



# The Experiences of Homeless People using Health Services in Croydon

February 2018

# 1 EXECUTIVE SUMMARY

## 1.1 Local Context

Healthwatch Croydon is the consumer champion for users of health and social care services. Our purpose is to listen to and understand the needs, experiences and concerns of people who use health and social care services in Croydon. We support patients, residents and service users to voice their views and opinions on services. Healthwatch Croydon works to get the best out of health and social care services by responding to the voice of local people.

Croydon has a significant number of homeless people in the borough. In the recently published *We are Croydon: A changing population- Director of Public Health Report 2017*<sup>1</sup>, 2,285 people were described as homeless or in temporary housing. Croydon has seen a 22% increase in rough sleeping since 2014, compared with 7% across London.

We focused on those who are homeless but are in support hostels, working closely with Evolve, a homelessness and community support charity based in Croydon.

Our initial scoping for this project with Evolve told us that their service users, which they describe as customers, had experienced barriers to accessing healthcare and equitable treatment.

Healthwatch Croydon were told about GPs refusing to register customers who reside at the hostel, and that this issue had persisted for several years with BME customers in particular. Customers also told us about barriers to registration, barriers accessing healthcare, and not being referred to appropriate services or receiving equitable treatment. Healthwatch had a conversation about this with some of the staff at the hostels and were told that:

*“Most GP’s around the hostel do not register our customers, this has been going on for about 3 or 4 years now”, and “they explain away our customers issues, taking every issue to be substance related. Instead of assessing their Mental Health they are sent to a drug and alcohol worker.”*

Based on this initial scoping, Healthwatch Croydon decided to research further.

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<sup>1</sup> Director of Public Health Report Croydon 2017, (2017) page 30, see <https://democracy.croydon.gov.uk/documents/s1572/Annual%20Report%20of%20the%20Director%20of%20Public%20Health%202017%20-%20draft.pdf>

## 1.2 National guidelines

NHS England guidelines state that homeless people are eligible to be registered at GP surgeries, Primary Medical Care Policy and Guidance Manual (PGM)<sup>2</sup>, published in November 2017, section 4.4.8 (p146): “Therefore... those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if those visitors are not eligible for secondary care (hospital care) services.”

In addition, section 4.9.9 (p.150) of the same publications states that GPs can register the homeless address as the practice address: “Where necessary, (e.g. homeless patients), the practice may use the practice address to register them if they wish. If possible, practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).”

## 1.3 What we found

**Registration:** A quarter of those asked had difficulty getting registered or did not get registered. It was primarily adult homeless who experienced the most difficulties, particularly if they had complex mental health needs. A proportion were registered outside the borough.

**Access to services:** Over a third of those asked could not say they had got access to services. Adult homeless are less likely to be able to gain access to services compared with young homeless people. This increases significantly if adult homeless have a complex range of mental health issues as well.

**Being listened to:** Two-thirds of those asked did feel that they were heard, but over a third said no, or gave an alternative answer, suggesting that they were only partially listened to. Once again adult homeless recorded higher numbers, although some younger people also felt they were not listened to effectively.

**Involvement in decision-making:** There was a significant number who wished to have more involvement in decision-making. Many younger customers felt they had been listened to and did not need more involvement in their care. However, a significant number of adults with more complex needs felt not listened to and wanted more involvement with care decisions.

**Given choices:** Nearly half of the respondents said they were not given choices or could not say they were fully given choices over their care. This may be reflected by their understanding of their rights to have a choice.

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<sup>2</sup> See <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm>

## 1.4 Considerations to providers

**Stronger relationship between hostels and nearest GPs:** With youth homeless services, local GPs were supportive in registration and service, this best practice needs to be carried on to adult homeless and particularly those with complex needs.

**Training with working with homeless:** GP surgeries based near of hostels could benefit from working with local homeless organisations to better understand client needs and train staff accordingly, including registration. They could also access free e-learning training modules from the Healthy London Partnership.<sup>3</sup>

**Effective signposting on GP registration:** All hostels, GP surgeries, GP hubs and hospitals to have adequate information about rights of registration with staff able to signpost to relevant services at point of use. The Healthy London Partnership also have materials tailored for homeless people.<sup>4</sup>

## 1.5 Methodology

This report has spoken to those currently temporarily supported in hostel accommodation, who have been referred by the council, by presenting as homeless at the council. These are some of the most hard-to-reach and seldom-heard people, whose voices are rarely heard.

