

# Cut loose

**An investigation into the effect of  
deregistration of homeless people  
from GP Practices**

**February 2021**

## Contents

Executive Summary .....	1
Recommendations.....	2
1. Introduction.....	3
2. Background & Rationale.....	5
3. Methodology .....	7
4. Key Findings.....	8
5. Conclusions.....	10
Appendices.....	11
References .....	16

## Executive Summary

Homelessness has risen drastically in Manchester over the last decade and there has been a visible increase in the number of people who are sleeping rough on the streets. This issue is rightly at the top of the agenda of elected representatives and decision-makers in the city, and tackling homelessness has been a key priority for some time.

Healthwatch Manchester launched a survey aimed at providing a voice for those homeless people who had been deregistered from a GP practice. We wanted to hear about their experiences of the process and the impact that this had on their health and wellbeing. Their voices inform this report.

People who are experiencing homelessness have a higher rate of physical and mental health conditions than the general population and many also suffer from drug and/or alcohol addictions. GPs play an important role in helping to address the medical needs of homeless people, but in recent years we have seen a significant increase in the number of homeless people who are turning to Accident & Emergency (A&E) departments in Manchester to receive treatment, which is placing an extra strain on an already-stretched service. Research published by the British Medical Association in 2019 found that in the previous 8 years, the number of homeless people attending an AGE department within the Central Manchester University Hospitals NHS Foundation Trust (now part of Manchester University NHS Foundation Trust) increased by 65% (British Medical Association, 2019).

40% of the respondents to our study stated that they used a walk-in centre or an A&E department as a stopgap measure to deal with their existing health conditions. One of our respondents, who was suffering from mental health issues, reported as being deregistered twice from GP practices because they lived at 5 different addresses in Manchester within 6 months. During this period, they were sent to a walk-in centre on a number of occasions.

We also found that many homeless people did not know where to go for help with registering with another GP practice once they had been deregistered, an experience that was reported by 40% of our respondents.

A number of our respondents also reported that they did not receive any notice of their deregistration. One reported to us that they received a message “out of nowhere” that they had been deregistered, and this was not an isolated incident, unfortunately.

There is also a lack of a clear and understood process that GP practices must go through in order to deregister a patient. One of our respondents reported that, despite their experience having happened a few years ago, it took them by “surprise” to learn that they could even offer feedback. A number of respondents were unhappy about the reasons given to justify their deregistration and were clearly frustrated by the process, particularly by the aforementioned lack of notice. Ensuring that the deregistration process is clear, fair and transparent should be viewed as an important concern to address.

## Recommendations

From listening to the voices of those people who took part in this piece of work, it is clear that more needs to be done to ensure that homeless people can access the care and support offered by a GP practice. Homeless people are one of the most vulnerable groups in our society and many of them suffer from complex long-term physical and mental health conditions. Whilst there will naturally be some specific circumstances in which it is absolutely necessary to deregister a homeless person from a practice, this should be done in a clear and transparent way that ensures the individual is referred to alternative sources of care.

1. The process of deregistration, and the possible reasons that could justify such action, should be clear and transparent and presented in a form that is freely available to all patients.
2. Where a homeless person is in danger of being deregistered, they should be given as much notice as possible of potential action. This would ensure they had the opportunity to resolve the difficulties of the circumstances that may have arisen and to also take steps to challenge the decision if they wanted to.
3. In the event that a homeless person is ultimately deregistered from a practice, referral to an alternative source of primary care must be made as a matter of urgency. Patients should be provided with the necessary information relating to other local services/organisations that can help to meet their health needs. Healthwatch Manchester would be happy to work with GP practices to ensure that adequate, relevant signposting is made available to those who need it.
4. Where GP practices are not adhering to acceptable procedure and national guidance around deregistration, this must be reported to their regulatory body and contractor. Healthwatch Manchester is the consumer champion for health and social care, and this is a key role for the organisation.
5. Further guidance should be provided to GPs and their frontline staff to ensure that homeless people and other vulnerable groups who cannot provide proof of address are not deregistered for this reason, or prevented from registering with them in the first place. At Healthwatch Manchester we have heard anecdotal evidence of GPs asking for proof of address before registering a new patient, despite clear NHS guidance stating that this is not required.
6. Many homeless people find themselves moving from one property to another in a very short space of time and it is unreasonable to expect them to keep going through the process of registering themselves at a new GP practice on each occasion. Continuity of care is vital, especially for those with complex medical needs, and this should be maintained where at all possible.
7. The voices of homeless people should be listened to and their experiences valued. Ongoing research should be conducted into how their needs can be met. Healthwatch Manchester is well placed to support and contribute to this work.

