Crisis
Together we will end homelessness

#HealthNow peer research report: Understanding homeless health inequality in Newcastle

COMMUNITY FUND

Groundswell
Out of homelessness

#HealthNow

Contents

Executive summary

#HealthNow is a UK wide campaign, working towards an inclusive health system where everyone has access to the health care they need and ultimately moving people out of homelessness.

#HealthNow is led by Groundswell and delivered in partnership with national charities Crisis and Shelter. In Newcastle, homelessness charity Crisis are delivering #HealthNow.

In Newcastle, between November and December 2020, eight Peer Researchers set up a socially distanced hub to conduct 49 semi-structured telephone interviews with people recently or currently experiencing homelessness. The hub provided a supported environment that allowed researchers to support each other and debrief. They aimed to:

> **"Identify barriers to people experiencing homelessness, accessing care and treatment at a local level, in three key partner cities and develop action plans to eradicate those barriers".**

This peer-led research provides empirical evidence illustrating the issues people who were recently or currently experiencing homelessness face when accessing healthcare services and maintaining their own health and wellbeing. The key themes identified in Newcastle were:

- **Challenges to registering for GP:** People had difficulty registering and accessing a GP when they had either moved to a new accommodation or people who were recently transitioning from prison during COVID-19.
- **Challenges when accessing various primary care and secondary care services:** People highlighted many barriers to accessing healthcare services. This was often due to challenges with registering with a GP, changes to appointment booking systems, and long waiting periods to get the support that they needed.
- **Positive experiences of using pharmacies:** Pharmacies were the highest-rated healthcare service that people accessed.
- **Not enough mental health support:** 75% of people felt that they did not receive enough mental health support and many also identified mental health as their health priority concern.
- **Difficulties with clear and consistent communication:** People told us about poor and inconsistent communication between health services and patients, which often led to confusion over appointments and treatment.

- **The importance of staff continuity:** It was especially important for participants to have a rapport with their GP and mental health support workers by working with the same person but often this does not happen.

- **Financial barriers to healthcare and preventative measures:** Many people experienced financial barriers to accessing healthcare services. This included travel costs and phone credit. Financial barriers also impacted people's ability to maintain their own health and wellbeing, for example, because they could not afford sufficient and nutritious food.

- **Experiences of stigma and lack of awareness from healthcare staff:** Despite some positive experiences of engaging with healthcare staff from a range of services, people also noted exposure to the impact of the stigma they faced when they engaged with staff. They experienced stigma either because of substance misuse, experiencing homelessness, and or gender identity.

These findings will be used to inform a local homeless health action plan which will be devised by Newcastle's #HealthNow alliance. They will also influence the national #HealthNow campaign to inform national decision-making processes.

Acknowledgements

This research was completed by Crisis Skylight Newcastle volunteers in partnership with Groundswell as part of the #HealthNow campaign. The #HealthNow campaign is funded by The National Lottery Community Fund, without which this work would not be possible.

We would like to firstly acknowledge the important and valuable contributions of the Peer Research volunteers who have been involved throughout the research process and conducted all the fieldwork for this project:

- Jeff Parker
- Claire Park
- James Dillon
- Tony Jablonski
- JS
- Mandy Pattinson
- John Jewitt
- KW

We would also like to thank the partners and organisations who supported us to reach people experiencing homelessness and those who were engaged with their services:

- Crisis Skylight Newcastle
- Avondale House
- Tyne Housing
- SVP
- The Joseph Cowan Centre

Many thanks to Melissa Espinoza who supported the analysis and writing of this report.

Most importantly, we would like to thank everyone who participated and took the time to share their views and experiences with us as part of this research.

1. Introduction to #HealthNow

#HealthNow is a UK wide campaign, working towards an inclusive health system where everyone has access to the health care they need and ultimately moving people out of homelessness.

#HealthNow is led by Groundswell and delivered in partnership with national charities Crisis and Shelter. Groundswell works with people who have experienced homelessness, offering more opportunities to be involved in society and create solutions to homelessness. In Newcastle, homelessness charity Crisis are delivering #HealthNow. This involves managing the local Homeless Health Peer Advocacy (HHPA) service due to launch this year and overseeing the local #HealthNow alliance across Newcastle.

The #HealthNow alliance brings together local people and organisations across the homelessness and health sectors and is led by local peers with experience of homelessness. This means peers set the agenda, work with stakeholders to create solutions to key issues and can hold key decision-makers accountable. This #HealthNow alliance acts as a mechanism to explore and develop solutions to health inequalities among people experiencing homelessness locally and will co-produce an action plan based on the findings from this research. Furthermore, the local activities, insight and changes will inform the national #HealthNow campaign leading to nationwide actions being adopted to improve homeless health.

2. Background

2.1 Health and homelessness

Health and homelessness are inextricably linked. People experiencing homelessness are more likely to experience poor physical and mental health and comorbidities. Also, people experiencing homelessness frequently encounter heightened challenges when accessing and using health services due to practical, social, systemic, administrative, and attitudinal barriers. These factors and increased levels of need lead to significant health inequalities for people experiencing homelessness. Consequently, people experiencing homelessness are more likely to require urgent or frequent emergency care to treat neglected conditions or advanced illnesses that have become acute, rather than usually only requiring access to preventative healthcare services like the general population.

It was recently reported that the deaths among people experiencing homelessness have risen more than a third in a year, equating to someone who is experiencing homelessness dying everyone nine and a half hours. The Office for National Statistics (2018) reported that the mean age of death for men experiencing homelessness was age 45, and 43 years for women who were homeless. This is significantly below the life expectancy of the general population. This stark illustration of reduced life expectancy for those experiencing homelessness is of even more concern considered with research from UCL (2019) which identified that one out of three people experiencing homelessness die from treatable conditions.

Whilst good work has been done in carrying out Homeless Health Needs Audits, it is difficult to develop concrete actions to improve health for people experiencing homelessness without exploring trends in patient experience. It is well known that poor health and the experience of homelessness are interconnected, yet in discourse about the premature death of rough sleepers the narrative has mostly focused on a lack of housing. The Government's Rough Sleeping Strategy indicates that *'there is a clear link between homelessness and health and wellbeing which is not always being made at the local level, which we are keen to address'*. Despite pockets of commissioning of specialist homeless health services, there is a lack of strategic joint action planned to address the barriers to mainstream services which lead to endemic inequalities.

In the first year of this project, we completed a literature review to gather and understand patient experience to inform the #HealthNow research and overarching campaign. The key issues identified in this review were:

- People experiencing homelessness often have poor experiences of accessing and interacting with healthcare services and when leaving treatment. This is experienced throughout the healthcare system, but the evidence is particularly strong in primary care.

- People experiencing homelessness often felt dismissed by healthcare practitioners based on discourses of drug addiction, stigma and discriminatory attitudes and behaviours.

- The coordination of healthcare plans for people who are homeless are fragmented and paternalistic and often fail to consider the barriers to accessing appointments and long-term treatment.
- Key barriers to accessing healthcare include lack of phone credit, poor access to the internet, lack of ability to travel to healthcare centres, lack of accessible information and assumptions that a fixed address is needed to access services.

Furthermore, Groundswell's research has demonstrated that COVID-19 and the response to the pandemic have significantly impacted how people interact with healthcare services. In some cases, this has led to increased challenges for people experiencing homelessness when accessing support and treatment. However, new ways of working have also illustrated the flexibility of the healthcare system, presented valuable learning, and demonstrated how best practice can address some broader health inequalities. These issues will be reflected upon alongside the empirical findings from this peer research and used to inform the subsequent action plan locally.

2.2 Homelessness in Newcastle

Newcastle is one of England's core cities and is located in the North East. Research and recent statistics have set out the extent of health inequality for people experiencing homelessness in Newcastle and the wider North East region and outlined some of the impact. However, there is a need to understand how people experience engaging with services and the reasons why they are not able to access the care and treatment they need when they need it. This is achieved through gathering the patient experience of people experiencing homelessness, which is the aim of this research.

A Homeless Health Needs Audit[1] carried out across the North East in 2015 reached over 600 people who were experiencing homeless and that time identified that:

- Half of respondents have a formally diagnosed mental health issues – 84% stated this was depression (10% of the UK population are estimated to suffer depression).
- Three prominent health problems came out of the audit with a third of respondents suffering from either chest pain/breathing problems; joint aches/problems with bones and muscles; or dental issues
- 84% of those responding were registered with a GP. This was slightly lower amongst 16-25 year olds (80%)
- 65% of people were registered with a dentist

Due to the introduction of the Homelessness Reduction Act (HRA) and the emergency homelessness response to the pandemic it is difficult to draw comparisons of homelessness trends over the past decade. Based on multiple measures, Newcastle has low levels of homelessness compared to other core cities and (unusually) compared to its surrounding Housing Market Area.[2] In particular, Newcastle records very low levels of statutory homelessness acceptances,

---

[1] Homeless Health Needs Audit 2015, North East Regional Homelessness Group

[2] Watts, B., Bramley, G. and Blenkinsopp, J. and McIntyre, J. (2018) Homelessness prevention in Newcastle: Examining the role of the 'local state' in the context of austerity and welfare reforms, Heriot-Watt University https://www.newcastle.gov.uk/sites/default/files/Housing%20and%20homelessness/Homelessness%20Prevention%20Trailblazer/Homelessness%20prevention%20in%20Newcastle%20-%20Examining%20the%20role%20of%20the%20local%20state%20-%20full%20report.pdf

households in TA and levels of street homelessness, and no use of unsuitable temporary accommodation including like Bed and Breakfast accommodation. Under the new duties of the HRA the number of approaches of people at risk of homelessness is now also recorded, the latest figures show that between April and September 2020, 680 households were owed a homelessness duty under the HRA - 180 (26%) a prevention duty and 500 (74%) owed a relief duty.[3]

In the last 12 months, the emergency response to the pandemic and the instruction from central government to get 'Everyone In' has seen local authorities source additional emergency accommodation for people exposed to risk form the virus who were either living in shared accommodation or rough sleeping. A nightly snapshot in January 2020 in Newcastle showed there were only 3 people rough sleeping and 52 people were being accommodated in emergency accommodation in response to the pandemic.[4] A further 254 people had been moved from emergency accommodated to settled or supported accommodation since the response to Covid had begun.

