



Investigating GP Support for Homeless People

December 2025

healthwatch
Enfield

Contents

Contents	2
Acknowledgements	3
About Us	3
Introduction	4
Contacting GP Practices.....	7
Connecting with the Homeless Community	14
Recommendations	23
Bibliography	25

Acknowledgements

We thank the local organisation *All People All Places* to assisting us on this project and to speak to the wonderful clients. Our sincere gratitude goes to our team of volunteers and staff of Healthwatch Enfield, who made this project possible.

About Us

Healthwatch Enfield serves as an independent champion for local people who use health and social care services; we lend our ears to the Enfield community and represent their voice. We team up with multiple community organisations and statutory institutions to share information and gather insights in the aim to help improve the quality of health and social care services in the borough.

- We share information and advice with residents to ensure they get the support they need, acting as a health and social care champion.
- We gather feedback through projects, experiences shared by residents and community groups and social listening to share with public health and social care leaders and local decision-makers to help guide local policies and strategies.
- Healthwatch is for everyone that uses all health and social care services, ranging from GPs to care homes, hospitals to pharmacies.

Introduction

Healthwatch Enfield provides a signposting service and, year after year, we find that access to primary care remains the most common concern among local residents seeking our guidance and support.

This led us to explore the challenges homeless people face when trying to register with a GP and seeks to improve their access to healthcare in Enfield. Our project looks at how GP practices in Enfield are supporting homeless individuals with registration and identifies any barriers they may encounter. Since 2018, the number of rough sleepers in Enfield has dropped significantly, from 79 to just 4 in 2025.¹

However, the number of households in temporary accommodation has risen to 3,104. One major challenge for healthcare providers is that homeless individuals are often difficult to reach. Additionally, the stigma associated with homelessness can make them hesitant to seek help.¹

Between July and August 2025, we carried out outreach to investigate the support for homeless community. This includes:

- **Mystery Shopping:** Our team of volunteers and Healthwatch staff contacted all 39 active GP practices in Enfield. We conducted "mystery shopping" exercises to assess how well practices support and register homeless people.
- **Unstructured interviews:** A Healthwatch officer and volunteer visited *All People All Places* day centre to speak directly with people experiencing homelessness about their experiences registering with a GP and accessing healthcare.

This report shares our findings and recommendations to support inclusive, compassionate, and accessible care for homeless people and people without a fixed address.

What is homelessness?

Homelessness is a broad term. Under UK law, it includes rough sleepers, "sofa surfers" (people staying with friends or family temporarily), those in temporary housing, and individuals awaiting asylum. All these groups often struggle to access primary healthcare.

Under Part 7 of the Housing Act 1996 (as amended by the Homelessness Reduction Act 2017), a person is legally defined as homeless if they have no accommodation in the UK or elsewhere that they are entitled to occupy, or if it is not reasonable for them to continue to occupy their current accommodation.²

This includes individuals who are sleeping rough, those who cannot secure entry to their home (e.g. due to a court order or violence), and those whose accommodation is unaffordable or unsuitable. The definition also extends to people who are threatened with homelessness within 56 days.³

Under the Homelessness Reduction Act (2017), Section 10 requires public authorities in England to notify a local housing authority (LHA) of service users they think may be homeless or at risk of becoming homeless.⁴ Under the NHS legislation, Homeless patients are entitled to register with a GP using a temporary address. This may be a friend's address or a day centre, they can also use the practice address to register.^{5,6}

Vulnerability of the Homeless Community

GPs are the gateway to healthcare, yet homeless individuals often face rejection or bureaucratic hurdles. Continuity of care is disrupted by frequent moves, leading to missed appointments and fragmented treatment, preventative care is also neglected leading to deteriorating health outcomes.

Homeless people suffer from worse physical and mental health outcomes and are most vulnerable.