## 1. Introduction

- 1.1 Over the last decade, homelessness has become a growing problem across England, and Manchester has been no exception, unfortunately. In 2019, the number of homeless people in England was reported as 280,000, which means that 1 person in every 200 is without a home (Shelter, 2019). The figures for Manchester were even more concerning, with 5,385 people across the city reported as being homeless, representing 1 in every 102 Manchester residents. Out of all the local authorities across England, Manchester is ranked as having the 29<sup>th</sup> highest rate of homelessness, and the worst in the North West (Shelter, 2019).
- 1.2 Whilst the majority of people who are homeless do have somewhere to stay, be that temporary accommodation provided by the local council or sofa-surfing with friends and family, the increase in the overall number of homeless people has naturally also led to an increase in the number of people who are sleeping rough. Between 2017-18 alone there was a 35% increase in the number of people sleeping rough in Manchester (Ministry of Housing, Communities and Local Government, 2019).
- 1.3 With the onset of the COVID-19 pandemic early last year, the country has suffered a considerable economic downturn that will have lasting consequences. With many businesses forced to either temporarily pull down the shutters or to close for good, many people have found themselves without work or a regular income to support themselves and their families. Local authorities and voluntary sector partners have reported a significant increase in demand for their services since the beginning of the pandemic, with 53% of services in Great Britain reporting an increase in homelessness in their area, with a further 73% stating that demand for their services has increased during this period (Crisis, 2020).
- 1.4 Health outcomes for people who are experiencing homelessness are significantly worse than those of the rest of the population. An audit by Homeless Link found that across England, 41% of homeless people had long-term physical health problems, compared to 28% for the general population; and that 45% of homeless people had some form of mental illness, compared to 25% for the general population (Homeless Link, 2014).
- 1.5 Furthermore, the most recent figures released by the UK government show that the mean age of death for a homeless man was 45.9 years and 43.4 years for a homeless woman. This is in stark contrast to that of the general population, the figures for which were 76.1 years for men and 80.9 years for women (Office for National Statistics, 2020).
- 1.6 The cost of treating homeless people to the NHS and other health and social care services is also considerable. Recent evidence shows that people who experience homelessness for three months or longer cost an average of £4,298 per person to NHS services and £2,099 per person to mental health services (Crisis).
- 1.7 For the vast majority of us, if we had a non-emergency medical need, our first port of call would be to our local GP practice. Yet many homeless people struggle to access this service. Research published in the British Journal of General Practitioners revealed that homeless people are 40 times less likely to be registered with a GP than the general population (Gunner, Chandan et al, 2019). Registering with a GP is not the only problematic area for many homeless people; as we will illustrate in this report, some

homeless people also find themselves being deregistered from their GP practice at some point.

1.8 According to the British Medical Association, the removal of a patient from a GP practice list should be a rare event and can be done for one of the following reasons (British Medical Association, 2020):

- disagreement between the practice and patient, and an irretrievable breakdown of the relationship
- the patient has died
- the patient has moved outside the practice area
- patients have a right to change their practice

1.9 Despite the fact proof of address is not a requirement for registering with a GP, this can often be a major barrier to registration with a practice in the first place and then to remaining on that list.

One of our respondents, who was suffering from mental health problems and once lived at 5 different addresses in 6 months, reported that they had received a message from their GP “out of nowhere” stating that they were being deregistered as they were out of the area. Our respondent stated that this was wrong and whilst the issue was eventually addressed, this situation highlights one of the ways in which a common circumstance of homeless people can lead to them being deregistered.

## 2. Background & Rationale

2.1 Healthwatch Manchester has previously done extensive work looking into the healthcare needs of homeless people and this is an issue that remains high on our agenda. In December 2017, we published a report titled [‘Lost in Crisis’](#), which examined the access to mental health services for homeless people in Manchester.

