# Short Term High Impact Action Plans to address the right of access to healthcare for Gypsies, Roma and Travellers. This document prepared by Sally Burrows and Ewen Speed (University of Essex), based on conversations with all project participants.

This document shares a selection of high impact actions, achievable in the short term to improve access to healthcare for Gypsies, Roma and Travellers. These nine action plans have been coproduced by the *Gypsy Roma Traveller Health 2023/24 East of England Community of Practice* as part of the NIHR Research for Patient Benefit study: *Building a community of practice to identify strengths, barriers and prioritise solutions to the right of access to healthcare for Travelling Communities* (Ref. NIHR204053).

A series of Community of Practice discussions (April to June 2024) were informed by peer to peer conversations with 37 Gypsies, Roma and Travellers across the East of England (June and July 2023) and focus group conversations with 35 local, regional and national health practitioners and policy makers (October 2023 to January 2024). All participants in the community of practice are listed at the end of this document.

The action plans identified are as follows:

[Action Plan 1: Develop GRT network of community members and health professionals of varying roles from across East of England to improve access to health care](#_Action_Plan_1:)

[Action Plan 2: Raise awareness of Gypsies, Roma and Traveller needs and ensure inclusion in relevant policies and action plans](#_Action_Plan_2:)

[Action Plan 3: Enable inclusion of Gypsies, Roma and Traveller ethnicities in databases](#_Action_Plan_3:)

[Action Plan 4: Enable communication between Roma patients with low English levels and health providers](#_Action_Plan_4:)

[Action Plan 5: Raise health professionals’ cultural competency around Gypsies, Roma and Travellers](#_Action_Plan_5:)

[Action Plan 6: Raise awareness of patients’ right to register with a GP surgery](#_Action_Plan_6:)

[Action Plan 7: Improve communication between health providers and patients with low literacy](#_Action_Plan_7:)

[Action Plan 8: Improve health literacy](#_Action_Plan_8:)

[Action Plan 9: Make appointments more accessible and effective](#_Action_Plan_9:)

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# Action Plan 1: Develop GRT network of community members and health professionals of varying roles from across East of England to improve access to health care

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| Rationale Increasing collaboration across organisations and roles, sharing knowledge and good practice can achieve higher quality results whilst reducing duplication of effort. Resources can be shared across organisations and systems, with cost savings. Cost savings can also be made in joint-procurement. Health professionals who involve community advocates for advice and support are more likely to offer a better service.  Coproducing policy and action with community members and frontline clinicians ensures that policies and actions are relevant and fit for purpose. Evaluation of services and regular feedback maintains relations and increases potential for continuous improvements.  This type of approach raises the quality and cost-effectiveness of services, and critically increases trust between community members and health professionals. |
| Human Rights Article 21 of the Universal Declaration of Human Rights (UDHR) guarantees equal access to public service. Active participation is a core principle of human rights. Article 2 UDHR prohibits discrimination based on various grounds such as sex, race, religion and disability. |
| Actions  1. Consult with community members 2. Consult with health professionals 3. Connect with interested and experienced parties across communities, organisations and roles 4. Grow the community of practice 5. Share contacts and resources 6. Share good practice |
| Expected Outcomes  * Improved collaboration across communities, organisations and roles * Reduced duplication of effort * Increased input from wide range of community members * Reduced inequalities of access to health care * Workable action plans, using the skills and experience of patients, practitioners and policy makers * Increased trust between community members and health professionals * Longer and healthier lives. Reduction in health inequalities. |

# Action Plan 2: Raise awareness of Gypsies, Roma and Traveller needs and ensure inclusion in relevant policies and action plans