---

[3] Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2021) The Homelessness Monitor: England 2021. London: Crisis

[4] MHCLG (2021) *Coronavirus (COVID-19) emergency accommodation survey data: January 2021* https://www.gov.uk/government/publications/coronavirus-covid-19-emergency-accommodation-survey-data-january-2021

3. Our aim

> “To identify barriers to people experiencing homelessness, accessing care and treatment at a local level, in three key partner cities and develop action plans to eradicate those barriers”.

A key element of the #HealthNow campaign is the delivery of local, peer-led research which helps to understand the local barriers to accessing health services for people who are experiencing homelessness and can be used to directly inform and influence system change. This research aims to understand the main issues people face locally to inform a comprehensive homeless health action plan. It will also be utilised to inform thematic research into a particular area that requires further investigation. This research will be repeated in year four of the project to map changes in the barriers faced against this baseline and support learning.

4. What we did

Between November and December 2020, eight volunteer Peer Researchers carried out 49 semi-structured interviews with people who were homeless about their experiences of healthcare in Newcastle. The majority of interviews were carried out in a hub adhering to COVID-19 restrictions in a supportive environment that would allow researchers to debrief afterwards. A minority of interviews were also conducted face-to-face in local hostels and other settings. All interviews were recorded, and data was transcribed to gather the direct and in-depth narratives of people's experiences.

This research employed a peer-led methodology, meaning that researchers were involved in each element of the research process. This included:

- **Codesigning and piloting research tools** to ensure questions were appropriately tailored.
- **Attending training** to develop skills in research and ethics to inform the research process.
- **Piloting and delivering research interviews** and utilising personal experience to develop rapport.
- **Supporting the data analysis** by taking part in an interactive group analysis workshop.
- **Evaluating the process**, sharing top tips, and suggesting ideas for future research approaches.
- **Presenting the findings** to the #HealthNow alliance and devising the next steps.

This approach meant that research was continuously informed by people with personal experience of homelessness and challenged the traditional 'researcher and subject' power imbalances that often exist when using more traditional research methodologies. This reflected the approach and role of the local #HealthNow alliance whereby peers and stakeholders came together to collaboratively address homeless health inequalities.

Further data analysis was completed using NVivo software which allowed for in-depth coding of themes from the qualitative data. Both quantitative and qualitative data are illustrated in this report to share the key insights gathered from this research.

Peer researcher reflections

> "It was an honour to be part of the research and to be trusted by those I spoke to. I continue to live in hope that we can affect change and our research will help to do this" - Jeff Parker

> "I feel privileged to have been invited to be part of the research process. There are so many voiceless people out there who needed this opportunity to be heard" - James Dillon

"You can lose your house, your car, your job, your dignity, your rights, but you can't lose your good memory's, Use the research results to create good memories and make a change, after all, it could happen to any one of us, whether through bereavement, your health or losing your job etc... never say it will not happen to me, nothing is certain and the last year is proof of that" - John Jewitt

5. Who we heard from

This research was conducted during the COVID-19 pandemic and this significantly impacted how we delivered the research and who we were able to interview. We recruited participants largely through local homelessness organisations therefore the majority of people we spoke to were already engaged in some level of support. This means we may not have heard from those who were disengaged or struggling to engage with services. Due to the COVID-19 restrictions, to ensure the safety of both researchers and participants, most of the people we heard from was through telephone interviews, this means those who experience digital exclusion may have been less represented in this research.

Overall, we wanted to ensure we could still reach a range of people in a variety of accommodation settings. By reaching out to specific organisations that focus on supporting people in particular situations (e.g., women, refugees and asylum seekers) we were able to hear from a range of people living in diverse circumstances. We heard from people who were currently in private rented, temporary or shared housing, hostels, 'dry houses', social housing, and people currently rough sleeping, 'sofa surfing', or staying with family. 51% reported either rough sleeping/ sofa surfing/ staying with family or staying in a hostel or temporary accommodation. According to Watts et al., "a significant number of households in Newcastle appear to experience hidden forms of homelessness like sofa surfing and staying with friends/family (2019; p 9)". Only 28% indicated that they had changed accommodation because of COVID-19.

Of the 49 participants, we spoke to more people who identified as male (90%), but we still reached people who identified as female (10%). 98% of those we spoke to stated that their gender identity was the same since birth. The majority of people identified as heterosexual (91.5%) and a minority of participants identified as gay, lesbian, or bisexual. 97% of people identified their ethnicity as White-British and 3% identified as mixed-race or from minority ethnic backgrounds. This is in comparison to Newcastle's general population which is 88% White-British. The majority of participants were UK nationals with a small number of participants identifying as refugee/ asylum seekers.

Participants were aged between 24 and 65 years old. The majority of people (67%) described having chronic illnesses and/or long-term health conditions that impacted their daily lives. 31% of people mentioned having recently or previously experienced time in prison.

We asked people about any welfare benefits they were receiving. 90% of those we heard from were currently receiving benefits. This was most commonly Universal Credit (UC) and Housing Benefit, with a minority of people claiming Personal Independence Payment (PIP), Employment and Support Allowance (ESA) and Jobseekers Allowance (JSA).

6. What we heard

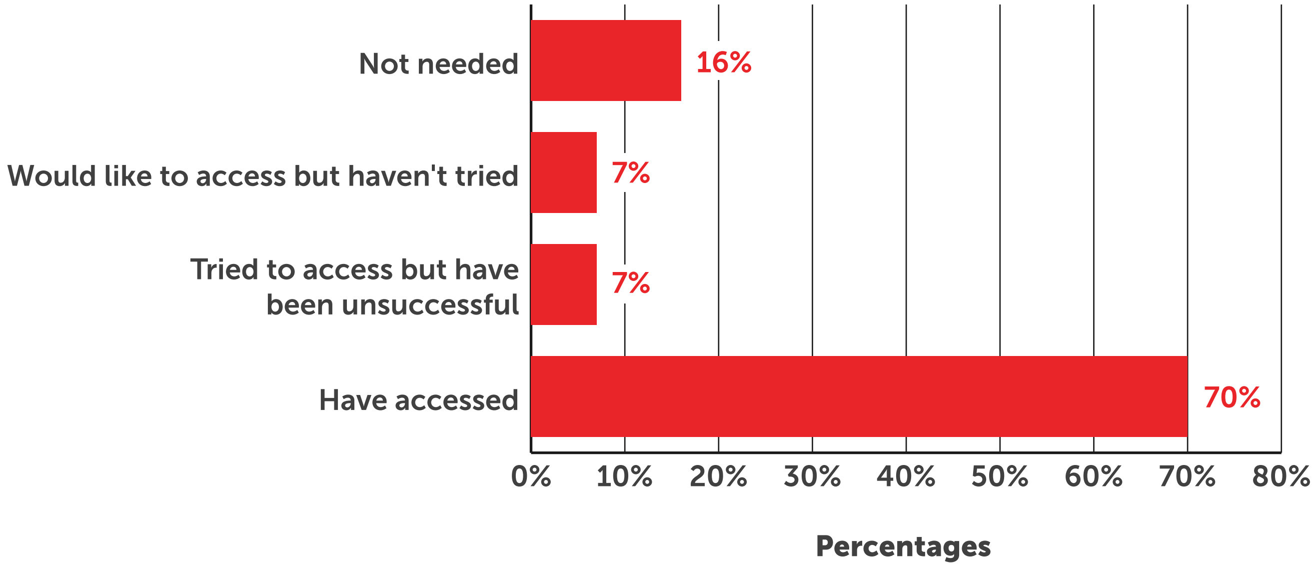
6.1 Patient experience of using healthcare services in Newcastle

A significant proportion of the insight gathered was focused on understanding the experiences people had when engaging with different local health services in Newcastle. We know that people experiencing homelessness often face significant barriers to equitable healthcare provision. To understand where issues arise and identify any areas of good practice in Newcastle, we asked people about their experiences of interacting with a range of different healthcare services.

6.11 GP Services

GP services are often patients first point of interaction with the healthcare system. They act as a crucial gatekeeper to specialist services, yet difficulties when accessing GPs continues to be an issue across the country. GP access is particularly problematic for people experiencing homelessness, therefore, we wanted to understand how many people were registered at a local GP practice and how many people had accessed GP care over the last 12 months in Newcastle.

In the last 12 months have you used a GP practise?



It is positive to see that the majority of people we heard from had accessed their GP. Furthermore, 81% said they were registered with a local GP. Recent statistics suggest that approximately 91% of the overall UK population are registered with a GP practice, this finding illustrates a marginal difference. Some of the people who had difficulty registering and accessing a GP because they recently released from prison and needed to register when COVID-19 lockdown measures were enforced.

> "I just got discharged from jail and I don't have a doctor…[B] efore I went to jail, I could get an appointment to see the doctor either [the] same day or within in a couple of days. I have been out of jail just over 3 months now and I still haven't seen a doctor".

For people transitioning from prison, it was particularly difficult to register and access healthcare services including a GP during the pandemic because of restrictions. People who had received healthcare services in prison emphasised that the quality of care and treatment was substandard because of their circumstances.

> "Well, I mean, just because you're in prison doesn't mean you shouldn't get the same healthcare as people who aren't in prison, so what I can get on the high street I should be able to get in prison".

Similarly, to people transitioning from prison, people who had moved into new areas at the start or during the pandemic also faced challenges of registering with a new GP that was located near them.