2.2 The level of homelessness in Manchester is one of the greatest issues to have faced the city in recent times, as figures presented earlier in this report illustrate. In 2017, Manchester had the highest estimated number of deaths of homeless people of any local authority in England and Wales (Office for National Statistics, 2019). Given the physical and mental health conditions from which many homeless people suffer, ensuring that they have the right access to healthcare is of vital importance.

2.3 Homelessness in Manchester as a topic regularly receives media attention and is rightly at the top of the agenda for locally elected politicians. Greater Manchester Mayor Andy Burnham has implemented schemes such as ‘A Bed Every Night’, which aims to ensure that there is a bed every night for every person who is rough sleeping, and he has also established the Greater Manchester Mayor’s Homelessness Fund (Greater Manchester Combined Authority).

2.4 Colleagues from other local Healthwatch across the country have also shone a light on this issue. [Healthwatch Oldham](#) have produced an information sheet for homeless people and other vulnerable groups who may struggle when trying to register with a GP. [Healthwatch Stoke-on-Trent](#) produced an information card in cooperation with local community groups, which was distributed to homeless people to ensure that they were fully aware of their rights when trying to access GP services, whilst [Healthwatch Camden](#) promoted a similar project in their area. Clearly, this is an issue that is affecting homeless people up and down the country.

2.5 The figures presented below highlight the current challenges to improving access to healthcare for homeless people. From 2012-2014, a cohort of 1,717 homeless people from across 19 areas of England were surveyed by homeless service providers to find out about their experiences accessing primary healthcare. As is clear, an overwhelming majority of respondents were not registered with a GP and a considerable minority had been refused GP/dental care (Elwell-Sutton, Fok et al, 2016).

Variable	Single homeless (n=1321)	Hidden homeless (n=190)	Rough sleepers (n=206)
<b>GP registration</b>			
Yes	16.9% (897)	11.6% (21)	33.5% (65)
No	83.1% (1066)	88.4% (160)	66.5% (129)
<b>GP/Dental refusal</b>			
No	74.3% (887)	69.4% (120)	79.1% (155)
Yes	25.8% (307)	30.6% (53)	20.9% (41)
<b>Homeless health service registered</b>			
No	69.1% (326)	54.5% (55)	61.6% (45)
Yes, permanent	69.1% (326)	31.7% (32)	19.2% (14)
Yes temporary	9.5% (45)	13.9% (14)	19.2% (14)

This survey also found that the biggest predictor of secondary care usage was recent refusal of a GP/dentist registration, which saw significant increases in the use of A&E, hospital admissions and ambulance use (reference).

2.6 Healthwatch Manchester held a planning session in February 2020 in which our organisational priorities for the upcoming year were decided, and a focus on this deregistration report and survey was agreed upon.



### 3. Methodology

3.1 A short questionnaire/survey was developed, designed to uncover the reasons why people had been deregistered from their local GPs, how they felt about their experience, and to uncover any other wider concerns that fed into this topic. The survey was completely confidential.

3.2 The survey was designed to be informal and to allow people to share their own experiences in their own words. Many of the questions were deliberately designed to be open-ended to ensure that people felt able to speak their minds and to touch on any issues or experiences they felt were relevant to the subject. For example, our survey included questions such as “How did that make you feel?” and “How did that affect your health and wellbeing?”. Only a small number of the questions were closed questions and these mainly focussed on areas that did not necessarily lend themselves to a strong personal story, such as “Were you, at that time, actually barred from the GP practice?”. As a consequence, we received many personal stories that we may otherwise not have heard.

The survey contained a total of ten questions, four of which simply consisted of a comment box for answers to ensure that respondents had the freedom to write as much or as little as they wished. Our surveys all include an equal opportunities section in order for us to monitor the diverse nature of our respondent pool.

3.3 We distributed the survey through our distribution channels, which included our social media platforms and our monthly bulletin to our registered mailing list. We used our established connections with relevant local charity/community groups to achieve a wider distribution within those circles, who had access to the people whose voices we wanted to hear. We circulated a link to the survey to these groups via e-mail, which we asked them to distribute amongst their services users and to promote within their organisations, many of which promoted the survey on their publicly available social media channels such as Twitter, and we are very grateful to them for their support.

