

Accessing Healthcare in Sandwell: Homelessness Project Report 2020

Introduction

Healthwatch Sandwell (HWS) are the independent voice of the public for health and social care services in Sandwell. We collect people's experiences of health and social care services and use that feedback to work with service commissioners and providers to look for ways to improve local services.

One of the ways that we do this is to carry out projects each year that are based on priorities identified by the public, service providers and service commissioners in order to influence change in health and social care delivery in Sandwell.

A priority that has been identified is access to services for people who are homeless. In response to this we have carried out a project that aimed to find out about access and experience of using health care services, including primary care, mental health service services, urgent or emergency healthcare including walk-in centres, out of hours general practitioner (GP) services, accident and emergency departments at Sandwell and West Birmingham NHS Trust and West Midlands Ambulance Service.

Objectives

The objectives of the project were:

To understand the experiences of homeless people in Sandwell in accessing and using health services.

To understand the barriers to accessing health services.

To identify areas of good practice in access to health services for homeless people in Sandwell.

To build links and relationships with agencies working with homeless people in Sandwell.

To provide advice and signposting to people who are homeless in Sandwell in relation to healthcare.

Target Population

The target population in this project were homeless people in Sandwell. Homelessness has a number of guises, for the purpose of the project HWS engaged with those:

who are registered as homeless¹ and who are in priority need and will be entitled to support to be housed by the local authority.

who can be considered as 'hidden' homeless such as those who are 'sofa surfing' with family or friends but do not have a permanent stable address.

- who are rough sleepers, being defined as "people sleeping, or bedded down, in the open air such as on the streets, or in doorways, parks or bus shelters" (edited)².
- staying in hostels or refuges (non-permanent supported accommodation).

¹ There are 34 known homeless people in Sandwell.

http://www.sandwell.gov.uk/news/article/5593/if_you_are_homeless_or_sleeping_rough_-_sandwell_council_is_here_to_help

² <https://www.bbc.co.uk/news/magazine-10929761>

Methodology

The project was divided into two-stages:

Stage one

This stage mapped out local commissioned and non-commissioned services (28+ services) that support homeless people. From this mapping exercise a type of Community of Practice³ was developed with all these partner services. This group assisted HWS to gain access to people experiencing various kinds of homelessness.

HWS liaised with these services, these included Sandwell Environmental Protection Officers, hostels, the Homeless Patient Pathway at Sandwell and West Birmingham NHS Trust and food banks etc. (See appendix 1)

These services already have established relationships with the target group so therefore were able to encourage participants to take part in the project.

Stage two

In order to engage with people who are currently homeless and accessing support services within Sandwell, the engagement phase was undertaken using mixed methodologies:

- an online survey with printed copies (for outline of questions: See appendix 2)

The survey asked about their experiences of accessing primary care services using mainly closed multiple choice questions and supported by some open text questions to allow for answers to be expanded upon. The survey was hosted on-line but was also made available as paper copies through the support agencies to ensure that a wide range of people were able to complete it. The surveys were completed by the target group and where necessary by support agency staff as well as face to face by HWS staff. The survey enabled respondents to maintain a level of anonymity.

To reward and incentivise completion of the survey, the Healthwatch Advisory Board approved a reward of a pair of thermal socks and/or a hat.

The feedback received from the surveys was mostly quantitative and enabled HWS to demonstrate scope and frequency of issues faced, whilst the feedback received from the open text questions in the survey enabled HWS to demonstrate the depth and impact of issues, as well as examples of best practice and ideas for co-production of solutions to inequalities faced by homeless people. There were 129 valid responses to the survey.

- focus groups/ interviews (for outline of intended questions: see appendix 3)

However, it became apparent from the Community of Practice that this method would not be suitable due to the chaotic lifestyles of some of the respondents.

Our partner organisations were approached to identify individuals who had completed the survey to ascertain if they would be willing to have a further in-depth conversation. Unfortunately, no one agreed to be interviewed by HWS after the initial completion of the survey.

³ A community of practice (CoP) is a group of people who share interest, a craft or a profession. The concept was first proposed by cognitive anthropologist Jean Lave and educational theorist Etienne Wenger in their 1991 book *Situated Learning* (Lave & Wenger 1991).

However, using assertive engagement techniques with rough sleepers, HWS joined Environmental Protection Officers (EPOs)⁴ from Sandwell MBC to gain access to people who are ‘rough sleepers’ and were able to interview 8 people, who were all white European including 1 polish man (who spoke very little English). The majority were aged between 18 - 28 plus 1 person who was 50+, there were 5 males and 2 females. This technique enabled HWS to gain insight into their experiences of accessing healthcare services in Sandwell. See appendix 4 for overview of the visit.

For this group of people, the questions in appendix 3 (experiences of primary care, mental health service services, urgent and emergency healthcare service) were amalgamated into general conversation, to keep it natural and flowing, HWS staff did not ask the questions in a direct manner.

This feedback has been added to the findings and suggestions from the survey under the thematic headings.

For both methods of engagement, the participants were self-selecting and as such are a ‘convenience’ sample. Therefore, the results that are presented in this report are not necessarily representative of all homeless people in Sandwell and they give a snapshot of the needs and experiences of the individuals who took part. However, the themes from the feedback provide an insight into the needs of homeless in Sandwell and will be used to help to inform strategies and plans around the provision of future services and development of current services.

Publicity

The project was promoted using Facebook, contact with our network of voluntary organisations, press release, HWS web site, and our Healthwatch Advisory Board.

Findings

The findings from the project have been divided into 4 headings and are the key themes in this report:

The themes are:

1. Access and experience using primary care including GP services in Sandwell
2. Access and experience of mental health service services in Sandwell
3. Access to urgent or emergency healthcare services including walk-in centres, out of hours GP services, Accident and Emergency at Sandwell and West Birmingham NHS Trust and West Midlands Ambulance Service whilst homeless.
4. Ideas, comments, or suggestions as to how healthcare services for homeless people could be improved.

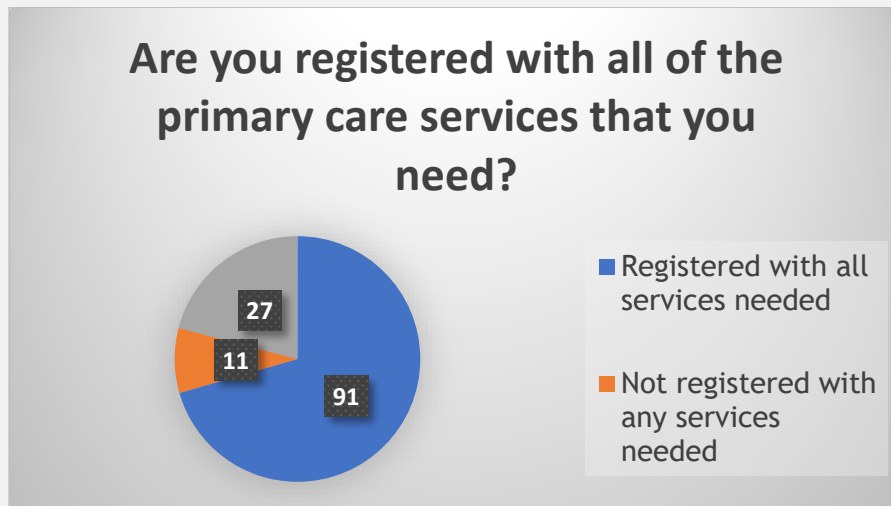
⁴ Environmental Protection Officers : A team of 18 officers in Sandwell MBC who tackle everything from dog fouling and litter to untaxed vehicles and anti-social behaviour.

