clinic to be used 7 days a week it needs to have funding to be able to pay its team members as we would only be able to crew one shift a week maximum voluntarily. Below is the cost matric of what we pay our team members, what we must pay in tax and our national insurance contributions. We have a company pension scheme which we pay 4.5% and our team members pay 4.5% to total 8% pension. After doing market research with paramedics who are looking to move to urgent/primary care we have found that they want to have a NHS pension, similar to NHS sick leave and Maternity pay and leave.

To enrol members of our team into the NHS pension it will see an increase of 16.9 % as we would need to pay 21.4% towards the NHS pension. This would see a large increase of money that would be required to put Full Time Street Clinic Team members on the NHS pension scheme.

The Holiday pay we include is what we set aside to pay our team when they book off holidays. This works out to around 224 hours (5.6 Weeks) holiday per a year for each team member, this does not include any bank holidays.

Cost Matric					
	Wage	**PAYE & Tax**	**NHS Pension**	**Holiday Pay**	**Total Cost**
Emergency Care Attendant	£15	£2.07	£3.21	£1.24	£21.52
Paramedic	£28	£3.86	£5.99	£2.32	£40.18
Specialist Paramedic - Urgent Care	£37	£5.11	£7.92	£3.07	£53.09
Advanced Care Paramedic	£45	£6.21	£9.63	£3.73	£64.57
Management					
Management	[redacted]				

Each day Street Clinic will be running, it will be staffed by 3 personnel and doing 10 Hour shifts per a day, this includes travel time to any sites. This means time Is lost by traveling but in most cases 9-8 hours of clinical practice.

Crew Level	
10 Hour Day	**Cost**
1x Emergency Care Attendant	£215.2
1x Paramedic	£401.8
1x Specialist Paramedic - Urgent Care	£530.9
Total	£1,147.7

Wages are made up of market rates, using the current market rates we must use to stay competitive to get staff join us and work for us long term. By paying market rates we can recruit and keep the best team members and retain these members so street clinic can keep and recruit the best clinicians. Below are the typical private company/ organisation pay rates:
Emergency care assistant - £30,000+ (£15ph)
Paramedic day and night shift - £52,000 - £60,000 (£27 - £31ph)

Manager is equivalent to NHS band 7 level which is required to manage the staff and manage the rota, the team and the day to day running of Street Clinic.

During Bank Holidays and Additional Days, we pay our Team 1.5 times their normal pay rate to keep us competitive. In 2022 there are 6 Bank Holidays, and this give SMG an additional wage role of £480.3 per a Bank Holiday which totals a minimum of £2,881.8. This Cost is covered in the additional working/ Buffer Capital.

Sickness

Support Medical Groups sickness policy works on the individual team members contract, as those on 0 hours contracts are only entitled to statutory sick pay (SSP). As part of our commitment to our team working with our EAP and Occupational Health departments, we will look at getting our team recovered as soon as possible the most support we can. Without our team we will be unable to run street clinic.

The NHS has an average sickness rate of 15 days off a year due to sickness per a staff member. If this was to happen to us it will cost street clinic roughly £17,215 if each team member had the average of 15 days off each. We will combat this by offering a more enhanced EAP service and wellness programs to combat stress and early mental health help, with no repercussions or stigma to keep people in work.

Years of Service with SMG	Months of sickness given.
0 – 2 Months	0 - SSP Only
3 Months – 1 Year	1 Month and 1 Month Half pay then SSP
2 years	2 Months and 2 Months Half Pay then SSP
3 years	3 Months and 3 Months Half Pay then SSP

Maternity pays entitlements

For the first eight weeks of absence you will receive full pay, less any Statutory Maternity Pay or Maternity Allowance (including any dependents' allowances) for the next 18 weeks you will receive half of full pay, plus any Statutory Maternity Pay or Maternity Allowance (including any dependents' allowances), providing the total receivable does not exceed full pay for the next 13 weeks, you will receive any Statutory Maternity Pay or Maternity Allowance that you are entitled to under the statutory scheme.

Why use different type of healthcare staff?

Emergency Care Attendant: A BLS provider who can assist a paramedic and has completed a portfolio of evidence and training. SMG ECAs are qualified to Level 4 Certificate in First Response Emergency Care (FREC 4). By using a ECA as a meet and great person, they can help streamline access and some triage in regards who might need to be seen next, for things such as chest pain. The ECA will be able to help during clinic by doing ECGs and complete wellness checks.

Paramedic: To work on street clinic we require our paramedics to be qualified for a minimum of 6 months and have an interest in minors' injuries and urgent care. We will want our paramedics holding a BSc degree or experience of working at Level 6.

Specialist Paramedic (Urgent care): We expect our Specialist Paramedics to have a BSc degree or equivalent experience. The clinician will be of been qualified for two years minimum and have completed Clinical Decision-Making Level 6, Enhanced Clinical Assessment Level 6, or Advanced Clinical Assessment Level 7. The Specialist paramedic will also be providing clinical advice to the paramedic and deal with cases that are more complex.

Monthly Running Costs of Support Medical Group

[redacted]

Yearly Running Costs

[redacted]

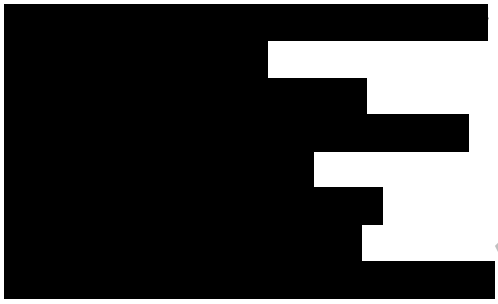
Insurance

The cost of insurance for privately covering street clinic is £17,000 - £20,000 but it might be higher, we would not be able to use any doctors or prescribe. If we were allowed to go on the NHS GP insurance scheme run by NHS Resolution, then it would see no additional cost to Street Clinic.

