

Penally Primary Care

January 2021

What do we deliver?

- Core GMS for patients with acute presentations;
- Urgent dental treatment through the Community Dental Service;
 - Initial Assessments which includes Blood Borne Viruses (BBV) screening;
- Initial mental health assessments carried out by Local Primary Mental Health Team;
 - Phlebotomy services 5 mornings a week at Tenby Surgery;
- Currently finalizing plans to initiate a Tuberculosis (TB) screening clinic with full bloods, sputum and X-ray testing

What support is available?

- Readily available support from Safeguarding, IPC and Emergency Planning within HDdUHB;
- Strong links with clinics ie Cardiff Health Access Practice (CHAP), Asylum Services in SBUHB and other organisations such as British Red Cross (BRC), Migrant Help, Welsh Local Government Association (WLGA), Welsh Refugee Council;
 - Psychological Wellbeing sessions for the GMS team;
- Working with multiagency partners such as Dyfed Powys Police, WAST, Mid & West Wales Fire, Pembrokeshire County Council;
- Robust links developed with site management, Clear Springs Ready-Homes, Safeguarding managers and on-site housing officers

What have we learnt?

- Presentation of certain illnesses due to country of origin or areas travelled through;
- The challenges of providing care for individuals with PTSD, victims of torture, prisoners of war, both in-house and signposting to organisations that specialise in such traumas;
- Disclosure of health issues and past life experiences has come from building trusting relationships between service users and health care professionals;
- The need to support Service user's understanding of the services they can access and the referral process

What are the challenges?

- Managing Service Users (SU's) expectations;
- Continuity of care e.g. lack of previous medical history and onward movement of residents;
- Ensuring dispersed residents have enough medication and an accurate medical record for new health care provider when leaving Penally, usually with very little notice;
 - Language barriers and access to interpretation services. Access to language line available but waiting for an interpreter in clinics can cause lengthy delays.
- Ensuring that if SU's can communicate without an interpreter, they have a true understanding of what they are advised;
- Challenging behaviour of SU's, (compliance with medication, attendance at appointments, honest medical history, managing demand);

Ending with the positives

- The team has worked together to ensure the best care is provided for residents and have supported each other through the learning and the challenges;
- Where the environment is not suitable for the individuals' needs. they have been supported to pursue relocation to alternative accommodation and referred onto Asylum Support organisations;
 - Support within the Hywel Dda team, specifically Mental Health and Safeguarding has been invaluable;
- The learning curve has been steep and an experience that has stretched the team with both logistical and emotional challenges but the end result is a service in which the Team have great confidence, and of which they are proud.