



Street Homeless Experience of Health Services in Croydon

June 2018

1 Background

1.1 Executive Summary

Following our previous report published in February 2018, on homeless living in hostels, Healthwatch Croydon wanted to understand the views of those living on the street.

This report looks at those rough sleeping in Croydon and raises the following issues:

- Nearly one in five (19%) had not registered with a GP, even though they have the right to do so.
- Nearly half (47%) had a negative experience of using GP services.
- Nearly half (47%) would consider GPs as the first place to go for support.
- Very few found it difficult to be referred, but 33% had no experience of referral suggesting they were not aware that they could be referred.
- Over one in four (28%) did not receive the mental health services they felt they needed.

Healthwatch Croydon recommends some areas for consideration:

- Increase training around registration for homeless people.
- Better information for GPs on services available and appropriate ways of access.

1.2 Context

Healthwatch Croydon published a report in February 2018 about homeless people's experiences of GP services while living in Evolve Housing + Support hostels.¹ We heard some did not have access to a GP, and others were travelling far out of the borough to access primary healthcare.

These findings led us to question if people who rough sleeping had similar experiences.

Healthwatch approached Crisis during the scoping for this work. We found that Crisis were doing their own research into their members' health. To become a member of Crisis, you must be homeless (which includes rough sleeping, sofa surfing or living in temporary accommodation), be at immediate risk of becoming homeless or have been homeless in the last two years. To avoid duplication with the Crisis members health research, it was agreed that we would collaborate with them.

¹ <https://healthwatchcroydon.co.uk/wp-content/uploads/2017/10/Healthwatch-Croydon-The-Experiences-of-Homeless-People-using-Health-Services-in-Croydon-February-2018.pdf>

Healthwatch and Crisis interviewed attendees at Crisis and the Salvation Army rough sleepers' specific services over a period of one week from 8 January to 12 January 2018. These attendees were a mix of Crisis members and other rough sleepers, for this report we will refer to these groups of members and attendees as either service users, participants or respondents.

For further reading into why this survey was conducted and the current rough sleepers' initiative please see the work Crisis, Evolve Housing and Support, Expert Link and Thames Reach are undertaking in correspondence to the campaign CRZero 2020; to end chronic street homelessness in Croydon by the year 2020. For more information about this campaign see www.evolvehousing.org.uk/understand-our-work/cr-zero-2020

Healthwatch would like to thank the volunteers and members who took the time to undertake these surveys.

1.3 Method

Healthwatch and Crisis staff and volunteers worked with participants to complete 36 surveys. The surveys were conducted at the Salvation Army - specifically at The Well which is a weekly drop in for people who are homeless and at a breakfast club at Crisis Croydon which is for members and non-members of Crisis.

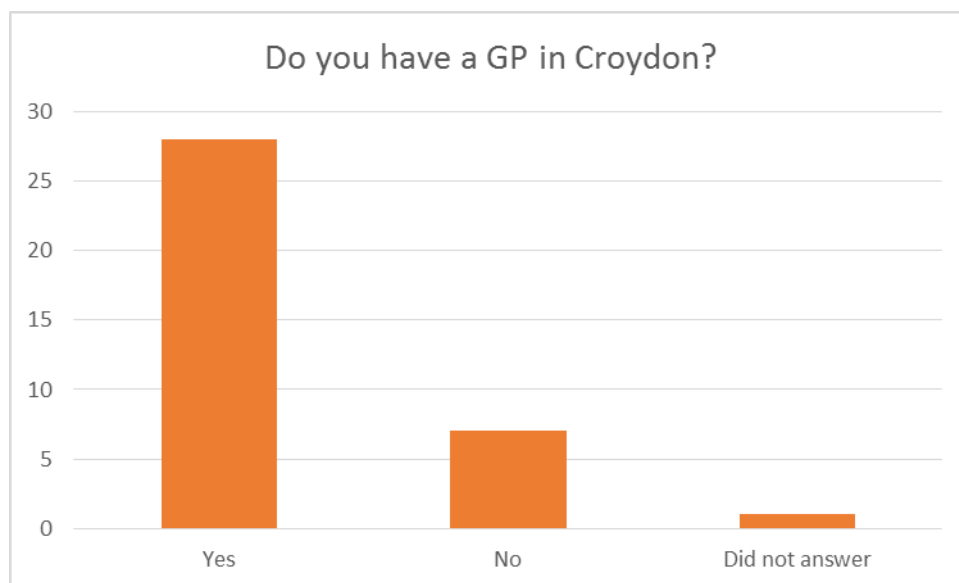
We asked the following series of eight questions:

