



# Health Access and Homelessness

In Salford

## May 2018 REPORT



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# 1.1 Executive Summary

## Homelessness, health outcomes and access

People who are homeless often face some of the worst health inequalities in society. They are at much greater risk of mental and physical health problems than the general population and their experiences of homelessness often make it more difficult to access the healthcare and other support services they need.

There were many access barriers and difficulties mentioned by the 122 survey respondents, with most having one or more barriers or difficulties of access.

## Being understood and listened to

Staff attitudes were mentioned in every service named by respondents, with some examples of really good practice but also examples of poor practice and attitudes. Respondents overwhelmingly wanted staff to listen to them more and to try and understand their situation. This demonstrates the importance of how a person is made to feel and how crucial the skills and experiences of staff are in building mutual trust and a safe and respectful listening environment.

## Registering and receiving treatment in a GP practice

People were still being wrongly turned away from a GP practice if they didn't have any ID to register at the practice, when NHS guidelines state that there is no requirement to have ID and everyone has the right to register.

## Poverty and homelessness

The impact of poverty is a contributing factor to homelessness and being unable to access services and healthcare i.e. travel costs, paying for dental treatment and prescriptions are also factors.

Homelessness can also be caused by many aspects of poverty, including:

- financial problems
- lack of work
- family /relationship breakdown
- deterioration in mental and/or physical health

(No One Left Behind: Tackling Poverty in Salford, 2017).

**“Poverty applies to anyone who is denied, through low income or lack of resources, the opportunity to participate fully in the life of the community and have quality access to education, healthcare and leisure activities, as well as the necessities of life including good housing and adequate food and clothing.”**

*No One Left Behind: Tackling Poverty in Salford, 2017*

## Booking systems and other accessibility

Interpreters are important but it's not just about providing this or an accessible format by request. Due consideration needs to be made around how accessible the information and instructions are on how people can make an accessible information request, with things like registering with a GP and booking an appointment being particularly unclear or difficult for some survey respondents.



### Use of healthcare services

There was a high use of A&E, with 59 of the 122 survey respondents having used A&E within the last 12 months, amounting to 178 visits between them. Feedback on A&E were mixed. However all respondents highly rated the ambulance service and staff.

There were issues around access to dental care and treatment, with half of respondents not being registered with a dentist and one third stating that they have ongoing dental issues.

The majority of survey respondents were registered with a GP in Salford. About a third of these were registered with the homeless drop-in GP service (provided by Salford Health Matters – now Salford Primary Care Together) and rated this service highly with comments and appreciation around being able to discuss all their problems due to longer appointment times and sympathetic staff.

The role and support services of voluntary, community and social enterprise organisations (VCSE) in helping them to register and access healthcare like this was perceived to be really valuable.

Many found it easy to access a GP when they needed to but one in five found it hard to get an appointment and many respondents mentioned not having enough time in the appointment to discuss all their health problems, adding distress and stress to their lives.



Quick to understand my situation and prognosis was spot on. Referred me straight away and correct way forward given [respondent commenting on Achieve Salford Recovery Services]





## 1.2 About Healthwatch Salford

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the borough of Salford.

### Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford also produces reports about services visited and feedback from service users and makes recommendations for action where there are areas for improvement. Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Further information about Healthwatch Salford <https://healthwatchsalford.co.uk/what-we-do>



## 1.3 Acknowledgments and survey engagement partners

Healthwatch Salford would like to thank the many service users who took part in the survey and the 6 partners organisations for engaging their service users in this project:

<b>Partner Organisation</b>	<b>Manchester City Mission</b>
<b>Brief introduction / mission statement</b>	Providing temporary emergency night shelter for street homeless referred to us by homeless agencies.
<b>Main services for homelessness / homeless support</b>	Narrowgate Night Shelter.
<b>Partner Organisation</b>	<b>Salford Loaves and Fishes</b>
<b>Brief introduction / mission statement</b>	Salford Loaves and Fishes runs a drop-in centre for homeless and vulnerable adults. We work to support people in need and to address homelessness in and around Salford. We aim to offer service users a warm and safe environment in which they can access the services we offer.
<b>Main services for homelessness / homeless support</b>	We open 8am-2pm Monday, Wednesday and Thursday. We offer a hot lunch, snacks and drinks, showers, laundry, emergency clothing, toiletries. Individual Support Work is available around housing/homelessness, Benefits/income, foodbank referrals, accessing local services, health and wellbeing. Other key services operating across the week include Salford Homeless GP Practice, Salford CAB Advice, Achieve for Drug and Alcohol support, Dental referrals and a Housing Advice session from Salford City Council.
<b>Partner Organisation</b>	<b>Salford Women's Aid</b>
<b>Brief introduction / mission statement</b>	Everyone has the right to live their life free from fear, violence and abuse. We are a local charity that offers a range of services to help and support women, men and children who are affected by domestic abuse.
<b>Main services for homelessness / homeless support</b>	To provide emergency accommodation advice and support to victims of domestic abuse, 2 hostels for women and children housing 14 families.



<b>Partner Organisation</b>	<b>Joint Veteran Alliance (JVA) Ltd</b>
<b>Brief introduction / mission statement</b>	JVA Ltd provides support for homeless veterans and rough sleeping adults at risk.
<b>Main services for homelessness / homeless support</b>	Provides soup kitchen, signposting, Client Support Services.
<b>Partner Organisation</b>	<b>Salford Foyer (Places for People) – specifically Health Action Team</b>
<b>Brief introduction / mission statement</b>	The HATeam set up by residents and ex-residents to help access health and wellbeing activities they want to see.
<b>Main services for homelessness / homeless support</b>	Temporary supported accommodation for 16-25-year olds.
<b>Partner Organisation</b>	<b>Citizens Advice Salford</b>
<b>Brief introduction / mission statement</b>	<p>Citizens Advice Salford aims:</p> <ul style="list-style-type: none"><li>• To fight poverty in Salford;</li><li>• To provide the advice the people of Salford need for the problems they face;</li><li>• To improve the policies and practices that affect their lives.</li></ul> <p>We provide free, independent, confidential and impartial advice to everyone that approaches us on their rights and responsibilities. We value diversity, we promote equality and challenge discrimination.</p>
<b>Main services for homelessness / homeless support</b>	<p>We provide advice, advocacy and support to homeless clients across the city. We work closely with partners such as Salford Loaves and Fishes to provide training and self- development to insecurely housed clients. We are involved in forums such as those consulting on the Homelessness Reduction Act.</p>



## 2 Homelessness

<b>Defining Homelessness</b>	<p>The legal definition of homelessness, as stated in the 1996 Housing Act, classifies a person as homeless if:</p> <ul style="list-style-type: none"> <li>• They have no accommodation that they are entitled to occupy;</li> <li>or</li> <li>• They have accommodation, but it is not reasonable for them to continue to occupy that accommodation.</li> </ul> <p>This covers a wide range of circumstances including:</p> <ul style="list-style-type: none"> <li>• having no accommodation at all</li> <li>• having accommodation that is not reasonable to live in, even in the short term (e.g. because of violence or health reasons)</li> <li>• having a legal right to accommodation that cannot be accessed (e.g. legal eviction)</li> <li>• living in accommodation for which there is no legal right to occupy (e.g. living in a squat or staying with friends temporarily).</li> </ul>
<p><i>Source: taken from JSNA report, "Health and Homelessness in Salford. A rapid review of health needs. June 2011."Page 4.</i></p>	

Local authorities have a statutory responsibility to provide advice and assistance to people who are legally defined as homeless or threatened with homelessness. From 2018 the Homelessness Reduction Act comes into effect and local authorities will also have a statutory responsibility to prevent homelessness and intervene sooner when people are at risk of homelessness.

