NHS
Coventry and Rugby
Clinical Commissioning Group

Access and quality of primary care services for people who are homeless or vulnerably housed

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Contents

Coventry and Rugby Clinical Commissioning Group (CCG) is currently reviewing the GP services which are available for people who are homeless or vulnerably housed living in Coventry.

Currently specific services for people who are homeless or vulnerably housed are provided at through specialist primary care services. Patients remain registered at the service once they are housed, but it is expected that they will move into mainstream GP services. The CCG is re-procuring this service as the current contract is coming to an end.

As part of this work the CCG needed to understand what services people who are homeless or vulnerably housed currently access, what would make it easier for them to access health care services, and what matters most to them in the health services they use.

The CCG also sought to understand the perception of the specific services offered for people who are homeless or vulnerably housed and understand the enablers/barriers for those who are homeless or vulnerably housed to receive care from non-specialist GP services.

From 1 July until 30 July 2018 the CCG undertook engagement work with the local community, primary care staff and those in the voluntary and community centre who worked with people who are homeless or vulnerably housed. This document provides a summary of this work, the themes emerging from the engagement and recommended actions for commissioners.

Methodology for engagement

Identification of audience

The patients who would access specialist services encompass a variety of living situations

- Sleeping rough on the streets
- Living in an emergency hostel, night shelters, domestic violence refuge or other supported accommodation for people who have been homeless
- A user of Coventry services dedicated to supporting homeless people
- Living in a bed & breakfast or other temporary accommodation
- Squatting
- Staying temporarily with friends (e.g. sleeping on floors, settees etc), without an alternative address to return to. (Sofa surfing)
- In a tenancy agreements with less than 6 months on tenancy agreement
- At risk of becoming homeless.

This group in totality will be referred to as “patients” throughout the document.

We also identified that we needed to hear from people who worked to support those who are homeless or vulnerably housed, as they would have a holistic view of the support offered. This group will be referred to as “advocates”.

In order to understand how we could support people who are homeless in primary care, we sought responses from primary care staff across Coventry and Rugby who had experience of delivering care.

Targeting methodology

Following identification of our target groups, we defined the following methodologies for each group.

Patients

We aimed to:

Get: Homeless and Vulnerable Housed adults

To:

- Share their experiences of primary care, including what works well and what could be improved.
- Explain enablers/barriers to transitioning to local primary care services from specialist services
- Help us to understand awareness levels amongst the cohort of patients of specialist primary care services for people who are homeless

By: Developing a questionnaire and engaging trusted intermediary organisations who already work with people who are homeless or vulnerably housed to gather their feedback, and attending events and sessions for people who are homeless or vulnerably housed to support them to give their feedback.

Advocates

We aimed to:

Get: Stakeholders/advocates who work directly with people who are homeless or vulnerably housed

To:

- Share the experiences of primary care of the people who they work with, including what works well and what could be improved.
- Explain enablers/barriers they have observed to people transitioning to local primary care services from specialist services
- Help us to understand awareness levels amongst the cohort of patients of the specialist services

By: Filling in an online survey, promoted through the CCG links with groups on their stakeholder database, as well as those of partner organisations. Representatives from the CCG and Public Health also attended the Homelessness Network on 6 July to ask questions and gather responses in a structured question/focus group format.

Primary care staff

We aimed to:

Get: Primary care staff who work directly with people who are homeless or vulnerably housed

To:

- Share the experiences from primary care of supporting people who are homeless or vulnerably housed, including what works well and what could be improved.
- Explain enablers/barriers they have observed to people transitioning to local primary care services from specialist services
- Help us to understand awareness levels in primary care of specialist services

By: Filling in an online survey using the questions below. This survey was promoted directly to primary care staff in Coventry and Rugby via email.

Section One - Overview of engagement results

We received the following number of completed questionnaires and surveys

Patients	21
Advocates	29
Primary care staff	14

11 patient questionnaires were completed directly with patients at drop in events targeted at those who are homeless across Coventry and 3 were completed via support from the Jesus Centre, acting as a trusted advocate.

We also attended the Homelessness Network, and undertook a focus group with 38 advocates.

In total we heard from 102 respondents.

Key themes

We engaged with all groups around three key areas

- What is most important to people who are homeless or vulnerably housed when accessing health care and what are the biggest barriers?
- What is the perception of current specialist services in Coventry, what is working and what could be improved?
- Transition to mainstream GP services – how can patients be supported and what are the barriers?