We have not spoken to those who are unregistered and are rough sleeping, although this could be a useful area for future research.

In November 2017, Healthwatch Croydon delivered five sessions of outreach over two weeks at locations run by Evolve Croydon services. In addition, staff across five of the hostels supported customers to fill out the survey for a further week.

We spoke to 78 customers in total, which represents 27% of homeless people in Evolve accommodation in Croydon. Healthwatch Croydon worked with two compatible styles of survey, a short version of two questions and a longer version of seven, depending on the situation of the customer at the time of the outreach session. Some customers answered the survey in part.

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<sup>3</sup> See <https://www.healthylondon.org/resource/homeless-health-elearning/>

<sup>4</sup> see <https://www.healthylondon.org/our-work/homeless-health/>

We asked the following questions:

- Were they registered with a GP?
- How easy was it to register?
- Do you feel listened to?
- Who (type of health professional) listens to you?
- Do you have involvement in decisions about your health?
- Are you given choices?
- Have you been able to access the services you need?

We visited the following locations:

**Alexandra House** run by Evolve, supports 80 single homeless people up to 65 years of age with a range of support needs.

**Palmer House** run by Evolve, supports 60 single people up to 65 years of age with a range of complex needs including experience of homelessness or rough sleeping, substance misuse and/or mental ill health.

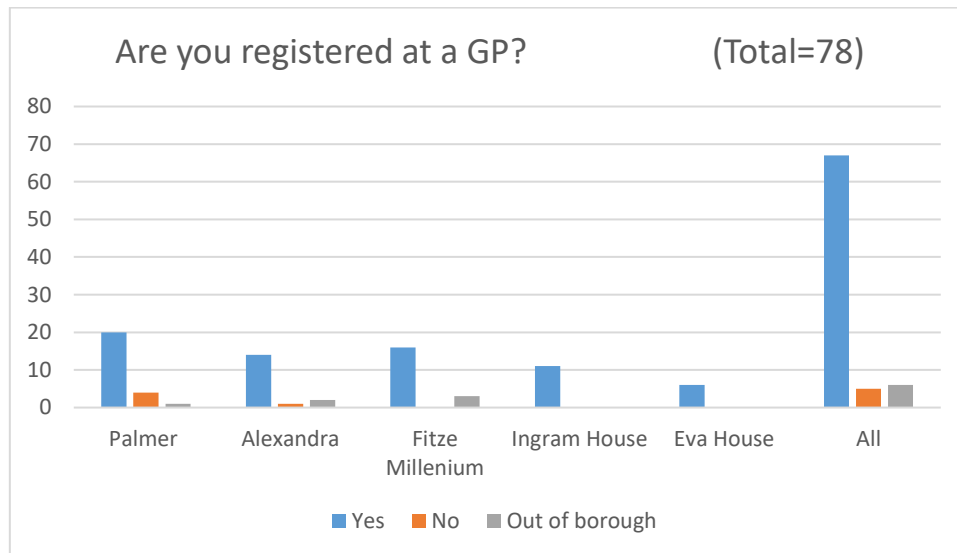
**Ingram Court**, run by Evolve, supports 44 single homeless young people with a range of support needs.

**Fitz Millennium Centre** supports 80 single homeless young people from 16 years of age with a range of support needs.

**Eva House** is a mental health step down service, supporting people up to 65 years of age experiencing mental ill health.