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| Rationale Gypsy, Roma and Traveller ethnic groups are currently excluded from the NHS data dictionary, meaning the health status of patients from these ethnic backgrounds are not routinely collected. Further, it was difficult to ascertain healthcare practitioner levels of awareness of the Inclusion Groups identified within the NHS Core 20 Plus 5 strategy, one of which is Gypsies, Roma and Travellers. Correspondingly, a review of Health Needs Assessments (HNAs) revealed that very few HNA’s referenced the needs of Gypsies, Roma and Travellers[[1]](#endnote-1).  Despite evidence that indicates suicide for male Irish Travellers is seven times greater than average[[2]](#endnote-2), most Suicide Prevention plans do not directly reference them. Similarly, Gypsies, Roma and Travellers are seldom mentioned in digital or policies despite the pronounced obstacles they face in accessing online services (both in terms of access to necessary technology, and levels of literacy). |
| Human Rights Article 25 of the Universal Declaration of Human Rights (UDHR) states that everyone has the right to the highest attainable standard of health. The right is also in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). Additionally, Article 2 UDHR states that rights must be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.  This research indicates that these fundamental rights are not being met for GRT communities in the East of England. |
| Actions  1. Draft a GRT policy that can be adopted across East of England Integrated Care Systems 2. Write to OHID and NHS Health inequalities leaders to raise awareness of the need to address barriers to GRT accessing healthcare, highlighting specific barriers and coproduced solutions. 3. Ensure GRT (and Inclusion health groups) needs are specified in Digital Strategies. 4. Ensure GRT (and Inclusion health groups) are included in Suicide Prevention Strategies. 5. Identify Senior Leader (board level) to be responsible for GRT (and Inclusion health groups) access to healthcare 6. Coproduce guidelines for staff on how to support Gypsies, Roma and Travellers (and other Inclusion health groups), in General Practice, at hospital, and in the community 7. Coproduce a Patient Charter that supports GRT access to healthcare, and identifies a clear complaint route when rights are not met |
| Expected Outcomes  * Increased awareness of barriers to access for Gypsies, Roma and Travellers (and other ethnicities). * Policies specifically address reducing inequalities for Gypsies, Roma and Travellers. * Health professionals and Gypsies, Roma and Travellers are better informed of the human rights context in relation to health service provision. * Longer and healthier lives. Reduction in health inequalities. |

# Action Plan 3: Enable inclusion of Gypsies, Roma and Traveller ethnicities in databases

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| Rationale NHS data is routinely used to identify need, service usage and health inequalities. These datasets are used to inform policy, implement interventions and to allocate resources. In order to raise awareness of inequalities, determine appropriate action and quantify the impact of actions, it is imperative that health services know population level needs are, and in order to know this, there must be a robust record of the numbers of Gypsies, Roma and Traveller community members in the region. Most health services currently use the NHS data dictionary ethnicity categories and therefore do not record GRT ethnicities. However, there are examples of services (NELFT and Provide) that use 2021 Census categories, thus enabling routine measurement of local need and service use to inform policy, programmes and research. Further, when clinicians are aware that a patient is Gypsy, Roma or Traveller, they may take extra steps to ensure communications are maintained, be assisted in diagnosis of specific genetic or lifestyle associated health conditions and give more appropriate treatment advice. |
| Human Rights Article 2 of the International Covenant Economic Social and Cultural Rights (ICESCR) includes the need to take all appropriate measures to the maximum of available resources with a view to achieving progressively the full realization of economic, social and cultural rights, including the right to the highest attainable level of health, including particularly the adoption of legislative measures. It further states that the rights will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or status. |
| Actions  1. Audit the ethnicity monitoring categories that are currently used on local systems, such as Rio, Sys1, EMIS and EPIC. 2. Initiate discussions about enabling recording of Gypsies, Roma and Travellers ethnicity locally and nationally 3. Share findings with colleagues across different organisations/ localities 4. Progress discussions around including GRT codes in local systems and in national NHS data dictionarywith East of England Applied Research Collaboration and regional ICS leads 5. Replicate what works on (a) Rio, (b) Sys1, (c) all databases 6. Provide training to encourage and support health professionals to routinely collect ethnicity data 7. Establish performance indicator to encourage data collection, i.e. % completion of patient ethnicity code |
| Expected Outcomes  * Improved understanding of GRT population, service usage and inequalities (and routine inclusion in Health Needs Assessments) * Improved identification of individual needs * Ability to undertake quantitative evaluations of service changes |

# Action Plan 4: Enable communication between Roma patients with low English levels and health

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| Rationale Roma patients and healthcare practitioners have reported a lack of appropriate interpretation services, meaning that patients frequently experience difficulty in communicating their health concerns and understanding the health practitioner’s advice.  There is inconsistency in the provision of interpretation services for non-English speakers across NHS services. In the context of Roma patients, there are multiple Roma dialects (which can be as different and as hard to communicate across as different languages). Sometimes no interpretation is found to enable communication, and other times the interpreters allocated do not speak the same language as patients. Furthermore, issues of prejudice and discrimination are evidenced between Roma patients and some assigned interpreters. This has been noted by a number of healthcare practitioners as well as patients.  Outside of clinics, letters and phone calls to patients are unintelligible without the support of another person (often a child or family member, or a charitable organisation). |
| Human Rights Functioning public health and healthcare facilities, goods and services, as well as programmes, must be available in sufficient quantity, accessible, acceptable and of good quality (Committee on Economic, Social and Cultural Rights, General Comment No. 14 on the right to health, para. 12). |
| Actions  1. Develop register of community interpreters for specific Roma languages    1. Ascertain the Roma languages spoken in the East of England and those included in terms of service contracts with current interpreter services    2. Establish which Roma languages are available from other interpretation providers, such as Compas    3. Fill any gaps in interpretation provision 2. Commission Roma translations of basic text items    1. Translate standard bulk texts into specific languages (and share with all providers)    2. Establish what standard messages need translation (e.g. flu vaccinations)    3. Commission Roma translations of basic text items 3. Provide translation option on organisation webpages |
| Expected Outcomes  * Higher quality interactions between Roma patients and professionals * More effective appointments with increased patient understanding of their health and how to improve it. * Increased trust between community members and health professionals * Increased levels of access to the appropriate service, with associated fewer inappropriate attendances at Accident and Emergency * Longer and healthier lives. Reduction in health inequalities. |