The Government's state-backed clinical negligence scheme for general practice (CNSGP) came into operation on April 1, 2019.It covers clinical negligence liabilities arising from NHS patient care that takes place on or after that date. Information about the scheme can be found on the NHS Resolution website, which provides more detail on CNSGP and what it covers.

Cost per a Team Member

Each Team member must have a set of uniform to preform SMG actives including Street Clinic. SMG must meet it statutory duty in providing Personal Protective Equipment and Mandatory training.



Average Cost per a Team member = £290

Employee assistance/ Occupational Health

Our team is vital for Support Medical Group and those working on street clinic even more so, to look after our team we need to invest and use Employee Assistance and Occupational Health services to make sure we provide the best care for our team, we need to look after those who are looking after the most vulnerable. Providing 24-hour counselling and other services to provide wrap around support to all our team.

On introduction and starting with SMG all team members will have to complete Occupational Health screening and have any vaccinations that are required, such as HEP B and have HIV screening.

- Free 24/7 counselling, legal and information line
- Online health portal & access to the My Healthy Advantage app
- Medical information line
- Critical incident advice and telephone support
- Management support line and counselling
- Relationship management support and usage reporting
- Structured telephone counselling sessions
- Face-to-face counselling sessions

- Our network of counsellors spans the UK & Ireland. Counsellors hold an accreditation with the British Association for Counselling and Psychotherapy (BACP). Should you choose face-to-face counselling, we'll find you a counsellor nearby, and arrange an appointment at a time that suits you.
- Active Care -Day 1 intervention of stress
- Work health assessments

[redacted]

Vehicles and Fleet

The vehicles we will use for Street Clinic are built as ambulances. We use ambulances as this gives us a clinical and clean area to treat patients in, also a safe and soundproof area to talk to patients, away from others. Each ambulance has a panic alarm, if required, and internal CCTV when the panic alarm is activated. All our vehicles are inspected by a mechanic regularly and serviced in line with the manufacture guidance. For Street Clinic we would be using one vehicle but some days we will be using two vehicles and we need a spare vehicle when the ambulance is in for a service, repair or breaks down for business continuity, currently Support Medical Group partners with another company for this but has not been needed due to vehicle is not out every day. [redacted] for an ambulance for all fuel and expenses costing £65,000+ per a year.

Additional Second-hand Ambulance that is 5-8 years old – £18,000 - £20,000 but has limited uses as it will need to be replaced soon due to the millage and it not being as fuel efficient and can break down more and generally be more unreliable.

A few options for Vehicles and units to be used for Street Clinic

Option 1:
A new ambulance will cost - £75,000 roughly but this will take 8 months from order to delivery, depending on van lead times. Having a new ambulance will give Street clinic the flexibility on how they will use the views by doing more outreach and can be part of other work that would support part street clinic such as patient transport.

The design and vehicle manufacture and converter would be the following: -
Vehicle: VW Crafter or Man TGE
Converter: Cartwright Conversions

Option 2:
A purpose-built Medical Centre/Unit with treatment areas for 3 service users will cost around £50,000 - £100,000 depending on towed trailer or full unit.
See appendix 1. This unit will be tendered out to find the best converter which would suit the needs of Street Clinic, as each room would need air conditioning and be accessible for all service users.

Option 3:
Below is a following design for the medical centre that we would intend to use for more than 2 days, this is so it can be set up and used. It will be better utilised if it is set up like a walk-in clinic and there is scope to add X-ray facilities if required with small new X-ray machines.
This option would be seen 4 patients at a time with a waiting room for patients to wait in a warm environment.

Not included.

In the total costs we have not included costs such as servicing, MOT, tyres, and general consumables to keep the vehicle on the road as it is a variable depending on what vehicle we would use and how many vehicles we would use. We would use money from the additional working/ buffer Capital to fund the vehicle upkeep. Vehicle services cost [redacted]+VAT and tires cost £[redacted]+ VAT each. It is estimated that the Vehicles will need Servicing 3-4 Times during the year with an estimated millage of 36,000, thus costing £[redacted] a year as a minimum.

Fuel Costs per a day
This does not consider of how volatile the fuel market is with fuel prices increasing it is hard to budget for. With the price of fuel going close to £2.00 a litre we know that we cannot guess what the prices of fuel would cost us. We currently use UK Fuels BP for our fuel cards and get discount prices on bunker stations, but this can be difficult around Norfolk as not all areas have BP fuel stations or not Bunker stations.

We have estimated it would roughly cost us per a day the following to travel to the locations:

- Norwich – £[redacted]
- Great Yarmouth – £[redacted]
- Kings Lynn – £[redacted]
- Thetford – £[redacted]
- Bury St Edmunds – £[redacted]

[redacted]

Medication:

As part of Street Clinic, we will be offering medications (See list below) all items will be free to eligible patients, medications will only be given out a clinician who will follow a set protocol with indications and contradictions of giving the supply of medications. All Medications will be logged on System One and logged against the patient details and can be accessed again if needing a repeat dose and can be investigated as a follow up as required.

- Paracetamol suspension 120mg/5ml - £2.75
- Paracetamol Suspension 250mg/5ml - £2.75
- Co-codamol 8mg/500mg - £1.64
- Amoxicillin - £3.43
- Doxycycline - £6.49

- Clarithromycin - £3.59
- Flucloxacillin - £9.35
- Nitrofurantoin - £10.90
- Trimethoprim - £8.60
- Otomize Ear Spray - £18
- Salbutamol inhaler - £3.99
- Beclometasone Inhaler – £19.99
- Hydrocortisone 1% Cream- £3.99

Estimated Monthly Cost = £120 - £200
Estimated Yearly Cost = £2400

IT Equipment:

Street Clinic will have access to TPP System One, and this must be accessed by a laptop and to access GP records they must have a smart card. Due to the nature of being mobile and the laptop could be open to the elements, it is advised that a semi rugged laptop is used which is able to be used after dropped or splashed with water.