## 2 ANALYSIS OF FEEDBACK

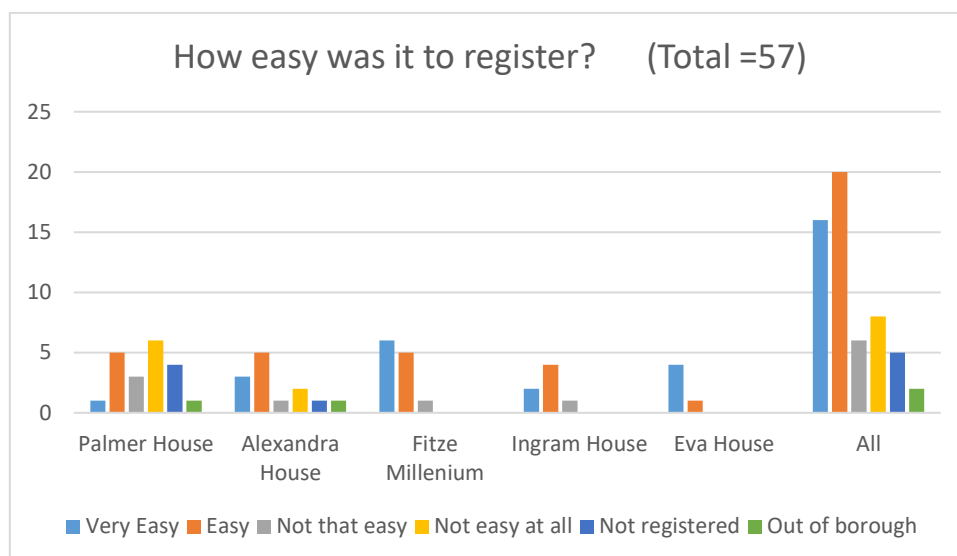
### 2.1 Are customers registered with a GP?



Registering with a GP is crucial as a gateway to other services. Initial scoping suggested that many would not be registered with a GP, however of those we spoke to we found this not to be the case with 65 out of 78 registered in Croydon. This is 83%

Some who were registered with GPs (6 respondents) had their registration out of the borough and in some cases as far as 300 miles away meaning they cannot easily access services.

## 2.2 How easy was it for customers to register?



A majority (63%) of customers found registration easy or very easy but 25% said registration was not that easy, or not easy at all, and a further 12% were unregistered or registered out of the borough

### Experiences

Palmer House and Alexandra House customers reported the most difficulty with registration, comments included:

*“I was living in a tent and I needed ID proof of address, they wouldn’t let me register without.”*

*“My support worker got one for me, it was hard, it’s hard to get someone (to help).”*

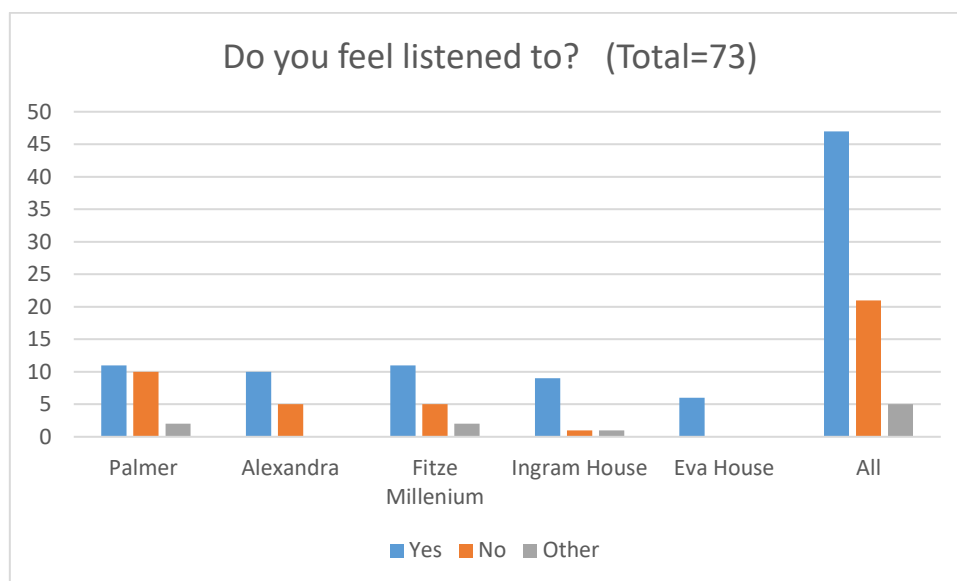
*“I was struck off from the GP without explanation.”*

One respondent had tried to register at two different local GP surgeries. Two respondents were told to come back at a later date, such as the end of the month.

Some of the specific difficulties cited by customers included: that they were told that they do not have the right documents; that they turned away from the GP because of having a short term residence in Croydon as they were living at the hostel.