> "Yes, well when I was homeless, …. I briefly registered with a GP, but I never got to see them at the point. When I got my tenancy, I moved [to the other side of the city] and that meant accessing a different GP service… I went to a GP service during the pandemic and I was told that, to come back once the pandemic had eased off a bit because they weren't taking on any new referral during that period. I spent time going there filling in the form and using all my expenses to get there only to be told to just continue with your old practice and come back at a later date".

Another common experience was highlighted that access to GPs can often have financial implications, this can be in the form of transportation cost or waiting long periods to get through to someone at the GP on a pre-paid phone.

> "… when you are homeless getting access to the health service when you have no money and transport, and everybody just takes it for granted that we will just jump in the car and we will go to the hospital. Or you will just phone…money…when you haven't got anything like a phone, transport, money you know we take the health service for granted. But when you are homeless situation, and you can't access these services that has a devasting effect on your mental health also".

> "I haven't got broadband, and I cannot afford to put any on my phone because I am struggling at the minute for money".

For many people who are experiencing homelessness, access to essential health services is not always available because it still requires costly resources to access them. For others, there is an extra financial cost because of their immigration status i.e., having No Recourse to Public Funds (NRPF). For some people, the financial cost of connecting with a GP had other impacts on their income, for example, not having access to the required documentation meant they were unable to apply for certain financial benefits and so they had to directly pay for their own medication themselves.

> "Because you can never get an appointment, your medication is always late, and it takes about six weeks to get a sick note of[f] them".

> "It is a nightmare that, when you are waiting for your sick note and that".

People stated that difficulties accessing appointments was not a new issue caused by COVID-19 but was exceptionally more difficult because of the new measures put in place by GPs to deliver their services during the pandemic. A notable change to the way services were delivered included the move towards digital and remote models of working, such as telephone consultations and online booking systems. Many people mentioned a strong preference for face-to-face appointments when it came to their health. For some, remote appointments felt limiting in accessing the services to meet their needs.

> "Well yes because it is hard to… well you cannot ring up; you cannot make an appointment everything is by telephone and online as well".

> "Nah, it's harder because of the pandemic because if you ring up… like a crisis happened… where I had to go sofa surfing, I needed extra medication…So because of having the pandemic, it's been different doctors, so I'm not having an appointment with my normal doctor".

> "I was not at all tech savvy and they kind of provided me with multiple addresses which I am supposed to pick one and put that into a system so I can get access to the general system. But I am still confused about that whole process at the moment".

The lack of clarity about changes in services and accessing appointments was also evident among participants.

> "…[There is] too much information at this time like I say I am going through with this and I am trying a handle a lot of things. When I am looking at it…oh what the hell, what's this so I am just trying to keep my brain all intact you know what I mean. I am just dealing with things at a time".

> "I just could not get through on the phone, so I was ringing and ringing and ringing it was just going straight to answer machine. This went on for so long, so I went back to the GP after about a week or so… And went in. They were like we apologise we should give you all the information online we are not actually answering the phone at the moment. So I was doing all this calling and they weren't actually answering the phone…So they give me all the details and stuff like that to register and like I am not very tech-savvy so I mean they give me a list of about 10 different email addresses to register an account to so I can gain access to the services. So they give me that and they told me, we will make an appointment for you. I say alright when is the appointment. It will be in two weeks' time a telephone appointment! So yes, it was a nightmare".

> "…that was the whole point of wanting the appointment so when the appointment finally came through after all that time and they rang me. I said yes everything is alright general, but I wanted to access to the service that you offer for blood screening. And what they actually said was we don't actually offer that service but somewhere else does so all that waiting, all that time, all that hassle was for…yes, I got

> registered but I didn't get the outcome which I wanted from that service".

We asked people to rate their overall patient experience in Newcastle on a scale of zero to ten. We heard significant disparities in patient experience. The average rating was a six among respondents. Furthermore, 36% of people rated their GP a five or below. This illustrates an important departure from data collected from the general population through the friends and family test, which indicated that 91% of people would be either likely or extremely like to recommend their GP service to their friends or family (based on data from NHS England Cumbria & North East). Respondents attributed their negative experiences to feeling judged, stigmatised, and dismissed by their GP when disclosing any drug or alcohol misuse or dependency.

> "I don't go to my doctor's because every time I go to the doctor's they just tell us to go and see my drug worker".

> "No. They [doctors] wouldn't listen, they were just saying it was drug-induced psychosis. They wouldn't listen".

> "I mean they're nice, the doctors are nice and pleasant, and I feel like when I go, I think …they're not nasty or anything but when I want help with my issues, especially when it comes to my addiction and my mental health there is nothing they will do. It's almost like I've got leprosy and they won't touch us because of my history when it's exactly because of my history that they should be treating us".

> "Because I was trying to tell a doctor, 'I'm the best doctor in the world', she went 'what do you mean', I went 'I can diagnose everything [12.10], but I didn't want to take that anymore, I want you's to do it, I'm not trying to tell you's how to do your job but I'm just saying, like, I know what medication works and what doesn't, I've got experiences with it, I've self-medicated for years man'. I know it's not the right thing to do but I've done it".

The stigma they felt prevented many people from receiving adequate help and prevented some people from going to their GP to address ongoing health issues. Access to medication enabling recovery from ill-health was another barrier because of the lack of trust.

> "I've got no confidence… she went 'what do you mean', I went 'I didn't trust you, I didn't think you'd got my best interests at heart', she went 'but I don't think that's right', I went 'listen, I don't want to speak to you now so', she went 'can I ring you next week', I went 'aye'…. [I] got no confidence in them, I don't trust them…I struggle talking to doctors because… the doctors just make me think that I'm drug seeking all the time, but I'm not, I'm clean now and I'm not lapsing, so I want medicated properly for my things and that, it's drug-seeking, she says I'm drug seeking all the time and, like, I'm just sick of them saying…I'm not drug seeking, I'm not looking for drugs, I'm hoping to get better".

> "I was medicating myself, to be honest with you, so I've never medicated properly because I've always medicated myself if you know what I mean, so I get where they're coming from drug-seeking, but now I'm not drug-seeking anymore, I want medicated properly and I want to do it all properly, now I want to do it all properly they don't want to know sort of thing and I don't think they trust us".

The distrust that many participants mentioned was often reciprocated among doctors and patients. The opportunity to build rapport with a doctor was an obstacle when they did not have the same doctor, highlighting that continuity with a GP was significantly important for many participants. The lack of continuity required people to repeat their medical histories and often trauma connected to any medical history at every GP visit. This was exhausting for many and reinforced the feelings of distrust to accessing the right medications.

> "Like I say I was with my previous doctor for 11 years and like I say I normally see the same doctor all the time. But once they amalgamated, I found it hard to explain my situation to a different doctor and I thought sod this and sod them".

> "I never get the same doctor twice, you spend your life explaining the same thing over and over again, they never seem to read the notes before you go in, so they don't know what they're doing, I've got ongoing issues that just aren't getting resolved, being sent for all sorts of tests and it still hasn't been resolved, it's been going on for eighteen months and I'm getting worse".

Many people expressed not accessing their GPs during the pandemic out of sympathy for the front-line workers and not wanting to add to medical staff's workload during this time.

> "I find it hard to get in touch with my doctor but that is with the pandemic because it is obviously doctors are getting overwhelmed with people phoning and sometimes you just can't get through. But that's understandable do you know what I mean. That is understandable".

Those who had exceptionally good experiences spoke about feeling understood and supported by their GP. Positive experiences were often characterised by considerate staff and patient relationships and when people felt they had received both timely and appropriate support.

> "The GP that I am with at the minute she seems quite supportive and understanding of what I went through and what I am going through. So, the GP understands fully the effect it had on me and is really quite supportive when I didn't have a clue what was going on. I explained…when you are going through homelessness and for whatever reasons it affects your mental state in a way that you just don't understand and being in a place that you don't understand, and you have to have the right people around you to pick you up and understand. The right people will help you get back on your feet whereas there are other people that just don't want to help and this GP she seems… really understanding…When you are homeless people don't understand the mental impact it has on you… Once you have got that help [from] the right people it makes a huge difference".

6.12 Pharmacy services

We asked people about their experiences of using pharmacies. Due to the nature of the service and variety of choice in locations, access was not an issue in Newcastle. Rather, most people had positive experiences of using their pharmacy due to ease of access to medication and felt that their needs were addressed. Overall, people rated their patient experience of using their pharmacy highly with over 86% of those we spoke to rating it as six or above out of ten. This illustrates a significant increase in good patient experience in comparison to GP practice experience and presents an opportunity to learn from how pharmacies operate to meet the needs of people experiencing homelessness and how this can be used to inform other healthcare services.

Several people explained how they preferred to engage with the pharmacy rather than a GP to better understand their health problems and medication. Many people explained that their relationship with pharmacy staff was friendly and attentive and contributed to the efficiency of picking up their medication.

> “Because when I went in, she went out of her way to help us and to explain everything because there was a shortage of something and then she went I will get on the phone and find out exactly what is going on. Then I got a message saying to go back up and the most important thing I needed was there… I thought it was very good… She knew I needed it… So, she went out of her way to make sure I got it”.

> “I mean they are really good I have used them all the time and the deliveries are here on time when I go and pick stuff up. They are really good they are nice and helpful”.

> “Yes, without a shadow of a doubt and they’ve been really good, nice, polite, brilliant service, as efficient as they can be, yeah, I cannot complain at all”.

> “They’re all good people. They treat me the way I treat them, do you know what I mean? I’m happy with that. … the people that are in there I’ve known for two years now and they’re nice people”.

Pharmacy staff had often taken the time to hear from patients and make them feel cared about by knowing their name, circumstances, and by providing clear explanations to questions about their treatment. A few people drew the direct comparison between their doctors and their pharmacist in Newcastle.

> “There is a particular pharmacy that I use and I’m smiling because I absolutely love my local pharmacy. They’re all like family to us… I go there every day to take my methadone and they’re absolutely fantastic. They look after us. They do more for me than what any doctor has because they’ll talk to us, they make sure I’m all right. They worry about us”.

