









Homelessness and access to General Practice

Training pack for reception staff



People who sleep rough in London

This graph shows the number of people seen sleeping rough by outreach teams in London each year, recorded on the Combined Homelessness and Information Network (CHAIN).

The number of people seen sleeping rough on the streets of London has more than **doubled** between 2010/11 and 2016/17.





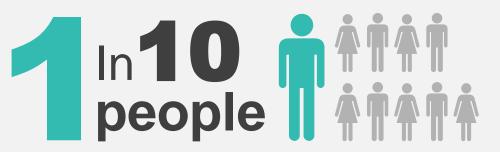
Visit <u>CHAIN</u> to find out how many people have been seen rough sleeping in your area.



Definitions of homelessness

There are many different types of homelessness. Crisis research shows that:

Many of the people who are homeless are out of sight, living in bed and breakfast accommodation or squats, or sleeping on the floors or sofas of friends and family.



have experienced homelessness at some point.

It is difficult to estimate the numbers who are homeless in this hidden way, but it's important to be aware that it may not be obvious that someone is homeless.

If you want to understand more about the facts and figures you can read more here.



Accessing other types of health care

Some people's immigration status means that they have 'no recourse to public funds'.

People with no recourse to public funds are at a high risk of homelessness.

Some people's immigration status means that, as "overseas visitors" they are charged for some NHS services.



In 2016/17, 53% of people sleeping rough in London were non UK nationals. However ALL of these people are entitled to register with a GP practice and receive immediate treatment if it is necessary.



If you want to learn more about what the NHS can provide for people who are not resident in the UK or whose status means they have no recourse to public funds, please visit:

Guidance on implementing the overseas visitor charging regulations

No recourse to public funds - NHS charging

Barriers to healthcare

People who are homeless have described many barriers to accessing primary care services, including:

- Registration policies
- Perceived discrimination and staff attitudes
- Lack of flexibility in services provided
- Communication barriers.

Read the <u>full report</u> here.









Examples of barriers:

No proof of ID or address leading to incorrect refusal of registration

No interpreting services at reception

Literacy problems causing embarrassment around forms

Difficulty accessing appointments e.g. having to phone early in the morning

Lack of understanding of complex health needs e.g. mental health problems, addictions, difficulties with timekeeping

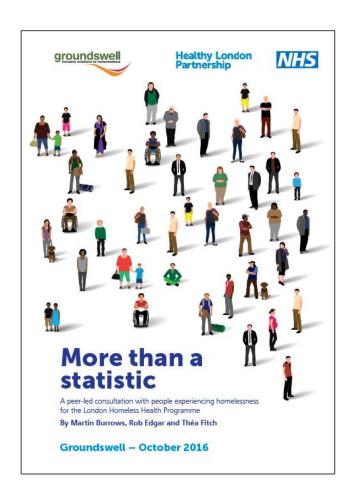
Special issues e.g. 'who will look after my dog?'

More than a statistic

More than a statistic was a report commissioned by the London Homeless Health Programme in 2016. It explores the experiences that people who are homeless in London have had with healthcare, including GP practices.

"It's so difficult to register with a GP.
They can say to you "No, we don't take you". And if you have got no home – if you are NFA (No Fixed Abode) – it's even harder to register."

"I have to ring at 7 am in the morning... it's only 7 till 8. Maybe no one is going to pick up the phone for the rest of the day, at my GP. So you are only going to be able to make a regular appointment. Then you will have to wait a few weeks for an appointment."



Case study: quotes from a young 'sofa surfer'

A 'sofa surfer' is someone who moves between relatives, friends or acquaintances whilst they have no permanent accommodation.

"I banked on the fact that colleagues wouldn't notice that I essentially rotated the same three work outfits each week, and that a slick of bright lipstick would draw attention away from my ensemble...

"But the un-ironed tops and whispered phone calls eventually gave me away."