Having two laptops minimum per a Street Clinic will let both clinicians hold clinics and work and update on System One. Having the ECA working as receptionist and screening people arriving for their best pathway, such as sending people with chest pain to hospital.

The Panasonic Toughbook 55 mk2 is a flexible and adaptable platform to use, it has the ability of hot swappable batteries and desktop chargers so the laptops can be carried with spare batteries to work up to 18 hours, which will give us the ability to work without the need for external power. Having a rugged laptop over a normal laptop, that just has a smart card reader is around £500 but this does not consider that we will be working outside and portable, these are the locations that a non-rugged laptop is more liable to break, even with an external case.
Panasonic Toughbook 55MK2 - [redacted]

System One Benefits:
- Full Access to current Care Plans
- Be able to use Electronic Prescribing (EPS)
- Referral Allocation to hospitals and other services
- Advanced Reporting and ability to give breakdown on statistics.
- Access to GP Connect
- System one is most used system across Norfolk

System One subscription - [redacted]

[redacted]

Additional Training Needed

For Street Clinic, we will use our own team members, but many will not have a massive exposure to the service users we will be treating. To improve clinical assessment and treatment we would look at regular training, placements with ICASH clinics and higher education. We would get all Paramedics on the UEA courses throughout the year. For example, IC24 (Norfolk's out of Hours provider) want their Paramedics to have studied Clinical Decision-Making Level 6 and Enhanced Clinical Assessment Level 6. We want to follow this process to give our patients the best care. By providing paid training it leads to us being able to provide the best for our team as it keeps them motivated in their role in making a difference and it also keeps them interested in Street clinic and its aims and objectives.

Before Street Clinic can start to treat patients and be 'live', we will need to get our team on the following courses to prepare them for street clinic and give them the additional training required such as breakaway training and training in youth and harm reduction

- Mandatory Training - £[redacted] per a person
- Breakaway Training - £[redacted] for 6 people
- ASIST Training – Norfolk County Council funded
- Early Help Assessment and Planning Training (Previously FSP Training)
- NSCP CSA

The following prices are for training courses in Norfolk:
UEA Clinical Decision-Making Level 6 - £[redacted] x4
UEA Enhanced Clinical Assessment Level 6 - £[redacted] x2
UEA Advanced Clinical Assessment Level 7 - £[redacted] x2
Specialist Placement (12 Days) – £[redacted]

Total = £31,971

Additional working/ Buffer Capital

We have costed a small percentage as a buffer for additional costs we might encounter when running Street Clinic, these can be fuel prices rising, cost of equipment rising, vehicle consumables and repairs. Having an additional buffer will give Street Clinic the buffer that is required and can be used for additional equipment, this capital will be ringfenced and will not be used outside the Street Clinic project.

Due to the ever-changing cost in the fuel market and consumable prices going up we need a buffer capital to give us the needed capital to work within a cost-of-living crises and economic instability.

Condoms and Sexual Health

Due the funding nature of the NHS and the local service we are unable to access free condoms to give to people of all ages as the current scheme is 13 to 24-year-olds and limits the place to get them as pharmacies. We would aim to have these available in every food bank and sell them at cost in social supermarkets. We are currently unsure on the demand for these items and what age ranges these will be used by. Working with partner agencies we will also offer free condoms at public events targeting people who are at risk of sexual transmitted infections.

500 Regular Condoms - £[redacted]
144 Snug Fit Condoms - £[redacted]
144 Magnum Condoms - £[redacted]
144 Extra Safe Condoms - £[redacted]
144 Mates Latex Free condoms - £[redacted]
1 Female Condom - £[redacted]
Cost of 100 10ml Lubricant - £[redacted]

Safer Health Packs (Cost per a pack)

C10 – Pack of 10 Regular Condoms [redacted]
C11 – Pack of 5 Regular Condoms and 5 Lubricant (£0.[redacted])
C12 – Pack of 10 Snug Fit Condoms (£0.[redacted])
C13 – Pack of 5 Snug Fit Condoms and 5 Lubricant (£0.[redacted])
C14 – Pack of 5 Magnum Condoms and 5 Lubricant (£0.[redacted])
C15 – Pack of 5 Extra Safe Condoms and 5 Lubricant (£0.[redacted])
C16 – Pack of 5 Female Condoms and 5 Lubricant [redacted])
C17 – Pack of 5 and Latex Free Condoms and 5 Lubricant (£[redacted])

We estimate we would roughly spend £5,000 a year worth of donation of condoms with the social supermarket paying for new stock.

Medical Director

Support Medical Group has a current Medical Director which is Dr James Cronin, who is a consultant intensivist in the Royal London Hospital and has a wide range of experience in prehospital event medicine. Dr Cronin feels that he will not be able to support Street clinic as Medical Director but will stay Medical Director for SMG for all events and ambulance work, this is due to it being outside the scope of his knowledge and training.

Having a dedicated Medical Director/Associate Medical Director for Street Clinic who acts as a clinical lead for Street Clinic and will take an active part in clinical governance for Street Clinic. This role will be to hold Multidisciplinary Team Meetings, attend the clinical governance meetings which are held regularly.

Wage: £[redacted]

Healthcare Professionals and Referrals

Street Clinic will be using HCPC Paramedic and NMC Nurses to staff the HCP roles. We will be utilising other Health Care Professionals who will join us for Street Clinics depending on the service user need at the time and location.

For Refers to Street Clinic
Street Clinic will accept referrals for patients to visit our service and for us to get into contact with them. These referrals will mostly come from originations such as soup kitchens, food banks and social services.