# Action Plan 5: Raise health professionals’ cultural competency around Gypsies, Roma and Travellers

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| Rationale Lack of understanding of cultural practices around reproductive health, mortality and morbidity can cause great distress to patients and their families at a vulnerable time. Awareness of how to meet typical needs can reduce pressure on staff. Lack of knowledge and cultural awareness are such that healthcare practitioners can be reluctant to visit GRT patients at home unaccompanied. This research has evidenced anecdotally a number of examples of negative health outcomes because healthcare practitioners had felt unable to attend Traveller sites without police accompaniment. |
| Human Rights All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned. (CESCR General Comment 14, para 12). |
| Actions  1. Training    1. Review mandatory Equality, Diversity, Inclusion (EDI) training, and ensure there is specific attention to Gypsies, Roma and Travellers and the positive impact of inclusive practice    2. Review current training offer and made recommendations for improvements (if needed)    3. Collate and share range of in-depth training opportunities, online and in person    4. Identify GP surgeries and Accident & Emergency Departments with higher local populations of GRT and recommend additional training for receptionists and practitioners in those practices with greater patient numbers    5. Coproduce any new training materials with GRT community members and healthcare practitioners to ensure appropriateness 2. Advice and Guidance    1. Collate a contact list of local charities and community advocates to develop relationships and gain ad hoc information, advice and guidance    2. Cascade advocate contact list to GP practices and social prescribers (via relevant ICS Lead),    3. Consider sharing list with others who might use the advocate list    4. Appoint a responsible person for each area who will update the list periodically 3. Building relationships    1. Set up regional GRT networks where health professionals can meet with community members    2. Charities to reach out to health organisations to arrange meetings with staff to develop links and understanding |
| Expected Outcomes  * More trusting relationships between Gypsies, Roma, Travellers and health professionals * Higher quality interactions between Gypsies, Roma, Travellers and health professionals * More practitioners are comfortable to visit patients in their own homes * Longer and healthier lives. Reduction in health inequalities. |

# Action Plan 6: Raise awareness of patients’ right to register with a GP surgery

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| Rationale Anyone in England can register with a GP surgery to access NHS services. It is free to register. You do not need proof of address or immigration status, ID or an NHS number. GP surgeries are usually the first contact if you have a health problem. They can treat many conditions and give health advice. They can also refer you to other NHS services. It is not necessary to provide ID, proof of address or a permanent address  However, patients, advocates and healthcare practitioners in the East of England have reported numerous instances where registration at a GP surgery has been wrongfully refused. |
| Human Rights Health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups. (CESCR, General Comment 14, para. 12). |
| Actions  1. Raise awareness of the legal context and illegality of refusing registration at GP (except under very specific circumstances). Raise awareness that temporary registration must not be refused    1. Amongst health professionals, and especially receptionists    2. Amongst Gypsies, Roma and Travellers 2. Identify health inequality leads across the region’s ICSs and consider joint procurement 3. Talk with Doctors of the World and Friends Families, Travellers about specifically including GRT within their [Doctors of the World Safe Surgeries training](https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/training/) 4. Encourage GP receptionists (especially) to take Doctors of the World Safe Surgeries training. 5. Discuss with CQC. What role can they take to encourage compliance with the law? 6. Advise surgeries and hospitals not to remove patients from the system for failure to respond to a letter or to attend an appointment, especially practice nurses who pre-book for screening, immunisation and chronic disease management, and those who arrange secondary care appointments. They should instead follow up on DNAs (did not attends) and non-response with appropriate communications. |
| Expected Outcomes  * Increased access to the appropriate service, and reduced inappropriate attendance at Accident and Emergency * Increase in trust between Gypsies, Roma, Travellers and health professionals * More vaccinations and health checks * Earlier presentations which are easier to treat * Longer and healthier lives. Reduction in health inequalities. |

