Monitoring the Impact of COVID-19 Fortnightly Homelessness Briefing 5: Focus on Primary Care

Introduction

As lock-down measures begin to ease, people experiencing homelessness continue to face significant challenges stemming from and exacerbated by the COVID-19 pandemic. Our last briefing explored people's hopes and concerns for life post-COVID-19, we heard that many people's mental and physical health has worsened due to COVID-19 and the responses to the pandemic. For many people, primary care services including GP practices, community mental health support and dental services will play a vital role in supporting people whose conditions or health has worsened.

This briefing is the fifth in a series of briefings that outlines what we are hearing through our day-to-day work, conversations with our #HealthNow network, telephone interviews with people experiencing homelessness and from logging any concerns we hear from our network of people with experience of homelessness. This themed briefing draws upon insight we have gathered throughout the project specifically in relation experiences of primary care services. This briefing draws upon insights from people experiencing homelessness, front-line staff and volunteers to present a snapshot into reality for people who are homeless during this pandemic.

Further details of this research project and previous briefings can be found here: 'Monitoring the impact of COVID-19 for people experiencing homelessness'.

What is the policy context for access to primary care?

Primary care services like GP Practices, dentistry and community mental health services have had to change and adapt to ensure health needs are met whilst preventing the spread of the virus. Providers were told to roll out remote consultations using video, telephone, email and text message services and face to face consultations only happening when necessary. In the second phase of the response practices were told to focus on the restoration of routine chronic condition management, prevention wherever possible, and an anticipated increased need for community services and primary care.

Importantly, on the 27th March, NHS England (NHSE) & Improvement wrote to GPs and their commissioners requesting them to review care plans, and to adopt remote consultations where possible. The letter highlighted that people with no fixed address, refugees and asylum seekers are equally entitled to be registered and a reminder that 'the absence of photo identification or a fixed address is not a reason to refuse a patient registration' and 'homeless patients should be registered either at a c/o address where one is available (e.g. a shelter/ support service) or the GP practice address'. The importance of GP registration was further highlighted by NHSE Guidance and standard operating procedures for general practice in the context of coronavirus (COVID-19).

Key policy responses

12 March - Dr. Al Story and Prof. Andrew Hayward release guidance of Test-Triage-Cohort-Care.

17 March - NHSE and NHSI send letter to all NHS trusts setting out the next steps in the general practice response and triage-first model to COVID-19. Letter states that the highest risk groups will need enhanced support from their general practice.

29 April - Chief Executive Sir Simon Stevens & Chief Operating Officer Amanda Pritchard of NHS write to all trusts, CCGs & primary care networks regarding second phase of COVID response. They outline that GP practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and health checks.

19 March - NHS release Standard Operating Procedure for general practices in the context of COVID-19.

27 March - NHSE and NHSI send preparedness letter to GP practices and commissioners.

27 May - NHS track and trace system is launched.

29 May - NHS release updated Standard Operations Procedure which includes specific information on the role of General Practice of relevance to supporting people who are homeless and other inclusion health groups.

Data collection so far

We began gathering insight rapidly from the onset of the COVID-19 pandemic and have gradually expanded our data collection methods to extend our reach over the last two months. From the offset of the project until the preparation of this briefing we have received 303 daily diaries and reflective logs which continue to illustrate key issues highlighted by the Groundswell team and conversations with stakeholders from across the UK.

We have carried out 48 telephone interviews with people experiencing homelessness from across the UK, including Newcastle, Birmingham, Greater Manchester and London. People have been in a range of accommodation situations, with people living in temporary accommodation, hostels and emergency hotels, and others currently sofa-surfing, rough sleeping or living in their own housing association accommodation. Many people we have spoken to have significant existing health needs, but only a small number of people reported to have had COVID-19 symptoms.

What are we hearing?

People experiencing homelessness are at greater risk of having multiple health conditions than the general population and often face significant barriers to accessing primary care. Early insights from this research illustrate that this disparity has been worsened by the current pandemic and subsequent changes to how health and wellbeing services are accessed and delivered.