- If they are registered at a GP in Croydon,
- What their experiences were at the GP (good and bad),
- Where would they initially go if they were unwell,
- If their GP has made referrals for them, how difficult or easy it was for those referrals to be made,
- If they were able to access the services needed
- What has been stopping them from accessing any health support they need.

All surveys were filled in on a voluntary basis, all participants did not answer all questions. We appreciate all the responses we received from Service Users during what may be an unsettled time of their life.

2 Survey results

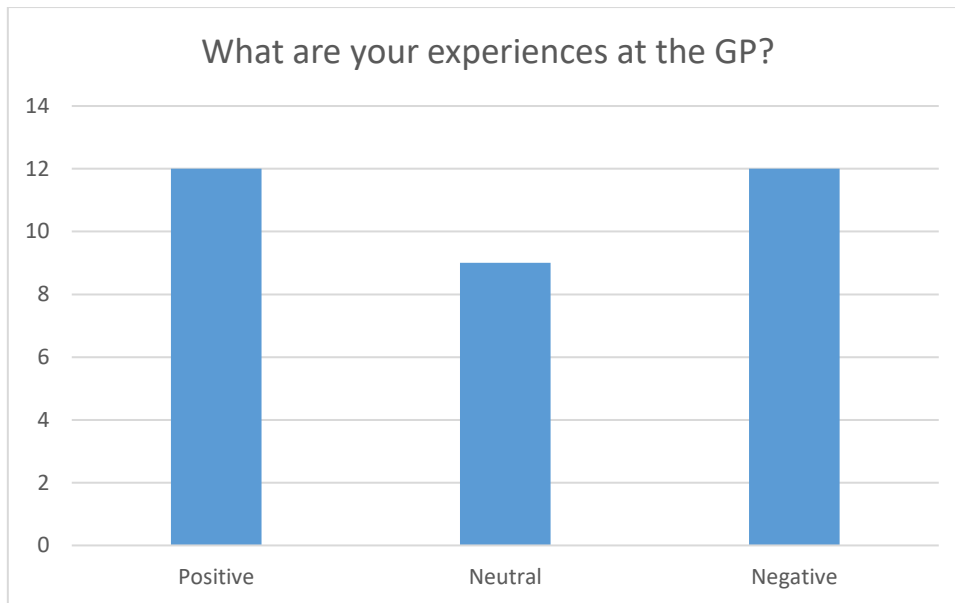
2.1 Did they have a GP in Croydon?



Of those asked, 81% of participants confirmed that they were registered in Croydon, while 19% told us they were not. Two said that this was because they did not know how to register, and another told us that they had been 'deregistered'. Other respondents (11%) told us that they had been refused registration based on not having an address, another was too fearful to attempt registration and told us 'I don't know which GP to go to...I might get turned away', while one said that they have not found the time to sign up.

One commented; 'I just joined at GP 4 months ago... I'm a refugee so I wasn't entitled to any, they told me this in Wood Green...I went in twice...they wanted evidence.'

2.2 What were the experiences at the GP?



We received 47% negative sentiments and 33% positive sentiments when we asked participants about their experiences at the GP. Responses showed that 22% of participants struggled to make an appointment and 11% found registration difficult; one said that it was due to him not having the right identification and another was asked to bring their own supply of dressings which was impossible at that time.

“All the experiences with the NHS have been very good... and had no problem.”

“New GP is very good, doctors are helpful, and receptionists are very nice and know me by name.”

“Never had a bad experience at the GP surgery.”

“Very professional and kind.”

“Always had a good relationship (with their GP).”

One respondent had mixed experiences telling us:

“Receptionists were lovely and friendly, but the doctors didn’t seem to want to understand and did not want to refer me to the hospital.”

In addition to this, the service user reported a language barrier.