> “Definitely. The doctors could do more with talking to the people who – do you know, when I go to the chemist, the doctors could find out more about what’s going on with me from them than actually seeing us”.

> “Much better than the doctor. He engaged us in a conversation and that and he sees when I’m down and that and talks to us and that.”

The comparisons that many people made was often in the time staff spent getting to know them and their health needs. This finding demonstrated the importance to be seen and understood as more than just their health condition. For others, it was being treated with familiarity and with mutual respect. The importance of engagement in conversation added a personal touch to the service and made people feel cared for even during the changes in service due to the pandemic. For some, the pandemic did not impact their access to a local pharmacy.

> “Yes, I haven’t noticed a difference. I think their opening hours have changed but it hasn’t affected me”.

Though, some people did point out that while getting to a pharmacy was not impacted due to the pandemic, some smaller independent pharmacies had increased their prices on highly sought-after items during the pandemic.

> “That is my only [negative] experience with the chemists that some of them jumped on the band wagon and tried to make a profit out of it...That is the only issue I had about accessing the chemist. The smaller private ones thought they could cash in on paracetamols and supplies that everyone was panic buying”.

Several people were concerned about issues in relation to privacy and pointed out that the privacy of consultations was impacted by the restrictions put in place by pharmacies during the pandemic. Many pharmacies in Newcastle no longer allowed people into the pharmacy and people queued outside. Participants were met by pharmacist and staff outside usually on the pavement to disclose their name, address, and medication all sensitive information that nearby pedestrians and other customers could overhear which raised privacy concerns. Control over their own privacy is not often granted to people experiencing homelessness. The lack of privacy while addressing their health can also be an issue of safety. People who may be fleeing abuse could be put in unsafe circumstances when disclosing their address to the pharmacy staff outdoors. People can also be put into a vulnerable position when people can hear what type of medication they are picking up.

> “My general service, customer service wise was brilliant, kind of one to one. But the problem I had at the pharmacy it was during the pandemic one time when I used this pharmacy, and everybody was queuing outside and they were only letting one [person] in at a time and there was quite a bit queue. And I noticed I was going through the queue the assistant was coming to the door and they were asking people what you here for, what you here for? I was just thinking to myself you shouldn’t be asking that out on the street… But my point is you shouldn’t be asking people like that on the street you should be bringing them indoors and asking them questions like that because some people might feel obliged to give away personal information in front...earshot of everybody”.

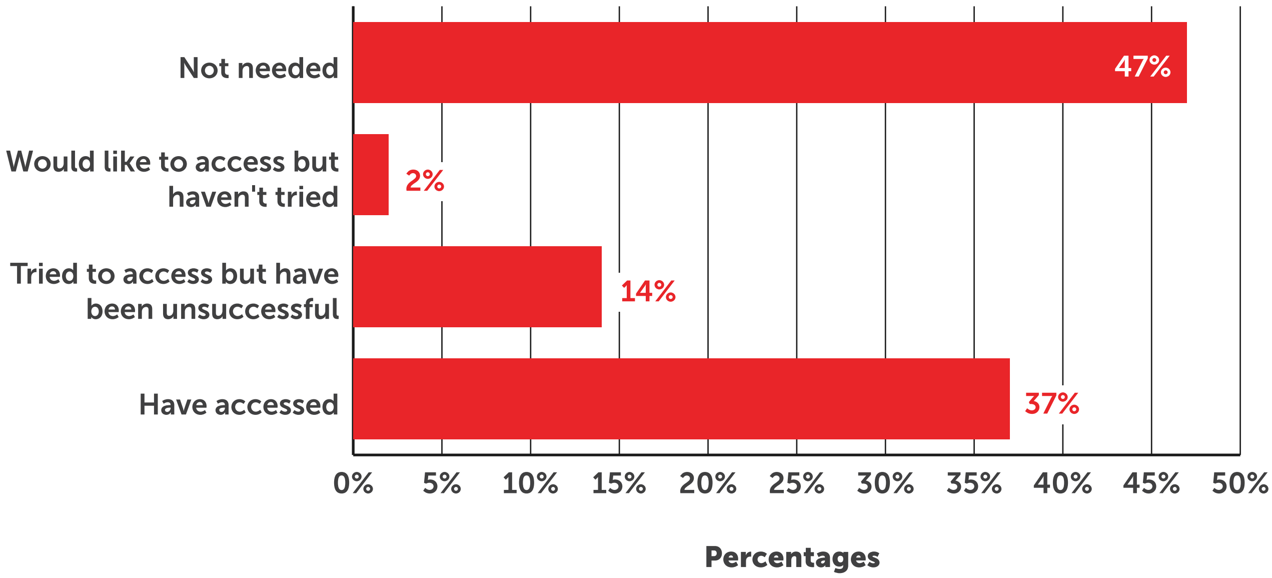
Other key issues people raised were largely related to lack of updates about when medication is ready to collect and sometimes the flexibility and availability of getting certain medications. People expressed the importance of medication reminders, however, the consistency of reminders often varied between pharmacies in Newcastle.

> “They get brought to us. Me key workers brings them to us. I wouldn’t go and pick them up, I’m that bad [remembering to pick up medication]”.

> “It’s a great service, the pharmacy. The only thing they don’t do, they don’t do a repeat prescription for me. I’ve got to ring them every month, the doctors. If I forget by one day, I’ve got no medication for the weekend”.

> “I’ve got to go for a daily pick-up. So from 9 o’clock… that’s all me medication will last us. … part of me physical problem is me bowels don’t seem to work as

In the last 12 months have you used a dentist?



> what they used to. If I don't get this methadone at like 9 o'clock in the morning, then I have serious bowel problems…So I could be sitting there at 9 o'clock in the morning, look all right but then next thing I know, I [need] nappy changed. I say 'can't you just change the appointment to 10 o'clock, then I can go and get me meds and then turn up there' and they're like 'no we cannot'".

6.13 Dentists

Similarly, to accessing GPs, difficulties in accessing and registering for services continues to be a common experience for people when engaging with dentists in Newcastle. This was especially problematic for people who needed urgent dental treatment during the pandemic whereby most dentists were closed.

> "You definitely cannot. I ring every now and then just to see if anything has changed. I mean even the government haven't given any guidance on it so it is not as if you can check online to see if you are allowed to get a check-up like. You have got to actually ring the dentist and see what they are allowed to do. They just keep saying they can't do any. A bit knackered at the minute but I think everybody is in the same boat".

> "What they said was, 'We're not… due to Covid, at the moment we're not taking new customers… new patients' …New patients but they said, "If you have an emergency and you're in pain, we will see you that day".

> "Because of the pandemic, I went to the dental hospital and obviously found a sign saying that they weren't allowing us to go through the process of going to a normal dentist, so I was told I had to go to the dental hospital. I had to wait a week".

> "I have, I'm having quite a few problems to be honest. I just started having dental care at [Place] and then the Covid kicked in. So, unfortunately, I was no longer able to continue on the treatment".

Whilst the majority of people we heard from had either been able to access a dentist or had not needed to over the last 12 months, we still heard from a proportion (14%) of respondents who attempted and were unable to get a dentist appointment because of the pandemic.

> “You just cannot get an appointment. I think everybody is in the same boat. I haven’t got any dental issues, but I like getting a check-up every six months and I like getting a scale and polish, because they are quite bad sometimes.”

> “I just can’t get in to get seen. Not even a check-up, do you know what I mean?”

> “As I say I cannot get a dental appointment and I struggle at most times to get a doctor’s appointment.”

As illustrated above, in some cases this led to people in Newcastle who were also experiencing homelessness attempting to deal with outstanding dental issues themselves such as removing teeth. This reflects findings from research exploring the oral health of people experiencing homelessness which found 15% of those interviewed had removed their own teeth when having dental issues.

> “I just pull my teeth out, to be fair, rather than going to a dentist. Oh, I’ve pulled about three out”.

> “I mean… you know, you hear stories on the news in terms of people pulling, at the moment, pulling out their own teeth because they can’t get access to a dentist.”

Some participants did not see a need to go to the dentist because they no longer had any teeth. This is an alarming finding given that the average age was 43 among participants. For some people, their oral care was impacted by other underlying health conditions.

> “They took all me teeth out … It turns out the infection wasn’t coming from me mouth; it comes from the [health condition]”.

> “I’ve got a brand-new set of dentures in, I did. Went to me mate’s house, got washed in the morning and left, got to [place] and ‘shit, me dentures’. I didn’t end up going back for three weeks. Went back three weeks later, his house was boarded up”.

Although few people indicated that they did not have all their teeth it was highlighted how for those who are rough sleeping oral care can be challenging especially if dentures can be easily lost and time-consuming to replace. Stressing that unstable housing has an impact on recovery and being able to maintain their oral health.

For many people going to the dentist was fear-provoking to a point where it was debilitating. One person expressed how people who have a genuine phobia of the dentist need more care and communication in their experiences at the dentist and less judgement.

> “Some of the questions they ask you were a bit inappropriate, but I suppose when you don’t understand…when your mental health is impacted because of what you were going through. End up saying why did they ask that? Or what’s that mean? And you are trying to tell them that you…because I have a phobia against dentists anyway, so I was just trying to tell him if you drill that thing, I am going to be sick because of panic. I think he thought it was funny when I was trying to explain how I felt at a dentist, but you still need to go.

> That is my only issue, but I didn't press on it I just thought look now when I ask what medication you were on, I think they found it was a bit…they should be aware that you know there is a lot of people that have phobias of dentists. I am not the only person".

> "…I don't think I've been to the dentist for about 12 year or so, I'm scared … of them".

> "I'm absolutely … scared of them, at the end of the day. I'm shaking just thinking about the dentist. …I haven't really had any experience and I haven't really had any pain to actually warrant going to the dentist you know".