^{*} Image posed by model

People who are homeless are more likely to experience health problems

73% of people sleeping rough in London in 2016/17 whose needs were assessed had an alcohol, drug or mental health problem, and many had all three. See **CHAIN** reports for more information about the needs of people sleeping rough in London

Health needs of people who are homeless

People who are homeless suffer more health problems than housed people.

They are:



For information about these statistics please see the references section at the end of the slide pack.

The 'Revolving Door'

A study of the health needs of 933 people sleeping rough in Hammersmith and Fulham, Kensington and Chelsea, and Westminster found that they:

Visited A&E seven times as often as the general population



Were admitted to hospital more frequently



The cost of their care in hospital-based services was five times as much as the average for the general population.

Read the <u>full report</u> here.



'Homelessness: A Silent Killer'



Research from Crisis found that:

The average age of death of men and women who are homeless



People who are homeless are nine times more likely to take their own life





Current patient registration guidance

- There is no regulatory requirement to prove identity, address or immigration status to register at a GP surgery
- Patients do not need to provide an NHS number
- Inability to provide documents is not a reasonable ground to refuse registration
- Registration and appointments should not be withheld because a patient does not have documents.

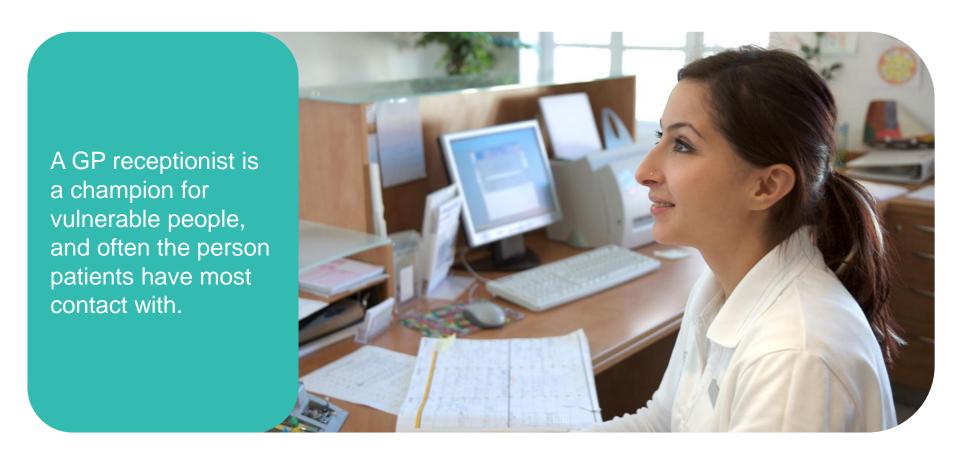






Click to read the <u>guidance</u> issued in November 2015'.

Homeless patients and you



^{*} Image posed by model

What can receptionists do to help?

If a patient does not have ID or proof of address don't just turn them away, register them



See the <u>Faculty of Homeless and Inclusion</u> <u>Health</u> 'Standards for GP reception' for other ideas on how you can provide an excellent service.

If the person is homeless ask permission to use a 'care of' address. This could be the address of a friend, support service, day centre or the GP surgery itself





Remember to record their contact details



Check and record how they want to be contacted. If the phone details are for the patient, check whether they usually have credit on their phone





What can receptionists do to help?

Be friendly, welcoming and non-judgmental



Book longer appointments at realistic times if needed



If needed, offer a phone or internet-based interpretation at reception. Interpreters should be booked for appointments



Ask about any special needs/requests



If practice appointments are usually booked by phone at a certain time of day, check whether the patient is actually able to do this



Ask the patient whether they would like to be able to book appointments on line and give them the information to do this



Give out a practice leaflet, and also have leaflets available with local information



Record housing status in new patient checks



Safeguarding: The role of the receptionist

- Adults and children who are homeless face additional risks
- If you think that a patient who is homeless is not safe and might be at risk of harm, abuse or neglect, then you need to follow your practice's safeguarding protocols
- You can find more information about safeguarding on the <u>CQC website</u>
- You can help people stay safe.