What is most important to people who are homeless or vulnerably housed when accessing health care, and what are the barriers?

1. Flexibility and ease of access

Overwhelming across all groups, the need for flexibility was highlighted by respondents as being key to supporting patients to access services. Those who are homeless or vulnerably housed are often living chaotic lives, with an inability to plan and attend regular appointments.

The enablers and barriers to supporting access fall into four broad categories.

a. Appointment booking

Patients in this cohort struggle to access primary care in the same way as is normal in mainstream. They lack the tools to do so, with advocates highlighting that patient from this cohort are not likely to have access to a mobile phone, so are unable to book appointments in the same way as mainstream primary care. Chaotic lives and mental health issues, which are more prevalent in this group, suggest that people will be unlikely to be able to keep appointments, even if they are able to make them.

“Call before 8-8:30 I call no one answers, always busy. Call 10 times, no one answers. Need different ways of booking.” – ***Patient***

"Access is difficult for many vulnerable groups due to the complexities of making an appointment" – ***Advocate***

"Can't get seen on the same day anymore. Tell me to come back next week - I struggle to remember appointments" - ***Patient***

"apps have to be made weeks in advance or you have to call on the day at 8am for an app, my clients rarely have access to a phone to be able to call" – ***Advocate***

"[The most important thing is] time and flexibility of appointments" – **Primary care staff**

"Immediate attention is valued: many people don't bother to book appointments, with the excuse that it takes time and not on the day" - ***Advocate***

"if someone is vulnerable as if they have to wait a few days chance are that they will not return" – ***Advocate***

b. The need for drop in sessions

In order to address the difficulties in booking appointments outlined above, many respondents from all groups highlighted allowing patients to drop in without an appointment and see a clinician as being extremely important. The chaotic lives of patients within this cohort means that they are unable to plan in advance, and if they do need to access healthcare it is often an immediate need.

This is reflected in the high usage of urgent care services by this patient cohort, as they are more likely to use the walk in centre, or A&E as the drop in method of accessing care.

"Drop in appointments [are most important]. Homeless people often don't have phones to make appointments and time has no meaning when you are living on the streets. Without support clients won't look after their health." – ***Advocate***

"Drop in centre, so can find out about anything" - ***Patient***

"Immediate attention is valued: many people don't bother to book appointments, with the excuse that it takes time and not on the day" – ***Advocate***

"Drop-in clinics in addition to pre-bookable appointments, as some people who are homeless or vulnerably housed find it difficult to keep appointments which are planned ahead" – ***Primary care staff***

"if someone is vulnerable as if they have to wait a few days chance are that they will not return" – ***Advocate***

"[the most important thing for homeless people is] being able to see a gp without making an appointment, weekend opening" – ***Primary care staff***

"Inability to keep appointments or wait for long in a drop-in queue if suffering from severe mental health issues or severe substance misuse" – ***Advocate***

"Usually access health care at crisis point and therefore need be able to drop in and be able to be seen" - ***Advocate***

c. The need for outreach

As well as supporting patients to immediately access primary care without an appointment, throughout all groups of respondents outreach was repeatedly raised as helping primary care staff to access some of the most vulnerable patients, who are unlikely to come in to the service.

"Nurse comes here (Jesus Centre Homeless drop in) every two weeks - that's really useful" – ***Patient***

"They offer outreach within some other agencies that offer support to those experiencing homelessness which increases awareness of the services they provide and can pick up concerns that the agencies themselves have noted about actual or potential patients." - ***Advocate***

"Quicker appointment system more outreach sessions [would help patients to access services]." – ***Advocate***

*"[One of the most important things we do is] c*ommunity outreach by the practice nurses to interact with current patients who might not schedule an appointment otherwise and to inform other homeless and vulnerably housed people about the service." – ***Primary care staff***

"Community nursing should do outreach at hostels" – ***Advocate***

"[We need] More outreach to reach people who don't access service." - ***Primary care staff***

"Outreach medical work e.g. wound dressing [would help patients to access services]" - ***Advocate***

"Outreach - don't always expect clients to come to us" - ***Advocate***

d. Location of service

Location is an integral part of ease of access for this group, with both patients and advocates responding that patients would lack the ability or money to travel in order to access care, so it needs to be centrally located.