One respondent told us that despite having a 'My right to access healthcare' card produced by Healthy London Partnership² - which details that people do not need an address to register at a GP practice- seeing the GP was still problematic, they told us:

"Bad experiences... every time I see the doctor, I don't feel better... it takes a long time to get an appointment, difficult to register as I don't have the right identification... I have the homeless card and problem accessing."

One young service user told us that they felt the notion of the community and family Doctor had vanished, that there was:

"No relationship...no trust in doctors. GPs fill you with pills that kill your body...five minutes is not long enough"

This respondent felt uneasy that they were diagnosed without being seen and told to 'go online' which can create barriers for this group.

Another respondent told us that they were struck off due to their homeless status:

"Last year I went to the Doctor...got signed off as no fixed abode."

Another service user said they had a wound in their back which opened up again:

"The GP told me to bring my own bandages and plasters to the surgery."

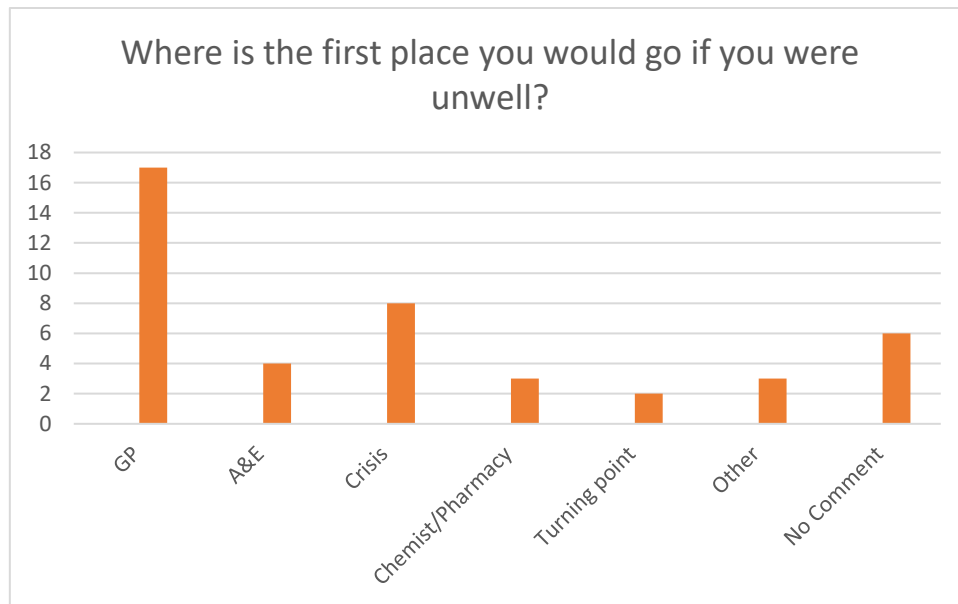
We heard from a refugee:

"I went 14 years with no GP, they wouldn't let me register... no help... had to rely on paracetamol, or what I could find in the Pharmacy...(my) mouth was swollen, I had to remove an abscess with a needle myself."

² See <https://www.healthy london.org/our-work/homeless-health/healthcare-cards/>

General comments included 14% of respondents not having had any experience with a GP due to not being registered or not having presented for an appointment.

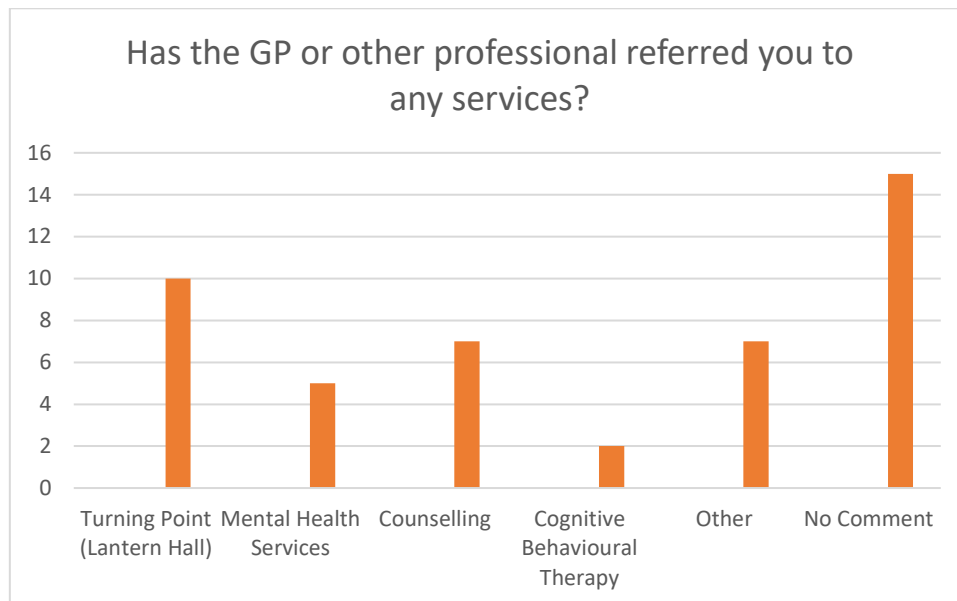
2.3 What is the first place that they would go if they were unwell?