3.4 Due to restrictions in place relating to the COVID-19 pandemic, we were unfortunately unable to conduct any in-person interviews for this report. During the work for one of our previous reports looking into the issue of healthcare provision for homeless people, [‘Lost in Crisis’](#), we were able to interview a number of homeless people face-to-face and we found this to be a highly effective way of conducting such research. It is highly likely that we would have adopted a similar approach to this project. As a consequence of the COVID-19 restrictions, we increased our promotion of the survey through our online presence, which included targeted advertising on social media to ensure that we reached as many people as possible.

3.5 A considerable amount of desk-based work was conducted by Healthwatch Manchester staff and volunteers looking into published work on this subject. This ranged from academic papers that had been published in medical journals, media reporting (local and national) and reports published by nationwide charities and voluntary organisations.

3.6 The responses to our survey were analysed and the findings used to produce the recommendations found in this report.

## 4. Key Findings

### Reasons for deregistering a patient

4.1 40% of our respondents stated that they were barred from their GP practice at the time of their deregistration. Whilst a number of respondents did provide us with further context behind the possible reasons for their deregistration, the majority did not. However, for an individual to be barred from a GP practice, it strongly suggests that their behaviour played a role in their deregistration, as other possible reasons for deregistration (e.g. a patient leaving the area or a patient choosing to move to a different practice) would not have required the patient to be barred at the time of deregistration.

As we have seen with evidence presented earlier in this report, people who are experiencing homelessness have higher levels of mental health problems and are therefore more likely to exhibit behaviour that would lead to them being barred from a GP practice.

4.2 A reason provided to a number of our respondents by their GP practice in justifying deregistration was a breakdown in the relationship between the patient and the GP. This was raised as a concern by some respondents, who felt that the incidents described by their GP for the breakdown were simply wrong or insufficient to justify being deregistered from the practice. For example, one of our respondents reported being removed from their GP practice because they allegedly shouted at another individual in the practice, even though they were suffering from severe laryngitis at the time; as such, that respondent questioned the accuracy of the allegation.

A different respondent reported as feeling “annoyed” because they felt that there was no justifiable reason given for their removal from the practice list, whilst another felt that the practice had “poked” their mental health and then complained when they became “upset”.

In some cases, there is a clear disconnect between the practice’s view of the situation and the point of view of the patient. This is especially concerning due to the fact that many homeless people suffer from complex mental health issues.

### The process for deregistering a patient

4.3 Advice provided to GPs by the British Medical Association lists a number of different steps a practice should go through before a patient is ultimately deregistered, yet the experiences described by some of our respondents paint a different picture.

4.4 One of our respondents, who at the time was receiving treatment for HIV, stated that they had received “no notice” from the practice and were told that a patient with their HIV status would be “better suited at another practice”. A different respondent said that they had not been to their GP for several years and, when they rang up to make an appointment, were told that they were no longer registered with the practice.

A further respondent reported having received a message “out of nowhere” from their practice informing them that they had been deregistered because they were now living out of the area, which our respondent reported as being incorrect (and which was ultimately resolved in favour of the respondent).

None of the comments we received from our respondents made any reference to undergoing a procedure through which their deregistration was going to be managed. To many, the deregistration came as a surprise rather than the result of an established process with which they were fully able to engage.

## **The impact of deregistration on health and wellbeing**

4.5 One of our respondents stated that they found the process “humiliating”, another stated that the process left them “panicked” as they were already in the process of recovering from mental health issues, whilst a further respondent said they were left feeling “alone and unclean”. One respondent also reported on the interruption to their treatment, stating that a scheduled operation had to be delayed after they were deregistered from their GP.

4.6 For people who are already dealing with mental health issues, it is clear from the testimony that in some circumstances, being deregistered worsened the mental health of some individuals.

## **Where to go after being deregistered - the next steps**

4.7 We asked our respondents (fig 5) if they knew where to go for help to get registered with a different practice. 60% of respondents stated that they did not know where to go to seek help to get re-registered with a GP practice. This indicates that a large number of people who are deregistered from a practice are not given any further information on how they go about finding and registering with a different practice.