Most respondents disclosed only going to the dentist when they were already having dental issues, rather than going before they had a dental issue. While for others it was thought of as a compromise to be made between health priorities.

> "I tried to go to a dentist and that but [mental health condition] doesn't help when they want to put needles in ya, use drills and all that. I would rather, if they could – because I don't need all me teeth removed now, I don't care what they say. Even like the bottom ones could probably be saved, you know? I'd rather they just took them all out, top and bottom. So I'd rather go to the dental clinic for a general anaesthetic, have them all removed in one go and then and that's it. But with corona, getting an appointment where you can get in and get something like that done, every time the paperwork and everything gets sorted, problem with [mental health condition] or being able to make an appointment for 9 o'clock in the morning, I pick me meds up at 9 o'clock in the morning".

> "Aye but I haven't been for a while, like…I do use them, I do need to get my teeth sorted and that, like, I just need to get everything sorted don't I! Because at the minute I'm just, like, well, you know… I'm just existing, to be honest with you, just existing".

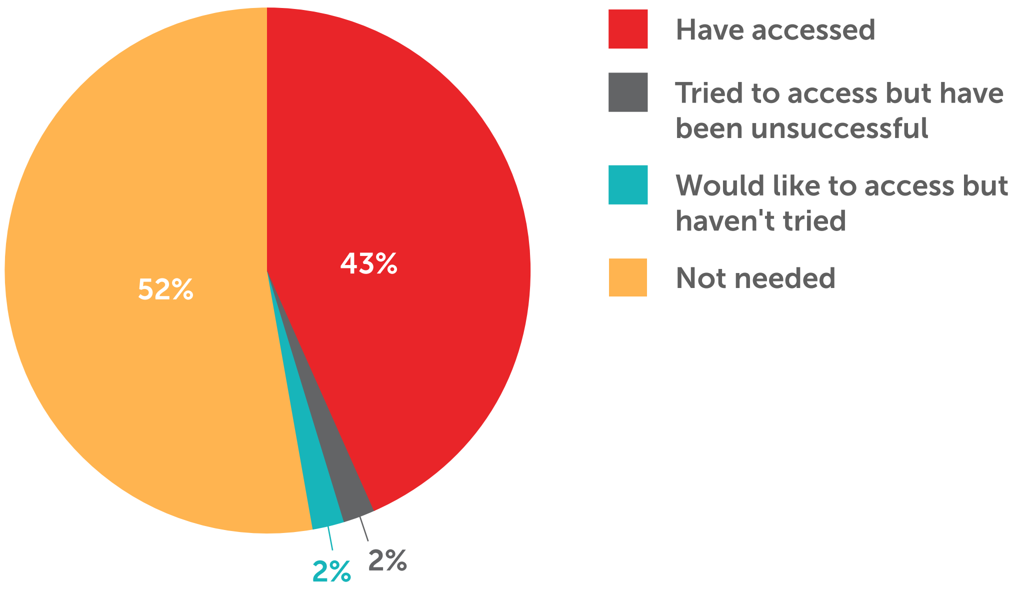
> "I have not had time to…I cannot say I have not had time. I have not…I am kind of a reactionary person if something happens then I will react, and it will get it done. If I am going along fine, then tend not to access".

Similarly, to those who expressed positive experiences of using the pharmacy, those who had good experiences with their dentist, described this as often due to how the dentist communicated with them and took the time to explain decisions and procedures. Communication style and transparency was the factor that allowed people to feel respected, involved, and informed about their health.

> "Because they're always, they just do a good service. They help us with my teeth, give us good advice, and they do things that other dentists might not because of the price. I don't pay no matter where I go to, so sometimes I think if you're not paying maybe some places might look down on you a bit, that could be in my head like. But my dentist is really good for doing little extras and things".

> "It was quite a short turnaround in getting seen. Very good dentist, they explained everything they were going to do, why they were going to do it, how they were going to do it".

In the last 12 months have you used an optician?



6.14 Opticians

We asked people about their usage and experience of opticians. Overall, we heard from 43% of people who had been to an optician in Newcastle in the last 12 months. A similar amount of people (52%) felt they did not need to use either the dentist or optician in the last 12 months.

Registering with an optician did not appear to be an issue among participants. Rather for some, it was waiting until they moved into new accommodation that it made the most sense to take the time to register.

> "I'm meant to wear glasses but my glasses got stolen and so I need to register with an optician as well because we're moving over".

As previously noted, 18% of people interviewed mentioned living with long term medical conditions that could impact their vision. However, eyesight monitoring became difficult to access during the pandemic.

> "I got a letter from the opticians saying that I went last year, and they gave us a voucher and when I moved, I couldn't find the voucher. And then they sent us another one saying with you having diabetes they sent us a letter saying...we have been informed you have diabetes you need to get your eyes tested. I was due this week but locked in again. Every time I decide to do something they friggin lock the country down".

Most people who had accessed an optician in Newcastle shared that they had a positive experience. Many people mentioned the ease of accessibility. However, the need for an optician was not as prevalent with respondents as other health services. Either people felt that they had good eyesight or that they could access the lens they needed at a shop without going to an optician.

> "Well, they were good, and I mean I think it was a big poster all over the window saying come in and get a free eye test... You know they obviously are doing all that so that they hope that you are going to buy a pair of specs of[f] them".

> "They remind me to go to check. Arrange appointment easily and when I get there, the process was very good telephone you know. They changed my glasses a few times right about three times in the UK I received new glasses. That is why it is good you know".

> "My eyesight is bad when it comes to reading but I can get reading glasses...you can get reading glasses now in Poundland".

Similarly, to those who were hesitant to utilise GPs, stigma continued to be a common experience among those who had a negative experience at an optician. Stigma impacted the service they received and the resources they were able to access.

> "...I'm on benefits... they're saying I've got a choice. Every two years, I've got to choose between a new pair of glasses or a new pair of reading glasses...".

> "The lady serving was very... because I got a voucher at the time because we have been on benefits and she was very condescending say. I would say condescending and very judgemental it seemed to be, and I was made to feel uncomfortable but then that made us switch to a different branch and they were brilliant. So, like it is one company but two different scores".

> "Nobody told us like when I was on benefits and stuff that you could get free healthcare and that you know what I mean...".

6.15 Mental health services

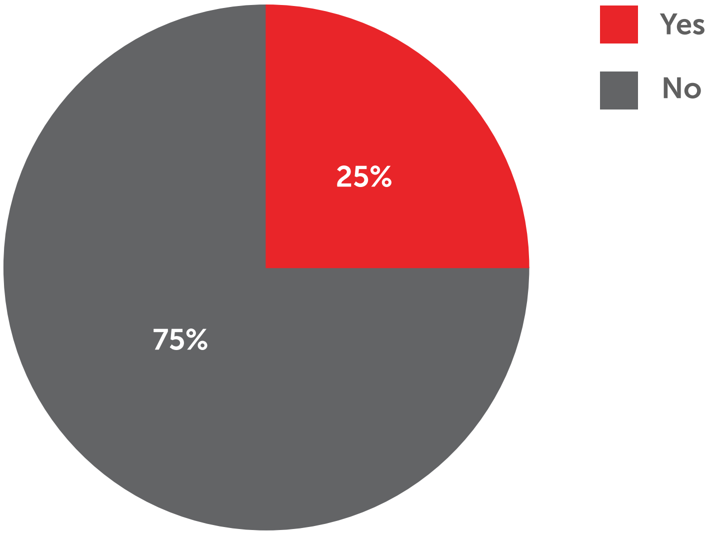
We asked people who were experiencing homelessness in Newcastle if they had any concerns about their mental health or had interacted with NHS mental health services in the last 12 months. Although over half (57%) of those we heard from responded that they had accessed mental health services it often varied between NHS services or non-profit mental health services. We wanted to understand if people felt that they had received enough support from mental health services to meet their needs and the majority (75%) of people suggested that they were not receiving enough support.

> "... [T]he need of the individuals is far greater than the level of support that's available".

We heard significant disparities in patient experience of using mental health services in Newcastle. Respondents rated their experiences from zero (20%) to 10 (10%). Mental health services were rated the lowest among all health services in Newcastle among people experiencing homelessness, with half the respondents rating the service a one or below. These inconsistencies demonstrate the need for further exploration of people's experiences of mental health services whilst homeless in Newcastle, to ensure good practice is replicated and areas for improvement are identified.

Of those who rated their experiences as poor this was often in relation to the process of accessing mental health services, the lack of responsiveness, and waiting times. People noted that in some instances their mental health had changed or deteriorated in the time they were waiting to receive treatment or support.

Do you feel you have seen NHS mental health services often enough for your needs?



> "I had counselling, with a counsellor and that. Because like all last year I lost my family, you know what I mean, so I haven't grieved for them properly... But when I asked for that help they basically just brushed us off. You know what I mean? And some days there it was all over the news, saying that the NHS had got take Mental Health very, very seriously now instead of pushing it under the carpet. So I put a complaint in. I haven't heard nothing back about it".

> "It's actually impossible isn't it, any support. It's just like you speak to one place and then you get passed onto another and then 'oh well, no, we can't actually deal with you' but they don't pass you onto anyone else and you just get left back at the beginning".

Some people wanted to be able to increase the frequency of the support they were receiving.

> "Yeah, well you see my CPN, ... where you both formed a bond, because I've been going to see them for so long. Obviously... I don't want to say anything bad about him do you know what I mean, because I think he's fantastic. But I just – I haven't seen that much of him...I think I seen him twice. I seen him twice in like the space of a week which was fantastic but other times I can go a couple of months, a couple of weeks, couple of months without seeing him, whereas before the lockdown and before NTRP... I was seeing him like every fortnight, that was every couple of month".

Participants in Newcastle were often signposted onto other services without being offered help between initially reaching out and being connected to a service. Often people had explained the process of accessing a mental health service by being referred by a GP. However, it was also the experience for many people experiencing homelessness that their GP did not address other health concerns when mental health issues were raised.