FINDINGS

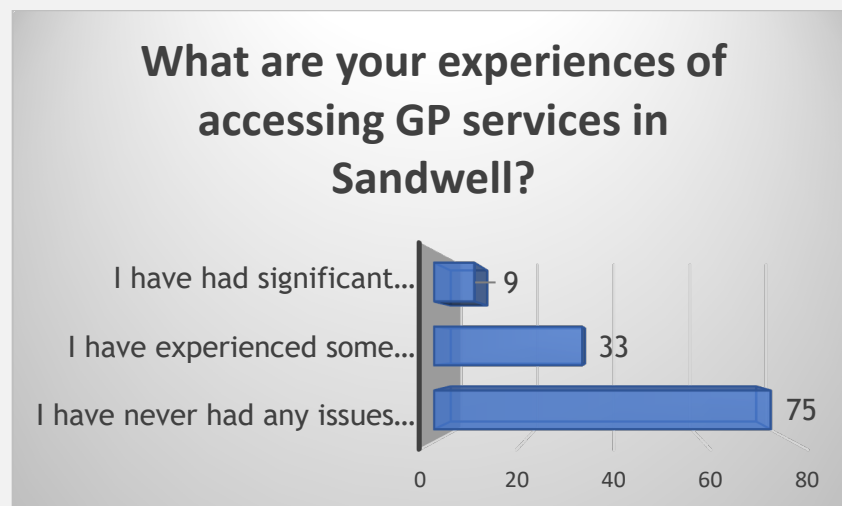
Theme One

Access and experience using primary care⁵ including GP services in Sandwell

The survey asked respondents about registration with primary care services in Sandwell. All 129 participants identified that largely homeless people are able to access all of the primary care services that they need in Sandwell.



Respondents were asked about their experiences of accessing GP services in Sandwell. 9 individuals reported that they had experienced significant issues in accessing GP services, where respondents had reported some issues or significant issues, they were asked to provide more detail about this when asked to describe access to primary care services, this included experiences of registration, treatment, professional relationship and care received from all staff within primary care. This feedback is included in the description of access to primary care services.



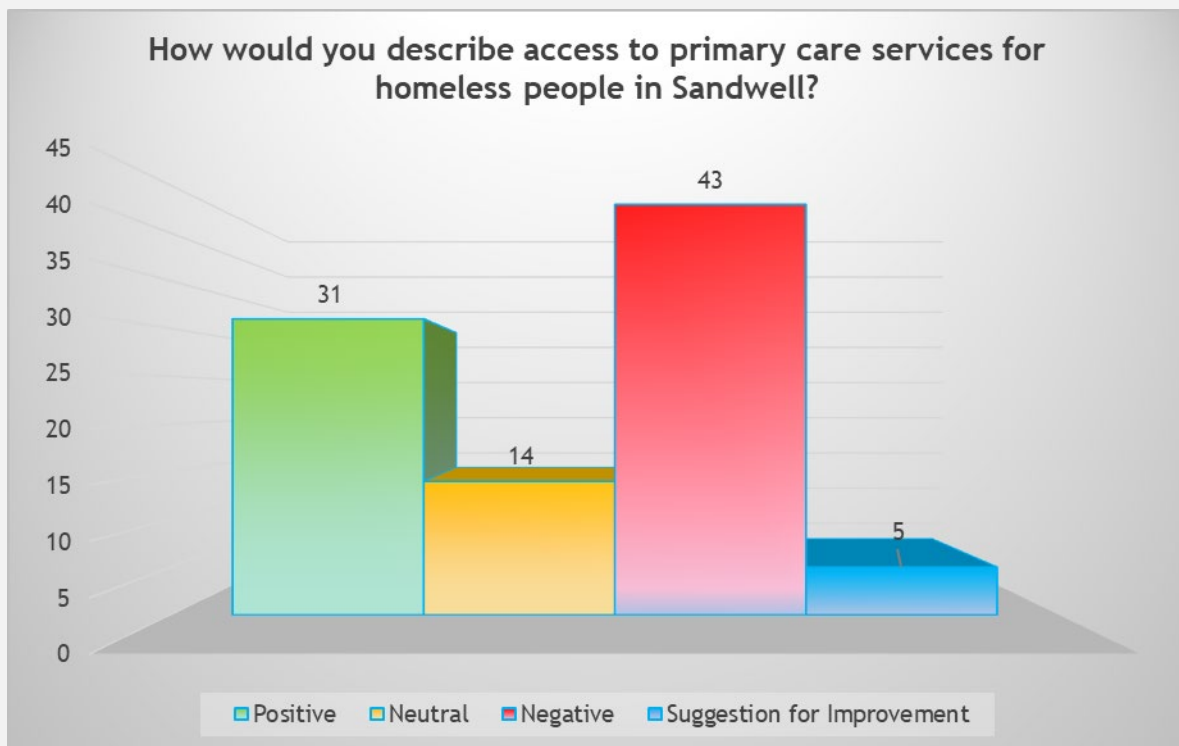
⁵ Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

<https://www.england.nhs.uk/participation/get-involved/how/primarycare/>

Feedback from assertive engagement with street homeless found that there were mixed views about accessing GP appointments. Some described it as being ‘straightforward’. However, some described it as being ‘difficult’. This was partly due to appointments not being available (a problem generally in Sandwell and nationally) but also due to lack of identification. When questioned about what happens when an appointment can’t be accessed with a GP, the comment was made ‘*I just ride it out*’

The street homeless talked of feeling uncomfortable in a GP surgery, that people (the public) were looking at them in a way that they felt judged. Some described that staff were either very helpful or rude.

When asked to describe access to primary care services (survey), 93 comments were received. These responses have been grouped into themes of positive, negative, neutral and suggestions for improvement, please see chart below for frequency of these themes.



Many of the comments that were received raised issues about lack of necessary ID or proof of address to register with a GP, it is important to note [NHS guidelines⁶](https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-homeless.pdf) say that GP services cannot refuse to register someone because they are homeless, 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.

Our findings suggest that there may be a lack of knowledge about homeless patient’s rights and a need for training amongst GP practice staff regarding the need for ID and proof of address.

Other issues raised through the feedback were waiting times for appointments, judgemental attitudes from staff, lack of patient knowledge regarding registration process with different primary care

⁶ <https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-homeless.pdf>

You do not have to provide ID when registering with a GP, but it is helpful to do so. It is helpful if you can provide at least one of the documents below when registering with your GP: Passport Birth certificate HC2 certificate Rough sleepers’ identity badge Hostel registration/mail forwarding letter

services and getting timely and appropriate community-based support for mental health service issues when homeless.