Email Referrals – Street.clinic@nhs.net or Streetclinic.SMG@nhs.net

We would accept referrals from the following organisations:

- Trussell Trust
- Terrance Higgins Trust
- The Feed
- Purfleet Trust
- Mind Norfolk
- Norfolk and Suffolk Foundation Trust
- Norwich Homeless Support
- St Martins
- Shelter
- Norfolk County Council
- Friends, Families and Travellers
- Borough Council of King's Lynn & West Norfolk
- Norwich City Council
- Great Yarmouth Borough Council
- Breckland Council
- South Norfolk Council
- Emmaus Norfolk & Waveney
- YMCA Norfolk
- Norfolk Constabulary

Public Relations and Politics

[redacted]

The Stages of Rollout

Each stage will have a set time that will be aimed to meet, and the times will also set out to all partner agencies and to give the best time frame for roll out of street clinic

Stage One (1 Month – 2 Months)
- Application for Grants
- Safer Health Packs to Social Supermarkets
- Safer Health Packs to Food banks
- Recruitment for full time ECP and Paramedics
- NHS Funding for Street Clinic

Stage two (3 Month – 4 Months)
- Each high-risk site has an AED
- Free First Aid Training to all those who Volunteer for the Charities and Social Enterprises
- Get all Voluntary, Social Enterprise and Community groups together and talk about issues facing Norfolk and have regular sessions
- Start of Voluntary Street Clinic in Norwich
- Council Funding for Street Clinic
- Receiving of Grants
- Receiving of Funding
- All Team on Mandatory training

Stage Three (5 Months – 6 Months)
- Start of Norfolk wide Street Clinic
- Purpose Bult Vehicle ordered

Stage Four (5 Months – 7 Months)
- Prescribing Start
- Purpose Built Vehicle Delivery

Stage Five – (7Months – 8 Months)
- Vaccinations start

Development opportunities

Street Clinic has different ways it can develop and add things to suit the needs of Norfolk and the East of England region. Below are a number of options that can make Street Clinic not just a standalone and static service with no areas to expand but options to expand across the region and support more of those in need.

Option 1 – Expansion into Suffolk
With Norfolk sharing the largest percentage of its border with Suffolk, it makes sense for the expansion of the service to go beyond Norfolk and into Suffolk with many of the key towns we will be visiting are on the border with Suffolk, such as Thetford.

Option 2- Expansion of service to have another team
With having one team going around the whole of Norfolk it can lead some areas wanting more time from Street Clinic with an increased patient demand. With a second team we can adjust which area is in the most demand and then move the team to the areas that need Street Clinic, with a second team we can also look at visiting smaller towns also.

Option 3 – Expansion of service into Mobile Minor Injuries unit
Street Clinic would be run much like a minor injuries' unit but on a smaller scale, to have a bigger unit where we would be able to set up for 2-5 days before traveling to a different location across the region where we can offer more clinics and space for clinicians and a warm and dry area for waiting. This would lead to a larger cost due to the cost of having a larger unit and also the additional fuel cost.

Option 4 – Expansion into having an Advanced Paramedic Car.
This service would work within a PCN area with it doing home visits and taking referrals off the ambulance service for housebound patients and attending to their medical requirements, this will work hand in hand with Street Clinic as it is giving development opportunities to the paramedics and developing them clinically and also supporting prescribing and other training.

Option 5 – Expansion to have fixed location in Thetford as an Urgent Treatment Centre or Minor Injuries unit.
With the landscape of Norfolk and its geography we can see there is a need for a fixed facilities that is able to deal with urgent treatment and avoid A&E admissions. Currently it takes 24 minutes to go from Thetford to the West Suffolk Hospital and 34 Minutes from Thetford to the Norfolk, and Norwich Hospital. Currently there are no direct bus routes to the Norfolk and Norwich Hospital but there is a daytime route to the West Suffolk Hospital.

Cost Break Downs

First Four Months	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Total Costs (ex-Fuel)	
Item	**Cost per Year**
SMG Running Costs	[redacted]
Uniform x12	[redacted]
Consumables (Rough Figure)	[redacted]
IT Equipment	[redacted]
System One (1 Year Subscription)	[redacted]
Medication (Rough Figure)	[redacted]
Vehicle Costs	[redacted]
Sickness costs per a year (Estimate)	[redacted]
Employee Assistance	[redacted]
Total	[redacted]

360 Days of the Year (Excluding some days such as Christmas)	
	Cost
Cost Medical Team Members	[redacted]
Management	[redacted]
Fuel Costs	[redacted]
Total Costs	[redacted]
Training	[redacted]
Total	[redacted]
Amount Required	**£653,185**
Additional working/ Buffer Capital (Included Above)	£[redacted]
Cost Breakdown	
Cost Per a day	£1,814.40
Average Cost per a Patient Contact	£36.20

260 Days of the Year (Excluding some days such as Christmas)	
	Cost
Cost Medical Team Members	[redacted]
Management	[redacted]
Fuel Costs	[redacted]
Total Costs	[redacted]
Training	[redacted]
Total	[redacted]
Amount Required	**£534,415**
Additional working/ Buffer Capital (Included Above)	[redacted]
Cost Breakdown	
Cost Per a day	£2,055.44
Average Cost per a Patient Contact	£41.10

Food Voucher and Referral Service

Currently Food Bank vouchers are handled by Citizen's advice and patients own GPs, due to the pressure on the GP service and other services and increasingly amount of people accessing food banks. We will work in two methods; one will be online referral forms using Jot Form. The other would be a phone line that would be open 10:00 – 18:00 and managed by two call operators and would run alongside street clinic, this would be used to bluster the current stretched systems.