In contrast, Ingram Court named a local GP Practice who would take on and register new patients without ID, in line with NHS patient guidelines, see reference on page 3.

## 2.3 Did the customers feel listened to by their health professional?



A majority of customers 47 (64%) told us that they feel listened to, but 21 (29%) did not, with 5 (7%) giving us an 'other' response, reflecting that they were unsure.

### Experiences

Palmer House reported the highest number of customers who do not feel listened to and also told us that they had serious health problems such as being underweight, pancreatitis, a stomach growth and the effects of alcoholism.

Some Fitze Millennium customers told us that their GP are "terrible listeners" another Customer reported "rushed appointments", "misinformation", and a refusal of a flu jab that they were entitled to due to an existing health condition. Another Fitze Millennium customer told us "no one listens, or cares."

*"No (I don't feel listened to) I told them I have health issues but they would not listen."*

*"No one listens."*

Palmer House customer

*"Doctors assume nothing is wrong all the time."*

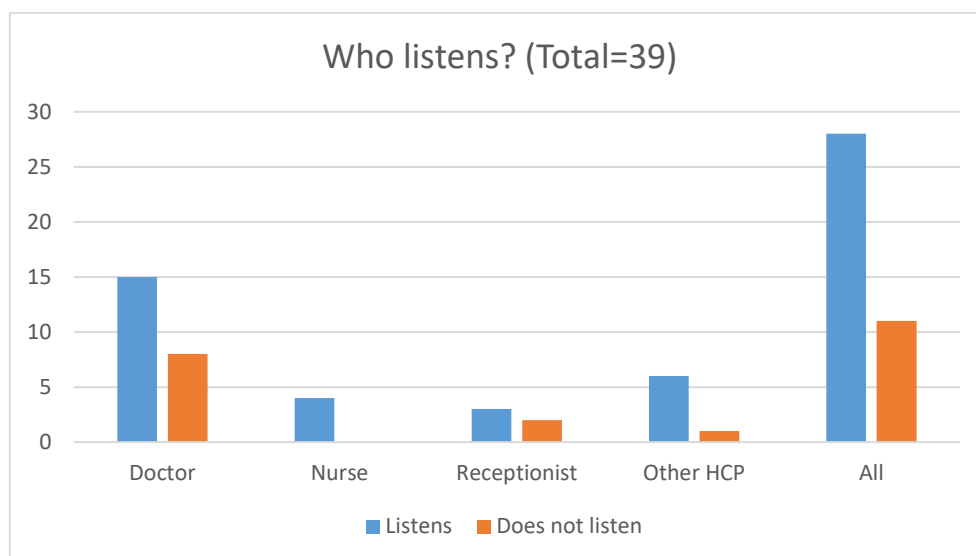
Fitze Millennium customer

*"It can vary, some staff are very supportive, others not at all. Most people don't tend to hear our opinions."*

Ingram Court customer



## 2.4 Who listens to the customers?



The response rate to this question was only 39 (50%) of the total surveyed suggesting that many were not in a position to answer whether their doctor, nurse or other health professionals were listening.

Of those who did respond, doctors were reported to be good listeners, as are nurses. Other health care providers (HCP) who listened included Improving Access to Psychological Therapies specialists and the Mental Health Team.