It was noted that respondents described getting a better service from a GP when there was a good relationship with the GP practice and the individual.

Below are examples of positive and negative comments from each thematic category. The suggestions for improvements to primary care are in theme four.





Feedback from assertive engagement with the street homeless, a situation was described whereby the person was complaining of ‘bugs in me’ the GP practice did not believe him, the GP thought he was hallucinating. Then when he presented at A &E it transpired that his leg was infected with parasites and after treatment his leg was saved.

One respondent with prolonged mental health service difficulties who is dependent on mental health service medication and addicted to illegal drugs, stated that his GP had denied him access to his prescription for mental health service medication to treat depression, anxiety etc as the GP believed that he was selling them on. This meant that he is not taking medication and his symptoms are becoming progressively worse.

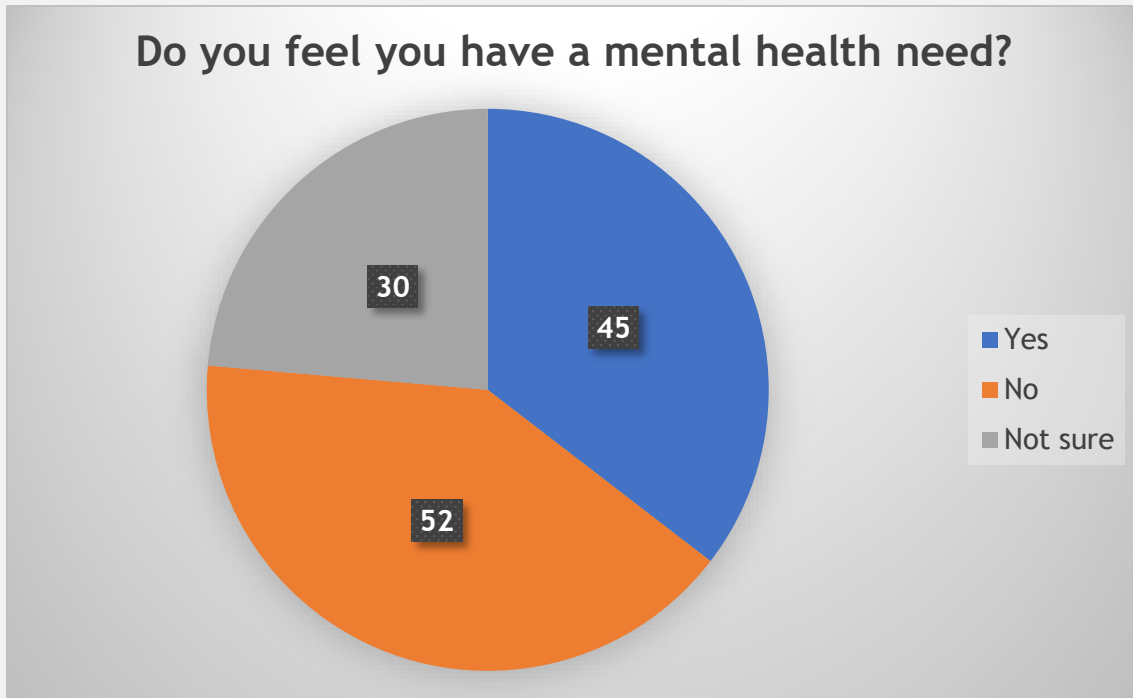
Good Practice Feedback from Assertive Engagement

Effective relationships play a major part in accessing healthcare, the EPO team described a relationship with one particular GP practice, Dr R K Arora's Practice, Lyng Centre for Health, Frank Fisher Way, West Bromwich, West Midlands, B70 7AW. This practice has recently formed a collaboration of Practices called Together4Healthcare Ltd. The EPO team described how the staff will see people who need medical appointments and healthcare but may not be registered at the practice. The EPO's described how they knew that this practice would be receptive and respectful to the target group who at times can be challenging.

Theme Two

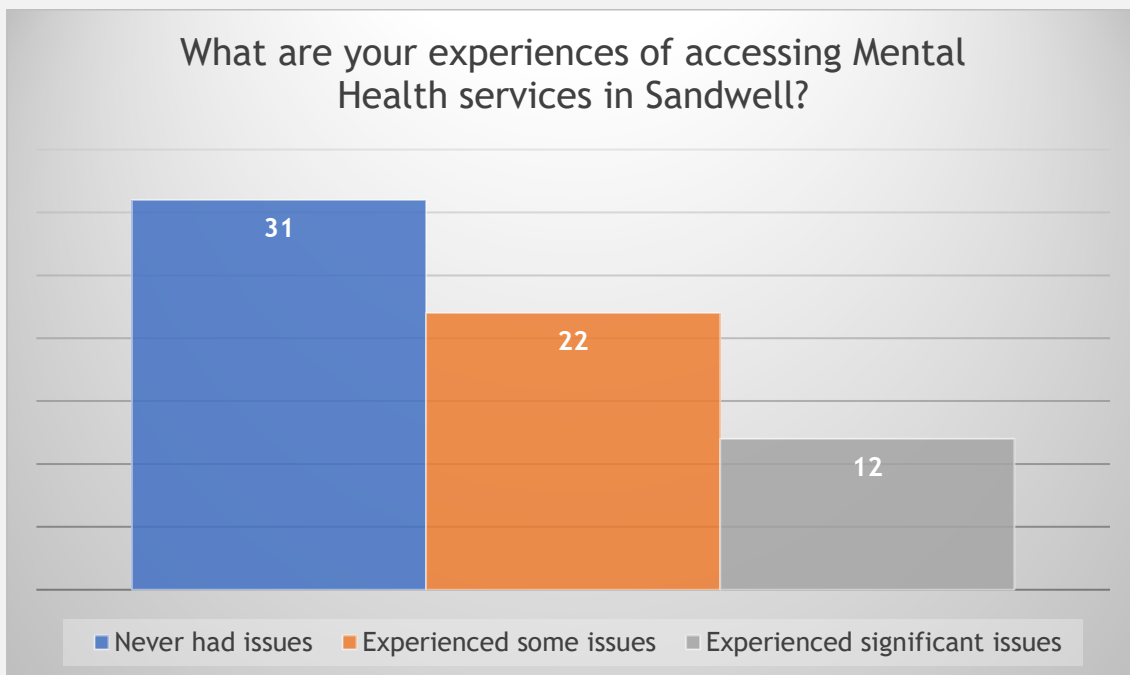
Access and experience of mental health service services in Sandwell

Respondents were asked if they feel they have a mental health need.