4.8 We then asked if they used a walk-in centre or A&E as a stopgap measure and 40% of respondents said that they had. Whilst we do not know the specifics about the medical issues experienced by our respondents, it is clear that a significant percentage of homeless people visit either A&E or a walk-in centre to treat existing medical conditions that were previously handled by their GP.

4.9 Whilst this number is concerning due to the extra pressure this puts on those services, at least these people are seeking support. There is a danger that individuals who have been deregistered from their GP practice yet do not seek treatment from an A&E department or walk-in centre are not having their health needs attended to at all.

## 5. Conclusions

5.1 GPs play a vital role in treating the medical needs of homeless people and it should be recognised that they have to engage with many people who are suffering from considerable physical and mental health conditions.

5.2 GPs need to have a transparent and established process in place by which an individual can be deregistered from the practice. This should be made clear to all patients and easily accessible from within the practice.

5.3 Patients should not be deregistered from a practice without notice and everyone who is subject to this process should be given ample opportunity to appeal against the decision.

5.4 For those patients who are ultimately deregistered from a practice, they should be provided with information about other GP practices with which they can register and, if necessary, referred to alternative sources of primary care to treat their healthcare needs.

5.5 Deregistration of homeless people can have a detrimental effect on their health and wellbeing, and the situation can also lead to a delay in their healthcare treatment.

5.6 The needs and experiences of homeless people must be central to all work that looks into improving the accessibility and quality of healthcare provision for homeless people.

## Appendices

### Appendix 1. Tables representing the answers of respondents

The following tables represent the breakdown of all responses to our questionnaire.

Figure 1:

Would you describe your situation as one or more of the following:

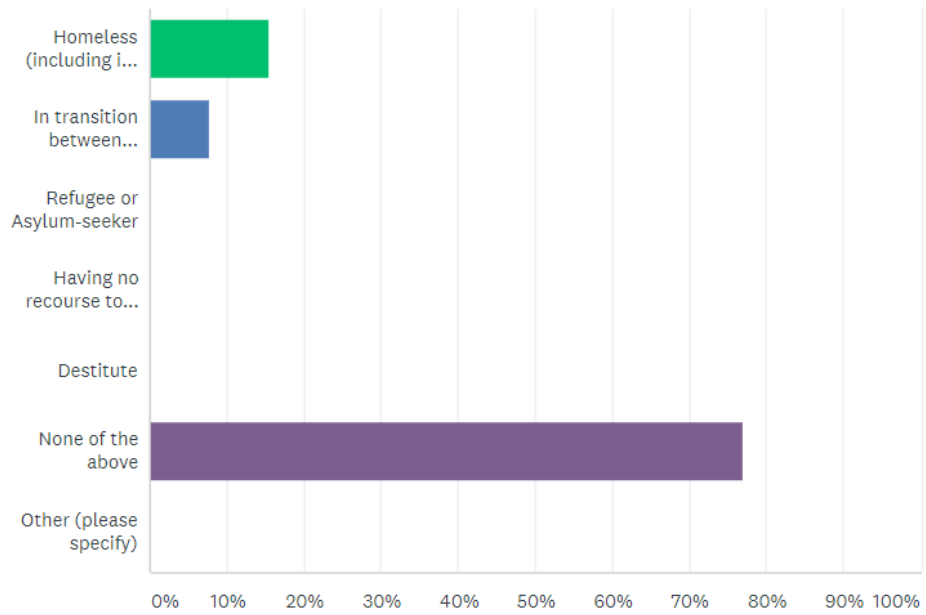


Figure 2:

Are you currently registered with a GP

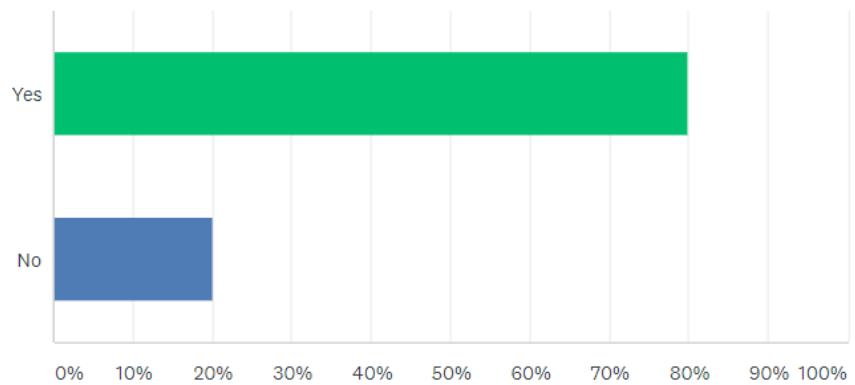


Figure 3:

Have you ever been deregistered from a GP practice?

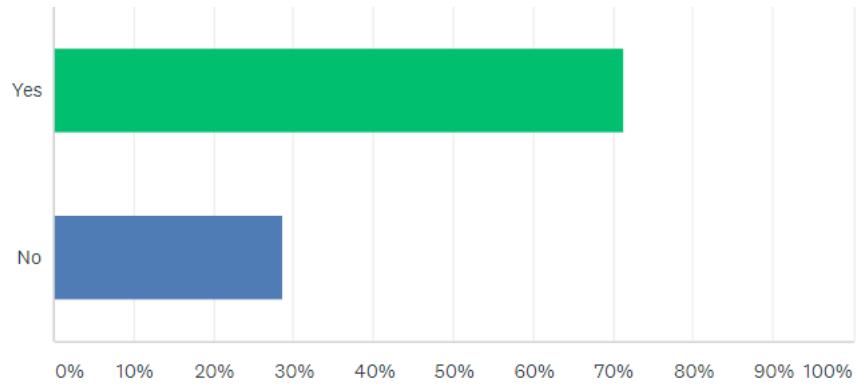


Figure 4:

Were you, at that time, actually barred from the GP practice?

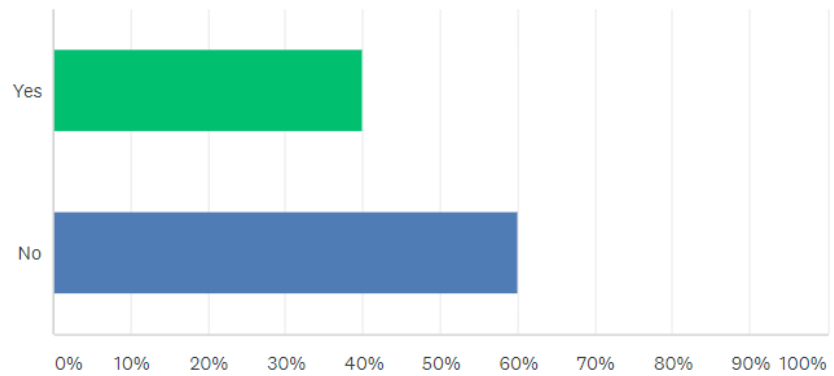


Figure 5:

Did you know where to ask for help to get re-registered?

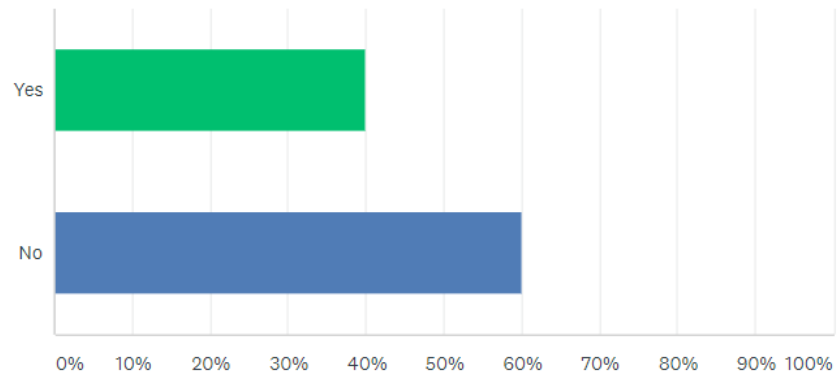
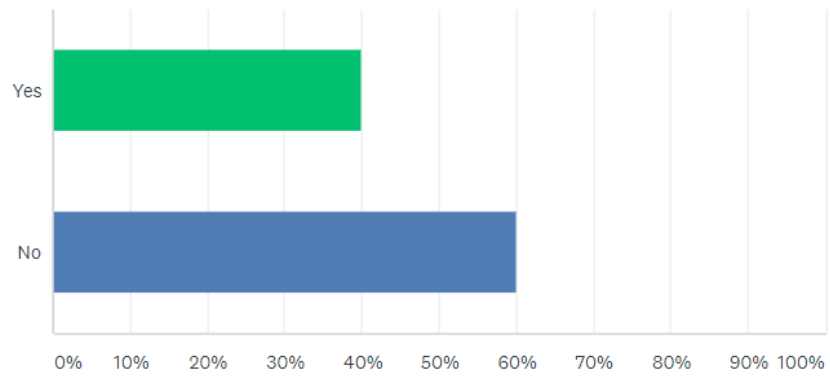