Almost half (47%) of participants stated that they would initially go to a GP, whereas 22% would go to Crisis. A respondent told us: “Crisis (are) very helpful compared to GP”. One expressed that they had “nowhere to turn” while three said that they would go to their friends for health-related support.

A service user told us that “GP (was) going too slow, and Salvation Army... Turning Point (is) best.” Whereas a service user shared that it was their “first time asking (for) help.

2.4 Did the GP or other professional refer them to any services?

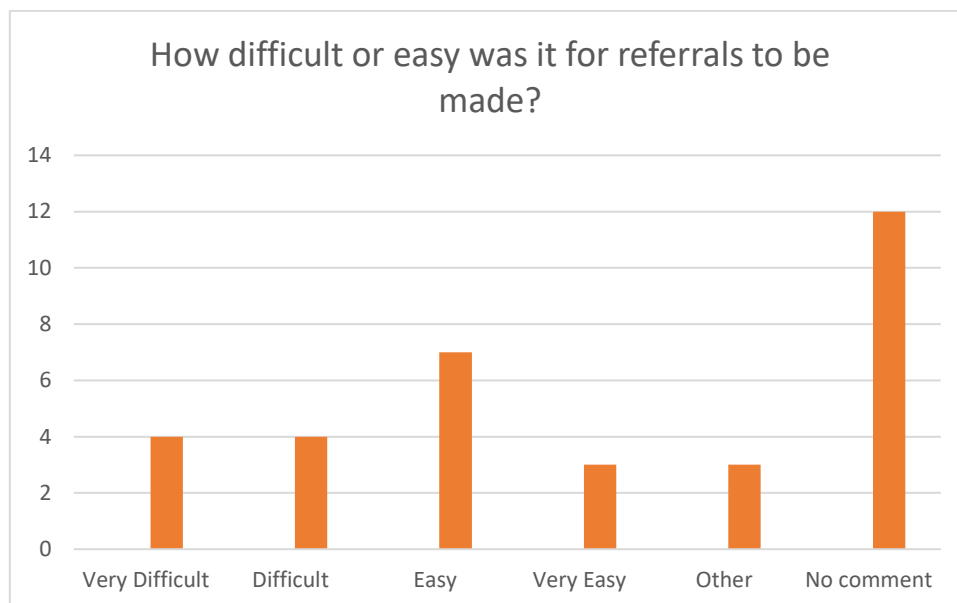


Responses show that 28% of participants had been referred to Turning Point by the GP; following that, counselling and other services represented 19%.

The survey showed us 8% of service users have been referred by the GP but are on a waiting list; with one being referred by Crisis. However, 11% of service users were never referred or still waiting to be referred, whilst 8% of participants report that they never been to a GP, which follows that there would be no referral.

One negative response was that a service user had been offered medication by a health service, rather than a referral to appropriate services, where another was referred to mental health services they commented; 'sectioned a year ago...was on (a) ward and investigated...monitored'.

2.5 How difficult was it to be referred?



A third of participants (33%) have had no experience of referrals to speak of. Where referrals were made 28% of service users answered positively with 19% finding the referrals process easy, and 8% very easy; one participant told us it “all worked as it was meant to be.”

It may be that participants had no experience of referrals as they are unaware of the sort of support they can receive from services outside of primary care, particularly if they are not from Croydon as service provision varies from borough to borough.