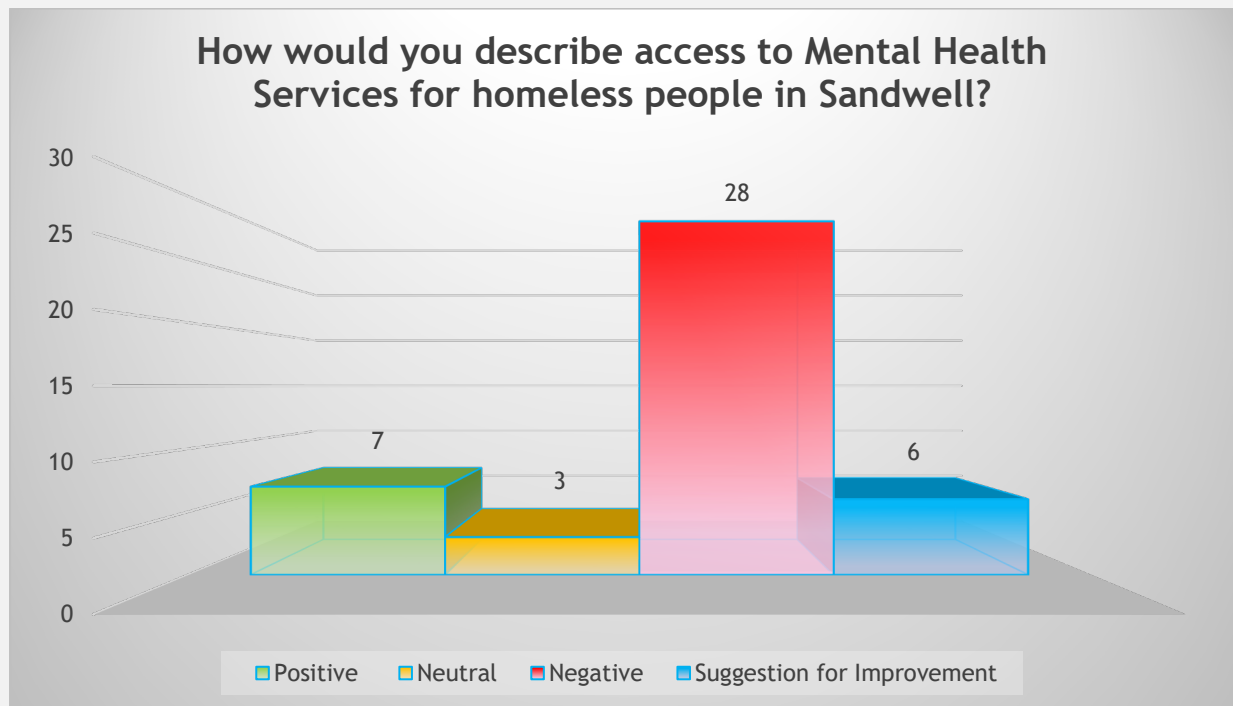
30 individuals reported that were not sure if they have a mental health need or not, this may indicate a lack of awareness of what mental health is.

Respondents were asked about their experience of accessing mental health service services in Sandwell.



We received 65 responses in total to this question and individuals 31 respondents reported that they have never experienced any issues in accessing mental health service services in Sandwell. However, upon examination of the data from respondents, 22 individuals reported experiencing some issues, and the 12 individuals have experienced significant issues in accessing mental health service services, therefore the majority of responses (34) indicate that homeless people **do** face issues in accessing mental health service services in Sandwell.

Respondent who had experienced issues were asked to provide further detail about their experience(s) and were asked to describe access to mental health service services for homeless people in Sandwell, 44 people responded. The comments were grouped into theme of positive, negative, neutral and suggestion for improvement. Please see the chart below for frequency of responses by theme.

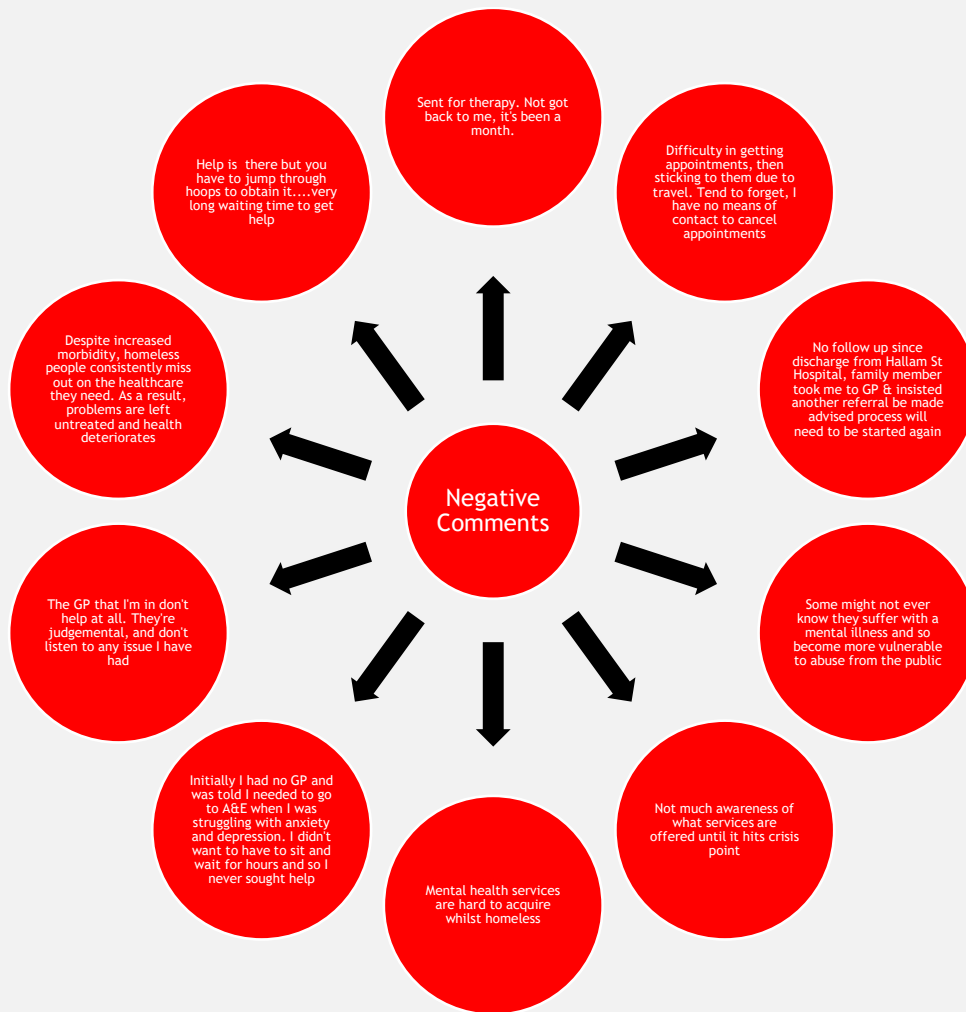


Analysis of comments:

The suggestions for improvements to access to mental health service services are included in theme 4.