> "When it comes to doctors right, they won't touch people with addiction that are still using drugs, because they think well their mental health – basically they won't help people with mental health when they're on drugs, because they think right, their mental health's bad because they're on drugs, when they don't think maybe this person uses drugs because of their mental health; they're treating themselves because we won't help them. And that's exactly what I feel".

> "They should still refer people for mental health, to mental health services, even if they're using drugs still. I'm adamant. Otherwise, nothing's going to change".

Like many healthcare services in Newcastle, access and treatment through mental health services during the pandemic was difficult for many people. The impact of the pandemic on mental health support was a key area for concern for many who felt that the level of support they received had been limited or moved to telephone appointments which were deemed as less useful. One person also noted how required facemasks interfered with their ability to build rapport with staff in mental health services. The mask acted as a barrier in their preferred style of communication, impacting their relationship with mental health providers.

> "No because I thought they were shite beforehand! They were just as bad, it's all over the telephone and you cannot assess anybody over the telephone".

> "Obviously when the Corona, the lockdown, there was, like I was saying, there was like three or four months where...my worker wasn't getting in touch and I was drinking more you know, and mental health problems were starting to crop up a little bit more".

> "There's a tiny little bit of separation that's happening I'm sure because of the wearing the masks. And I feel when you go out with masks anyway it sort of cuts you off. My mental health just got so much worse through lockdown because people wear masks. You're not interacting with people".

Being able to build rapport and trust with someone was highlighted especially important for treatment in mental health services, stressing the importance of staff continuity.

> "Aye, no, you need to speak to somebody and, for me personally, face to face is the best way to speak to somebody, yeah, that's me personally...I can lie on the telephone, if that makes sense, it's harder to lie face to face... Whatever's wrong, you can hide it on a telephone, whatever's wrong it's harder to hide [in] person".

> "I moved from [Place] to [Place] council so they stopped it and effectively it's because I had trust with one person and then they just try to give you to somebody else".

In order to fill the gaps in NHS mental health support, people experiencing homelessness in Newcastle relied on counselling and wellbeing sessions from voluntary sector organisations.

> "Well, the only support I have been given really regarding my mental health is Crisis... To me, mental health within the NHS... and this is pre-COVID as well, is non-existent".

> "I was a bit… dubious about putting in the referral anyway because of my past experience with mental health within the NHS because it's basically a zero".

> "Mental health treatment outside of the NHS – very good. Inside – I haven't really had much treatment really the last twelve months…".

> "Well 1) they [NHS mental health services] don't meet your needs; and 2) everything can be improved. I was homeless…and [Place] Health wouldn't help us because I…didn't at the time have an address in [Place] – neither would help us because I was, like, I know it sounds stupid, like, in a nomad country. [I felt] Unwanted is the best way to put it – just unwanted…you don't matter. And the person that's speaking on the other side of the telephone couldn't give a flying flip".

> "I'll… everything I've ever tried to reach for within the NHS regarding mental health, it always ends up being signposted. Normally, outside of the NHS towards a charity".

Some participants who were experiencing homelessness and identified as refugees or asylum seekers expressed wanting more mental health support, however they did not know which services they were eligible for and had experiences of being refused by Newcastle NHS services without being given direction or support of where to go instead.

> "Actually, I needed, I need for now as well, but I don't know [if] they supported me. Always in the UK for 8 years I live I need it. It was very important for me… Not offering no referring me to somewhere you know. Because he said you have no right, you have no right because you have no eligibility status. So, NHS stopped services for you to get free counselling, to get free treatment".

Some respondent reported having positive experiences in mental health service in Newcastle. They attributed their positive experience to being given the right medication for as long as they decided they needed it and for having the right amount of clinical support.

> "Mine's been good. A lot of people say it's shite but I've had good experiences there. They treat us well. They always treat us well. As long as you treat them well, they reciprocate…. Well I've kept asking them and I think they're realised when they've put notes on the computer that I've been asking them quite a lot and they finally rang us a few weeks ago and asked us if I still wanted to come off it. I told them yes. They said well can we do it after Christmas with everything that's going on, so I agreed".

> "Yes, they ring us every two weeks which is more than enough you know what I mean. Basically, like they are a half an hour session on the phone is what I would be talking about in the session anyway so it is exactly the same apart from I can't see them. The half hour is like a skype, so it could have been like that, but it is easier for me just doing it on the phone you know what I mean".

Although some mental health services offered were able to successfully support people experiencing homelessness as they needed, it was noted that expanding the variety of mental health services and the process in which to access mental health services could improve patient experience. For some the process to get connected to the right mental health service was time consuming and overwhelming when they were already feeling low.

> "It's good what they are doing but it wasn't good for me".

> "I've been three different areas and I go through the same laborious process that takes like a year sometimes, two years, just to get back to where I sort of was in the first place. Like I just said then, more communication between the services and, sort of, a better way to handle mental health services".

Other types of improvements suggested by participants in Newcastle were including how telecommunication could be used more effectively and disseminating information about access to mental health resources during a pandemic.

> "More communication over the phone communication at least. Maybe even, I know I don't like Zoom but maybe a quick two-minute Zoom catch up just to see your face and make sure someone is doing all right. And what else could be improved is maybe sending people who are in need of mental health and everything, sending maybe leaflets out to them and things on things they can do through the pandemic to keep the mind healthy, to keep them active. I really believe a lot of people have just been left to get on with it, and so more aid for people. If they can't be there in person be there somehow. Phone calls, advice letters and things, something like that".

Additional improvements that participants suggested included providing more funding to the Newcastle NHS for mental health services and allowing mental health support workers to have smaller case loads to be able to provide personalised time with each person. For some people, substance use was impacted by the lack of not having enough mental health support during the pandemic.

> "Yeah he [mental health support worker] could do more to help. I think he's become complacent to tell you the truth, and plus the pressures of the lockdown on top. I mean he's got fifty people under his care and some are a lot worst state than what I am, but I don't see him that much. I'm not getting any help with my mental health because it's gotten worse. It's stopping us. The first lockdown I just, it's took me a lot of years to get an appointment where I can do stuff with people and that, and been in groups, and the first lockdown just totally shattered that because it was that long. No, I don't believe that I've got any help with my mental health lately because after the lockdown it totally set us back, and now I'm trying to come back from that and my drug habit's got worse. It's got worse".

6.16 Substance and alcohol services

44% of those we heard from disclosed experiences of using substance and alcohol services. Of those who accessed drug and alcohol services, 60% felt it was enough to address their needs. The most common type of substance service accessed by participants in Newcastle was the methadone programme (63%) through their pharmacy or support worker. When asked to rate their experiences, the majority of people (88%) rated their services above a six or above.

> "I was offered a lot of support through [Place 2] Recovery, such as smart recovery. I was offered the chance to go into rehab. I've decided, because

> I'm at maintaining stage, that I just really need to have – I get like weekly or fortnightly phone calls just checking in to see if I'm alright and that's fine for me at the moment".

> "Well that is it, aye where sometimes you get in your head that you the only one that is going through it and when you hear other people's experiences you think hang about. And the more you chat… I thought to myself this fella has got a lot in common with me you know what I mean?...We would just discuss our drinking habits and all that and found out that we had a lot of things in common…".

Those who gave a lower rating for drug and alcohol services often experienced what they felt was distrust in services. Their distrust was rooted in not being able to determine their own progress.

> "I think they're a load of shite, to tell you the truth, because I want to come down off my Subutex but for some reason they're not letting us because I've got cannabis in my system, so why, what's cannabis got to do with reducing myself off Subutex? It's all about funding for them. That's what it's about, funding, they hate to reduce you, because they lose the funding. Lost the funding, aye. It's like they want to keep you on methadone or Subutex as long as possible, the more the better. I would like to reduce, aye, because I don't use it, I've been drug free for a long time".

The pandemic impacted the accesses and delivery of drug and alcohol services. One person highlighted the support for businesses before recovery services during the pandemic.

> "Yeah, I don't like it. I don't like it. It's too impersonal for me. [Place] is where I used to go most of the time [AA] meetings. But like I say, everything's shut down".

> "They used to phone us up once a fortnight, see how I was handling it and see what I was drinking and they say well you are trying your best to keep it down. He knew it was a hard time for us".

> "Because I couldn't see him face to face it was really...well it was nice enough on the phone but like I say. Lockdown changed everything, you didn't really notice it until you looked back now and then you think bloody hell, I didn't get this help".

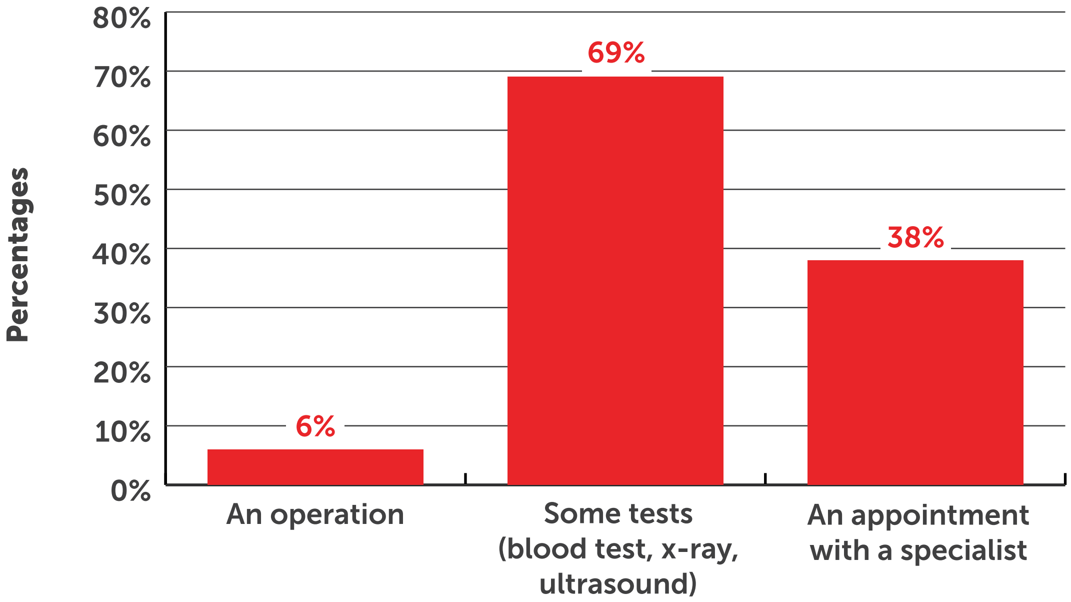
> "I mean they tell you to spend – the pubs were open. I mean the pubs were open for a bit and people were going but you had no fucking groups for people with addiction to go to and get help, because of the lockdown. That's pathetic".