	Year Wage	PAYE & Tax	Pension – 4.5% PH	Holiday Pay	Total
Call Operator	£23,040	£3,187.2	£1,036.8	£1,900.8	£29,164.60
Staff Required	3		**Total Cost**		£84,493.8

Equipment Required			
	Price per item	Amount Required	Total
Laptop – Dell or Lenovo	[redacted]	4	[redacted]
Phone System	[redacted]	3	[redacted]
Headset	[redacted]	5	[redacted]
Postage	[redacted]	800 pcm	[redacted]
Envelopes	[redacted]	800 pcm	[redacted]
IT software	[redacted]	4	[redacted]
Grand Total		**£99,773.64**	

How will we fund Street Clinic?

Grants

Grant funding is offered by charitable, philanthropic, and government bodies, who do not expect a financial return but are instead investing in the social outcome that the social enterprise promises.

Grant Purpose	Hopeful Amount
Technology – Laptops and Software	[redacted]
Medications	[redacted]
Used Second Ambulance	[redacted]
Uniform	[redacted]
Consumables	[redacted]
Fuel	[redacted]
Condoms and Lubricant	[redacted]
Leaflets and PR Material	[redacted]
Total	[redacted]
Street Clinic for Kings Lynn Only.	[redacted]

We will be applying for the following grants:

- Basil Samuel Charitable Trust: £1,000 - £5,000
- Coral Samuel Charitable Trust: £1,000 - £25,00
- The David and Elaine Potter Foundation: £1 - £2,000,000
- East Coast Community Fund: £1,000 - £50,000 (Kings Lynn Only)
- The February Foundation: £5000
- National Lottery: Small grant - £10,000 Large Grant £10,001+
- Anglian Water Positive Difference Fund: £10,000
- Bernard Matthews Fund: £1,500
- Birketts Fund: £250 - £2,000
- Brief Community Fund: <£3,000
- Broadland Meridian Mental Health & Wellbeing Fund: <£5,000
- Flux Family Fund: <£5,000
- Great Yarmouth Community Investment Fund: <£10,000

Council Funding

We hope to have council funding to help with costs of running Street Clinic, this can be in the form of small grants or utilise services that the council provides to benefit Street Clinic, such as reduced price or free waste collection or not having to pay rates on buildings.

NHS Funding

We hope with the project that we gain funding from the NHS to fund Street Clinic full time, which would be cost effective with it each patient contact costing around £30, it will be on par or cheaper than a GP practice but also targeting the most vulnerable groups in the community who cost the NHS more per a person than others.

Over Funding

On the small Chance that Support Medical Group has more capital due to awarding of more grants then expected, we will use these funds to hold additional clinics, purchase new equipment and / or additional vehicles.

About Support Medical Group

We are an event and pre-hospital healthcare focused Social Enterprise all our profits are reinvested into our company and towards our community interest project which is, street we cover mostly the East of England region and during the coronavirus pandemic we have been supporting the NHS as an NHS provider of medical services.

Our management team and clinical team have a wealth of knowledge in Pre-Hospital Medical cover, from covering events and other work across the United Kingdom. Our team have experience covering and managing small local village fetes to larger county shows and concerts, which have given us all a wide range of experience. The clinical leadership team of Andy, Jim and Mikey represent over 60 years' experience in the prehospital care and event medical industry. The rest of our management team make up another 30 years' experience in prehospital and in hospital care.

Support Medical Group are fully insured and fully equipped medical company with our fleet of vehicles and modern equipment. All our team are DBS checked and have been background checked to the Care Quality Commission (CQC) standard. All our team are always fully uniformed with an ID Card with their clinical role and photo clearly displayed. All our team have a standardised uniform, which includes a navy-blue polo shirt and softshell jacket with medical team clearly printed on the back.

All the equipment we use is our own and has been fully tested regularly, we carry and have a full range of medications that each member of our team can give within their clinical role and scope of practice. We have our own medical compliance and clinical governance team, which is made up of pre-hospital clinicians and paramedics, who make sure all our medications, treatments and polices are within the best clinical practice and evidence, to provide our patients with the best care. All medication provided by Support Medical Group are authorised by our Medical Director who is a ITU consultant and a prehospital emergency medicine doctor who also has a wide range of experience in working events of all levels.

Support Medical Group recent high-profile work was working with the Department of health and Social Care and West Essex Clinical Commissioning Group on providing medical care to those in the Manged Quarantine Facilities (MQF) during this time we were looking after people coming from red list Countries. During this time, we also guests who came in as refugees due to the Afghanistan Evacuation, we dealt with a wide range of medical presentations and mental health presentations. We dealt with adults and children with many of them with very complex medical issues and we looked after these vulnerable guests for over a month and deal with routine medical issues and urgent medica issues and arranging medication and getting patients on the NHS system.

SMG Current Equipment	
Item	Amount
[redacted]	

Summary

Those who experience the most extreme health inequalities are those who are homeless, sex workers, Gypsy, Roma, and Traveller communities along with people who are experiencing poverty. These groups all have similar barriers to healthcare can include stigma around their background, discrimination due to healthcare services not understanding their current situation which they are experiencing, no fixed abode which can lead to the person struggling to register at a GP practice. These group of people lack photo ID for proof of address or who they are, which some healthcare services require. Services for this group of people is fragmented across the country even down to which town or city they live in. people in this group experience a large disruption to healthcare services as they sometimes must move frequently, and no progress is made to combat the needs of these patients. Healthcare services combating these groups of people are lacking across the country, Kings College London found 56.6% of people who are homeless do not have access to a specialist healthcare service, a specialist service with trained staff members who understand the complexities of dealing with these group. The CQC also found that commissioners and services in most areas had done very little to reach out to the Gypsy and Traveller community.