GP registration

> ***"We are not registering homeless people full stop"***

Insights from front-line workers have noted that difficulties with GP registration have significantly heightened for people experiencing homelessness during this time. Recent case studies also evidence that a significant proportion of those people newly moved into hotel accommodation during the outbreak are not registered with a local GP, this is reflected in insights shared from our network. One worker told us that when they contacted a GP practice they were told "we are not registering homeless people full stop". Several people also described experiences of being told **ID or proof of address was required** when registering.

> ***"They say 'we're not going to register anyone without a form of ID and proof of address, because that's their rules' basically. When I asked: 'Can I at least have a quick chat with the practice manager, they were like no if you've got any issues with what I'm saying to you send it in an email'"***

This is an acknowledged barrier to accessing health services for people experiencing homelessness, despite NHSE guidelines stating that an ID or proof of address is not a prerequisite of GP registration. It seems that this misconception has been more frequently experienced by people trying to access GP services during the COVID-19 pandemic. One Groundswell worker reported their recent experience of trying to register people staying in temporary hotel accommodation:

> ***"Receptionists are still repeating same mantra: 'you need ID to register'… but if you can get to the practice manager it is sometimes a different story. I'm mostly being pointed to online registration by GP surgeries and in some cases a receptionist will follow up once that form has been done. In terms of follow up there's still a lot more to work out and in that respect it's not just one call. Today we tried to register 6 people and we managed to only complete one application via [specialist homeless surgery]. Even with that surgery, after completion a message popped up on the screen saying that you need to provide ID when you come… and that's a specialist homeless surgery. This could essentially deter people from going any further and ultimately mean people not seeing a GP"***

The movement of people into new areas or accommodation during the outbreak has meant the **demand for registration is increasing**. One person explained to us that they had been moved into new accommodation, out of their local area, during the outbreak. As they were moved in a taxi, they were not able to take many belongings with them and forgot to take their medication:

> ***"[I have] been diagnosed with PTSD, recently started psychological therapies and then [I] moved and have to be re-referred, [I] take medication for mental health. [I haven't] managed to register with a GP yet. [I] left meds in [different city] and hasn't got meds at all"***

The movement of people into new accommodation has also meant that often GP practices state they are unable to register patients because **their housing status is temporary** or that they are unable to meet the patient's often **complex health needs**. This is particularly in relation to mainstream GP services who are not adapting their access routes to suit new patients.

It is not solely movement to new local areas and accommodation that have influenced the increase in difficulties when registering with a GP. The lock-down measures have meant a **significant shift towards digital methods of** communication, which means often registration is completed online by website or a downloadable app.

People frequently do not have access to the technology to complete online registration forms as they are without access to a smartphone, tablet or computer and often do not have access to WIFI. The online registration is also sometimes set up in a way which requires particular information to complete the process, this acts as a further barrier for people who are unable to complete the required information to go through the full process. Further confusion arises when automated online registrations fail to inform people if their registration has been successful.

When registration is sought by telephone often the approach of reception staff acts as a further barrier to registration. Workers have described experiences of conflicting messages between receptionists, doctors and practice managers and instances of reception staff being unpolite and unprofessional when enquiring about GP registration for the people they work with.

Access and engagement with GPs

> ***"Can't get through when [I] call the doctor… phones doctors but can't get through so [I have] given up trying"***

We have also heard about increased difficulty when patients who are already registered attempt to access healthcare. Several people have noted that have had significant difficulties when attempting to contact their GP, meaning several people are ignoring their health needs and living with debilitating symptoms, such as chronic pain and anxiety.

> ***"[I] was unwell a few weeks ago with…a severe chest infection. [I] was ill for about a month and relied on my son to bring food and do washing. [I] tried to see GP but was refused an appointment. [I] still experience trouble breathing"***

> ***"[Person is] currently in active addiction which he has no control over and unable to maintain. His stress levels have increased to the point where he is experiencing panic attacks regularly and his hair is falling out in clumps. Has been trying to arrange an appointment with regards to his alopecia but the GP hasn't got back to him yet. (Been 3 weeks and no reply)"***

As GP's have directed their focus to emergency and acute issues, routine check-ups and tests have been cancelled. Lack of flexible and appropriate communication methods have meant in some cases people are unsure if their appointment is going ahead or not and when it will be rearranged.