### Experiences

*“Yes, the Doctor listens and the nurse listens as well at the surgery.”*

Palmer House customer

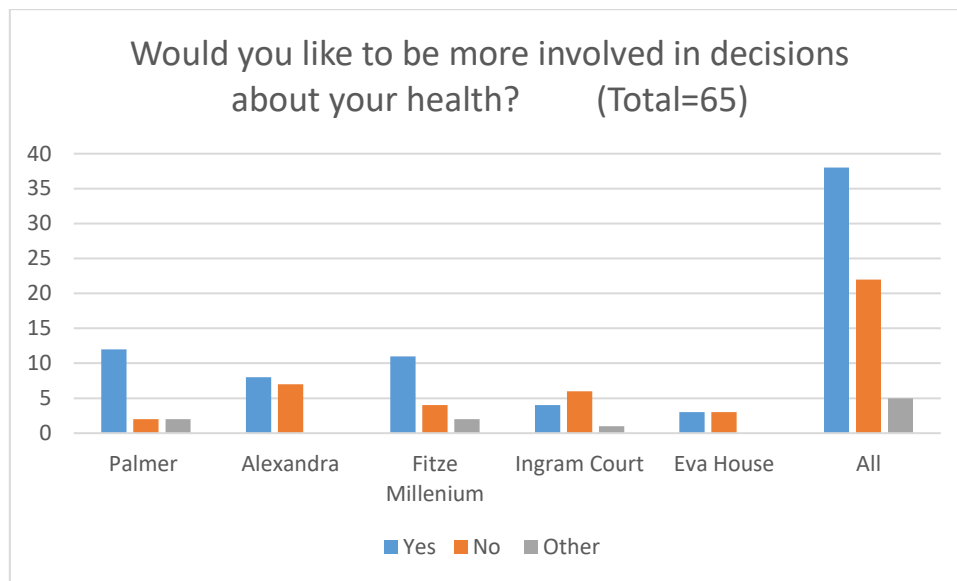
*‘The Doctor listens - the best I had in years.’*

*“The Doctor is good and listens, others are not.”*

Ingram Court customer

A respondent at Eva House was very happy with her doctor but spoke about the wait: “My Doctor listens, but there is a long wait to see her, can be a month” another told us: “I don’t feel heard, disempowered.”

## 2.5 Would customers like to be more involved in decisions about their health?



Of those who gave a response 38 (58%) of customers would like to be more involved, 22 (34%) would not and 8% gave another response, reflecting an uncertainty on how much they wanted to be involved.

### Experiences

Palmer House customers had the highest indication of wanting involvement in healthcare decisions, when they were recorded as the least heard see 2.3 on p 8.

Comments included:

*“Yes, (I want) all my problems to be properly discussed to me so I can understand.”*

*‘I would like to be involved in my health all the time. I’m not sure how though.’*

Three respondents from Alexandra House said that they would like more involvement with their health. Four reported that they did not want involvement with decisions.

*“Guiding (me) through what is positive and negative does not help me.”*

One customer at Alexandra House told us another said that they have a feeling of being misunderstood, and another, that they cannot be helped. The comments that customers made indicate that they may not be sufficiently empowered to consider more involvement in decisions about their health.

Another told us about problems they experienced when they were homeless, but since securing a bed at Evolve were “happy with my current GP practice” in Croydon.

Customers at Ingram Court wanted the least involvement in their healthcare, with respondents telling us:

*“I don’t really have a lot of health problems.”*

*“I don’t want to hear bad news...I find myself avoiding things.”*

*“I’m already heavily involved in decisions with my mental health.”*

Customers reported that they used “hospital” (accident and emergency) for their health needs and another, the central Croydon GP Hub. Others told us that they were travelling to different wards, such as South Norwood and Addington, as well as out of the borough as far as 20 miles away for primary care.

Other responses included five customers who state they feel that they are already involved in decisions about their health to their satisfaction.

Three of these were from Eva House where we would expect to see more involvement as customers are known to have had contact with mental health services. Comments included:

*“Fully involved in my healthcare.”*

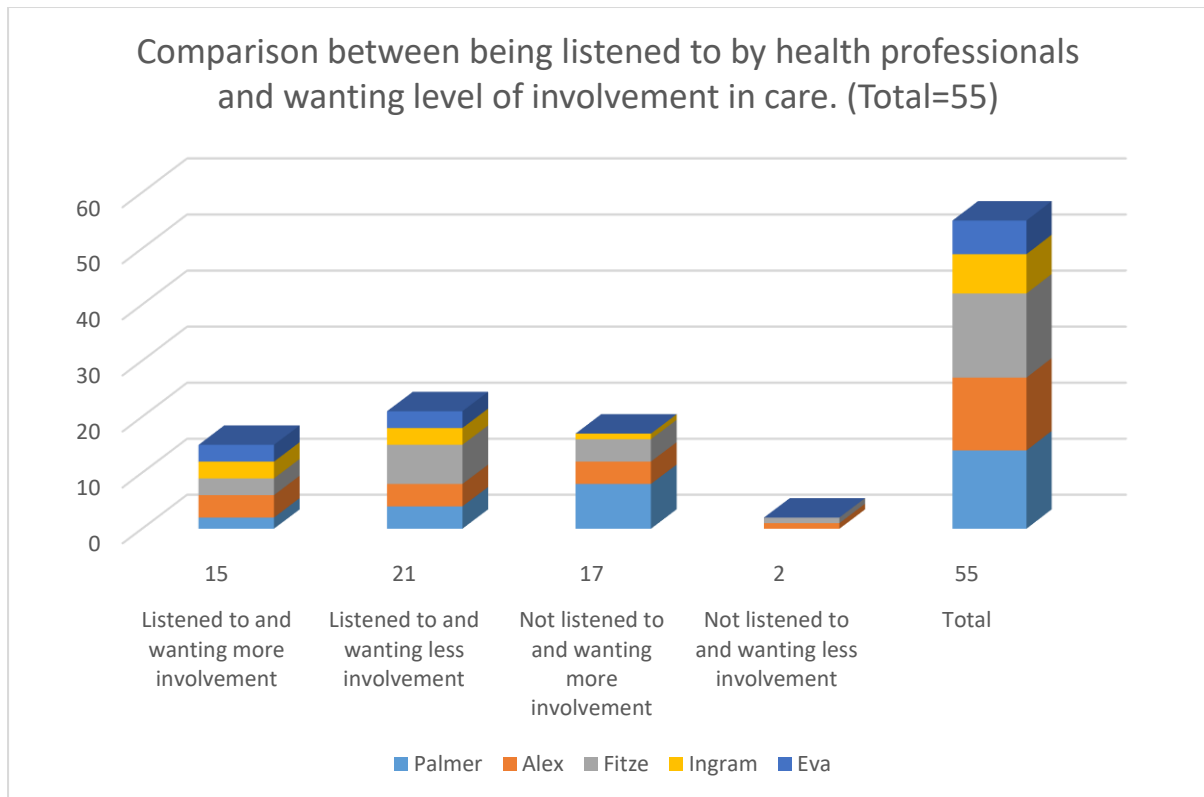
*“Happy with level of involvement. GP does involve me.”*

In contrast other respondents from Eva House said they felt that they were not being involved in decisions:

*“Sometimes decisions were made about me, not involving me.”*

*“Not consulted about anything, just do what they say.”*

## 2.6 Comparison between being customers feeling they listened to by health professionals and being involved in decisions about their health.

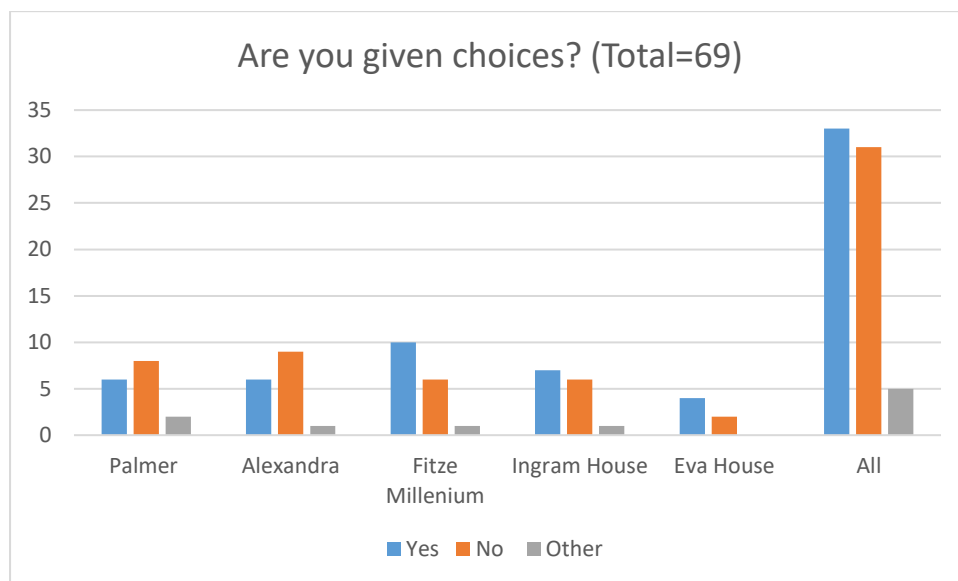


We compared each customer's responses to being listened to with their answers about being involved in decisions about their health to see if there was a relationship. Those who felt being listened to generally have had enough involvement in their care.