Evidence shows that people experiencing homelessness suffer from worse physical health than the general population:

- 63% report a long-term illness, disability, or infirmity—nearly three times the national average (22%) (Homeless Link, 2022).⁷

- The average age of death is 30 years lower than the general population, with one-third dying from medically treatable conditions (ONS, 2020).⁸
- Joint pain, dental problems, and respiratory diseases are prevalent due to exposure, poor nutrition, and lack of preventive care (Simon & Kirk, 2024).⁹

Homelessness exacerbates mental health issues, creating a vicious cycle of trauma and decline:

- 82% have a mental health diagnosis, compared to 12% in the general population (Homeless Link, 2022).⁷
- 72% report depression, and 60% report anxiety—far higher than national averages (Simon & Kirk, 2024).⁹
- 45% self-medicate with drugs or alcohol to cope, increasing the risk of addiction and further health complications (Groundswell, 2018).¹⁰

Despite legal protections and laws, homeless individuals face systemic barriers to healthcare:

- Despite NHS guidelines permitting GP registration with a temporary address, many homeless individuals are turned away due to lack of ID or fixed address (NICE, 2021).¹¹
- 48% attend A&E annually, three times the general population rate. This is due to unmet primary care needs (Homeless Link, 2022).⁷
- 24% are discharged back to the streets after hospital stays, perpetuating poor health outcomes (Lewer et al., 2020).¹²
- Low vaccination rates (e.g. 6% fully vaccinated against Hepatitis B) and poor access to screenings worsen long-term health (Homeless Link, 2022).⁷

Without access to stable housing, preventative care, and compassionate healthcare, homeless individuals face a rapid decline in health, leading to premature death or worsening health outcomes.

Contacting GP Practices

Between July and August 2025, with a team of volunteers, we carried out mystery shopping, contacting 39 GP practices across Enfield to evaluate and assess how these practices register and support clients experiencing homelessness or without fixed addresses.

Methodology

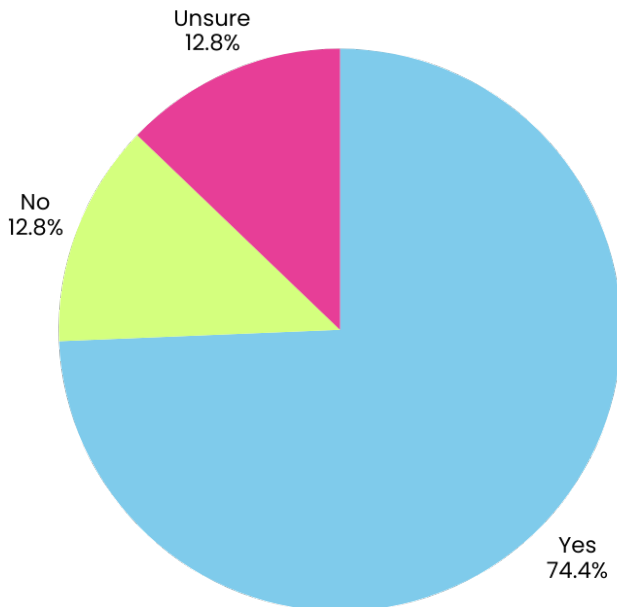
Mystery shopping is a research method that involves an undercover assessment of a service or good.

We sought to understand the barriers that homeless individuals may encounter when attempting to register with a GP practice. This exercise allowed us to understand the processes, challenges, and best practices in place at each practice.



Registration

Practice that Register Homeless People



- 74% of practices confirmed that they register homeless individuals, while 13% confirmed they do not and 13% remain uncertain that they do.
- Follow-ups were conducted with six practices to clarify their responses, but some were unable to provide confirmation.



20% practices require an address (catchment area or for letters).



20% allow walk-in registration, one practice cited they also send paper forms by post.



28% of practices only provided online-registration, a barrier for digitally excluded people.



Proof of identification often requested; NHS number said helpful but not mandatory.

Why Some Practices Don't Register Homeless People

- Two practices using online-only registration systems directed individuals to practices offering traditional (walk-in) registrations.
- Two practices who were unable to register patients, referred them to other practices that did accept homeless individuals.
- 3 practices suggested patients use public resources, such as libraries, to complete online registration.
- One practice stated they do not register homeless individuals, without further explanation.
- Three practices were unsure whether they registered homeless patients. Follow-up attempts were made, but no answer given.
- One practice that cited that they no longer register people due to full registered capacity, though the NHS website states they are still admitting new patients.