When can a practice refuse registration?

A GP practice can decline to register new patients because it has no capacity to take on any new patients.

Commissioners must have already agreed this with the practice.

If a patient is living outside the practice catchment area, GP practices can register the person but have no obligation to provide home visits or services out of hours and should explain this. It is for a practice to decide, at the point of registration, whether it is clinically appropriate and practical to register the individual patient in that way.

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When can a practice refuse registration?

If a practice refuses any patient registration then they must record the name, date and reason for the refusal and write to the patient explaining why they have been refused, within a period of 14 days of the refusal.

This information should be made available to commissioners on request.

Commissioners may ask practices to submit the numbers of registration refusals, age, ethnicity and reasons as part of their quality assurance process.



If you are ever genuinely concerned that someone is using fake ID, you must still register them and provide care. However you can then seek advice from the NHS Fraud helpline and report your concern. The NHS Fraud helpline can be contacted on:

(FREEPHONE) 0800 028 40 60

You can get more information here.











'My right to access healthcare' card

The London Homeless Health Programme, part of Healthy London Partnership, has produced a 'My Right to Access Healthcare Card' which has been distributed widely in London.

The plastic cards are designed to be carried by people who are homeless in London to remind practice staff of the national patient registration guidance from NHS England.

Patients who have difficulty registering, can also contact <u>Healthwatch</u> for support and advice.







There is no requirement for a homeless person to register with a specialist homeless practice even if there is one in your area. Patients must be given a choice.

Help for people sleeping rough

All GP practices should know how to signpost people sleeping rough to support services. Streetlink, a street outreach service, can be contacted either by people sleeping rough, or by anyone who is concerned on their behalf. You can help by allowing people to use the phone or the internet in the practice.



Streetlink:

Telephone: 0300 500 0914 Web: www.streetlink.org.uk



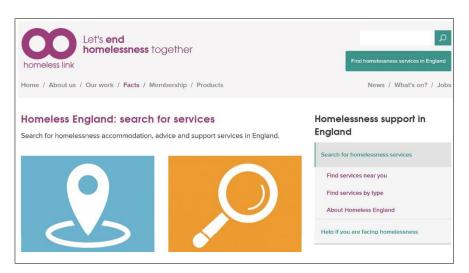
If you call on behalf of a patient it will help if you can give:

- A description of the person and their belongings
- Their sleep site location and description
- Times of day they are at that location
- Risks to the person
- Contact details (if possible).

How to find local homeless services

These websites can be used to help someone who is homeless find suitable support services.





www.thepavement.org.uk

www.homeless.org.uk

A resource pack for NHS frontline staff is available on the Healthy London Partnership website at https://www.healthylondon.org/homeless/homelessness-resource-pack



What if I want to learn more?



The Faculty for Homeless and Inclusion Health is a free membership organisation for people involved in healthcare for homeless people, gypsies, Roma and Travellers, vulnerable migrants and people selling sex.



Anyone with an interest in homeless health care can become a member. The Faculty issues regular bulletins about training, conferences, clinical updates, homelessness in the media and journals.

www.pathway.org.uk/faculty/join























What should I do now?

Thank you for undertaking this training package, we hope it is helpful.

Feedback can be sent to: lhhp@nhs.net

Please now take our short quiz to see if you have understood the key points.



References

These are two recent articles on the health needs of people who are homeless:

Story, A. (2013) <u>Slopes and Cliffs</u>: comparative morbidity of housed and homeless people. The Lancet. Nov 29. Volume 382. Special issue. S1-S105.

Beijer, U et al (2012) <u>Prevalence of tuberculosis, hepatitis C virus, and HIV in homeless people</u>: a systematic review and meta-analysis. The Lancet Infectious Diseases; 12:11, 859-870.

There are a number of additional references in our publications at London Homeless Health Programme webpages.

