Your contact with Gypsy/Travellers

NHS Dumfries and Galloway employ a Specialist Public Health Nurse / Co-Manager Home Support who visits the Gypsy Traveller site at Collin in the east of the region. We aim to visit the site every two weeks or as required depending on the needs of the families on the site. There is also a further small (permanent resident) site at Glenluce by Stranraer in the west, and residents are registered with a local GP. This second site rarely has transient families.

The Council Liaison Officer lets our Specialist Public Health Nurse know if there are new families on site or if any families using unauthorised sites have expressed any health needs.

We have a notice board on site with contact details for the Specialist Public Health Nurse, NHS 24 and Sexual Health service information. The Specialist Public Health Nurse is the main link for health services, passing on to as required e.g. midwifery etc.

Any policies or practice guidelines relating to Gypsy/Travellers that you have, including any aimed at other organisations/groups

The Specialist Public Health Nurse and the Specialist Midwife for Vulnerability are members of the area Gypsy Traveller Liaison Group, which is led by a representative from Dumfries and Galloway Council.

Any specific training or awareness-raising you undertake in relation to Gypsy/Travellers

In October 2010 the equality, diversity and inclusion service based in Edinburgh facilitated a half day awareness raising event led by Gypsy/travellers that included opportunities to share good practice and or difficulties encountered opportunities to hear from gypsy travellers. An examination of specific case studies details of recent developments in the social policy context. The cost of this event was shared by Dumfries and Galloway Council and NHS, around 30 attended this event from a range of professionals from health, education and council services who are involved with this group.

What difficulties Gypsy/Travellers have accessing your services/support (or those provided on your behalf or in collaboration with you or by other bodies in your field) and what you have done to address any such difficulties.

The main problem is when there are identified health needs and referrals are made but appointments are not available before the family move on. Services e.g. dental, sexual health and audiology have endeavoured to accommodate families in the time they will be on site. The families move area depending on work so movement can be unpredictable. Our specialist Public Health Nurse has spent considerable time arranging appointments or information etc to find the family gone at next visit.
For the same reasons continuity of care can be difficult. We recently undertook an MMR vaccination visit to a family but they had moved on by the time we revisited the camp to administer the booster. However, some very transient families manage complex health needs by use of a central point of contact.

Jeff Ace
Chief Executive
NHS Dumfries and Galloway
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