There were 28 negative comments and included:

'I self-harm during times and felt (sic) abandoned.... frequent suicide thoughts & attempts poor coping skills'



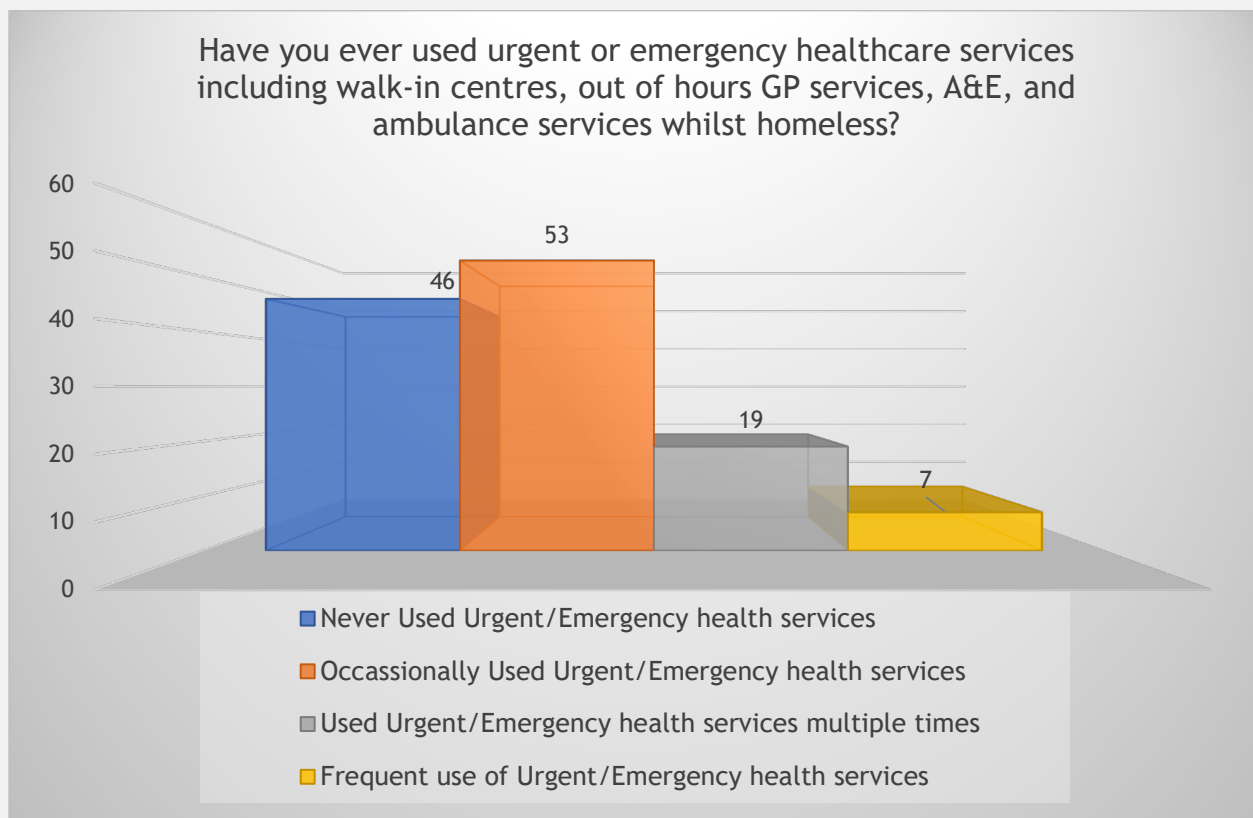


Feedback from assertive engagement with street homeless, one respondent described his biggest problem with rough sleeping, apart from threat of violence, was being lonely and life getting him down. One respondent described ‘having no choices in life’ and this person had cut ties with family because of his rough sleeping.

The findings and feedback received indicate that a full review of how homeless people access community mental health service services would be recommended, this could include methods of communication, information about services available, accessible information about mental health service issues and how to access help, barriers to access and continued treatment, staff awareness or support for dual diagnosis or people with co-morbidities, trauma-informed practice, response to referrals, f service flexibility leading to access issues for those who have more complex needs, and hospital discharge care planning and follow up.

Theme three

Access to urgent or emergency healthcare services including walk-in centres, out of hours general practitioner (GP) services, accident and emergency departments at Sandwell and West Birmingham NHS Trust and West Midlands Ambulance Service whilst homeless.



We received 125 responses to this question, 79 respondents used urgent or emergency healthcare services. All respondents who had reported any contact with urgent and emergency services were asked to provide more detail.

Respondents who had used urgent and/or emergency healthcare services were asked why they had chosen that route. Respondents could identify as many of the response options as were applicable, the frequency of each response option that was selected is reported in the table below.

| Response Option | Frequency Selected |
|--|--------------------|
| Lack of access to GP | 25* |
| Repeat attendances at A&E, out of hours services or walk-in centres for the same health problem | 21 |
| Repeated admissions to hospital for the same health problem | 14 |
| Lack of community care following attendance at urgent and/or emergency healthcare services, e.g. District Nursing services, Community Matron for the Homeless, Street Triage teams | 4 |
| Lack of continuing care in the community following hospital admission for the same health problem | 6 |

| | |
|--|----|
| Attend healthcare services only when health issues become urgent or an emergency due to lack of primary or community healthcare services available to you | 8 |
| Problems managing Long-Term conditions such as epilepsy, diabetes, lung problems etc. due to lack of primary or community healthcare services available to you | 4 |
| Lack of access to dental services | 5 |
| Lack of access to mental health service services in the community | 12 |
| Lack of continuing care from mental health service teams following attendance at urgent and/or emergency healthcare service | 9 |
| Lack of continuing care from mental health service teams following hospital admission for ongoing mental health service needs | 4 |
| Lack of access to prevention, health promotion or health screening services e.g. flu jab, cervical smear test, routine health checks etc. | 3 |

*The data is interpreted that people presented at urgent and/or emergency healthcare services when they could not get an appointment with GP. In theme one, 33 individuals advised HWS that they had had some issues in accessing GP services and 9 individuals reported that they had experienced significant issues in accessing GP services.

This table suggests that patterns were identified between lack of access to GP and use of urgent and emergency care services. Areas of concern are repeat attendance at urgent or emergency care services and repeat hospital admissions for the same health problem, which would suggest that access to continuous healthcare in the community for both physical and mental health service problems could be improved. A further area of concern is late and symptomatic presentations due to lack of community health services available to some individuals.