However, not all those who present as homeless will fall within the legal definition and may not necessarily qualify for temporary accommodation and statutory support.

The 1996 Housing Act requires local authorities to categorise people who present as homeless into one of the following three categories:

1. Unintentionally homeless and in priority need\*
2. Intentionally homeless and in priority need
3. Housed in temporary accommodation pending enquiries and a homelessness decision, or housed under discretionary power

### Defining Priority Need\*

Those defined as in priority need are: pregnant; have dependent children living with them; are over 60 years of age; are unable to find a home due to illness or disability; are homeless because of a fire or flood; are 16 or 17 years old or are leaving an institution such as the armed forces or prison.

*Source: taken from JSNA report, "Health and Homelessness in Salford. A rapid review of health needs. June 2011."Page 4.*

















Those not categorised as priority need will not receive statutory support for housing but can and do seek support from VCSE organisations. Those that don't receive any support from either are likely to struggle and experience barriers to accessing other services, not just housing and healthcare.

### Types of homelessness

Respondents were asked to tick their experiences of homelessness across 6 different types:

1. I Live/ Have lived in a hostel, B&B or other temporary housing
2. I Live / have lived rough on the street
3. I Live / have lived with family
4. I Live / have lived with friends
5. I Live / have lived in a women's refuge
6. I sofa surf / have sofa surfed (sleeping on someone's sofa / spare bed)

With an 'other' box for respondents to add their own answers.

-  I am sleeping in a tent at the moment, have done that through the winter 
-  I am from Salford. Slept rough in Manchester- that really damaged my health. I felt like I might not wake up when I went to sleep 
-  Homeless for 4 years after leaving military 
-  Stayed with a friend for a couple of days then came into the refuge 
-  Lived at a friend's to escape domestic violence. Now in refuge. Also lived in a B + B 
-  I've been street homeless and sofa surfed for 1 year following eviction from Salix property for rent arrears 

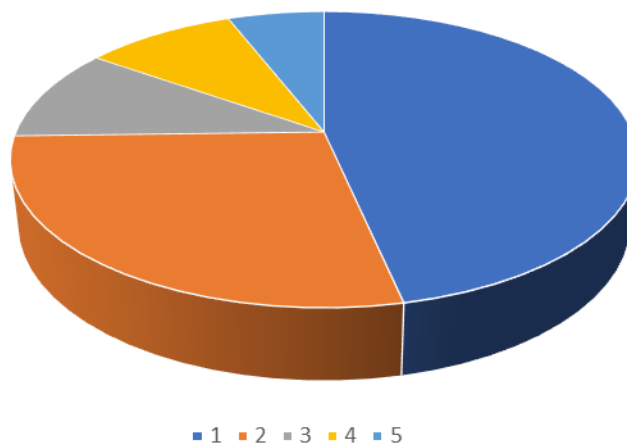


Types of homelessness experienced in the last 12 months



Many respondents had used temporary accommodation and experienced rough sleeping, with some relying on friends or family to put them up. With about one in four experiencing two types of homelessness and about one in five experiencing three or more.

Proportion of respondents who have experienced 1 type and those that have experienced multiple types of homelessness in the last 12 months





## 3. Methodology

Homeless people are one of Healthwatch Salford's priority marginalised groups to engage with but are under represented in signposting cases and engagement work. To better understand different experiences of homelessness and access barriers to health and social care Healthwatch Salford undertook a 3-month survey project with this group beginning in February 2018, at the same time as developing relationships and links with statutory housing providers and commissioners. This was done with a view to Healthwatch Salford undertaking a more focused engagement project later in the year, once survey findings had been analysed, reviewed and reported on to partners and decision makers.

Official figures from Salford City Council stated that approx. 1600 people presented themselves as homeless in 2015 but this does not always count the 'hidden' homeless, single people and rough sleepers, who tend to move around Salford and Greater Manchester.

The latest Joint Strategic Needs Assessment (JSNA) report on homelessness in Salford is dated 2011. Salford City Council's latest strategy 2013-2018 ends in 2018, with a planned refresh during this year, it is timely to influence this process and ensure health access and reducing health inequalities of homeless people is more of a priority going forward.

This survey of homelessness and rough sleeping aims to ensure lived experiences are captured and reported on at the highest levels, providing vital data on demographics to better understand the different needs and experiences between equality groups. The 1996 Housing Act legal definition of homelessness was used for this project.

### **The Project (Phase 1):**

- Initial feasibility study in partnership with 6 homelessness and related support voluntary, community and social enterprise organisations (VCSE)
- 122 survey responses gathered, identifying the barriers, needs and issues of access that homeless people experience
- Analysis of survey responses to identify themes and priorities for further project work
- Summary of key findings and a written report published
- Engagement of strategic partners and other stakeholders in key findings and report

Initial findings will drive the focus for phase 2 of the project later in 2018.

Due to the sensitivity of some of the questions and vulnerability of service users, partner organisations were used who already had the trust and relationship with people accessing their services.

The survey was a 20-page questionnaire capturing experiences from the last 12 months, with questions around; types of homelessness experienced, support from services, use of GPs, mental health services, A&E, dental services and use of other services and demographic monitoring.



## 4.1 Demographics

25 different nationalities, not including English/British, took part in the survey with more than a third of respondents coming from non-British backgrounds.

More men than women took part in the survey, 71 men to 45 women, with the remaining identifying as transgender or not disclosing.

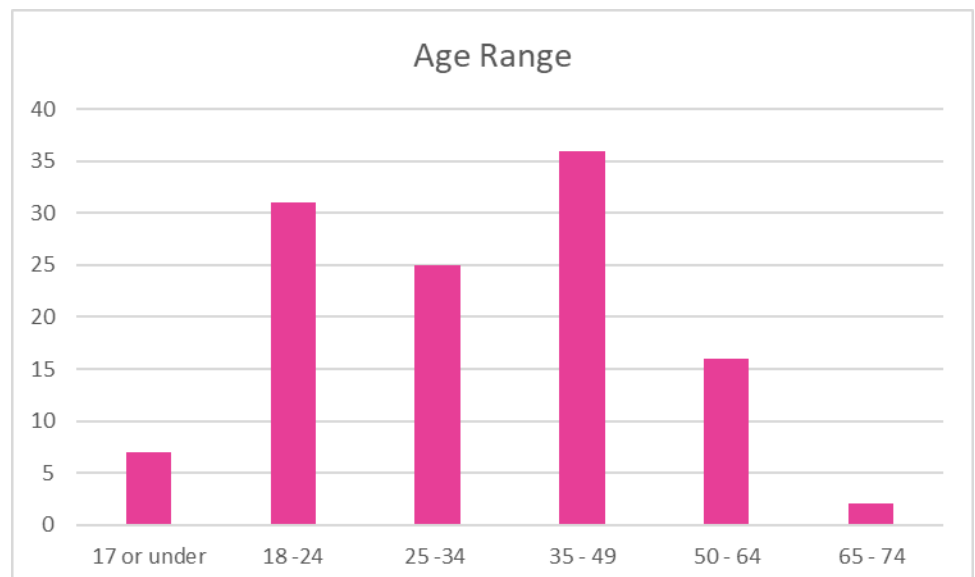
Half of respondents had a faith, identifying as: Buddhist, Christian, Catholic, Jehovah's Witness, Jewish, Messianic, Muslim, Roman Catholic.

More than two thirds of respondents were single, with 16 being separated/divorced and 15 being in a relationship.