Documentation

56%

of practices said that documentation was not required to register with their practice.

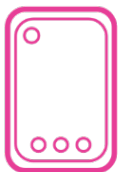
25% of practices said documentation was required....



This includes a postal address, contact information, proof of ID (such as a DVLA licence or utility letter with proof of address), and if they had children their child immunisation records.



NHS Number was frequently requested, but wasn't required.



Most practices said they require a telephone number (if available) for registration. One practice stated it was necessary.



For individuals without a fixed address (e.g. homeless individuals), some practices were unsure if they could register these clients without additional steps.

Language & Interpretation



59% of practices provide language and interpretation support, including British Sign Language.



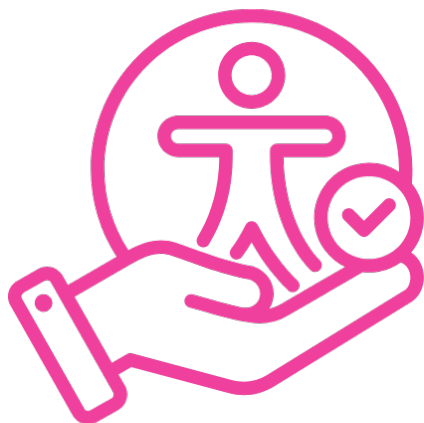
Some practices advised individuals with language barriers to seek help from local libraries or Enfield council.



Patients were often advised to bring a friend/relative to interpret if necessary. Which can be a confidentiality issue.

As of July 2025, North Central London Integrated Care Board have introduced a new language provider **DALs, which has rolled out to each GP practice. They offer face-to-face, video, and telephone interpretation services for practice to engage with patients.**

Accessibility



- Many practices emphasised that support was tailored to individual needs and was discussed on a case-by-case basis.
- 56% practices provide additional adjustments for the client, though the type of support varied.
- Some practice receptionists were unsure about the specifics of the support offered.

Mobility support



- Some practices had lifts in the building, but not all.
- At least one practice has a ramp but no lift.
- One practice said if patients could not manage stairs, doctors would come downstairs to see them.
- Wheelchairs were available, but usually only in emergency situations.

Sensory support



- One practice mentioned they have a hearing loop and offer BSL support.
- Some practices said that patients would need to declare the use of braille or easy-read documents online. However, it is unclear who was responsible for providing these materials.

Additional support



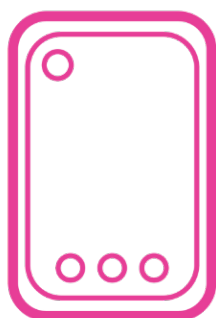
- Some practices said that for vulnerable individuals (e.g. those without a fixed address or in a distressed state) they can arrive with a social worker or someone who could speak on their behalf.
- One practice mentioned that attention could only be given if the individual had someone to support them, especially during their first meeting.

Double appointments



- Double appointments were available for those who needed extra time, such as patients with:
 - Hearing difficulties
 - Learning disabilities
 - Physical disabilities
 - Language barriers

Digital support



- Patients without IT access are often directed to local libraries or Enfield Council for support.
- Where as some practices allowed patients to come to the surgery for help with registration.
- There were inconsistencies in how and when support was provided, particularly for online registration and accessing documentation.

First Point of Contact

72%

of practice receptionists were professional and supportive, some went above and beyond.

What worked well...



Practices with dedicated support (e.g. language lines, double appointments) were better equipped to assist vulnerable patients.



Some practices that lacked systems to register homeless clients still helped by directing the individual to another named practice or the Medicus Homelessness Programme, ensuring access to appropriate care.



56% of practices confirmed that no documentation or ID was required for registration, which removed the major barrier for homeless individuals who often lacked formal identification.



Those receptionists that took the time to go above and beyond, that were empathetic, knowledgeable and professional.