Respondents were asked to describe access to urgent and emergency healthcare services for homeless people in Sandwell, including treatment, professional relationship and care received from all staff within the urgent and emergency services that they had contact with. 61 people shared their views which have been grouped by themes:

Access to urgent/emergency services

There were mixed views, some were positive:

'I would say that access to emergency health care is quite easy however, there can be quite a long wait time in hospitals'

'It's easy as anyone can walk into the walk in therefore the services are pretty easy to access'

'Easy access to A and E and walk-in centre is easy especially if you don't have a GP'

However, there were some negative comments too:

'Due to extreme anxiety it can be scary.... waiting time too long & often unable to wait due to anxiety'

'Not easy you try to phone, and you cannot get any reply, so then you have to get transport to take you to the teams that you need to see'

'A&E couldn't do any dental and kept saying I had to go Birmingham, even though I can't afford to get there, and they just said it's not their problem'

'It can be difficult unless you are registered with a GP. Issues with registering with GP as I have no ID'

Equality and Staff Attitude

Respondents made comments about being treated fairly and staff attitude, the positive comments:

'Very good - I did not experience any issues.... all of the staff were very helpful'

'I have found them very helpful caringconcerning my health needs'

However, there were some negative comments:

'As soon as you say you are homeless their next word is 'right okay' I know straight away that I am viewed differently to others'

'Poor. ...They don't seem like they care.... I feel staff do treat me differently'

'They rush appointments, and they don't make it comfortable when talking to them.... lack of understanding for people who struggle to engage'

'We are all counted as numbers, not people'

Communication and Treatment

Respondents made comments about the communication with them and their treatment:

The positive comments included:

'Very good treatment ...it was just the waiting time'

'Walk in centre have been great always friendly and don't have to wait long to be seen'

'A&E staff were professional and helped me get ongoing support from GP... A+E is the best bet for treatment, they are pretty good'

'Received good care and support regardless of immigration status'

However, there were negative experiences recalled:

'The wait was long ...it's a long process to be seen'

'Admitted to hospital many times: No follow-up, poor relationship with GP/ lack of understanding'

'Poor physical health: abscesses, severely underweight, multiple infections, breathing difficulties.... said to get one type of medicine and came back with something different and doctor said it will do. applied the medicine and sent me away without telling me how to apply it or how much'

Reasons for Presentation

The respondents were asked why they go to urgent and emergency healthcare services, their responses included:

'I have used walk-in centres for my children when they are very unwell and cannot get a GP appointment'

'I've only been A&E a couple of times due to self-harm. Had I gotten the mental health service help sooner I wouldn't have needed it'

'I make things up so I can stay in hospital longer, to keep warm and get a meal, but doctors throw me out'

Theme 4

Ideas, comments, or suggestions as to how healthcare services for homeless people could be improved.

Respondents were asked for ideas, comments or suggestions as to how healthcare services for homeless people could be improved, and what homeless people needed in order to access the healthcare services. Throughout the previous 3 themes: access and experience of using primary care, mental health service and urgent or emergency healthcare services, suggestions were made, and these have been incorporated in this section with other ideas raised.

SUGGESTIONS TO IMPROVE ACCESS TO PRIMARY CARE SERVICES

Some respondents acknowledged their chaotic lifestyle which affected access to healthcare, however a flexible approach was suggested in various areas: obtaining appointments with healthcare professionals, in particular GPs were identified as troublesome and requests were made to make it easier to register, book appointments, to make more appointments available.....especially later at night and to keep waiting times/lists short. It was stated that if a GP was accessible then they would not go to A & E. There was a suggestion for a GP to visit libraries at a set time.

'Reception staff at GPs should be made aware that I do not need to have photo ID to register as a patient. I am entitled as long as I can prove I have a place to stay in the catchment area. Because I was given poor advice I went to A&E when I should not have had to. I wasted their time because the GP staff were wrong'

Identification (ID) was highlighted as a troublesome area for many. Where homeless people had applied for ID, the process was reported to be slow. There are particular issues for people who have no recourse to public funds (NRPF) ⁷ too. However, newcomers to the country, who have NRPF are eligible for free NHS services including GP services, NHS Walk in centres, treatment for certain contagious diseases and accident and emergency treatment at a hospital. During the assertive engagement with street homeless the EPOs stated that immigration status can be a problem and they have had to advocate for people in these situations. To overcome the problems with ID one respondent suggested a thumb print as ID.

This report has already identified the criteria to access a GP and whereby ID is not necessary. It is apparent that some receptionists are not aware of these criteria. Homeless people are also not aware of their rights in this respect.

SUGGESTIONS FOR IMPROVEMENTS TO ACCESS TO MENTAL HEALTH SERVICE

Respondents described a lack of access to mental health service services in the community, particularly in the preventative stage. People would benefit from support in the early stages instead of waiting until they are in crisis. As identified earlier more outreach workers are needed who deal with mental health service and to have easier access via telephone service/safe place service. Appointments should be available to fast track homeless people.

Respondents suggested the need for information about where to go and for outreach workers who would come to where they are:

⁷ No recourse to public funds (NRPF) is a condition imposed on someone due to their immigration status

'It can be difficult if you do not know how to get started but once you have some help, it is easy....it is ok to see mental health service workers but there are no outreach workers for the homeless rough sleepers'

GENERAL COMMUNICATION SUGGESTIONS

Respondents identified that communication is a factor in accessing healthcare services. People stated that it would be nice if professionals could be polite and show respect to them. Incidents were recalled and there was strong feeling of being judged due to their homeless status.

Respondents were unaware of services that are available to them and how they could access them and suggested that local council could provide phone numbers of services that are available, how to access and perhaps on a little card.

People who may have low income and/or forgetting appointments suggested the use of technology, text messages, to include appointment reminders. An example was given:

'I asked for counselling but had to wait for a letter... I moved again and never got the letter. It would have been better if they text.'

This would also help people who cannot receive letters due to moving around.

SUGGESTIONS FOR RESOURCES

There were many suggestions for support in the local community. There were requests to have an identified GP or healthcare professional specifically for this group.

There were requests for specific 'homeless' centres around the Borough. These centres could be based on a walk-in centre system and could be a one stop shop where people can:

- ❖ drop in for food
- ❖ a shower
- ❖ social support
- ❖ financial advice
- ❖ healthcare advice
- ❖ access to GP and health care assistance (including mental health service care)
- ❖ an emergency beds for 1 - 2-night stay

This suggestions was listed a number of times and people were keen that it was a separate provision from mainstream to avoid stigma of being homeless, also that relationships would be forged with the multi-disciplinary team (familiar faces/ people who understand and do not judge). One respondent requested:

'a place to go where no one asks me loads of questions about where I live, they just give me care'.

One respondent suggested

'If someone could turn an old ice cream or hot food van into a mobile clinic for the homeless that would be a great way to help them more. It could include a small private consultation room, store basic medication and health supplies like paracetamol, deodorant, tooth paste and brush plus water'.

Another respondent recalled an idea that they knew about from the south west and suggested turning a double decker bus into a homeless shelter, including washing and toilet facilities and beds in it.

A request for an outreach specialist team e.g. doctor, nurse, mental health service workers who can visit homeless people where they are was made. There were requests for continued help once in supported housing so that the person is monitored and does not become homeless again. Reference

was also made to the Probation Service needing to be more effective and to respond as soon as the person is out of prison, this support appears to be left to the voluntary sector.

Finally, it was stated that it is important that everyone who is trying help people who are homeless work in a co-ordinated way to avoid duplication and good use of existing resources.

SUGGESTIONS TO IMPROVE HOSPITAL ADMISSIONS AND DISCHARGE

Respondents described their experiences at hospital, the specific hospital was not identified. Some respondents had to be re-admitted on a number of occasions for the same condition, this was attributed to poor follow-up after discharge from hospital. They described ‘just being left to get on with it’.

However, a suggestion for hospitals to provide dental specialists at hospital when people cannot access dental services straight away.