# Action Plan 7: Improve communication between health providers and patients with low literacy

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| Rationale Patients with low literacy levels often struggle to complete forms or understand leaflets and letters without additional support. It can be difficult for them to express to others that they cannot read or write. Family members may provide some support, but this can be inappropriate (for example young children dealing with sensitive issues around their parents’ health). Gypsy, Roma and Traveller organisations have limited capacity to support high patient need. |
| Human Rights Accessibility includes the right to seek, receive and impart information and ideas concerning health issues. (CESCR General Comment 14, para 12). |
| Actions  1. Facilitate the process of GP registration for people with low levels of literacy. This might include help with completing the forms and more.    1. Identify GP social prescribers who can support patients with low literacy    2. Identify staff based at other health settings who can provide support with low literacy    3. Identify local charities and organisations who can provide additional support 2. Consider sending voice messages instead of texts    1. Find out if voice notes can be saved onto Sys1    2. Advise NHS organisations to consider use of voice messages instead of texts, where patients have low literacy.    3. Consider preparing (and sharing) bulk voice messages for sending to patients with low reading skills across the East of England |
| Expected Outcomes  * Greater understanding of health conditions for both patient and health practitioner * Greater understanding of how to use medicines correctly, and self-care * Greater understanding of proposed treatment pathways and how to navigate through * Fewer missed appointments * Better treatment plans and better adherence to these * Longer and healthier lives. Reduction in health inequalities. |

# Action Plan 8: Improve health literacy

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| Rationale Health inequity is worsened by low levels of health literacy, such that Gypsy, Roma and Traveller patients do not always understand what they are being told about their illness or condition, and are consequently unable to then take appropriate action to mitigate the effects of the illness or condition (such as correct use of medication). Gypsies, Roma and Travellers may not feel able to ask questions to clarify understanding, putting the onus on health professionals to check understanding.  There is a need to raise general levels of awareness and understanding about those health conditions Gypsies, Roma and Travellers are most concerned about, as well as about NHS priority health conditions. |
| Human Rights Accessibility includes the right to seek, receive and impart information and ideas concerning health issues. (CESCR General Comment 14, para 12). |
| Actions  1. Help GRT to understand how the health system works, their rights and what to expect, including locally specific support such as the Healthy Child programme.    1. Gypsy, Roma and Traveller advocates to speak with people at fairs and other events    2. Gypsy, Roma and Traveller advocates to share information, advice and guidance on social media (in collaboration with health professionals) 2. Raise awareness of choice to send prescriptions to pharmacies across the country and to temporarily register with any GP surgery 3. Check what culturally appropriate resources are already available and consider whether what is required. For example, some Learning difficulties easy read information *may* be appropriate 4. Collaborate with pharmacist on medication regimes including consideration of dosset boxes and guidance to help patients to manage their medication appropriately. 5. Identify which GPs are near Traveller sites 6. Encourage these surgeries to take additional steps to support patients with health literacy, for example posters and leaflets with QR codes that link to explanatory videos |
| Expected Outcomes  * Greater understanding of health conditions for both patient and health practitioner * Greater understanding of how to use medicines correctly, and self-care * Greater understanding of proposed treatment pathways and how to navigate through * Fewer missed appointments * Better treatment plans and better adherence to these * Longer and healthier lives. Reduction in health inequalities. |

# Action Plan 9: Make appointments more accessible and effective

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| Rationale Health professionals should be aware that many Gypsies, Roma and Travellers seldom visit their GP. Additional efforts to encourage and support people to make and keep appointments supports earlier presentations and are likely to yield immediate benefits to the patient and longer-term benefits to the health service. |
| Human Rights Everyone is entitled to the right to the highest attainable level of health without discrimination (Article 2 ICESCR). The right to health extends not only to timely and appropriate healthcare but also to the underlying social determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels. (CESCR General Comment 14, para 11).  Functioning public health and healthcare facilities, goods and services, as well as programmes, have to be available in sufficient quantity, accessible, including the right to receive relevant information, acceptable, including cultural acceptability, and of good quality (Committee on Economic, Social and Cultural Rights, General Comment No. 14, para. 12). |
| Actions  1. Advise surgeries and hospitals not to remove patients from the system for failure to respond to a letter or to attend an appointment. They should instead follow up on DNAs (patients who missed appointments) and other non-response with appropriate communications 2. Establish and record patient communication preferences on registration – especially where patients are itinerant and/or illiterate. Make sure patients know their options. For example, they could the use surgery address for health-related post, receive an SMS reminder to collect letter from surgery, have a phone call made or a letter sent to elected advocate. 3. Flag on Rio, Sys1, Emis etc if patient has complex and needs longer appointments 4. Enable patients to book appointments online, by telephone or face to face at reception 5. Encourage patients to notify their GPs of new phone numbers. Post videos on social media 6. Make reasonable adjustments to appointment scheduling as required to meet the needs of Gypsies, Roma and Travellers. Consider seeing some patients without appointments, making home visits, holding remote consultations 7. Educate GRT to request a double appointment if required |
| Expected Outcomes  * Reduction in late presentations, increase in early diagnosis, and reduction in preventable deterioration * Greater understanding between patient and practitioner (of condition, causes and treatment options) * Greater trust * Longer and healthier lives. Reduction in health inequalities. |