One out of four respondents said they had a disability, a condition that falls under a “physical and/or mental condition that limits movement, impairs senses or prevents them from doing everyday activities”.

Four out of five respondents identified as heterosexual, with the remaining identifying as bisexual, lesbian, gay or not disclosing.

The age range of respondents mainly fell in the 18-49 ranges with some 17 or younger and over 65.





## 4.2 Contact with services



I feel like social services asked me to work with them, but when things didn't go well I ended up being evicted from my home - now got a new social worker and I'm hoping for the best. Salford Housing Options - said we've got nothing for you because you made a mess of your last home. Went there when I was homeless. CAB- excellent, getting help from them. Went for help when I couldn't get any help with a place to live



Respondents were in contact with many different services both statutory and Voluntary Community and Social Enterprise (VCSE) sector, with just under half having accessed Salford Housing Options Point (SHOP) and Salford CAB for housing support. Many of the comments revealed complications in accessing statutory services and support, along with some lack of responsiveness and understanding around complicated personal circumstances and issues of access with having no fixed address.

Contact with services and support (and some of the comments from respondents)	
<b>Social Services</b> <i>"Helpful but it takes long time for anything to happen"</i> <i>"Not very helpful, too many questions"</i> <i>"Found this service very helpful"</i> <i>"[they] Have not replied"</i>	<b>Salford Housing Options Point (SHOP)</b> <i>"Not very good as I am single and apparently not a priority"</i> <i>"Good response. Put me in B+B after I came out of hospital"</i> <i>"Really helpful in finding me permanent accommodation"</i> <i>"I felt everything took too long and too often I did not receive clear answers"</i>
<b>Probation Service</b> <i>"Ordered by court to attend probation- no support"</i> <i>"Received basic advice from probation, not really helpful"</i> <i>"OK. I had to attend which I did"</i>	<b>Welfare Benefits (DWP)</b> <i>"Confusing and frustrating"</i> <i>"Gave basic information, takes too long"</i> <i>"DWP- 2 years no benefits as no address"</i> <i>"Slow at sorting benefits"</i> <i>"have been helpful"</i>
<b>Drugs and Alcohol Services</b> <i>"Been helpful towards a steady, balanced recovery"</i>	<b>Victim Support</b> <i>""</i>



*“Drugs and alcohol- use both to deal with street pain.  
Dealt with teams for both- still addicted”*

**Plus, contact with these other organisations**

City Centre Project, Booth Centre, Mustard Tree, Eccles Foodbank, MOTIV 8, Revive, Salix Homes, Family First (Manchester), Crisis, Cornerstone, along with the 6 engagement partner organisations involved in the survey

Many times, frustration around things taking a long time, being unclear and not understanding how things worked and of where to go if not eligible, were expressed by survey respondents. Many of the respondents were also in touch with 2 or more VCSE support services who were supporting them as best they could through some of the systems and process to access benefits, housing, healthcare and essentials such as food and clothing.

**Younger People**

Young people’s (under 18s) experiences, falling under ‘priority need,’ were mainly positive of social services and statutory housing support, although one young vulnerable male respondent suffering from mental health conditions had slept rough on the streets as well as staying in temporary accommodation such as hostels or B&Bs.



Had a very positive experience with social worker, good relationship



Social services have been helpful. Salford Council helped me get my current accommodation





## 4.3 GPs

Not enough time to listen to all issues in appointment. Have to go back separately for each thing. Stressful

More than half of respondents said it was, 'Very easy' or 'Easy' to get an appointment but with about a 1/5 still finding it 'Hard to' or 'Very hard to' see their GP.

The majority of respondents were registered with a GP in Salford - 91 – with 15 registered outside of Salford and 16 not registered at all. Respondents cited VCSE community homelessness support in helping them to register if they were new to the area, with about a third of those registered in Salford registered with the homeless drop-in GP (provided by Salford Health Matters – now Salford Primary Care Together). Another third were registered with one of the Gateways, mainly Pendleton, and the remaining third were registered with a GP across the different areas of Salford as far as Irlam, Little Hulton and Lower Broughton.

Some of the reasons given for not being registered with a GP practice are listed in the table below.

Statements about not being registered with a GP in Salford
<i>"Refused by GP no photo ID" *</i>
<i>"From Salford, but more support in Manchester"</i>
<i>"Only in UK for 6 weeks. Will try through Loaves and Fishes"</i>
<i>"Lost contact with GP through moving around"</i>
<i>"New to area, in process of registering with a GP in Salford"</i>
<i>"Going to register with Salford Health Matters"</i>
<i>"Not had a doctor since being a child"</i>

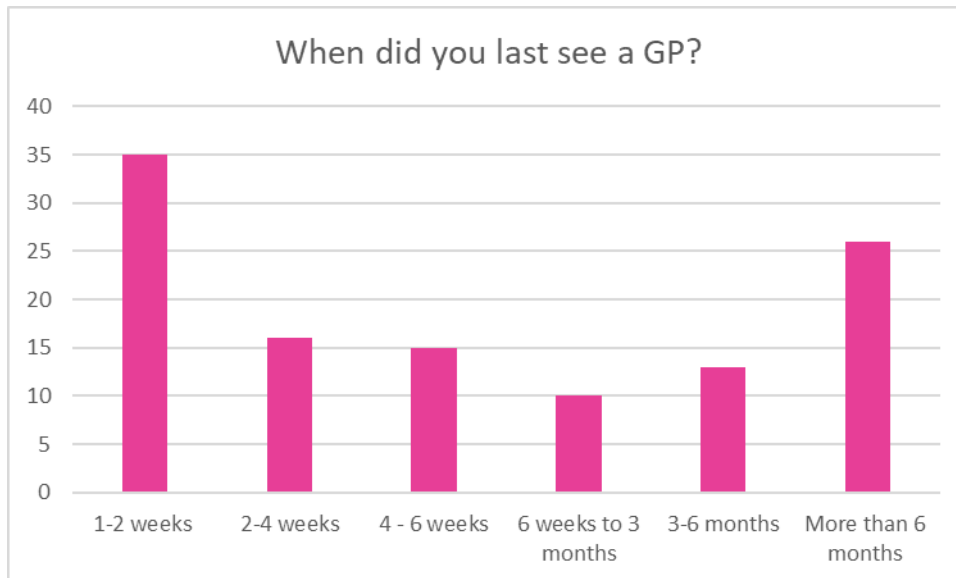
\*Requiring photo ID or proof of address to register with a GP practice is not part of NHS guidelines. [NHS guidelines](#) say that GP services cannot refuse to register someone because:

- They are homeless (or have no fixed address)
- Do not have proof of address or identification



- Or because of their immigration status

GP surgeries can only refuse to register someone if they are already full or if the person is living outside the practice area – and they must explain this in writing. However, not everyone is aware of their rights when it comes to registering with their local GP (Healthwatch England, 2018).