There is a systematic relationship between deprivation and life expectancy in England which currently shows that males who are living in the post deprived areas of England are living 9.4 years shorter than the general population. It has also been found that people who are experiencing homelessness experience poor health and multimorbidity and early mortality, rough sleepers on average die 30 years younger than the general population on average. Most long-term conditions are more common in adults from lower social economic groups, which includes the 'working poor', the most common medical conditions are Diabetes, COPD, Arthritis and Hypertension. People who are experiencing poverty are twice as likely to have a long-term illness, this can prevent people from gaining and remaining in employment, which in term affects earnings, income and has a cascading effect on the persons health further. It has been established that there are fewer preventative care services for those with low incomes, as a result there are fewer opportunities for practitioners to assess and educate these patients about their health risks.

With the effect of the Coronavirus pandemic still ongoing it has shown that there were social, economic, and environmental factors saw that the deprived parts of the country experienced significantly higher rates of coronavirus infections and mortality rates. This has in affect saw an increase in 'long COVID' cases which has affected people with more raspatory, neurological and cardiac conditions.

Poverty has been estimated to cost the NHS £29 Billion each year, that can be attributed to people living in poverty are more likely to use tobacco and alcohol leading to health issues. People who live in the most deprived areas of the UK are 72% more likely to have an emergency hospital admission and 20% more likely to have a plan hospital admission. Most long-term conditions are more common in adults from lower socio-economic groups, including the 'working poor', conditions such as diabetes, chronic obstructive pulmonary disease, arthritis, and hypertension are prominently affecting this population group. For example, two-fifths of adults in England aged 45 to 64 with below-average incomes have a limiting long-term illness, more than twice the rate of adults of the same age with above-average incomes. Multi- morbidity is also more common among deprived populations.

Gypsies and Travellers have poor access to healthcare generally, with difficulty in registering with GPs and poor access to services as a result, including health screening, home visits and access to secondary health care. The CQC completed area fieldwork and found that not being

registered with a GP was identified as an issue that stopped Gypsies and Travellers from receiving good end of life care, as this means that they have poor access to all healthcare services. People also told the CQC that Gypsies and Travellers tended to present very late and did not access services through a GP. The CQC also found that commissioners and services in most areas had done very little to reach out to the Gypsy and Traveller community.

The 2011 census for England and Wales revealed that 14% of Gypsy/Travellers described their health as “bad” or “very bad”, more than twice as high as the white British group. Which is worrying as 42% of English Gypsies are affected by a long-term condition, as opposed to 18% of the general population. Which can be correlated to that life expectancy is 10 to 12 years less than that of the non-Traveller population. One in five Gypsy Traveller’s mothers will experience the loss of a child, compared to one in a hundred in the non-Traveller community. A survey carried out by Traveller Movement, a national Gypsy, Roma, and Traveller charity, found that, in 2017, 91 per cent of the 199 respondents had experienced discrimination and 77 per cent had experienced hate speech or a hate crime.

It is now expected that there will be 66,000 more people who will be homeless by 2024, the bulk of these people will be ‘hidden homeless’ also known as sofa surfers. Additional to these numbers of current estimates show that there will be 8,000 more people rough sleeping in England. With current forecasting it will show that there will be 9,000 people in temporary accommodation, which is generally a hotel without access to cooking facilities and cloth washing facilities. With people who are hidden homeless and are Gypsies and Travellers, they all have access to poor access to healthcare due to not being at a fixed address and it has been found that GP surgeries are not registering patients due to no fixed address.

Gypsies and Travellers are 6 time more likely to die by suicide then then population and 3 times more likely to experience anxiety and 2 time more likely to experience depression.
14% of Gypsy/Travellers described their health as “bad” or “very bad”, more than twice as high as the white British group. Which is worrying as 42% of English Gypsies are affected by a long-term condition, as opposed to 18% of the general population. Which can be correlated to that life expectancy is 10 to 12 years less than that of the non-Traveller population. One in five Gypsy Traveller’s mothers will experience the loss of a child, compared to one in a hundred in the non-Traveller community. Also facing this community is the high levels of digital exclusion which will make it harder to access healthcare via most means, some GP practices are transitioning to online triage and 111 are getting more and more people to use the NHS app or 111 online. All of which will be hard to access when many of the community do not have access to reliable internet as 3,000 gypsies and Travellers have no place to stop and are constantly moving with a lack of basic needs, such as fresh water and sanitation which will inevitably lead to health issues.

In 2022 we are facing several issues; with the cost-of-living crises and the rise of poverty in the UK, this has an impact on top of the UK dealing with Coronavirus pandemic with the NHS trying to catch up with appointments and electives that were missed due to the pandemic and the lockdowns.

Street Clinic is not focused on one area of Norfolk but the population of 1.1 million people in Norfolk. Great Yarmouth is currently ranked 25th in the UK for the most deprived areas in the UK by local authority, it is estimated that 18.4% / 18,252 of Great Yarmouth’s population live below the poverty line. Norwich being the biggest population centre in Norfolk it roughly has 16.3% of its population living below the poverty line.

Norwich had a City Reach Health Service (CRHS) used to provide Norwich with a service for those who found it difficult to visit a mainstream GP service. This Service was shut in April 2020. The service was provided for people who were homeless or those at risk of being homeless, sex workers, ex-offenders, substance misusers, Travellers, and asylum seekers. The service was merged partly into the Vulnerable adult service (VAS) that caters for some of the same groups of patients. The service is only for people in the Norwich area, meaning a massive 'postcode lottery' in services provided to those regarded as the most vulnerable and those statistically have more health needs.

Street Clinic has a rough eligible population of service users of 69,454 which is over double the amount of a standard GP practice, but Street Clinic will not be a replacement for GP practices but an addition to these GP practices With the turbulent nature of the current geopolitical and in the last year we have had two refugee crises which has led to evacuations of a high amount of people from war torn countries which has led to people are coming to the UK with comorbidities that might not have had any care for or receiving care for but needs assessment and treatment.