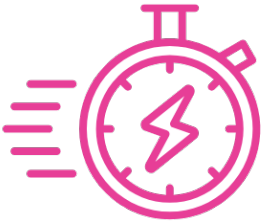


Those practices with information on their websites about support for homeless patients, making it easier for individuals to understand their rights and registration options.

What didn't....



38% of practice receptionists were unsure about the registration process for homeless individuals; often seeking direction from management and some practices promised callbacks though this wasn't always delivered.



18% of practice receptionists appeared hurried or unhelpful, especially under high call volumes and were unclear on policies.



Individuals noted that receptionists were verbally loud, this gave concerns about the confidentiality of client information.



Some calls had long wait times and unclear IVR (automated phone menu) options, making it difficult for callers to find information on registration.



One practice asked for client's name instead of confirming eligibility.



When asked about information on homelessness support, practices directed individuals to the central NHS England website. Potential barrier for those digitally excluded.



Homeless individuals face challenges, as some practices do not register them directly.

It seemed that a few practices were refusing homeless clients to avoid the hassle of registering them to the system.

Connecting with the Homeless Community

In August we visited *All People All Places* a charity that supports homeless people and provides services at Pymmes Park Visitor Centre. Healthwatch staff and a volunteer spoke to 12 homeless individuals, to document and capture their lived experiences in accessing GP services. The discussions focused on the challenges they faced and their experiences with GP registration while homeless.

Methodology

From August to November 2025, we conducted semi-structured and unstructured interviews with clients of *All People All Places*. This approach was chosen to best capture lived experiences and rich narratives, allowing participants the flexibility to share their stories. All identities have been anonymised to ensure confidentiality.

Demographics

Total number of participants: 12

Participants represented a diverse range of backgrounds:

- Age: Spanned from mid-20s to 60+ years.
- Ethnicity, the most represented group was Black/Black British.

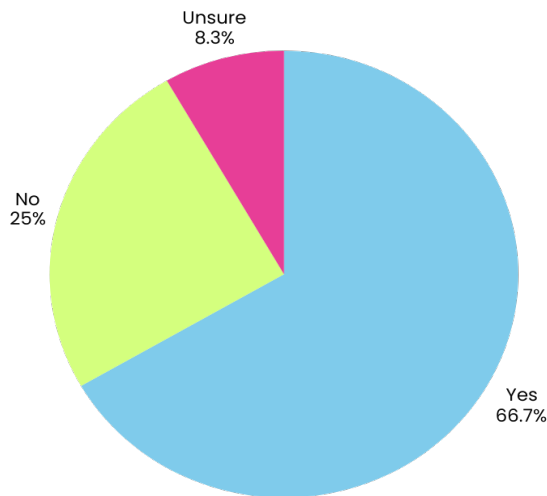
Language Proficiency:

- Some had limited English proficiency
- Others were fluent in English

Immigration Status:

- Several participants identified as immigrants, with lengths of stay in the UK ranging from 1 to 19 years.

GP Registration Status



- 66% of participants were registered with a GP practice, mostly with Medicus, supported by All People All Places.
- Those who were not registered or were unsure were signposted to Medicus or are currently awaiting registration.

Experiences of Homelessness

Participants described varied experiences of homelessness, whether be it duration, the types of support systems they had or didn't have, or their current housing situation.

Duration of Homelessness

- One participant had been homeless since 2018.
- Another participant had lived in temporary accommodation for 2 years.

Support Systems

- Many relied on churches, food banks, and shelters for survival and support.
- Participants who did not have English as their first language (ESOL) relied on translation apps
- *All People All Places* used Language Line to support ESOL clients as well as those who do not have access to digital devices.

Housing Situations

- Experiences ranged from sleeping rough to living in temporary or unstable accommodation.
- One participant was in the process of getting evicted, thus sought help from *All People All Places*.
- Two participants were staying in temporary accommodation. Another recently found a new premises.

Editorial Note: The following case studies contains direct quotes from participants. Sic indicates intentional spelling or grammar variations to preserve original wording and participant tone of voice.

Case Study 1: "Show me mercy, show compassion."