Many respondents with ongoing health issues were regular users of GP practices, due to things like:

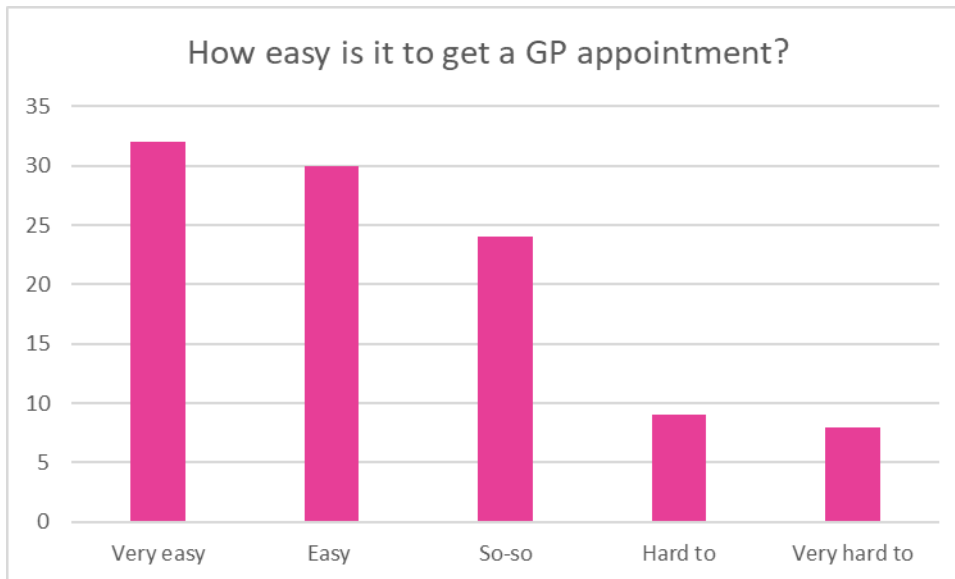
- *“See GP weekly at the moment for prescription,”*
- *“Regular appointment”*
- *“Collect sick note”*

Some were registered with a GP but had not seen a GP in some time, due to things like:

- *“Do not like doctors and hospitals,”*
- *“Been on the streets,”*
- *“No recent ill health”*
- *“Travelled around for the last 6 months”*

These and other comments would indicate that many respondents were using GP practices appropriately and only when they needed to see the GP but that being homeless, especially street homeless, made it harder to access a GP.





More than half of respondents said it was, 'Very easy' or 'Easy' to get an appointment but with about a one out five finding it 'Hard to' or 'Very hard to' see their GP. The majority of respondents stated that they were seen in minutes, with 7 people saying they waited hours and 5 people saying they waited more than 4 hours [due to waiting to see if they could get to see a doctor that same day, if a free appointment came up].

Respondents were asked to rate how well the nurse or doctor listened to them, understood and provided the help they needed, with the majority of respondents rating the GP practice as 'Very well' and 'Quite good' overall but with between 3-7 low ratings across all questions.

Respondents were asked about access barriers and difficulties. 57 respondents out of the 91 registered with a Salford GP stated one or more barriers to access, with the main and reoccurring ones listed below. *See Appendices A, for full statements.*

### Main and recurring barriers:

- Not knowing how to get a GP/find one
- Appointment systems, such as calling in the mornings via telephone
- Not being able to get an appointment
- Language barriers / inaccessible information
- Cost of travel
- Anxiety and other disorders that affect ability to do activities, such as leave the house
- Having to repeat themselves (seeing different people at the GP practice)
- Not having enough time in the appointment to explain / having to go back more than once
- Building access and other accessibility issues
- Not being listened to



Respondents were also asked about what would resolve or reduce their barriers.

What respondents said could be done to resolve/reduce these difficulties
<ul style="list-style-type: none"><li>• <i>"Open more hours"</i></li><li>• <i>"7 days a week doctor"</i></li><li>• <i>"Walk-in help in Salford including weekends"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"1 patient = 1 Doctor [same GP each time]"</i></li><li>• <i>"Having contact with regular GP, rather than different doctor"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"More time allocated"</i></li><li>• <i>"Address more than one issue at one appointment- I have different conditions"</i></li><li>• <i>"Give patient more time to express feelings. Deal with all concerns during one appointment"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"Start to listen, don't assume off one word. Stop treating people as numbers"</i></li><li>• <i>"To be better understood by doctor"</i></li><li>• <i>"Better listening. Be more patient and positive"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"More access, be interpreted by people. No family and friends"</i></li><li>• <i>"Attention to booking translator every time"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"Someone to help me get a GP"</i></li><li>• <i>"Posters and leaflets in drop in centres [how to register with a GP/ access healthcare]"</i></li><li>• <i>"Better adverts about how to change doctors"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"Medication, counselling [anxiety and going out]"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"Ground floor [access]"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"Reception staff should have better training and knowledge of what a GP can and can't do"</i></li></ul>
<ul style="list-style-type: none"><li>• <i>"Better way/system to make appointment"</i></li></ul>

Several respondents commented positively on the homeless drop in GP service (provided by Salford Health Matters - now Salford Primary Care Together), stating that the homeless drop in GP gives them all the time they need and really listens to them.

At least two respondents mentioned avoiding doctors and hospitals and this emphasises the importance of non-medical support and drop-in centres that people can access or self-refer to without the need to visit a GP or other health professional.

### Health and housing

41 respondents were asked about their housing by their GP and in some cases nothing more happened and in others they were asked about their situation:

- *"Doctor asked where I was living and asked how I am coping and if I'd applied for housing"*
- *"Given a leaflet with numbers of private landlords"*

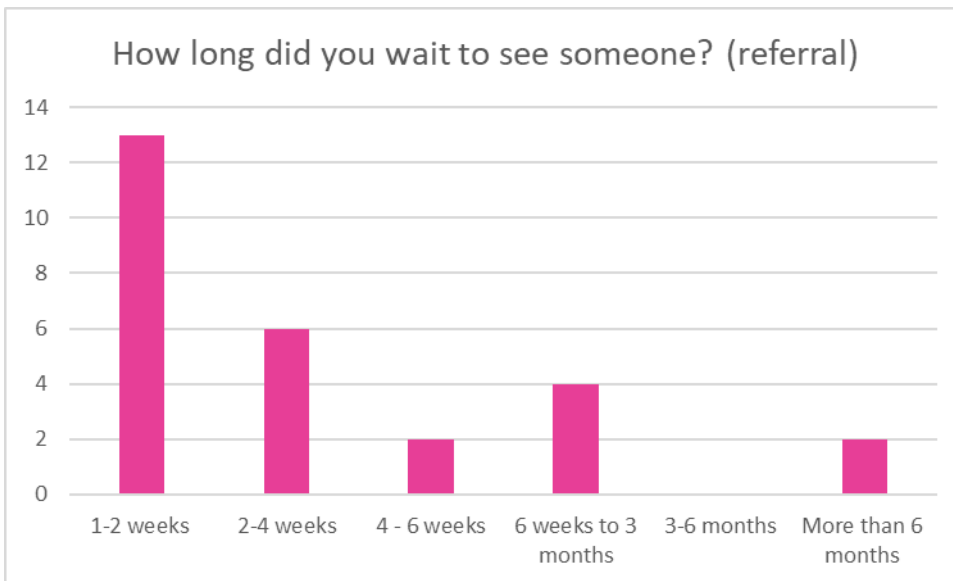
The causes of homelessness are often complex and can differ widely, and although well meaning, giving out information about private landlords and nothing else may not be that helpful. Not having all the paperwork / ID and funds needed for private housing is common and some people may have lost a



previous tenancy due to rent arrears. Referring or signposting to statutory or VCSE support services may be more helpful and ensure wraparound support is available.

### Referral from the GP practice

36 respondents were referred to another healthcare service by their GP but there were many reports of issues with the referral process and wait times.



Mental health referrals were particularly problematic, with one respondent waiting more than 6 months and another more than 12 months.



## 4.4 Mental Health

They heard me but didn't do anything to help. Difficult for me to explain my whole issue as they only want to know about specific things.  
I want them to understand that before eviction no mental health symptoms, after eviction mental health



17 people said they weren't accessing mental health services, but they *did* have a mental health condition.

They just couldn't get help.