Figure 6:

Did you use a walk-in centre or A&E as a stop-gap measure?



## Appendix 2. Further feedback and commentary provided by respondents

The following comments were provided by our respondents to a number of the questions.

We asked our respondents if they had been deregistered from a GP practice and, if so, how it made them feel. Below is a sample of the comments we received:

- “Humiliating.”
- “Annoyed; the reason for it, I felt, was not justified.”
- “I panicked, as recovering from a mental health episode.”
- “Disgusted, as they poked my mental health and then wondered why I was upset.”

We then asked respondents for more information about their experience. Specifically, we asked how they were informed that they had been deregistered and if they were given any notice. Below is a sample of the comments we received:

- “No notice. Told my HIV status would be better suited at another practice. The one I’m currently with.”
- “I hadn’t seen a GP for several years and when I attempted to make an appointment, I was told I was no longer registered. The reason was I had not replied to letters that I was due for another cervical cancer smear test.”
- “By text or email can’t remember.”
- “I emailed the surgery asking for medication I had previously been prescribed by them for a problem, and this was a recurrence. The doctor was extremely rude when she called me. I submitted a complaint, and the practice manager wrote to me to say the doctor felt the relationship had broken down. They refused to acknowledge the complaint and claimed I’d shouted at someone previously when I had severe laryngitis.”

We asked people how this situation affected their health and wellbeing. Below is a sample of the comments we received:

- “Felt alone and unclean. As if I was a danger to others.”
- “I was annoyed but not to the extent of my health or wellbeing being affected, I just didn’t feel it was reason enough to deregister a patient.”
- “Delayed getting treatment and an operation I was having. Decimated trust with GPs.”

Finally, we asked respondents if there were any other comments they wished to raise with us. Below is a sample of the comments we received:

- “It was a few years ago this happened but didn’t know until now I could offer feedback of experience, which took me by surprised [sic].”
- “Twice this happened because of changing addresses. When I came to Manchester, I was in an Airbnb place and moved 5 times in 6 months. People were reluctant to register me. I went to the walk-in and Boots and they gave me a card and told me to tell the surgery they had to accept me. I also had trouble getting a regular treatment I needed and again got sent to Boots walk-in. But they could not do injections and told me to tell the GP they had to do it. Then it got sorted out. Then a surgery said I could stay with them because I was having mental health issues but out of nowhere, I got a message saying I was out of area and being deregistered. I knew this was wrong because they [sic] had a meeting saying I could stay but it still caused me a huge anxiety attack. I went to the GP’s for an injection and the nurse there wouldn’t give it to me because of the deregistering. I said it was a mistake because of the meeting. In the end the office manager sorted it out and I could stay there. It’s probably a sort of computer error but it is very frightening if you have ongoing health needs to receive a message like that out of the blue. You feel abandoned.”



- “I’ve been left as though I have no means of recourse whilst she [the GP] made whatever black marks against me with the local health trust.”

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Canada House  
Chepstow Street  
Manchester  
M1 5FW

0161 228 1344

[info@healthwatchmanchester.co.uk](mailto:info@healthwatchmanchester.co.uk)

[www.healthwatchmanchester.co.uk](http://www.healthwatchmanchester.co.uk)

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