"Needs to be local, close to town" – ***Patient***

"I have been using my current doctors for a while and I am homeless and do not have the funds to travel around the city to attend a different surgery" – ***Patient***

"[The most important thing for patients is to be] housed close to a GP surgery, in walking distance" – ***Primary care staff***

2. *Dignity and respect*

Patients who are sleeping on the streets or in emergency accommodation may struggle to present in a way that meets society's expectations as they are unable to wash effectively or maintain clean clothes. This impacts on their health care, as both patients and advocates reported that patients perceive that they are treated with a lack of respect and judged for their living situation, making them less likely to seek care early and waiting until health conditions are much more serious. Patients also mention feeling their medical conditions are not

A non-judgement attitude, respect and taking the time to understand the needs of the patient were seen as key to building trust and delivering care.

"[I want] To be treated both respectfully and medically" – **Patient**

"Those living in hostels are often told they cannot register with the local GP as it is not a permanent address. When they can get an appointment they often feel there needs are not understood or that they are judged negatively." – ***Advocate***

"[A barrier to patients receiving care is] Judgemental attitude re drug and alcohol misuse- Focus on services priorities as oppose to pt priorities" – ***Primary care staff***

"Listen to me. They just keep giving me tablets." – ***Patient***

"[The most important thing patients need is] A tolerant, respectful and patient approach from staff who understand how the patients' lifestyles affect their behaviour and expectations" – ***Primary care staff***

"[What makes it more difficult for patients to access services is] Judgemental attitudes of staff- lack of understanding re level of chaos- Pts often present tired (sleeping rough) hungry, withdrawing from drugs/alcohol, unwell and /or in pain." - ***Advocate***

"Because they are living on the streets they have low self-esteem as they have no means to wash and keep themselves clean, so don't want to go to appointments as they feel people look down on them." - ***Advocate***

Specialist services for people who are homeless or vulnerably housed in Coventry

This question looked specifically at the primary care services which cater for people who are homeless or vulnerably housed, to understand what is working and what could be improved.

Current specialist services

Perception of the specialist services amongst patients, advocates and mainstream primary care staff were generally extremely good, with the service being repeatedly praised by all groups as being specialist, comprehensive and caring.

Awareness was also high amongst all groups although some advocates suggested that they would like clear materials they could use to promote the service amongst patients.

"They talk to me as a normal person rather than a "down and out" - ***Patient***

"Very happy with them" - ***Patient***

"Doctor is good - sometimes I have an attitude problem and he does do a lot." - ***Patient***

"I have supported clients with appointments. the staff their are fantastic, they have a better understanding of homeless clients with drug and alcohol or mental health issues. The doctors their go the extra mile to support clients." – ***Advocate***

"The specialist training [helps the service] to understand the complex needs of those experiencing homelessness enables diagnosis and treatment to be more tailored to this group." - ***Advocate***

"I have always found them to be helpful and they understand the issues around being homeless and drug use" - ***Advocate***

Advocates also mentioned that they would like to see additional outreach into the community and closer links to the voluntary and community sector.

Additional services

Although services were judged to be excellent by the majority of respondents, there were several proposals for additional services which could improve the health and wellbeing for people who are homeless in Coventry. Clinical services suggested which are not offered in mainstream primary care, but were seen as important for patients were minor injuries treatment, particularly wound dressing. Mental health support was

more outreach, particularly in the community, and follow up visits. Further support for mental health was also highlighted as being desirable from both patients and advocates.

Suggestions included non-clinical services and support, creating stronger links with other services to provide holistic care. Onwards signposting to social care and the voluntary and community sector organisations was also suggested by several advocates and primary care staff.

Transition to mainstream GP services

In general, awareness was high that patients did not have to use specialist services and could register with mainstream primary care. However most patients were happy with the services they received and did not want to change. They expressed some concern about having the correct ID and being

Advocates were also unsure if mainstream primary care would be able to meet the needs of the patient group. They also had concerns about patients not having the correct ID or not being treated with respect and dignity. They referenced again the need for flexibility and the understanding of GPs around both the specialist needs of the cohort and the ability of the patient to navigate appointments and registration in mainstream practice.

Primary care staff who have supported people who have previously been treated by specialist services, or who were otherwise homeless and vulnerably housed felt that mainstream primary care would not be able to meet the needs of patients, and they would be

better cared for by a specialist service, who are able to respond flexibly to their needs and not be constrained by shorter appointments or complex booking processes. Staff also raised the problems of a lack of fixed address meaning that they would be unable to contact patients with appointments and follow ups.