> ***"His hospital appointments have been cancelled. His GP is doing phone consultations, his medication is difficult to get, its double the work to talk to GP and pharmacy. He's had to wait because of medication shortages"***

The challenges of people accessing GP appointments is not uncommon to the general population and of the homeless population prior to the pandemic, however, early insights demonstrate that this is becoming increasingly difficult for people experiencing homelessness during the pandemic at a time when primary care and condition management is significantly needed. Further barriers are presented when people engage with primary care through the new methods of service delivery established during COVID-19.

Delivery of primary care

As services began to adapt to the lock-down measures and minimised face-to-face service delivery to reduce the spread of COVID-19, services are increasingly using online appointment booking, online and telephone triage, telephone and video consultation and electronic prescribing. This poses several barriers for people who are experiencing homelessness in relation to digital exclusion. This is already a challenge for people who often do not have access to WIFI, credit or devices to access the internet but is exacerbated by the new approaches to delivery which are being rolled out across primary care.

When people have received care from their GP some have described as a poor patient experience which has become more difficult during the pandemic:

> ***"the doctors are like a police station and they don't treat me well. [I] give it one out of ten… massively frustrated and things have got much worse since this crisis began. When [I have] a problem with my script it is really difficult to sort it out"***

Dentistry is also an area where we have identified need. As highlighted in Groundswell's Healthy Mouths research people experiencing homelessness commonly face poor oral health and face a range of challenges in utilising dental care. Throughout the pandemic almost all dental services have been forced to close. As some re-open, there is a backlog of cases of people who are in need of treatment. One Groundswell case worker reported challenges with a client they are supporting:

> ***"has toothache and is on antibiotics but can't get to a dentist due to COVID-19 restrictions. Is in lots of pain"***

Mental health

As highlighted in previous briefings, we are hearing that lockdown is having a significant impact on the wellbeing of many of the people that Groundswell supports and that we have spoken to through the course of the research. As one Groundswell Peer Advocate shares:

> ***"As the weeks progress I have had an increase in clients needing support with their mental health and have had to raise safeguarding as a client was contemplating suicide. Clients are also asking for more of a conversation around how they are feeling especially as anxiety levels are quite high"***

Challenges in access and delivery of primary care are ever present in support for mental health. Access to mental health support which is typically accessed through GP practices has become increasingly difficult and adaptations to delivery have created challenges for the people we have spoken to. Group and one-to-one therapy sessions have been reduced in time allocation or cancelled all together. We have heard cases where the response from GPs has been to increase medication to support people to cope.

"He is feeling suicidal and told me he has tried to end his life 3 times recently. He is being supported by the mental health team at [Hospital]. His appointments have been cancelled and are over the phone rather than face to face. He finds this more difficult"

"Time allocated for Group therapy greatly reduced and now one to one but for only 15 mins per week"

We have also heard of cases where support services for people who are homeless have been finding ways to facilitate access to mental health support.

"This client spoke of how she was really looking forward to her CBT starting but since COVID-19 it has switched to online and she has only been sent stuff to read and she really wants something face to face. She has been given a tablet by [support provider] which is really helpful and they call her regularly"

Case Study – GP communications

Rob (not his real name) received a letter from his consultant stating a diagnosis of small vessel disease in the summer, last year. He repeatedly asked his GP to action the advice given by the consultant regarding medication he would need. The GP insisted that another scan was needed although other correspondence did not say that another scan was necessary. Rob changed GP's in desperation and with the hope that a different GP would take the actions recommended.

Rob registered with two further GP's who again kept stating that they needed another scan until the he stopped asking. He shared all of the correspondence with a staff member from a local homelessness charity. They discussed the best course of action to take and agreed to write to his GP again with the consultant's correspondence and the permission to act on his behalf. The GP acknowledged the letter which included the permission to act on behalf of the patient. The staff member and GP spoke about the Consultants letter and the GP agreed to review the actions needed. The GP contacted Rob directly and apologised and explained that they did not have a copy of the consultant's letter. Unfortunately, the GP failed to contact the staff member which is what he had requested.