As expected, questions around mental health were particularly sensitive and difficult for some to answer. Feedback from the survey engagement partner organisations indicated that some people did not disclose their mental health even though they were known to be accessing services, while other survey respondents did not know how to answer. Because of the vulnerability of some of the people surveyed, written instructions were added to the survey prompting the interviewer to seek management support about making a mental health referral and to follow their safeguarding policy if they felt that the service user was unsafe or a danger to themselves.

Of the 122 respondents 34 people said that they were accessing mental health services with 69 people stating that they didn't consider themselves to have a mental health condition and 17 people saying they did have a mental health condition but can't get help. When asked to explain why they couldn't get help, respondents stated:

- "Have difficulty dealing with my past"
- "Suffering low moods and anxiety and emotional breakdowns"
- "Keep going round in circles, give up"
- "I was told they need to help with drink and drugs first"
- "I get depressed but I am not mentally ill"
- "I have dyslexia and can't read/write easily. This causes anxiety and stress"

Respondents who were accessing mental health services were asked to rate how well the mental health worker listened to them, understood and provided the help they needed, with the majority of respondents rating the mental health worker as 'Quite good' overall but with between 2-8 low ratings across all questions.



Respondents were asked about access barriers and difficulties. 24 respondents out of the 34 stated one or more barriers to access, with the main and reoccurring ones listed below. *See Appendices B) for full statements.*

### Main and recurring barriers:

- Feeling like the treatment didn't help / not getting help with other issues
- Language barriers / inaccessible information
- Lack of compassion and respect
- Anxiety and other disorders that affect ability to do activities, such as using public transport
- Long waiting times and difficulty in getting appointments
- Low moods and issues around trust preventing opening up to the mental health worker
- Not really listening and understanding (staff attitudes and approach)

This is particularly concerning when specialised mental health support is often provided on a 1-2-1 and would therefore be expected to more fully listen and understand the needs and situation of their service users.

Respondents were also asked about solutions to some of these difficulties and barriers, with statements listed in the table below.

What respondents said could be done to remove/reduce these difficulties
<ul style="list-style-type: none"><li>● <i>"Need more training and do their job properly"</i></li></ul>
<ul style="list-style-type: none"><li>● <i>"More money into these services"</i></li><li>● <i>"More staff"</i></li></ul>
<ul style="list-style-type: none"><li>● <i>"Better communication or ways to interact with service users"</i></li><li>● <i>"More understanding and contact when saying they will"</i></li><li>● <i>"Better system"</i></li><li>● <i>"More advertising, better information"</i></li></ul>
<ul style="list-style-type: none"><li>● <i>"Avoid locums for sensitive issues"</i></li></ul>
<ul style="list-style-type: none"><li>● <i>"Local access"</i></li><li>● <i>"Travel could be provided to another source (i.e. Narrowgate night shelter)."</i></li><li>● <i>"Attend other places such as gateways"</i></li></ul>
<ul style="list-style-type: none"><li>● <i>"Take off street, give 24 hours in controlled area so can't get drink/drugs"</i></li></ul>
<ul style="list-style-type: none"><li>● <i>"Phone call appointments"</i></li></ul>
<ul style="list-style-type: none"><li>● <i>"Work with me, to be able to trust people, to be able to open up"</i></li><li>● <i>"Someone who has got time to listen, knows situation, understand what you have been through"</i></li></ul>

Local access was seen as important to reducing barriers and again staff attitudes and practice was important to respondents. Awareness of the link between life situation, homelessness and mental health issues and a more sympathetic understanding of life situations being complex and chaotic were also seen as important.



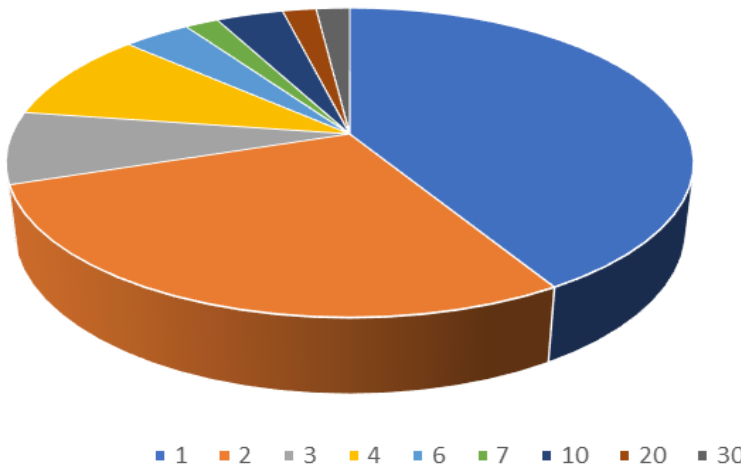
## 4.5 Accident and Emergency

I was homeless. Went for help, had a bad chest but wasn't really listened to. Treated and discharged

59 respondents had visited A&E 178 times between them in the last 12 months

Almost half of respondents had visited the Accident and Emergency department at Salford Royal NHS Foundation Trust (A&E). These 59 respondents had visited A&E 178 times between them in the last 12 months, with one respondent not stating a number but saying 'loads' when asked how many times they had visited A&E in the last 12 months.

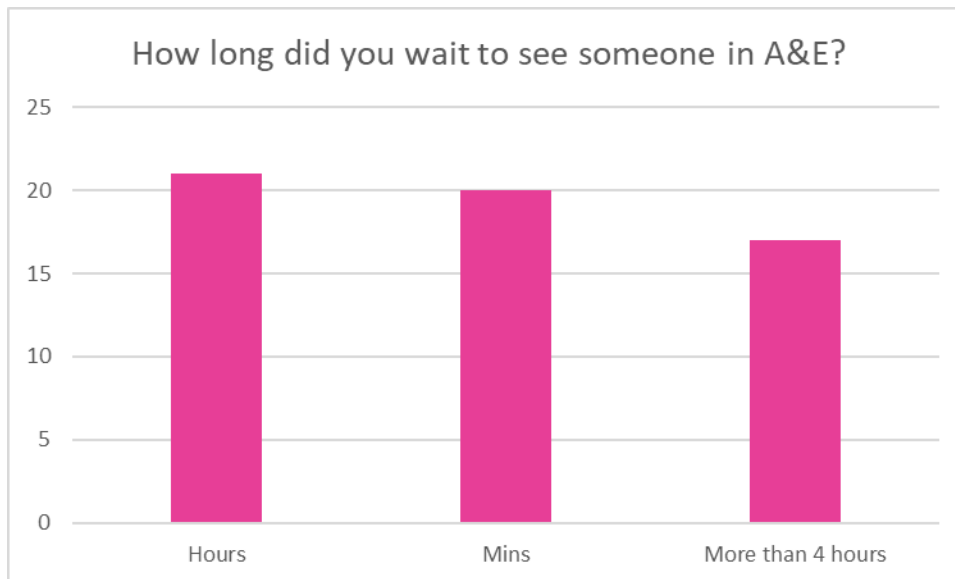
The number of times respondents attended A&E



The number of times each responded attended A&E within the last 12 months is represented in the pie chart above, with the largest groups of 22 people attending A&E once, 15 people attending twice and two people attending 20 and 30 times respectively in the last 12 months. Most respondents, 47 people, had attended voluntarily, with 12 not doing so.

*"Thank them for saving my life,"*

Survey respondent



Respondents waited anything from 15 minutes to a couple of hours for an initial medical assessment, with 17 respondents waiting more than 4 hours and 1 respondent waiting over 6 hours to see someone.

Respondents who used an ambulance were very positive about ambulance crew, rating them highly, with statements listed in the table below.