- Recently registered with Medicus GP practice.
- Homeless in 2018 after being discharged from their previous GP due to no longer living inside the catchment area. They were given a letter instructing them to register with a new practice within 30 days, but this did not happen.
- In a tragic event, all their documents including their passport were destroyed in a fire. Without any form of ID, they were unable to register with a new GP. This loss left them without access to primary healthcare for 7 years.

Can you tell me about your experience trying to access GP healthcare while being homeless?

I am now [just recently] registered with Medicus, this place [All People All Places] helped me. -sic- Kind people, excellent service.

Before I didn't have GP for 7 years.

I had a GP before, but when I was made homeless. They let me go.

Have you tried registering with other GP practices?

I couldn't go elsewhere [GP practice], because -sic- may ask for [British] passport.

You don't need to show a passport or proof of ID to register a practice.

I didn't know that. One time, my documents, my passport everything was burned in a fire. I had nothing to help me access services. I had no ID to provide.

I am not seen as human, they don't see you as human.

How did you manage your health? Did you access health care or any other services?

I have a lot of health issues and worried about it. I sleep on the streets, sometimes in the church.

During COVID, I was rushed to A&E, UCLH hospital and then transferred to North Mid Hospital.

I haven't received care from a GP for 7 years, I think. I had to rely on friends for care and health advice. When I was seriously ill, I was admitted to A&E hospital. *Sic-* Felt scared to register due to my immigration status.

I didn't have GP medication. I mostly take *-sic-* paracetamol. Couldn't sleep, I buy 'Can't Sleep', a friend recommended it to me. I have to buy them out of pocket. I had to go to friends who said vitamin D complex would help for pains.

During COVID, I got so sick I was rushed to UCLH and then transferred to North Mid. The sickness affected my leg, arm, mouth. People couldn't speak to me, I couldn't speak. I couldn't breathe, they said I caught pneumonia.

I was scared to even try registering again. I thought, "What if they ask for a passport? What if they turn me away because I don't live in the area?" I didn't have a British passport, and I didn't have an address. I felt hopeless.

Thanks to this place [All People All Places], they help me register to one. I have an 'address' now. They're excellent people.

How is your experience with Medicus now you're recently registered?

Doctor checked my blood pressure and heart rate during examination. First appointment was rescheduled due to the doctor's illness, but they will see me.

What do you wish GP practices understood, or do you have any suggestions on how they could support you better?

I want them to help me find work and immigration status. Show me mercy, show me compassion. To check on me so I can prove I'm fit and able to work. Check that I'm healthy.

I don't have a job, help me get a job by checking on me.

Case Study 2: "No one wants to help."

- Homeless client, previously registered with a GP in another borough, now avoids seeking care due to fear of rejection and no longer living in the catchment area.
- They are sleeping in a car, reliant on medication, but unable to travel to the practice due to severe pain and mobility issues.
- They were discharged from hospital to the streets without support for accommodation; They distrust the healthcare system after losing disability benefits and faced rejection when he tried to register with a GP practice in Enfield.
- They lacked advocacy and struggled to access mobility aids (e.g. wheelchair).

Can you tell me about your experience accessing healthcare while being homeless?

I used to be registered with a GP in Walthamstow, but I didn't want them to know I'm homeless now. I've been homeless for a year, living in my car. I didn't tell my old GP because I don't live in their catchment area anymore, and I was afraid they wouldn't treat me if they found out. They've known me for a long time and know my health history, but I can't visit them now because of my mobility issues. I know I need to register with a new GP as someone who is homeless, but I don't know how.

Have you tried registering with a new GP?

Yes, I tried to register with a GP in Enfield over the phone. As soon as I said I was homeless and didn't have an address, they hung up on me. That experience stopped me from trying anywhere else. I don't want to be treated the same way again.

How has being homeless affected your health?

I have a lot of health problems; heart issues, gout, knee problems, and mobility difficulties. Living in my car is making everything worse. I've got an aortic stent, and I'm on strong pain medication, which my old GP still prescribes. But I'm worried about losing my medication because I have to store it in my car. I also need a wheelchair, but I don't know how to get one. Right now, I'm using a crutch.

Have you had any recent interactions with healthcare services?