Street Clinic will not be a service in one area but county wide supporting the most vulnerable, Street clinic is not Replacing GP Practices but providing additional support.
Street Clinic is not a static service, but a will provide a mobile service and it comes to the service user's location. Not only street clinic Provides regular Healthcare Professionals to vulnerable service users to give people familiarity with the person and creates repour with the service user. Clinics do not have to be in the same place constantly, for example around Norwich we will be using multiple locations to reach the most in need. Street Clinic breaks down barriers of needing to phone and book appointments but can just turn up and wait for an appointment, Street Clinic is mobile and can see service users in their 'safe spaces' such as soup kitchens and wellness centres.

Alongside clinics and actively treating patients we will be actively doing health promotions and health focused workshops and training to give service users the methods and knowledge to help themselves, the workshops will include topics such as Sexual Health and Naloxone training. Street Clinic provides a 'one stop shop' service that improves access to additional support and referrals. Street Clinic can run clinics 7 days per a week and not just 5 days a week, like GP practices are, thus making access better by not just being open during office hours, we will operate to capture those who use soup kitchens in the evening.

Additionally Street Clinic has scope for addition of aiding refugees upon entry into the UK as they will come to the UK with unknown/unrecorded medical history, this leads to issues around medication and prescriptions. SMGs experience with the evacuation from Afghanistan it has showed that it can be extremely difficult to work out which medications people are on due to the brand names and medications not approved for use in the UK for that medical condition.

By working in partnership with other originations and statutory services we will pioneer a great a bespoke service for Norfolk. Working with other social enterprise originations all working for the same goal we can provide a better and cojoined service that is using the experience of these services and using it to benefit all. Working with the statutory services it gives us the required link to the wider NHS and social care providing

The costs of Street Clinic are made in such a way it means that on average it would cost around £23 per a patient contact, which is cheaper than an A&E attendance which some of these patient's groups would have no choice but attend for urgent healthcare issues due to

this can be the only access into healthcare. This is a cheaper option then some GP services at £30 per a patient consultation, street clinic will represent a value for money project and benefits communities the most in need. The wages are done with what is the market rate for those clinicians, paramedics are being paid more than what has been previously paid and this has led to many organisations increasing wages due to struggles with recruitment.

Medications for patients that are required to treat urgent medical conditions can be given via Patient Group Directives (PGD) which can mean that patients can be given medications at the point of care, this is to save patients having to go to a pharmacy and getting the medication, some patients who are experiencing poverty or having to use a food bank might not be eligible for free prescriptions via an exemption for a medical condition or receiving universal credit or other Income Support. By providing medication at point of care it is taking away worry from patients about getting the medication and if they can afford the medication or when patients are not entitled to free NHS care due to the immigration status.

IT is vital for Street Clinic so the service can link in with other services and access previous health records. Using TPP System one it means that we can also log and record all patient interactions, which enables us to share those interactions with other GP services and urgent care services via GP connect. Having a robust IT system and use will mean Street clinic will be able to be the most flexible system for recording of patient interactions and assessments.

To get the public aware of Street Clinic and what Street Clinic does and what it aims to achieve we will be using public relations in the form of news and media coverage of the project, getting awareness out about street clinic will be vital to get eligible service users to engage with our services and get more people aware of what street clinic can provide.

As part of our social aims as an organisation we will be offering free condoms to service users who do not have funds to buy their own. At a supermarket a pack of condoms cost around £10 for a pack of 10. With those living in poverty struggling to afford food they will not be able to afford £10, which they need to protect themselves against unwanted pregnancy and sexually transmitted infections. As well as giving away condoms we have worked with manufactures to allow us to sell condoms at cost to those who use social supermarkets.

Grants are one way of funding Street Clinic; grants will be there to fund projects that might not meet the criteria to be a full contracting of a service. Grants can also be given for the purpose of a specific purpose which will benefits the community such as free condoms for those in poverty. Grants will form part of Street Clinics way of working with it giving Street Clinic some flexibility, but it does not give Street clinic the permeant steam of funding that is required, a year's trial for the project will see how many patients we will treat and see and what the total cost of the project will be. We will aim to work with the NHS so that every medication we give out can be claimed back.

Street Clinic will not just be a short-term project with 66,000 more people expected to be homeless by 2024. The pressures on the NHS and GP practices are causing delays in treatment and the difficulty of patients registering with a GP practice. Street Clinic is not just for one group of patients or service users but here for the people of Norfolk, by combatting barriers to healthcare we are able to make a positive impact to the population by holding clinics around Norfolk. Using our approach of targeting locations such as foodbanks, soup kitchens and social supermarkets is a novel approach, but it will give the biggest impact to the communities in need.

There are expansion possibilities for street clinic in it forming part of a mobile Minor injury and illness centre traveling around Norfolk and supporting the GP surgeries and provide people in communities the options of a GP practice are slim or that they have closed recently. Street clinic will be able to be flexible and combat health inequalities In Norfolk and make Norfolk the beacon for how we can combat health inequalities.

The stages of roll out of street clinic give clear goals to which are easily achievable and is fast paced but not to the extend we will run out of funds. Having the goals gives Street Clinic the ability to roll out sooner or to move back or delay as required. Each stage has points to work for and some of these can be done sooner with the right funding.

Support Medical Group has worked and grown over the last few years, and it has led it to have a clinical leadership team of Andy, Jim and Mikey and they represent over 60 years' experience in the prehospital care and event medical industry, with all three of them being qualified paramedics. Support Medical have our own medical compliance and clinical governance team, which is made up of pre-hospital clinicians, who make sure all our medications, treatments and polices are within the current best clinical practice and evidence, to provide all our patients with the best care. All medication provided by Support Medical Group are authorised by our Medical Director who has overseen all our polices.