All groups were in agreement that a flexible, tolerant approach would be required to address the needs of the patients.

"Only used to my doctor - can't be telling other people my problems " – ***Patient***

"Mainly ID issues, not having correct ID is a concern" – ***Patient***

"no, 90% of people i support would not access the GP alone, due to anxiety, the feeling of judgement from others and bad past experiences where they feel they haven't been listened to or take seriously about their health concerns." - ***Advocate***

"Many of our residents hit barriers when they try and register with a GP as receptionists will ask they for information they do not have. A lot of the time they will insist they need proof of address or their NHS number. We understand that this is not the case but homeless people are not always aware of this" **– *Advocate***

*"*Those who are more "settled" although they are still homeless, eg those in hostels, may well be ready to register with a local GP. They would probably need their Support Worker to help them with the process as it can be quite difficult." **– Advocate**

"I wouldnt change it from a specialist service, as this meets their needs" – ***Primary care staff***

"Staff not specialised enough in care and nursing staff in drugs, alcohol and very complex wound care." – ***Primary care staff*** (discussing the difficulty of treating patients in mainstream primary care)

"Patients without a phone or with not enough credit, not being able to wait in the phone queue or wait for a call back on triage. Repeated DNAs of appointments offered." - ***Primary care staff*** (discussing the difficulty of treating patients in mainstream primary care)

"People who attend specialised services might be used to a flexible approach from staff and the availability of drop-in appointments which suit their lifestyle. Different GP practices are more strict with their processes and will require patients to pre-book appointments, and it might be difficult to get used to this." - ***Primary care staff***

Section two – Conclusions and Recommendations

Ensuring flexibility to encourage access

The common thread in responses from all respondents was the need for flexibility of access. It is understood that people who are homeless of vulnerably housed live difficult, chaotic lives, with very little in the way of routine or consistency and this means that they will be unable to access mainstream primary care services in the traditional way, through short appointments, booked in advance over the telephone or online.

This cohort of patients was also shown to be unlikely to seek help early for conditions. This is due to the perception that they will be disbelieved and not treated with dignity and respect. Without any preventative care or treatment for minor illness and injury, patients are more at risk of infection and of becoming rapidly more unwell, particularly those who are sleeping rough without access to washing facilities. They also pose a greater risk to others, with communicable diseases such as TB spreading without treatment.

It was understood throughout the responses that those patients who were willing to seek care would benefit most from being able to access it immediately, without the need to navigate appointment booking, or remembering to attend days in the future. This needs to be offered from a location close to where the majority of people who are homeless congregate, as they are unwilling or unable to travel far.

Offering drop in services instead of fixed appointments for this cohort means that they will be able to access services on their terms. The current service offers on the day appointments and some drop in sessions – these should be regularly reviewed to understand if the current balance of appointments and drop in meets patient need.

For those patients who are unlikely to seek help before their condition becomes an emergency it is important for any service to undertake outreach. Outreach will help the services to build trust with the homeless population, encouraging them to seek help from the service in the future. It will also support early intervention, preventing patients from accessing the walk in centre or A&E.

Combining services under one roof and extending the scope of current services was raised as desirable, reducing the need for patients to attend multiple services or appointments. Services highlighted as a priority included minor wounds, particularly in relation to wound dressing, which would help to prevent infection amongst those who don't have access to washing facilities. Mental health services were also mentioned, both in relation to more severe issues, and for support with more low level mental health needs, and additional services could be explored in this area.

Increasing awareness of scope within the voluntary sector

With the high importance of outreach into the community, it is vital to support that with strong links between local services. Current specialist services have many links already and is well known by those in the voluntary sector, and cross-referral seems to be working well, both out to other services and in from advocates.

However, not everything offered by specialist services are well understood, with some respondents in the voluntary sector being unaware of the scope of support available, including mental health, drop in services and the outreach currently taking place. This impacts on their ability to refer patients correctly and support them to access health care.

Likewise, although there are good links to some voluntary and community services within Coventry, there is potential to further raise awareness in the service of what services are being offered within the community. This will increase the opportunity for non-clinical referral to services, providing more holistic support and allowing the service to focus on clinical needs.

For those who are unaware of the scope of services available, there should be clear documentation available, including timings of clinics and other support. Advocates requested leaflets and other materials that they could have in their own premises, which they could use to refer patients into the service.

Through building stronger links to the community the opportunity for outreach and building trust with the patient group will be increased.