However, 22% found it challenging for the referrals to be made with 11% finding it both difficult or very difficult.

We heard a variety of reasons as to why respondents found it difficult to obtain referrals, comments included:

“The doctors don't even want to chat one to one... and seem to close the application without being seen.”

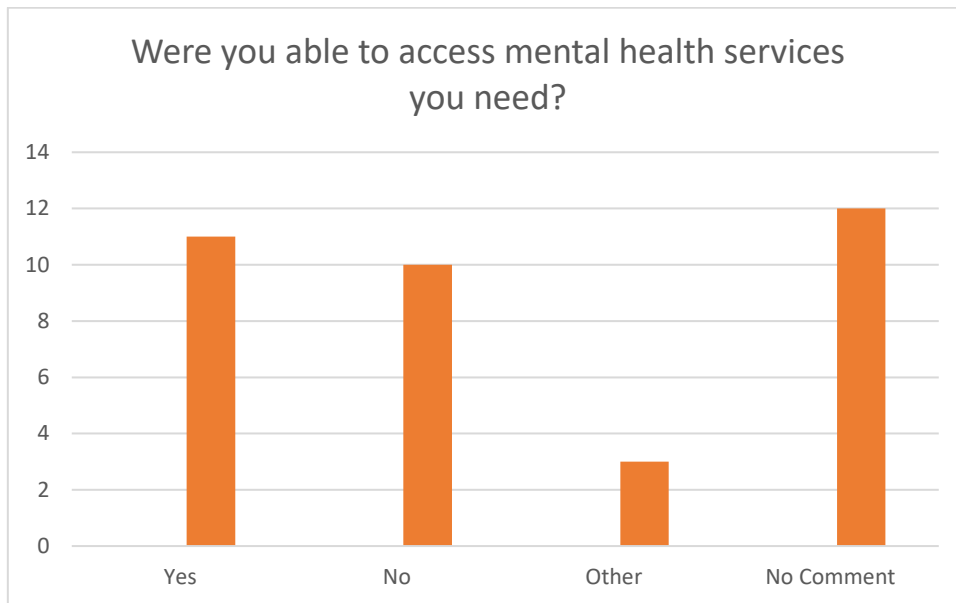
“Long waiting list.”

“The GP receptionist is saying clients require address. Been in UK for two years, originally from Europe.”

One respondent was at the point of suicide before they received help:

“Things did not move on getting referrals, although I was asking all professionals... until I tried to kill myself and (was) admitted to Bethlem.”

2.6 Were they able to access the mental health services they needed?



31% said yes whereas 28% said no.

One participant told us that although their medication was not working, they were not able to change their medicine when needed and their review did not happen.

Another participant tried to refer himself and two mental health doctors suggested that he ‘should face reality’.

One service user commented ‘first time in Crisis (where they were surveyed) and hoping that they can help me.’

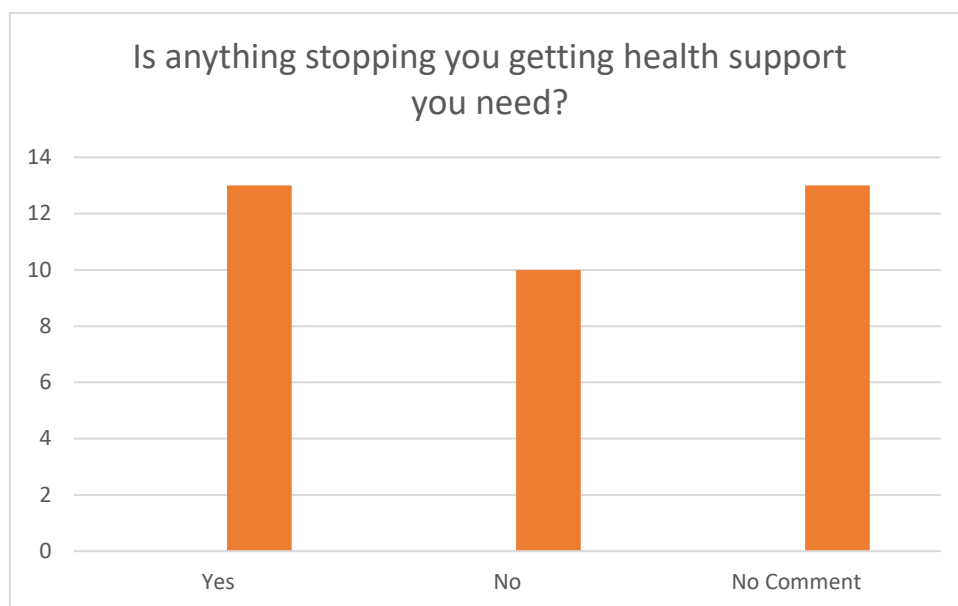
A high number of service users have mental health needs from this response, with almost half not getting the support they need.