Support Medical Group are equipped and able to start forming and carry out Street Clinic, working on Street Clinic is one of the main goals of Support Medical Group and the project is of passion to the managing director (Matthew) and would be proud to launch the service and make a positive impact on the health outcomes to the people of Norfolk. We would like to make Norfolk the beacon of what integrated services and specialist services can do it together, to combat health inequalities. Support Medical Group will change its focus from events and prehospital medicine to Street clinic and have events and other work go on in the background to fund further improvements in equipment, facilities, and other projects.

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Requests for Statutory services to support Street Clinic

Norfolk and Waveney Clinical Commissioning Group
Access to GP Connect
Access to System One
Access to NHS Spine
Smart Card Access
Access to Medical Directorship for Primary Care
Help to access GP oversight when required
Access to PGDs
Access to Prescribing for nurses and paramedics
NHS Funding
Links with other NHS Services
Pathways into Acute Hospitals
Pathways to District Nurses
Pathways into Outpatient Clinics
Support from GP practices and PCNs

Norfolk County Council
Safeguarding Referral Pathways
Social Services Referral Pathway
NHS Health Check Funding
Stop Smoking Funding
Supply of Nicotine Replacement Therapy (NRT) and funding
Care Support Referrals
General Funding

Borough Council of King's Lynn & West Norfolk
Funding
Access to housing referrals
Use of Council Premises for certain street Clinics
Permission for public Street Clinics

Norwich City Council
Funding
Access to housing referrals
Use of Council Premises for certain street Clinics
Permission for public Street Clinics

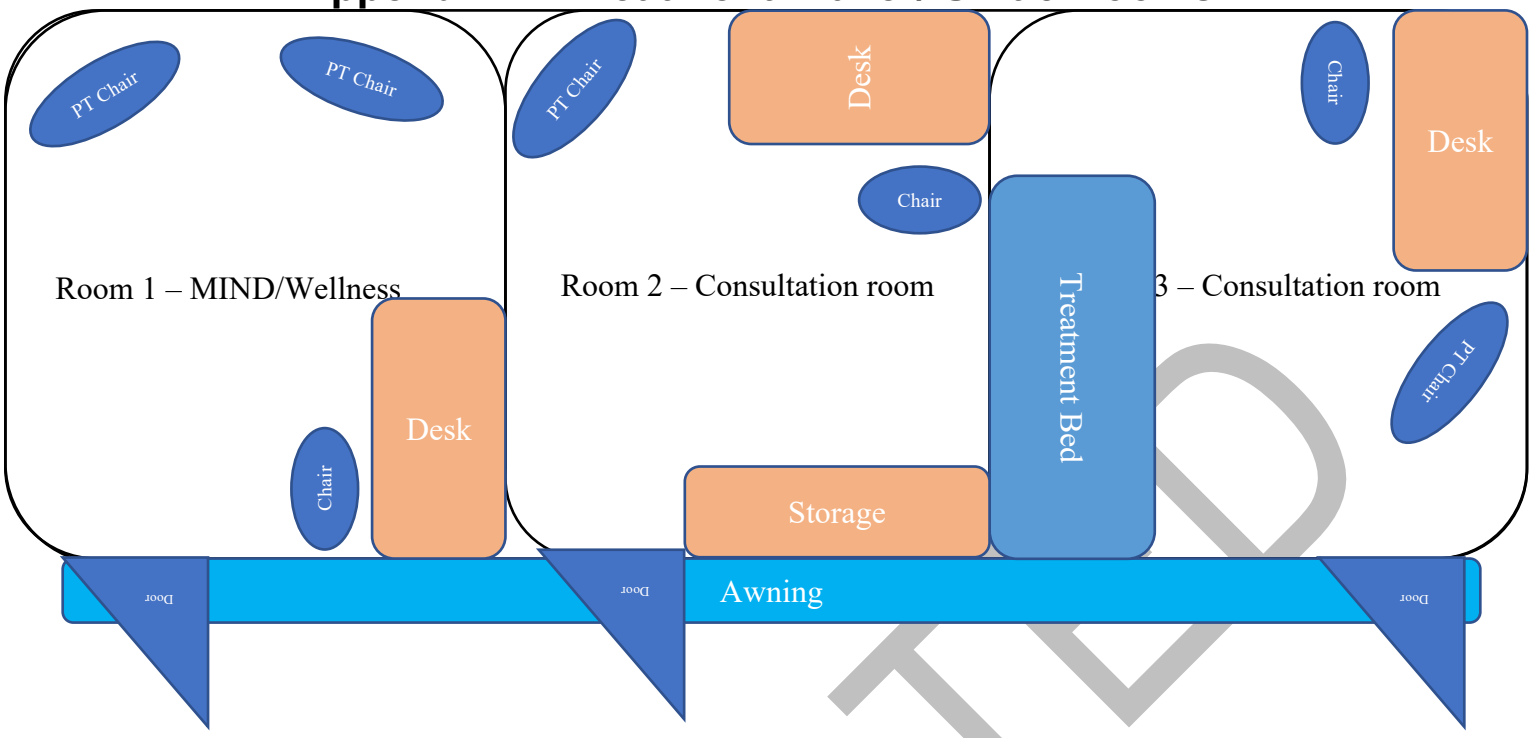
Great Yarmouth Borough Council
Funding
Access to housing referrals
Use of Council Premises for certain street Clinics
Permission for public Street Clinics

Breckland Council
Funding
Funding for main office locations around waste collections.
Access to housing referrals
Use of Council Premises for certain street Clinics
Permission for public Street Clinics

South Norfolk Council
Funding
Access to housing referrals
Use of Council Premises for certain street Clinics
Permission for public Street Clinics

Norfolk Constabulary
Support in form of Referral pathways

Appendix 1 - Treatment Trailer/ Unit 3 Rooms



Appendix 2 – Mobile Treatment Unit