What’s happening in Sandwell....

During this project HWS met with a representative from the Public Health Department, Sandwell MBC) who gave an update on a current project that is being developed, to assist people who are homeless to access healthcare. This project has listed findings from engaging with homeless people and this project will address some of the issues identified:

Public Health Team and Sandwell and West Birmingham Clinical Commissioning Group are developing a ‘passport’ style card that enables the target group to access healthcare. The proposal is that outreach teams who are engaging with street homeless can offer the health passport. The aim is to encourage take up of primary care health provision for this vulnerable cohort. From Public health’s own research (Homeless Bus project) they found that that there is lack of health awareness, language barriers and an understanding of health eligibility/entitlements. As this report has identified often homeless people feel they cannot register with GP practices as they do not have a fixed address or NRPF.

How the project will work: if a homeless person isn’t ready to engage with housing for settled accommodation there is an opportunity for outreach officers, such as Complex Needs Officers, EPOs, Housing First, etc. to speak with and encourage them to go to their nearest GP practice with their health passport. The Outreach Officer will contact the nearby practice to let them know that the homeless person may present for an appointment with information on the homeless person’s first language and the contact details for outreach referrer. **This project is in the early discussion stages.**

This is similar to a project conducted by Healthwatch Stoke on Trent⁸



⁸ <https://www.healthwatchstokeontrent.co.uk/our-work/gatekeepers/>
Healthwatch Stoke-on-Trent and its partners Voices of Stoke, and Expert Citizens worked on a project together called ‘Gatekeepers’

CONCLUSION

This project has given insight into the experiences of over 130 homeless people in Sandwell in accessing and using health services. These experiences are mirrored in other areas throughout the United Kingdom. It has identified the barriers as well as where there is good practice. Across the phases of engagement there were some common themes that emerged about the experiences of homeless people.

Accessing primary care services

There were mixed views about accessing primary care services, in particular GPs. However, the main issue raised related to lack of necessary ID or proof of address to register with a GP. Also, people were not aware of their rights when it comes to registering with their local GP.

Accessing mental health service services

A collation of respondents who reported experiencing some and significant access issues, this indicated that homeless people **do** face issues in accessing mental health service services in Sandwell. Other issues raised through the feedback were waiting times for appointments, judgemental attitudes from staff, lack of patient knowledge regarding registration process with different primary care services and getting timely and appropriate community-based support for mental health service issues when homeless.

Use of urgent or emergency care

The main reasons that homeless people have attended urgent or emergency care are lack of access to GP, repeat attendances and admissions for the same health problem and a lack of access and continuing care to mental health service services in the community.

Ideas, comments or suggestions as to how healthcare services for homeless people could be improved

Suggestions for improvement included issues such as communication (verbal and technology), the appointment booking system, the need for a drop-in service for engagement with healthcare professionals and registration with services, the need for accessible healthcare staff working within homeless communities, preventative stage mental health service intervention

It is pleasing to note that Public Health and SWB CCG are developing a 'passport' style card that enables the target group to access healthcare. HWS look forward to seeing this in operation.

This report makes the following recommendations:

Recommendations

From the findings, HWS would recommend:

1. Homeless People's Rights to Healthcare Services

The rights for all people to access healthcare services, to be publicised widely including homeless people and all staff in Healthcare services, this is to ensure that there is fair access for homeless people. This publicity campaign to address the issue of ID and proof of address to access services and to include posters, wallet size cards and social media

2. Training

That all staff in healthcare services receive training in, communication skills and to understand prejudice and stigmatisation towards homeless people. Staff on the front line to be prioritised for this training e.g. GP and hospital receptionists.

3. Access to mental health service services (Community and Hospital)

A full review of how homeless people access mental health service services so that timely and appropriate support for people with mental health service issues can be assisted. A regard to be given to preventative help.

4. Hospital Discharge Protocol

Review hospital discharge protocol for homeless people to ensure ongoing care needs are met in the community and to prevent cyclical admissions. This to include follow up care in the community following discharge.

5. Review Preventative Services in The Community

This review aims to avoid unnecessary and or repeat presentation at urgent or emergency healthcare services including walk-in centres, out of hours GP services, Accident and Emergency at Sandwell and West Birmingham NHS Trust.

The project findings suggest that access to continuing care in the community for both physical and mental health service problems could be improved, especially GP appointments. This could also address the concern of late and symptomatic presentations due to lack of community health services and screening health promotion available to some services and emergency unplanned admissions and unnecessary continued use of the services to access food, a bed and warmth to avoid a quick return to homelessness.

6. Technology

Healthcare providers to use technology to communicate with homeless people e.g. text.

7. Develop Community Resources

To ensure health care is accessible and timely, consider suggestion made by respondents (see theme four).

Appendix One

The Community of Practice

| Organisation | Address |
|---|--|
| Sandwell Environmental Protection Officers | Sandwell Council House, Freeth St, Oldbury B69 3DE |
| Sandwell Churches Link Networking body of all Christian churches in Sandwell | Wesley Methodist Church 291 High Street, West Bromwich. B70 8ND |
| The Homeless Patient Pathway (Sandwell and West Birmingham NHS Trust) | Sandwell Hospital, Lyndon, West Bromwich |
| Brushstrokes (Support for refugees and asylum seekers) | 253 High Street, Smethwick. |
| St Basils Apprentice House Housing Association. | St Basils, Apprentice House, Hallam Close, West Bromwich. B71 4HU |
| Sandwell Homeless & Resettlement Project Ltd (SHARP) 16 - 19-year olds at 24 Selby House 20+ at Crown House | 24 Selby House, Wallace Close, Oldbury. B66 1HW Crown House Flat 3, Green Street, Oldbury B69 4JP |
| YMCA Black Country Group - Open Door Project | YMCA Black Country Group. 38 Carters Green, West Bromwich |
| YMCA Black Country Group (Flats) | 38 Carters Green West Bromwich |
| Midland Heart - Rolfe House | 69 Rolfe St, Smethwick B66 2AR |
| Midland Heart - James Bagnall Foyer | 34, James Bagnall Foyer, Waterside Street, West Bromwich, West Midlands, B70 0GB |
| P3 - Sandwell Women's Project (2 venues) | Old Meeting Street, West Bromwich. B70 9SH Flat 3, Cooperage Court, Parkes Lane, Tipton DY4 9JG |
| Homelessness & Rough Sleepers Project | Sandwell Homes. Roway Lane, Oldbury |
| Kuumba: Sandwell African Caribbean Mental Health Service Foundation | Boulton Rd, West Bromwich B70 6NW |
| Neighbourhood Housing Solutions Team | Roway Lane, Oldbury |
| Housing Business Manager | Roway Lane, Oldbury |
| Welfare Rights and Benefits | Roway Lane, Oldbury |
| Community Mental Health Service Team | Jack Judge House, Oldbury |
| Public Health Department | Jack Judge House, Oldbury |
| West Bromwich Town Development Project | 4 St Michaels Court Victoria Street, West Bromwich B70 8ET |
| Floating Support Team (Adult Social Care) | Independent Living Centre, Oldbury |
| Accord Group Housing | Chapter House Phoenix St, West Bromwich. B70 0AJ |
| Cranstoun Sandwell | Cranstoun Sandwell Alberta Building, 128b Oldbury Road Smethwick B66 1JE |
| Foodbanks | |
| The Well | 15, Union Street, Tipton. DY4 8QJ |
| Holy Trinity Church (2 churches) | 69 South Rd, Smethwick, B67 7BP |