The mental health charity MIND estimates that one in four people have a mental health problem each year³. We can see that this group is over represented with mental health issues at more

³ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#one>

than one in two. Crisis have published more information on the link between homelessness and mental health here⁴.

Participants were asked to share what has been stopping them accessing the health support they need.



36% of participants stating that there was something hindering them from accessing the support they needed, while 28% of service users who reported no barrier. A high number (36%) did not respond to the question.

One of the 36% of service users who responded Yes' told us:

“Lack of trust with GP... circumstances have disorientated me... appointment time (is) too short... rushed (and) no relationship. I feel it is all about money... don't want to support me in my efforts, with the council.”

“If I complain, I'll be in the wrong because of my status, they won't hear my complaint, if I was suited and booted, they would help.”

⁴ <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/health-and-wellbeing/>
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Comments from the service users who had no problems accessing healthcare said;

“There are no barriers stopping... my needs.”

“There is nothing to stop me accessing the support I need.”

“I had help getting an eye test and new glasses.”

These responses suggest the possibility of more complex social problems that are resource heavy are presenting as barriers for service users, and in this case, the service users perception of their situation and status.

Another participant we spoke to told us that they had visited five services on foot, back and forth across the borough that day before ending up at Crisis. They were destitute, with no money, no identification, no access to benefits, and had fled domestic violence a few weeks previously.

3 Areas for consideration

Increase training around registration for homeless people

As in our previous report in February 2018 Healthwatch Croydon that suggests that GPs are offered training materials, we extend this recommendation to receptionists to be made aware of the a 'My Right to Access Healthcare' card (produced by Healthy London Partnership as the message seems not to be filtering through. It is very difficult for the Service User to assert themselves, so the GP staff teams need to be aware of what this card means. Details are registration of patients appear in the Primary Medical Care Policy and Guidance Manual.⁵

Better information for GPs on services available and appropriate ways of access

There needs to be better information shared with GPs about services people can access, and an increased awareness from GPs about the difficulty in accessing these for people who are homeless - for example, a GP may advise someone to make a self-referral to IAPT but this can be complex for someone who is homeless (i.e. needing access to a phone and/or computer)

Recent experiences received in May and June 2018

Since the compiling of this report, Healthwatch Croydon have been contacted by homeless people or services supporting them in the borough telling us that barriers persist for this group in registering with a GP in the borough. Of Croydon's 56 GPs, six are reported to be refusing to register this group and Healthwatch Croydon have since been informed that the My Right to Access Healthcare' card is continuing to be misunderstood.

Public Health England 2017 guidance for better care for people with co-occurring mental health and alcohol/drug use conditions (p.25)⁶ states 'Commissioners and providers have a shared responsibility to meet the needs of people with co-occurring conditions. Commissioners are key influencers of provider behaviour...Providers in alcohol and drug, mental health and other services (should) have an open-door policy for individuals with co-occurring conditions'.

⁵ See <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

⁶ See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

4 References

Crisis (2017) *Homeless Knowledge Hub - Health and Wellbeing*

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Healthwatch Croydon (2018) *The Experiences of Homeless People using Health Services in Croydon.*

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Healthy London Partnership (2018) *Homeless Health - Healthcare Cards*

See: <https://www.healthy london.org/our-work/homeless-health/healthcare-cards/>

Mind (2018) *How Common are Mental Health Problems*

See: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/#one>

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See: <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

Public Health England (2017) *Better care for people with co-occurring mental health and alcohol/drug use conditions.*

See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

All available online on 21 June 2018.