Statements about Ambulance Crew from survey respondents
<i>"Crew are good. Concerned, listen and try to find out what's happening"</i>
<i>"Good"</i>
<i>"Very good to me"</i>
<i>"They helped me"</i>
<i>"Really Good"</i>
<i>"Good. Came easy and quick"</i>
<i>"Staff very nice and looked after me very well. I felt safe"</i>

Respondents were asked to rate how well the A&E nurse or doctor listened to them, understood and provided the help they needed, with the majority of respondents rating A&E as either 'Excellent' or 'Quite good' overall but with between 2-8 low ratings across all questions.

Respondents were asked about access barriers and difficulties, with 29 of them stating one or more barriers to access, with the main and reoccurring ones listed below. See Appendices C, for full statements.



*“More nurses needed in Salford Royal,”*

Survey respondent

**Main and recurring barriers:**

- Understanding and listening
- Waiting times and delays
- Language barriers / inaccessible information
- Cost of travel
- Lack of staff understanding around domestic abuse and other life situations like homelessness
- Privacy when being treated
- Sympathy and understanding around other underlying conditions such as anxiety [when being treated for something else]

Many of the responses were about not being listened to and frustration around waiting times, with a few commenting on staff attitudes to homelessness and the issues around this and staff lack of awareness around things like domestic abuse and situations that ‘trigger’ or increase anxiety and other mental health conditions.

Respondents were also asked about solutions to some of these difficulties and barriers, with statements in the table below.

What respondents said could be done to resolve/reduce these difficulties
<ul style="list-style-type: none"> <li>• <i>“More doctors/nurses more Walk-in Centres”</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>“Different queues for different injuries”</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>“Better and more concise training for staff, regards alcohol problems and diagnosis”</i></li> <li>• <i>“Domestic abuse training”</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>“A more caring mental health team”</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>“Reduce waiting time”</i></li> <li>• <i>“Less waiting time- better communication and more compassion”</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>“Finances for travel”</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>“Somebody to understand me”</i></li> <li>• <i>“Listen properly to concerns”</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>“Use an interpreter”</i></li> </ul>





## 4.6 Dental services

Dentist is in Eccles, so haven't always got the bus fare to get to appointments. Plus, I could have anxiety attack, which puts my day in reverse

Half of respondents were not registered with a dentist but a third of all respondents stated that they had ongoing dental issues.

Half of respondents were not registered with a dentist, 38 were registered with a dentist in Salford, with the remaining registered outside of Salford but a third of all respondents stated they had ongoing dental issues. 34 respondents had used a dentist in the last 12 months, with people accessing dentists in Broughton, Eccles, Swinton and Ordsall, with a quite a few accessing the Pendleton Gateway dentist.

Examples of ongoing dental issues from those accessing dental services are:

- *"Fillings – [they] have given me the help I needed"*
- *"Inflamed gums"*
- *"Few rotten teeth"*
- *"Need braces"*
- *"Tooth aches"*
- *"They have been helping me with repairing my teeth - been there 4 times"*
- *"Every 2 weeks they look after me"*

*"Lady I see is lovely, understanding - but still professional"*

Survey respondent

With respondents who were not registered with a dentist who had ongoing dental issues stating:

- *"Need to see dentist but none taking any NHS [patients] on"*
- *"Do not know where to get help"*
- *"Unable to access [respondent had only been in the UK for 6 weeks]"*
- *"Due to being homeless, I cannot give them [the teeth] appropriate care"*

With many who were not registered needing urgent or serious dental treatment, stating:

- *"Broken wisdom tooth causing intermittent pain"*
- *"Cracked and broken teeth"*
- *"Need overall dental treatment, several teeth missing"*
- *"Cracked and broken teeth"*
- *"Teeth damaged, broken and missing. Can't eat properly"*
- *"Decay and replacement fillings"*
- *"Missing teeth. Tooth decay"*



## Health Access and Homelessness in Salford - May 2018 Report

One respondent had received treatment, but it was not made clear to them beforehand that they would have to pay for the treatment, *“It was OK. Unclear that I would have to pay for treatment if not on benefits”* and several people mentioned fears around going to the dentist.

*“Too scared to go, so putting it off.  
Dentist is very nice. Very good, approachable”*

Survey respondent



## 4.7 Other services

Half of respondents had accessed other health, social care and support services, totalling 185. Some were based outside of Salford. All services mentioned are detailed in the table below.

Other health and social care services and local authority social services support (Salford)			
<b>Opticians</b>	<b>Ambulance</b>	<b>MOTIV 8</b>	<b>Chemist</b>
<i>"Very nice and listened well"</i> <i>"I need glasses but can't afford them"</i>	<i>"Very good to me"</i> <i>"Crew are good and concerned, listen and try to find out what's happening"</i>	<i>"Helpful"</i>	<i>"Pharmacy queue is long"</i> <i>"Helpful- I received useful information from them"</i>
<b>Healthy relationships support group</b>	<b>Physiotherapy</b>	<b>Self-care</b>	<b>Voluntary Sector</b>
<i>"Feels like the group is useful and attend regularly"</i>	<i>"Very good"</i>	<i>""</i>	<i>""</i>
<b>SRFT diabetes Dept</b>	<b>SRFT outpatients</b>	<b>Prison Healthcare GP</b>	<b>Achieve - drug and alcohol service</b>
<i>"Good service, they are helpful"</i>	<i>"Dentist referred after finding a spot in my mouth. Results showed no concerns"</i>	<i>"Assistance while in prison due to extensive health condition"</i>	<i>"Good service"</i> <i>"I self-referred myself for assistance with my mental health conditions"</i>
Other health and social care services and local authority social services support (outside Salford)			
<b>Mustard Tree</b>	<b>Bury SCC</b>	<b>Trafford SCC</b>	<b>Warrington SCC</b>
<i>"Very helpful. They provided support like learning English, filling out forms, accessing bus pass and accommodation"</i>	<i>""</i>	<i>""</i>	<i>""</i>
<b>St Mary's Hospital</b>	<b>Oldham suicide support group</b>	<b>Hope Hospital</b>	
<i>"Very good service. Doctors really listen and really care about patients"</i>	<i>"Good service- happy with help. Continue to help and really supportive"</i>	<i>"Good [experience]. More privacy"</i>	



## 5. Conclusions

Across all services there were comments expressed and frustration at not being listened to and understood. Being listened to often came high on the list for suggested solutions to reduce barriers for access across all the different services used by respondents.

36 respondents were referred to another healthcare service by their GP but there were many reports of issues with the referral process, indicating complications and extensive wait times between primary and secondary healthcare, especially mental health support services.

Some people struggled to access mainstream services because of mental health conditions and complexities in their lives, while others avoided services due to the label and stigma of mental health, with statements like, *"I get depressed, but I am not mentally ill"* and some just didn't want to talk, *"Don't want to explain"*.

Learning disabilities and language barriers also made it more difficult to access mainstream services and would make automated appointment systems and online access more difficult for them, *"I have dyslexia and can't read/write easily. This causes anxiety and stress,"* and as another barrier, *"Language, culture understanding"*.

Priorities for help and circumstances for people experiencing homelessness varied but they often wanted wider support and understanding about them and their lives and not just the support/treatment for only what they had presented for. Better and more information sharing systems and agreements between different sectors would support a more joined up and wraparound approach for people and reduce some of the cycles of homelessness and sense of hopelessness that some of the respondents stated and experienced.

 I don't think I can be helped. I need a house and job - they cannot get this 

Respondents sometimes avoided or put off getting support from some services due to stigma, i.e. mental health and anticipation of pain, i.e. dental treatment. This is largely out of the control of service providers. However, how easily/where service users could access services or get support and the attitudes of staff were also big factors on them deciding to seek help or not and this is within the control of providers and commissioners.