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| | Church Hill Street, Smethwick. B67 7AH |
| Raglan Road Christian Church | 70 Raglan Road, Smethwick. B66 3ND |
| West Bromwich Community Church | West Bromwich Community Church, Victoria Street, West Bromwich B70 8EX |

Appendix Two



Homeless Access to Healthcare Survey

| Question number | Question |
|-----------------|---|
| Q1 | <p>Are you registered with all of the primary care services that you need? Please include GP, Dental and Optician services in your response.</p> <p>Yes, I am registered with all of the Primary Care services I need I am registered with some of the Primary Care services I need (please provide detail in Q3) I am not registered with any of the Primary Care services that I need (please provide detail in Q3)</p> |
| Q2 | <p>What are your experiences of accessing GP services in Sandwell?</p> <p>I have never had any issues in accessing GP services I have experienced some issues in accessing GP services (please provide detail in Q3) I have had significant issues in accessing GP services (please provide detail in Q3)</p> |
| Q3 | <p>How would you describe access to primary care services for homeless people in Sandwell?</p> <p>Please include experiences of registration, treatment, professional relationship and care received from all staff within the Dental, GP and Optician services that you use.</p> |
| Q4 | <p>Do you feel you have a mental health service need?</p> <p>Yes No (please go to Q7) Not sure</p> |
| Q5 | <p>What are your experiences of accessing mental health service services in Sandwell?</p> <p>I have never had any issues in accessing mental health service services I have experienced some issues in accessing mental health service services (please provide detail in Q6) I have had significant issues in accessing mental health service services (please provide detail in Q6)</p> |
| Q6 | <p>How would you describe access to mental health service services for homeless people in Sandwell?</p> <p>Please include experiences of access, treatment, professional relationship and care received from all staff within the mental health service services that you have had contact with.</p> |
| Q7 | <p>Have you ever used urgent or emergency healthcare services including walk-in centres, out of hours GP services, A&E, and ambulance services whilst homeless?</p> <p>No, I have never used urgent and/or emergency healthcare services (please go to Q10) I have used urgent and/or emergency healthcare services occasionally (please provide detail in Q9) I have used urgent and/or emergency healthcare services multiple times (please provide detail in</p> |

| | |
|-----|--|
| Q8 | <p>For what reasons have you used urgent and/or emergency healthcare services? Please tick all that apply.</p> <ul style="list-style-type: none"> • Lack of access to GP • Repeat attendances at A&E, out of hours services or walk-in centres for the same health problem • Repeated admissions to hospital for the same health problem • Lack of community care following attendance at urgent and/or emergency healthcare services, e.g. District Nursing services, Community Matron for the Homeless, Street Triage teams • Lack of continuing care in the community following hospital admission for the same health problem • Attend healthcare services only when health issues become urgent or an emergency due to lack of primary or community healthcare services available to you • Problems managing Long-Term conditions such as epilepsy, diabetes, lung problems etc. due to lack of primary or community healthcare services available to you • Lack of access to dental services • Lack of access to mental health service services in the community • Lack of continuing care from mental health service teams following attendance at urgent and/or emergency healthcare service • Lack of continuing care from mental health service teams following hospital admission for ongoing mental health service needs • Lack of access to prevention, health promotion or health screening services e.g. flu jab, cervical smear test, routine health checks etc. |
| Q9 | <p>How would you describe access to urgent and emergency healthcare services for homeless people in Sandwell? Please include experiences of access, treatment, professional relationship and care received from all staff within the urgent and emergency services that you have had contact with.</p> |
| Q10 | <p>Do you have any ideas, comments or suggestions as to how healthcare services for homeless people could be improved, and what homeless people need in order to enable you to access the healthcare services you need?</p> |

Appendix Three

Access to Healthcare Services for Homeless People Interview/Focus Group

Location of Interview:

Partner agency:

Number of participants:

Facilitated by:

Participant Name: (optional)

Participant Email: (optional)

Participant Tel: (optional)

Participant alternative contact: (optional)

Consent

Completion of this form means that you understand the following statements and give consent for your feedback to be used in our report.

I understand that my participation in this research is voluntary

I understand that my participation in this research is confidential

I understand that my participation in this research is anonymous

I understand that I can withdraw my responses from this research at any time without explanation

Participant signature.....

Question 1 How would you describe Primary Care Services for Homeless People in Sandwell

Prompts:

- GP, Dentist, Optician
- Registration
- Management of Long-Term conditions
- Appointments and booking system
- Staff/patient relationships
- Quality of healthcare received
- Involved or in control of own health and treatment
- Feelings of choice and control
- Involved when things go wrong
- Asked for your thoughts and ideas
- Patient involvement in design and delivery of healthcare service

Question 2 How would you describe mental health service services for Homeless People in Sandwell

Prompts:

- Access
- Dual diagnosis
- Appointments
- Advice and information
- Communication
- Treatment
- Staff/patient relationships
- Staff continuity
- Patient involvement in own care

Question 3 How would you describe Urgent and Emergency Healthcare Services for Homeless People in Sandwell

Prompts:

- Staff/patient relationships
- Quality of healthcare received
- Involved or in control of own health and treatment
- Feelings of choice and control
- Responsiveness
- Treated with dignity and respect
- Discharge process and follow up treatment and care
- Health outcomes

Additional Feedback, facilitator notes and observations

Appendix 4

Feedback from asset outreach with Environmental Protection Officers (Part of Stage Two)

A visit took place on 22nd January 2020 between 12.00 pm and 8.00 pm with a team of 3 Environmental Protection Officers (EPOs) who travelled around the Borough of Sandwell in their vehicle.

This team has excellent knowledge of the Borough and they know exactly where the rough sleepers and homeless people congregate around the Borough. More importantly they have, over time, built relationships with the homeless people. It was evident from the time spent with the team that the target group trust and in part respect this team. The target group recognise the council vehicle and call them over to share their concerns and worries. The team knew names, family background and the issues that the group face on a daily basis.

It was evident that this team goes above and beyond their duties in this role with the target group. Anecdotal stories were given from the team, which included, taking people to GP appointments and A & E, making referrals with specific support agencies e.g. Cranstoun Sandwell⁹ and following up their attendance. The team aim to treat the homeless people with dignity even though it is challenging and frustrating at times, especially if alcohol or drugs are involved.

⁹ Cranstoun Sandwell provides free and confidential advice and support to adults in Sandwell, who would like to talk about alcohol or drugs.
<https://www.cranstoun.org/services/substance-misuse/cranstoun-sandwell/>

healthwatch

Healthwatch Sandwell

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