Many people expressed understanding why services had been reduced during the pandemic. However, it was suggested that continuation and prioritisation of some services would have been most beneficial for those most in need.

> "Just what I was saying before, it's like they've got more pressure on with, I think they've got to deal with the hardcore people who like really need help, where the people that, like sort of get left, lost towards the bottom, do you know what I mean? Because they have to focus on, they've got limited resources and those resources are even more limited now".

> "More groups. More frequent social support, even a specialised system of group support through the lockdown".

When you visited a hospital for an appointment that was planned in advance, what was it for?



> "It has because very little's face to face so you don't get that – sometimes it's nice doing things – part of doing work on recovery and anything really is you quite often meet in a group and you get your peer support – and you don't get that as much during the pandemic".

6.17 Hospital appointments and inpatient stays

We asked people about their experiences of engaging with secondary care services to understand what was working and where there were areas for improvement. People mostly told us that they had been to the hospital to have tests (69%) or to have appointments with a specialist (38%).

We asked people to rate their overall experience of receiving care and treatment at outpatient and day appointments and the majority of people (83%) rated their experience as eight or above.

> "Just really friendly, give good information. They've been patient with me like learning new things I've got to do. And just the general demeanour of them, all really, really good, really friendly. Spot on".

Many of respondents who were inpatients disclosed having good experiences of rapport, efficiency, and communication.

> "…I mean this bloke who did the surgery, [name omitted] he's a respectful bloke and you can see that he enjoys his job, you know what I mean? I think he would want to get us back in to get it sorted like, he's that kind of bloke".

> "They made me feel extra comfortable and getting to explaining what was causing the issue and why it wasn't anything else. It made you feel like really …Putting your mind at rest. Yeah. So you understand and put your mind at rest".

> “[I]t was that good. Just because of the treatment I got and the way they spoke to you”.

For some people who were accessing inpatient services also meant accessing plenty of food. (Access to food is a common theme that was highlighted and further explored in section 6.21).

> “The nurses were fantastic on the ward mate, honestly. I was getting double dinners every day. They were well looking after us. They were coming round with extra Sunday lunches and everything. I was sorted me mate. I was well looked after in there”.

Despite people indicating that their overall experience of attending appointments was positive, several people experienced poor communications surrounding their appointment date and time changing or being cancelled and long waiting times to be referred into a specialist service.

> “Apparently, there’s no other illnesses and nobody gets any other injuries [during pandemic] … So, I just gave up with them… It makes you feel like a low-life. You know, you’re not important… [T]hey expect you to show them respect… but it’s a one-way street. They don’t think they have to show you respect. It’s all right for them to treat you like sheep, but you’ve got to show them respect”.

> “…I had been booked in for a couple of CT scans, but they had been set back because of the pandemic. But other than that, no. Everything else has been fine”.

> “I’m finding it almost impossible to – for example I’m moving house and I can’t even lift a couple of binbags, it’s like that bad, I can’t walk to the local shop, which is only about 300 metres away, without having two or three rests in between. And I’ve tried to explain this to the doctor, what they’ve done is send us for blood tests, they’ve told us I couldn’t get the rest of my blood tests done until they were sure what was happening with COVID – I got a phone call yesterday saying next week I’ve got another blood test – but there’s still been no face-to-face contact with a doctor. And I feel like my health issues are bad enough – well I’ve collapsed a couple of times, you know - what do I need to do – do I need to just, like, lie there flopping round in the street like a fish until someone takes us to hospital in the ambulance before I get treated?”.

Some participants noted that during the pandemic the services at many hospitals felt impersonal and rushed.

> “I think it was just rushed. It don’t seem like they care at all to tell you the truth. Impersonal”.

> “In and out. I just don’t think they’re that bothered at all. I really feel that way. You certainly don’t come out feeling any better”.

> “Yeah, I think they’ve been, they’re more, less, there’s a lot less personal connection, even than there was so before. It’s almost like a bit of, there’s like a layer of fear [of COVID-19] that’s lying on everything to tell you the truth”.

Many people experienced delays in appointments during the pandemic. Delays were often not explained other than due to the pandemic. People were left wondering what those delays meant for their overall treatment plan and health.

> “I need to keep them [specialist appointments] on. I’ve got another referral back in because one of the screws came loose. I was in a car accident you know…

> you can see it…they're going to have to open it back up and take that out".
>
> "They were cancelled twice in a row and I was just, I was pretty pissed off like because obviously they chop you up and open you up and then it's pretty serious like, you need to know what's going on, do you know what I mean?".

The majority (73%) of respondents indicated that they have gone to all their appointments. However, for 27% who responded they had missed appointment a common theme was fear and feeling vulnerable or unprepared.

> "And she was scared in case I booted off if you know what I mean. I cannot go through with this I am sorry you are going to have to cancel this".
>
> "I didn't go… I bottled out. I don't know, I mean, basically I was told I needed to go and have a camera shoved up every hole. Like, all in one day…And I'm sorry, that was bad enough, the thought of that, but I was in prison at the time and the thought of being taken handcuffed on a chain into a sort of hospital whilst prison officers are chained to you, have a camera shoved up you and that, I was like 'no'".

It was also highlighted that being discharged from the hospital when experiencing homelessness can be an obstacle that impacted their ability to recover and access shelter. There was a financial barrier for many being discharged from the hospital because they often needed transportation to their accommodation, despite being entitled to free transportation following discharge, this was often not the reality for many people. Furthermore, people were often given little to no notice about transportation costs when being discharged from the hospital. This finding strongly suggests that further exploration is needed on what transportation, information and resources are shared and provided at inpatient discharge to people experiencing homelessness.

> "Yes, well I had trouble…agreeing who was going to pay for the taxi".
>
> "Plus, I really wasn't prepared you know – I turned around and she says, 'Look we'll put you into detox on Wednesday. Phoned them up on Wednesday to make sure that they've got a bed for you and then you can go straight in'. So I was like, 'Oh right, well, it's now Monday'…I've got two days to think about it, sort my finances, tell everybody where I'm going, not to contact us or anything. It was a little bit of a rushed job…Aye, so I just, I didn't get any like traveling expenses or anything there either. I was just told to go to that hospital. And it's like well wow, I've never been to that hospital before, I don't know where it is you know. So then I had to jump in a taxi because I didn't know where the hospital was. I had to pay the taxi driver, so I knew where I was going which was starting to get quite expensive as well. But other than that, yeah all right. All right yeah".

For those being discharged without a place to go and with limited mobility, assessments for accommodation were another barrier.

> "I had to go to [place] first, the [place] straight from hospital because they wouldn't assess us over the phone, even though I'd explained my situation you know. I says, "Look I'm literally getting discharged from hospital, after spinal surgery and I'm homeless" and they says "You're going to have to come down". So I had to go to [place] and then straight from there I went to [place 1] the

> day I got discharged. No, they wouldn't [do assessment over the phone]. They wanted – ...I had to get assessed by him you know in one of them little rooms. I could barely walk man".

6.18 Urgent and emergency care

We also wanted to understand people's experiences of using urgent and emergency care services in Newcastle. When needing urgent or emergency care people most accessed A&E (46%) and NHS 111 (27%). We also asked people if they had used urgent or emergency services when they felt that the issues were not urgent or an emergency issue or could have been treated elsewhere, only 11% of those we heard from stated that they had accessed the A&E for non-urgent related treatment.

Overall, urgent and emergency care was another service which people rated highly with 85% of those we heard from rating their experience as seven or above largely due to promptness of service from staff.

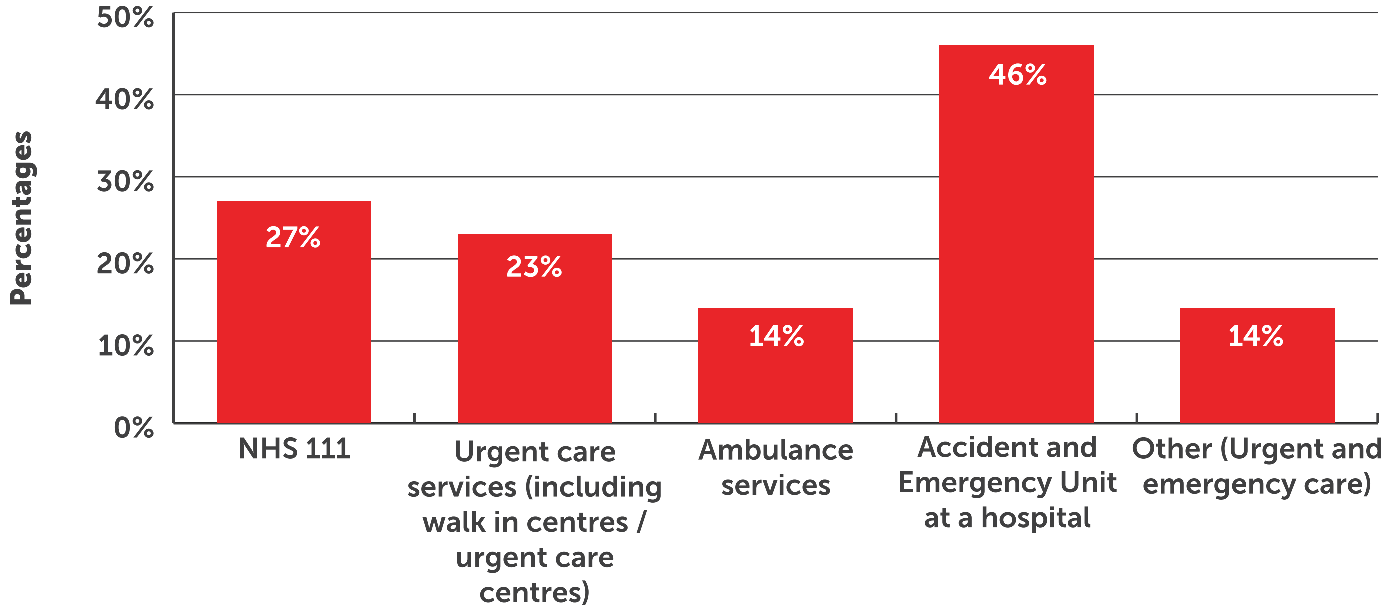
> "...[T]hey knew what they were doing. They looked after me straight away. Even the side ward they took me to, the nurses on there were fantastic. Good, like good service in there as well. Made me feel at ease, because obviously I was a bit shocked at what was going on, but no they were just really good."