**Community of Practice Participants**

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| *Name* | *Role* | *Area* |
| Alex Lambert | Registered nurse, Provide | Mid South Essex |
| Beverley Carpenter | Gypsy, Roma, Traveller, Showman, Boater, Oblique Arts | Cambridgeshire |
| Chris Evans | Traveller Liaison Officer, Thurrock Borough Council | Thurrock |
| Daniel Oyayoyi | Strategy Development Manager, and Health and Equalities Leader | Hertfordshire |
| Dr John McKeogh | GP | Cambridgeshire |
| Dr Tanya Blumenfeld | GP | Cambridgeshire, Suffolk |
| Georgeta Stanciu | Roma, Compas charity | Peterborough |
| Harjit Bansal | Head of Equality Diversity Inclusion, North East London Foundation Trust | Essex and North East London |
| Jeanette Ford | Health visitor, Herts ICB Board | Hertfordshire |
| Marko Strabk | Roma, Compas charity | Peterborough |
| Melanie Forrer | Public Health Inclusion Lead, Norfolk County Council | Norfolk |
| Mo Rae Raje | Pharmacist | Thurrock |
| Petr Torak | Roma, Compas charity | Peterborough |
| Rose Wilson | Romany Gypsy, Cambridgeshire Traveller Health Team | Cambridgeshire |
| Shaynie Larwood | community nurse | Cambridgeshire |
| Sherrie Smith | Romany Gypsy, GATE Essex | Essex and Hertfordshire |
| Shirley Barrett | Romany Gypsy, One Voice 4 Travellers | Essex and Suffolk |
| Shirley Oram | Quality Control Manager. Health Lifestyles Team, Thurrock Borough Council | Thurrock |
| Sophia Morris | ICS System Clinical Lead for Health Inequalities, Mid South Essex | Mid South Essex |
| Sue Firth | Traveller Liaison Officer, Thurrock Borough Council | Thurrock |
| Sukhi Khattran | Health Improvement Lead, Public Health, Hertfordshire County Council | Hertfordshire |
| Terri Lee Hawkins | Romany Gypsy, Cambridgeshire Traveller Health Team | Cambridgeshire |

**Academics**

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| Prof Ewen Speed | Principle Investigator, University of Essex, NIHR East of England Applied Research Collaboration |
| Sally Burrows | Research Officer, University of Essex, NIHR East of England Applied Research Collaboration |
| Dr Koldo Casla | Senior Lecturer International Human Rights Law, University of Essex |
| Prof Gill Green | Researcher, University of Essex, NIHR East of England Applied Research Collaboration |

1. We reviewed the following thirteen East of England Health strategies for mention of Gypsies, Roma and Travellers and found that just three include mention of Gypsies, Roma and Travellers.

   Bedfordshire, Luton and Milton Keynes Health and Care Strategy 2023, SNEE Uncomfortable Truths Injustice in Healthcare 2023, Suffolk Health and Wellbeing Strategy 2022-2027, NSFT EDI-Strategy 2021 to 2023, Norfolk and Waveney Transitional integrated-Care Strategy 2022 to 2023, Thurrock Health and Wellbeing Strategy 2022 to 2026, Southend Health and Wellbeing Strategy 2021, Mid and South Essex Integrated Care Strategy 2023 to 2033, Cambridgeshire and Peterborough Health and Wellbeing Strategy 2022 to 2026, Hertfordshire Public Health Strategy 2022 to 2026, Hertfordshire Health and Wellbeing Strategy 2022 to 2026, Essex-Joint Health and Wellbeing Strategy 2022 to 2026. [↑](#endnote-ref-1)
2. All Ireland Traveller Health Study, 2010, School of Public Health, Physiotherapy and Population Science, University College Dublin [↑](#endnote-ref-2)