If people are left feeling like they cannot get help or have reoccurring negative experiences, as a result they often opt-out of using mainstream services, even when ill, and when in crisis end up at A&E which has a human toll and is costly to the healthcare system. With the introduction of the Homelessness Reduction Act and pressure on all sectors there needs to be more resources targeted on prevention and more integration and resource sharing above and beyond health and social care services to ensure interventions are effective and genuinely meet the needs of people using the services. This would also help prevent further crisis and more costly interventions further down the pathway.



## 6. Recommendations

### 1. The role of the VCSE sector

VCSE organisations providing homelessness and other support services increased access to other services and mainstream healthcare (NHS services).

**Our recommendation** is for NHS providers, commissioners and the local authority to engage more fully with these VCSE organisations to ensure joined up pathway referrals and to explore options of providing/sharing resources and other practical and financial support to assist these organisations in continuing and expanding their important work.

### 2. Integration

With Salford moving to more integrated approaches and teams with many of its health and social care services it is important that communities, services users and the VCSE that often represent and interact with them are also involved and spoken to about these changes, and where they might add value in these new systems, as early as possible in the process of change. Where it makes sense to link into other services such as housing, advice and debt relief.

**Our recommendation** is to develop and support systems that link different services and increase information sharing, along with exploring further integration with other services (e.g. health, social care, drug and alcohol, housing, and criminal justice, VCSE) for homeless people.

### 3. Access barriers and public sector equality duty

Many respondents had one or more barriers or difficulties of access, with many if not all of the respondents falling under one or more of the protected groups listed in an Equalities Impact Assessment.

*In Salford as well as the 9 protected groups as listed in the Equality Act of 2010, 'carers' and 'socially deprived communities' are also included. Due regard should be demonstrated by all public sector bodies, i.e. the NHS and council. Engagement and consideration of different access needs and any disproportionate negative impacts of services changes or policy should form part of the Equality Impact Assessments that providers and commissioners should be undertaking.*

**Our recommendation** is to review the feedback provided by survey respondents and further engage service users to understand more fully where these barriers are and what changes would reduce or resolve some of these. With any significant service or policy changes ensure due regard is evidenced through undertaking regular Equality Impact Assessments.

### 4. Booking systems, appointments and other accessibility

Providing interpreters on request are important to reducing some of the access barriers but the public sector equality duty also places an anticipatory duty on providers to anticipate and remove barriers to access.

The Accessible Information Standard 2015 should be being implemented across all NHS services and training provided to staff to understand different communication needs and access barriers experienced by different equality groups and people.



Booking systems should be fully accessible, with information provided in appropriate formats and clear instructions to ask for further formats or where/how to get support to book an appointment.

**Our recommendation** is to undertake a thorough access audit of these areas.

### 5. Training and staff attitudes

Across all services there were comments and frustration expressed around not being listened to and unsympathetic responses from staff. There were also examples given of good approaches and practices i.e. Salford Health Matters drop-in GP service, VCSE staff approach and experience and the ambulance service.

**Our recommendation** is to review staff training and key skills and attitudes that are important to services users to address some of the negative approaches and experiences of service users. One way to do this would be to involve and encourage input or ask for demonstrations of which approaches work with different client groups or organise some skill-sharing sessions with staff listed from the organisations/sectors above.

### 6. Dentists and receiving treatment

Only half of respondents were registered with a dentist, with the high instance of ongoing need for dental treatment, a third. There were issues around affording treatment and registering with a dentist, with some not taking on anymore NHS registrations, and fear of treatment.

**Our recommendation** is for VCSE organisations working with homeless clients to explore a closer working relationship with dentists in their areas so that both can support clients to register with a dentist with NHS places and give the clients the opportunity to receive regular treatment and check-ups.

### 7. Referrals and wrapround support

Addressing homelessness is more than just providing a roof over someone's head and without support to address some of the other issues, with some of these issues placing people in a vulnerable category, people may find themselves unable to secure or sustain a tenancy and access other services to improve their health and living standards.

**Our recommendation** is to create a guide / online page that will provide guidance to professionals about making a suitable referral for different support services and interventions, as part of the local authority's pathway redesign work in preparation for meeting the requirements of the Homelessness Reduction Act and to involve VCSE support services and social landlords in its design/ content.

This would support the move to a more joined up system and provide a valuable resource for different professionals to make referrals to statutory support services and VCSE, who together, would be better placed to work with individuals and families in navigating the system, signposting to other support and providing other necessities such as food, clothing and advice.



## 7. Commissioner response

On the 11th of July Safia Griffin Healthwatch Salford Engagement Officer (Health Access and Homelessness project lead) and Janice Lowndes Assistant Director People and Communities for Salford City Council met to talk through this report and key points from the Council's updated 5-year homelessness strategy published in April 2018.

### **Update from commissioners on the work they are doing to address homelessness - key points:**

- Health and Wellbeing Board have agreed a section on Housing and Health
- There will be more links and integration with housing choices, welfare rights, debt and Salford Assist (discretionary support scheme funds) – wider offer, that also includes closer working with council tax and housing benefit teams
- Have brought Children's and Adult services into one directorate, more support for care leavers and 16, 17 year olds
- Secured funding through the CCG to fund a homelessness officer post based within the hospital discharge team for an initial 18 months. (This is to prevent people being discharged back onto the streets or into housing that is not safe or suitable, instead appropriate assessments and referrals will be made.)
- Just launched 'Better Off' pages, a one stop online resource on the My City Salford website that provides guidance on living, budgeting and applying for support
- 2 VCSE representatives will now be attending the strategy housing meetings (linked to Salford CVS and their vocal forum work.), increasing representation for the VCSE and communities.
- GMMH secured additional funding from GM for mental health support for homeless people in Manchester, support will be provided in Salford too.
- Secured funding through the National Rough Sleepers Fund for rough sleepers team. The aim here is to have 2 posts that are recruited from people with lived experienced of rough sleeping
- Council are using 'Derive (Salford) Limited', a council owned housing company with its own budget, to buy and then rent out approx. 50/60 affordable housing properties
- Social landlords are not bound by the duties in the Homelessness reduction Act, namely the duty to refer but the SCC have done work with Great Places, City West and Salix who have signed up to a pledge committing to referral and work with the SCC around the duty to refer and homelessness prevention. There are ongoing talks with private landlords about also signing the similar pledge but this group is fragmented.
- New initiative Housing First to support people into settled housing that they can remain in (reducing the instance of people going from temporary and then moving again to settled housing), as this is what people say they want.

Janice asked if the recommendations could be reviewed/enhanced as she felt they did not focus on the positive comments within the data in the report. Janice commended Healthwatch for the report on Homelessness and health.

Healthwatch Salford commented that there were lots of positive work and initiatives being undertaken to address homelessness. Healthwatch Salford feel that the recommendations truthfully reflect the feelings and often more negative concerns and experiences of homeless people but acknowledge that their recommendations emphasised more of the barriers and solutions. More could have been written on some of the more positive feedback and this will be more fully considered in future reports.