However, when this was broken down under location of customer, a significant number of those not being listened to and wanting more involvement in decisions about their care were adults with complex issues at Palmer, where younger Fitze Millennium customers had the largest number of those being listened to and wanting less involvement.

Again this may reflect the ways services are delivered between young homeless and adult homeless with more complex needs.

## 2.7 Were customers given choices about care by health professionals?



Slightly more customers had been given choices than not 48% against 45%, however this was reflected by where they resided. In Palmer House and Alexandra House, more customers than not felt they had not been given choices, compared with Fitze Millennium and Ingram House, where a majority had been given choices.

### Experiences

Some did not give a definitive yes/no answers, stating:

*“They don’t say, what can I do for you?”*

*“(They) can only talk about one thing.”*

Customers talked about barriers to accessing the GP (before such a referral or choice could be given).

One customer told us ‘No, I’m not happy with the medical treatment I’m getting’. Another customer at Palmer House had been discharged from their GP in another ward, and did not know why. This customer was using the local urgent care hub, and had a prescription for three days for a serious and painful health condition, after which time they would have to return to the hub or seek medication elsewhere.

Similarly, customers at Alexandra House had barriers with initial access to GP services, and told us about not being issued medication when they were in crisis:

*“Trying to get medication...when I was homeless, they wouldn’t issue it...frustrating.”*

Some left the borough to access their GP: “travelling for medication (with my health condition) ...difficult” and cited a four week wait for an appointment, which meant customers were perhaps not well placed to ask for referrals.

Fitze Millennium customers told us about their good relationships with their GPs, but also challenges:

*“All options are always discussed.”*

*“He’s perfect, we get on good.”*

*“No. I’m supposed to take 13 tablets per day. The Doctor just gave me it, without asking.”*

*“(It) takes ages to be referred to other services.”*

Eva House also spoke about medication being offered too readily:

*“GPs are quick to give out anti-depressants like they’re Tic Tacs, without a diagnosis of depression. We should be offered other choices i.e.; counselling, CBT etc.”*

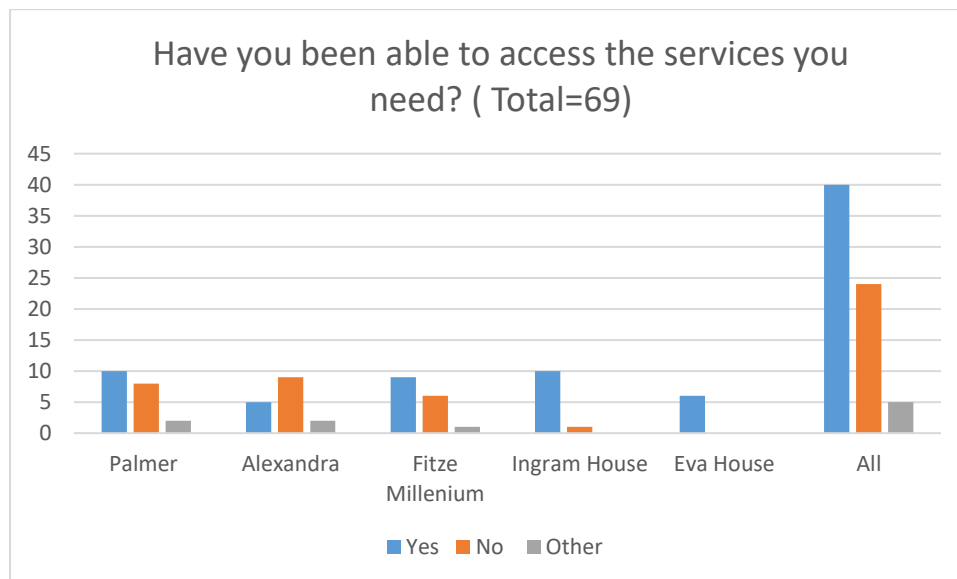
*“Another reported being fully involved with choices on medications and dosage.”*

Ingram Court also reported on the wait for referrals and lack of involvement:

*“(It) could take forever and may not be chased up.”*

*“Not much explanation on medication and side effects.”*

## 2.8 Had customers been able to get access to the services that they need?



Many customers could access the services they needed 58%, but over a third 35%, said they could not. This may be linked to their ability to be registered with a GP in Croydon and therefore have access to services see 2.1 and 2.2 (p 6-7).