I was in hospital for a knee, leg infection, but when they discharged me, they just sent me back to the streets. The ambulance asked me where I wanted to go, and when I said I was homeless, they dropped me off near my car. No one helped me find accommodation or anything.

How do you manage your health now?

I use the 'Patients Know Best' app to keep track of my test results and medication. It helps me feel a bit more in control, but it's not enough. I need a full assessment of my needs and someone to advocate for me, especially for accommodation. I've been telling people I've been sleeping in my car for a year, but no one is helping.

Do you feel supported by the system?

No, I don't trust the health system. I lost my disability benefit because an assessor saw me walk four steps and decided I didn't need it. I'm reaching out to the Homeless Support Centre [All People All Places] now to see if someone can help me.

What would make accessing healthcare easier for you?

I need someone to advocate for me, someone who can help me navigate the system and get the support I need, including accommodation. I've been signposted to Medicus practice, and it sounds like a good step, but I'm still worried about how I'll be treated.

Case Study 3: “Didn’t have an address to give”

- A patient witnessed the interaction of a homeless person requesting registration at a practice.
- The person’s visible distress and physical limitations were ignored, and no effort was made to accommodate their needs.
- There was a breach of confidentiality, as the homeless person had to share their details out loud.

Can you tell me what you witnessed at the GP practice today?

I was at [redacted] GP practice today, and I saw a homeless person trying to get help. They had to say out loud at the desk that they were homeless and sleeping near the train station, so they didn’t have an address to give.

What happened when she asked for help?

The receptionist gave them a form and told them to go sit down and fill it out. The person said they couldn’t sit because their back was hurting, and asked if they could just stand at the desk

to fill it in. They also said they couldn't really read or write the form properly.

Did the receptionist offer any help?

No, the receptionist just told them they had to go away from the desk to fill it out. She didn't even offer to help the homeless person with the form. The person looked really upset and said they'd go outside to try and fill it in and come back later.

How did you feel about what you saw?

I was really shocked. The receptionist was so dismissive, it was like she didn't want the homeless person anywhere near the desk, even though there was no one else waiting. I even offered to help the person fill out the form, but they just looked shaken and said they'd go outside.

Closing remarks

Homelessness is not only a housing crisis, it is a profound health inequality issue. People experiencing homelessness face major barriers to accessing basic healthcare, and without targeted support, these barriers lead to poorer health outcomes and increased vulnerability.

To address these challenges, GP practices and statutory services must take proactive steps to ensure that registration and care are inclusive, compassionate, and accessible. The following recommendations outline practical actions to better support homeless individuals and those without a fixed address.

Recommendations

1. Staff Training & Awareness

- Train reception staff on GP registration rights for homeless individuals.
- Include guidance on:
 - NHS policy on registering homeless people
 - Confidentiality and data protection
 - Trauma-informed communication
 - Reasonable adjustments

2. Confidentiality & Communication

- Ensure sensitive handling of personal information at reception. Receptionist needs to treat clients' information with sensitivity as client may not want to disclose their situation, status or identity.
- Avoid sharing information verbally in public spaces. Provide a private room or space for registration, if possible.
- Provide social prescriber to assist homeless individual with registration, if they need help filling in the form.
- Display clear, consistent information about registration without a fixed address in practices and online.
- Offer alternative registration methods (e.g. paper forms, in-person support).
- Inform homeless individuals explicitly about their right to register without a fixed address.

3. Accessibility

- Offer interpretation services (e.g. DALs) and reasonable adjustments (e.g. ramps, braille).

- Ensure GP websites are accessible and include clear information for people without fixed addresses.
- Encourage use of apps and digital tools for those with devices to help manage health and stay informed (e.g. NHS app).

4. Doctors of the World: Safe Surgery Toolkit

- Use the toolkit to train staff, standardise procedures, and ensure compliance with NHS guidance.
- Embed toolkit principles into everyday practice to reduce barriers for vulnerable groups, including homeless individuals and migrants.

5. Collaborative Outreach

- Partner with charities and local services to provide on-the-spot GP registration at shelters and community spaces.
- If a practice cannot register a homeless patient due to capacity, refer them to the *Medicus Homelessness Programme*.