The GP made an appointment for Rob that he could not keep. Rob rang the staff member who then reorganised the appointment on his behalf to a telephone consultation. During this consultation, the GP agreed to provide the medication for an initial 28 days. After this, he tried to get a repeat prescription from his GP who refused and said he would have to ring back 3 days later in the week claiming that he had been given enough medication. Rob got frustrated and hung up on the doctor and threw away the rest of his medication. Within 3 days his symptoms had re-emerged. He contacted the staff member who liaised with his GP to organise the repeat prescription for Rob to collect. The GP agreed to send the prescription and to put this on repeat so that he does not need to contact the surgery about his medication again. Almost a year later from his initial diagnosis, Rob is now back on his medication due to his own and the staff members perseverance.

Example responses to COVID-19

Healthwatch Manchester explore GP de-registration

Healthwatch Manchester have heard numerous accounts from people who have been deregistered from a GP Practice. As a result they are launching a new survey to find out the true picture across Manchester, with a focus on engaging with people who have experienced homeless and how this impacted upon their registration with a GP.

Once someone experiencing homelessness is deregistered from a GP practice it can be very difficult for them to get registered again. Despite NHS guidelines making it clear that you do not need to have a fixed address to register with a GP, we commonly hear this as a reason given for refusing a registration. This is why it is so important to ensure that patients are not deregistered in the first place, and we at Healthwatch Manchester are very keen to hear the experiences which homeless people have gone through with deregistration. Research will be collected using a short, 10 question survey. If you are based in Manchester and would like to take part in this research please email: info@healthwatchmanchester.co.uk or call: 0161 228 1344.

Adopting the Triage-Cohort-Protect-Care model

Arch Health CIC has been supporting people experiencing homelessness in Brighton and Hove since 2016. At the beginning of the COVID-19 crisis Arch Health worked with partners including the Local Authority, Public Health and St Mungo's to ensure that accommodation was provided for all those rough sleeping and living in shared accommodation. Using the recommended Triage-Cohort-Protect-Care model Arch Health ensured that everyone needing accommodation was assessed for risk based on their existing health needs and that anyone with symptoms but not requiring hospital treatment was accommodated in the care hotel.

In addition to providing direct healthcare to residents of the hotels either face to face or remotely, the clinicians at Arch Health also supported the non-clinical St Mungo's support staff to safely and effectively monitor residents through daily monitoring of temperature and oxygen saturation levels. GP registration for those residents without a GP has been facilitated through the provision of registration forms at the hotel which are collected daily. The patient details are uploaded on to the electronic medical system the same day and a Health Care Assistant contacts the patient on the phone within a few days to conduct a new patient health check which includes an assessment of health issues, identification of medication or intervention required, care plan established for ongoing care needs and a risk assessment for prioritising new patient tests such as blood and urine. The new patient is able to access healthcare remotely or can be seen by a clinician visiting the hotel or an appointment at the surgery. Since the beginning of lockdown 46 new patients have been supported to register at the practice.

What next?

We have started an exciting new phase of the research which employs new data capture methods and increases the reach of the project. Alongside our daily diaries and telephone interviews we are using a 'Citizen Journalism' approach that uses mobile technology to engage people from the homeless community. This is a new approach to coproduction and research around homelessness and is being supported by funding from NHS England and NHS Improvement. The research will directly inform the way the NHS responds to COVID-19 for people who are homeless.

In partnership with On Our Radar we have recruited a team of 'Mobile Reporters' being trained and supported to collect and report information from their local areas. Our first group of mobile reports are starting their training shortly and will be feeding back what they are hearing locally through voice and text messages. Find out more about getting involved or sharing your views and view our information sheet here.

If you want to talk to someone about this research, contact Groundswell's Research Manager Jo: jo.brown@groundswell.org.uk

If you want regular updates about this project and other related work, please subscribe to our #HealthNow newsletter here.