### Experiences

Few customers at Palmer House could answer positively that they could access the services that they needed, but told us their experience since accessing a GP:

*“Of course I had issues, but I have a GP now.”*

*“Easy to get my medication- good.”*

Customers at Palmer House seemed to experience the most barriers in getting the services that they need telling us:

*“Even when I say what’s going on, because of my speech, and my dress...they don’t believe me.”*

*“Hard, very difficult, I had to wait two months.”*

A Customer from Alexandra House had difficulty accessing Mental Health services:

*“No (access to) mental health services. Any reason not to help, they’ll find.”*

Responses from Fitze Millennium were mixed:

*“Sometimes, not always.”*

*“No. There is no services for people with borderline personality disorder.”*

Healthwatch Croydon had also heard that services for people with borderline personality disorder do not exist in our scoping prior to the survey.

Ingram Court were broadly able to access the services that they needed:

*“Yes. I am in counselling now and I have a roof over my head. I just have the lack of a support network.”*

Customers from Eva House who are all engaged with their GP felt that they had been able to access the services they needed without exception commenting: “Been able to access talking therapies twice’ and ‘I feel referred adequately.”



## 2.9 Final comments

We asked all of our respondents if they had any other comments to make.

A respondent from Eva House added:

*“Keep on top of my health. Deal with me holistically, mind, body, spirit, not just my body.”*

A Palmer House customer told us about a complaint they made to a Croydon GP who had refused to register them:

*“My keyworker emailed a complaint and they have not responded”*

An Evolve staff member said:

*“This conversation is making me realise how normalised a lot of the mistreatment has become. It will be so good for us to be reminded that it can and should be different.”*

## 3 CHALLENGES AND LEARNING

This report has spoken to those currently temporarily supported in hostel accommodation, who have been referred by the council, by presenting as homeless at the council. These are some of the most hard-to-reach and seldom-heard people, whose voices are rarely heard, but this research posed challenges.

We have not spoken to those who are unregistered and are rough sleeping, although this could be a useful area for future research.

### Challenges

Delivering the survey was a difficult process due to the lack of an existing relationship and trust with customers. Some had issues with authority and viewed Healthwatch Croydon with suspicion. In this respect our relationship with Evolve, who gave us access to their customers, and helped us deliver the survey, was very important.

There was also lack of customer motivation to do the survey, or disengagement once they started responding. This reflects wider barriers of health literacy or understanding of the active role they can have in determining their health needs. This may have prevented customers from participating.

Customer's health issues and the condition of their health also affected their engagement with the survey.

Mistreatment has become normal, and they feel they have nothing to report on, that this is just part of life for this group. So they do not feel they have a right to give their views or challenge health professionals over the care they are getting.

### Learning for future work

Consider choice of research method to meet the needs of the project, but also maximise the engagement of those who are being asked to give their experiences.

In this respect, listening groups may be a more relevant method, allowing customers on a one-to-one basis to tell their story, rather than a fixed survey.

If some form of quantitative survey is to be used, test the questions as a pilot to see if they can easily be answered before focusing the whole research around the survey.

## 4 REFERENCES

**Croydon Council (2017)** *We are Croydon: A changing population - Director of Public Health Report 2017*, Public Health Department. Downloaded on 24 January 2018 from:

<https://democracy.croydon.gov.uk/documents/s1572/Annual%20Report%20of%20the%20Director%20of%20Public%20Health%202017%20-%20draft.pdf>

**NHS England (2017)** *Primary Medical Care Policy and Guidance Manual (PGM)*. Downloaded on 24 January 2018 from:

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

**Healthy London Partnership (2017)** *Homeless health webpages*

Downloaded on 24 January 2018 from:

<https://www.healthylondon.org/resource/homeless-health-elearning/>

<https://www.healthylondon.org/our-work/homeless-health/>