# Appendices

## A) GPS

GPs - How well or fully do you feel that the nurse or doctor listened to what you had to say?	
<i>Very well</i>	42
<i>Quite well</i>	38
<i>So-So</i>	16
<i>Quite bad</i>	3
<i>Very bad</i>	4
How well or fully do you feel that the nurse or doctor understood your situation?	
<i>Very well</i>	42
<i>Quite well</i>	32
<i>So-So</i>	15
<i>Quite bad</i>	7
<i>Very bad</i>	5
How well or satisfied or were you that you got the help you needed?	
<i>Very well</i>	44
<i>Quite well</i>	26
<i>So-So</i>	20
<i>Quite bad</i>	7
<i>Very bad</i>	5
How would you rate the overall contact with the GP practice?	
<i>Excellent</i>	33
<i>Quite good</i>	39
<i>So-So</i>	22
<i>Quite bad</i>	4
<i>Very bad</i>	3





### GPS - Barriers to access and difficulties for respondents

- *"Being homeless I didn't know how to find a GP"*
- *"No one reminded me about getting a GP"*
- *"Don't know how to get a GP!"*
- *"Making/getting appointments is difficult- have to ring a certain time to get an appointment on that day"*
- *"Difficult to get appointment. They only give prescriptions for 7 days"*
- *"Waiting times to get an appointment are too long"*
- *"It's sometimes hard to get an appointment on the same day or next day"*
- *"Appointments are not always available"*
- *"No phone. I have to go in at 8.30am am always told there are none and come back tomorrow"*
- *"Having to phone in at 8am, and sometimes waiting weeks to see doctor"*
- *"No photo ID"*
- *"Language barrier as English is not first language"*
- *"Has difficulty when trying to book an appointment due to English not being my first language"*
- *"Not good English. Sometimes translator does not turn up or GP has not booked the translator"*
- *"Language barrier"*
- *"Bus journey and cost of fare"*
- *"Travelling to and from"*
- *"Not having to repeat my story"*
- *"Mental health. Not have much financial resources and no counselling"*
- *"I struggle with change. I have had to go to a new doctors and felt a bit rushed in the appointment"*
- *"Controlling my anger"*
- *"Homelessness, anxiety"*
- *"Bipolar, ADHD, anxiety, depression"*
- *"Since my son died I get anxiety when going out, some days worse"*
- *"Not enough time in appointment to be dealt with. Cannot present with more than two issues at one appointment. Would be good if you could deal with all issues at once"*
- *"Sometimes people don't listen or give me time to explain, because I am trying to explain in English [speaks English as a second language]"*
- *"Not enough time to listen to all issues in appointment. Have to go back separately for each thing. Stressful"*
- *"Trying to explain long term issues took 3 visits to doctors, each doctor different"*
- *"See two different GPs, depending on rotation. One GP's is more responsive than the other"*
- *"The doctor was looking at his computer screen, little eye contact"*
- *"Stairs due to injured leg"*
- *"Due to health condition I sometimes struggle to get to the practice"*
- *"Only selected days to attend"*



**B) Mental Health Services**

<b>Mental Health Services</b>	
<b>How well or fully do you feel that the mental health worker listened to what you had to say?</b>	
<i>Very well</i>	10
<i>Quite well</i>	13
<i>So-So</i>	6
<i>Quite bad</i>	3
<i>Very bad</i>	1
<b>How well or fully do you feel that the mental health worker understood your situation?</b>	
<i>Very well</i>	8
<i>Quite well</i>	10
<i>So-So</i>	9
<i>Quite bad</i>	4
<i>Very bad</i>	1
<b>How well or satisfied or were you that you got the help you needed?</b>	
<i>Very well</i>	8
<i>Quite well</i>	8
<i>So-So</i>	7
<i>Quite bad</i>	5
<i>Very bad</i>	5
<b>How would you rate the overall contact with A&amp;E?</b>	
<i>Excellent</i>	8
<i>Quite good</i>	9
<i>So-So</i>	8
<i>Quite bad</i>	5
<i>Very bad</i>	2

**Mental Health Services**

Statements from survey respondents about the mental health support they were receiving



**And, barriers to access and difficulties for respondents**

- *"I was referred to this service talked about my anxiety but didn't really help the issue I was referred there for"*
- *"I felt like I'd wasted my time"*
- *"Went due to a rape however I was not allowed to talk about the assault as it was going to trail so I found it pointless in helping me"*
- *"Language, culture understanding"*
- *"Language barriers"*
- *"Be compassionate and understand more"*
- *"All about getting the right worker"*
- *"Anxiety of public transport [travelling to appointment]"*
- *"Getting there when I have no money"*
- *"Distance to travel. Difficult when on very low income"*
- *"Waiting for appointment, getting to hear as living on the streets- don't always find out"*
- *"[it took a] long time to get registered, with becoming street homeless"*
- *"Waiting period for access"*
- *"Difficult to get appointments and long waiting times"*
- *"I am struggling to attend - don't feel like talking at the moment. Overwhelmed"*
- *"Couldn't quite fully open up to the mental health worker due to trust issues"*
- *"Having someone who had lived like I have, ex alcoholic, ex homeless, would listen and respect more than someone straight out of university with no clue"*
- *"Need someone who knows what they're doing and not just say, 'you're crazy'"*
- *"They listened but felt more like an interview - checking on me but not really any help. I have been there twice both times same questions. Not interested in me being homeless / causes"*
- *"They heard me but didn't do anything to help. Difficult for me to explain my whole issue as they only want to know about specific things. I want them to understand that before eviction no mental health symptoms, after eviction mental health"*

**c) Accident and Emergency Services**

**A&E - How well or fully do you feel that the nurse or doctor listened to what you had to say?**

<i>Very well</i>	21
<i>Quite well</i>	19
<i>So-So</i>	10
<i>Quite bad</i>	6
<i>Very bad</i>	3

**How well or fully do you feel that the nurse or doctor understood your situation?**

<i>Very well</i>	24
<i>Quite well</i>	18



So-So	8
Quite bad	7
Very bad	2
<b>How well or satisfied or were you that you got the help you needed?</b>	
Very well	25
Quite well	16
So-So	3
Quite bad	8
Very bad	7
<b>How would you rate the overall contact with A&amp;E?</b>	
Excellent	19
Quite good	23
So-So	6
Quite bad	7
Very bad	4

**A&E - Barriers to access and difficulties for respondents**

- *“Understanding my situation and not just saying they understand”*
  - *“No understanding”*
  - *“Not being listened to”*
  - *“I felt I wasn’t being listened to or dealt with correctly”*
  - *“Not asked questions, just tested by nurse”*
- 
- *“Time of waiting”*
  - *“Delayed waiting”*
  - *“A&E too busy. Waiting too frustrating”*
  - *“Due to mental health conditions, might not stick around”*
  - *“Waiting time when waiting for results is too long”*
- 
- *“Unsympathetic. Procedure went wrong and had to go back for further surgery”*
  - *“Didn’t understand my situation. My mental health. Didn’t bother to ask questions, just told me to go home, without even accessing my MRI records”*
  - *“I was homeless. Went for help, had a bad chest but wasn’t really listened to. Treated*



<p><i>and discharged”</i></p> <ul style="list-style-type: none"><li>• <i>“Didn’t listen. Wasn’t happy that they wouldn’t scan my daughter’s head after she banged it”</i></li></ul>
<ul style="list-style-type: none"><li>• <i>“Language difficulty”</i></li><li>• <i>“Language barrier but telephone interpreter was very good”</i></li></ul>
<ul style="list-style-type: none"><li>• <i>“Travel”</i></li><li>• <i>“Walked a few miles to get there. No money but didn’t want to call the ambulance”</i></li></ul>
<ul style="list-style-type: none"><li>• <i>“Because I am homeless and used SPICE, won’t be helped”</i></li></ul>
<ul style="list-style-type: none"><li>• <i>“[Staff] understanding domestic abuse”</i></li></ul>
<ul style="list-style-type: none"><li>• <i>“Wasn’t much privacy. People were around and able to see what was happening, which made me become more anxious”</i></li></ul>



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