6. Accountability

- ICBs, PCNs, and GP federations should monitor compliance with NHS guidelines on registering homeless people.

Bibliography

1. **London Borough of Enfield** (2025) *Malcolm Dabbs* (Accessed: July 2025).
2. **United Kingdom** (1996) *Housing Act 1996*, s. 175(4)–(5). London: The Stationery Office. Available at: <https://www.legislation.gov.uk/ukpga/1996/52/contents> (Accessed: July 2025).
3. **Shelter England** (n.d.) *Legal Definition of Homelessness and Threatened Homelessness* [Online]. Available at: https://england.shelter.org.uk/professional_resources/legal/homelessness_applications/homelessness_and_threatened_homelessness/legal_definition_of_homelessness_and_threatened_homelessness (Accessed: June 2025).
4. **United Kingdom** (2017) *Homelessness Reduction Act 2017*. London: The Stationery Office. Available at: <https://www.legislation.gov.uk/ukpga/2017/13/contents> (Accessed: September 2025).
5. **NHS England** (2019) *Standard General Medical Services Contract 2018/19*. London: NHS England. Available at: [<https://www.england.nhs.uk/wp-content/uploads/2019/04/general-medical-services-contract-19-20.pdf>] (September 2025).
6. **Care Quality Commission** (updated 2024) *GP Mythbuster 29: Looking after Homeless Patients in General Practice*. [Online]. London: Care Quality Commission. Available at: <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-29-looking-after-homeless-patients-general-practice> (Accessed: June 2025).
7. **Homeless Link** (2022) *The Unhealthy State of Homelessness: Findings from the Homeless Health Needs Audit*. [Online]. London: Homeless Link. Available at: https://homelesslink-lb54.kxcdn.com/media/documents/Homeless_Health_Needs_Audit_Report.pdf (Accessed: July 2024).
8. **Office for National Statistics** (2020) *Deaths of Homeless People in England and Wales: 2019 Registrations*. [Online]. Newport: Office for National Statistics. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2019registrations> (Accessed: October 2025).
9. **Simon, C.** and **Kirk, M.** (2024) 'Bridging the Gap between Health Care and No Care: The Homelessness Crisis', *British Journal of General Practice*, 74(749), pp. 534–535. DOI: [10.3399/bjgp24X739941](https://doi.org/10.3399/bjgp24X739941).
10. **Groundswell** (2018) *Out of Pain: Breaking the Cycle of Physical Pain and Homelessness*. [Online]. London: Groundswell. Available at: <https://groundswell.org.uk/wp-content/uploads/2018/10/Groundswell-Out-of-Pain-Full-Report.pdf> (Accessed: September 2025).
11. **National Institute for Health and Care Excellence** (2022) *Integrated Health and Social Care for People Experiencing Homelessness*. NICE Guideline [NG214].

[Online]. London: National Institute for Health and Care Excellence. Available at: <https://www.nice.org.uk/guidance/ng214> (Accessed: July 2025).

12. **Lewer, D.**, Menezes, D., Cornes, M., Blackburn, R. M., Byng, R., Clark, M., Denaxas, S., Evans, H., Fuller, J., Hewett, N., Kilmister, A., Luchenski, S. A., Manthorpe, J., McKee, M., Neale, J., Story, A., Tinelli, M., Whiteford, M., Wurie, F., Yavlinsky, A., Hayward, A., and Aldridge, R. (2021) 'Hospital Readmission among People Experiencing Homelessness in England: A Cohort Study of 2772 Matched Homeless and Housed Inpatients', *Journal of Epidemiology & Community Health*, [online]. DOI: [10.1136/jech-2020-215204](https://doi.org/10.1136/jech-2020-215204).



**Healthwatch Enfield
Community House
311 Fore Street
London
N9 0PZ**

www.healthwatchenfield.co.uk

t: 020 8373 6283

e: admin@healthwatchenfield.co.uk

📱 [@HealthwatchEnf](https://twitter.com/HealthwatchEnf)

📘 www.Facebook.com/healthwatchenfield