> "Oh yes, I used a walk-in centre when the lump in my chest got so painful... [I was] actually allowed in the waiting room is like wow. Where's everyone gone?".

NHS 111 was the fourth (15%) most common place people went to get information about their heath and health services. For those who has responded as having a good experience with NHS 111 it was due to how promptly they were able to accesses someone for healthcare advice and get further treatment if needed.

> "... [T]hey won't ask, not ask too many questions...I felt like they were committed and wanted to understand what was going on, so yeah".

In the last 12 months have you used any of the following services?



> "111 yeah, I used them just to sort of explain the situation and the circumstances, what was happening and yeah straight away they basically says "Look, you need to go and book yourself into hospital straight away now. We're sending an ambulance".

However, other people were reluctant to reach out to NHS 111 because of experiences of not having their needs met and causing further stress and overall impacting their mental health.

> "I have had situations where I've been in agony but if I do, like, give myself strength to ring 111 or take myself to A&E and, like I say, it... both services to me are shit and all that does is, I just aggravates the mental health side of things which doesn't help me at all. So, I tend to, like, just grin and bear it, do you know what I mean?".

> "But like I said, even if my right leg was dropping off, hanging off by a thread, I wouldn't phone 111 because if I did ring them and my leg was hanging off, they'd turn round and say, 'Can you book an appointment with your GP the following morning'?".

A common perception among participants was that only COVID-19 related illnesses were considered urgent to NHS 111.

> "Well, I phoned 111. And they sent me to the urgent health care centre at, is it [Place]? Something like that. [Place], yes. So, they sent me up there. I said, "Could you take the nail off" but the nurse said, "No, I'm not allowed to" so they bandaged it all up and it was giving me a lot of pain and it was bleeding, so I phoned 111 again... All you got was Covid, Covid, Covid, Covid".

> "You know, you're unimportant. You know, Covid is more important than anything else in the world...you don't matter because you haven't got Covid."

Reasons for accessing A&E varied from broken bones, overdose, needing stitches, and alcohol related injuries. However, some people did also disclose that their visit to the A&E was due to undiagnosed underlying conditions. It was at the A&E that some people received a diagnosis for the first time.

> "I got stitches...I hate A&E, especially when you're drunk and it's like daft o'clock in the morning and it takes hours to get seen, do you know what I mean? And that's not their fault, obviously there's loads of people they've got to deal with...".

> "The doctor I spoke to just said "Just go straight to A&E, present yourself". So, I went in and that's when they were shocked at my blood sugar levels because I had no idea I was diabetic. Didn't have any clues. That's where they found out that's what the problem was".

> "So, they sent an ambulance out for us, took us straight to the [place] and that's when I got on the medication and they done all blood tests and everything you know and looked after us so, and then I actually found out that I had the hepatitis C".

It was also highlighted by a participant that the services at the A&E treated people differently once information about gender identity was looked up. This experience suggests that further research on how healthcare services are experienced by people from the LGBTQAI+ community would be beneficial.

> "...When I got there and basically, I was dressed as a female but when they looked on the computer and that, sort of, my name was there as [Name] except it was still registered as male on the old NHS number. So, looked at me and, you know what I mean, then – so when I first went in the receptionist was lovely and stuff like that – then when they done all that they just seemed to, I don't know, ignore me! So, I got the impression is like, you know what I mean, they didn't understand either, sort of gender related".

However, for many people attending a hospital setting was linked with anxiety associated with the pandemic. The fear of contracting COVID-19 sometimes impacted the service people received in urgent and emergency care.

> "It's, like I say, there's just this layer of fear that's lying over everything. And I think it's got a lot of people worried, so when people are worried they're not concentrating as much. You worry that you're going to get infected".

Of those who had used the ambulance service, the majority reported having good experiences. Their good experiences were attributed to staff interaction and how their health concerns were handled with urgency and sometimes advocacy.

> "I was picked up once... apparently, I collapsed outside Iceland that was somebody's birthday we were all drinking. I just said I tried to be sensible but, on that occasion, I woke up in hospital. It was very good they were very straight forward".

> "...He tried to get the local doctor to come and see us here and I've never seen an ambulance man lose his temper before but he did in my sitting room and he told the doctor straight. He said, because the doctor said oh, I can't come out to see him for three to four days. He says, 'the lad's bad, man", here, he says we want to know if you're going to see to him and then in the end, they had a right old dingdong on the phone and the ambulance man just turned round and said look, doctor, I'll do you a favour. He says I'm going to hang up and I'm going to take him into the [place], and I was in for a week and a half".

> "I was in a bad way, I didn't understand what was going on. They were helpful but I didn't understand what was going on until they told us. The paramedics couldn't do nowt until they had to get us into hospital".

However, for those who reported having poor experiences of using the ambulance service, this was due to long waiting time, and not being trusted with the intensity of pain they were disclosing.

> "I'd phoned up on the morning at ten o'clock. I was getting phone calls throughout the day saying that they are on their way, they've got a lot of emergencies and stuff like that and I'm 'OK then'. Quarter to ten at night they bloody turned up! It was basically they didn't want to take me to the hospital when they come, right, they looked and said 'oh it's not broken, it just looks swollen', ... and then they were saying to me why I didn't contact... walk in – I said to them 'I couldn't walk, right'...when I opened the door and they see me and that, they come in the house, I had to shuffle ...on my bum and they looked at me like I was bloody stupid! It was just not a very good experience. I started crying with the pain, you know what I mean, he said 'alright, we're going to take you [to hospital] then".

People mentioned that one thing that could be done to improve urgent and emergency care services was to include following up if people were able to access after care in their treatment.

> "Probably [include] the after services like where you get – After care, like where you get allocated onto – Yeah follow up".

> "Yeah, but the only thing is there was no follow up afterwards".

6.2 The right to healthcare for people experiencing homelessness

To further explore the determinants and impacts of health inequality we talked to people about their experiences and preferences across the healthcare system while experiencing homelessness in Newcastle. We also asked people about their preferences and motivations in relation to their health and wellbeing. The majority of people (67%) we spoke to had experienced health conditions or disabilities in the last 12 months. Many of those who had experienced health conditions experienced long-term illnesses, most commonly depression (29%), anxiety (18%), diabetes and leg injuries. From those who had a medical condition, 18% were living with diabetes and had a particular need for specific nutrition and preventive health checks to monitor their diabetes.

6.21 Food insecurity and nutrition

A significant factor in maintaining good health and wellbeing can be attributed to having appropriate and sufficient food. In Newcastle, several people described access to food as challenging due to the lack of finances and inflated cost of nutritious foods.

> "And I was on benefits and the nurse there said… I was a bit overweight, and the nurse said, "Oh, you know. Salmon's good for you". I said, "Yes, but fresh salmon is very expensive". She said, "Oh, it's not very expensive, you can get a nice piece of salmon for £7.00". I said, "Excuse me"? I said, "£7.00? I can make 14 meals with £7.00." I said, "I'm on benefits. I can't afford it… you know, contrary to what the Tories tell you, not everybody on benefits are millionaires". So, you are limited to what you can buy with what you get paid. They say to eat healthy and all that so if you eat healthy, then you can't afford to pay your bills…".

> "At the moment I can, but I think if I'm in my own place it might be slightly different then … when I get my own place obviously that will be coming out of my Universal Credit, it might impact me then on food".

> "I have got to get a food parcel tomorrow because I am struggling with food. I have got a couple of things there, but I don't get paid till next week. I have moved from a different property to this one and I have had to use taxis and bus and stuff".

As highlighted in the previous quote, often the type of accommodation people were in impacted on their ability to access nutritious food. For some sleeping rough or in a hostel meant not having access to their own kitchen appliances to make their own food.

> "I've got a pretty poor diet to be fair. But like I say that's due probably just to being, sort of bouncing around from place to place you know. And a lot of it's

> just sort of eating junk food and sometimes I'll not even have anything at all for two or three days and then I'll just sort of pig out".

> "I hardly ever eat, I haven't got like a balanced - balanced diet – you've got to buy your own food [in the hostel], aye".

> "I get the odd upset tummy, but I am told that is the food in the hostel. You will not hear...not pass a day without somebody with comments about the food".

Similarly, for people who were in prison they pointed out that not having access to nutritional options that were appropriate for their dietary needs impacted their ability to access and recover from operations.

> "...I mean, also things like the day before and the day after [an operation] you're meant to have a special diet, which you wouldn't be given in prison, you just wouldn't have, you know, like, clear broths and things like that, you know, don't get clear broth in prison".

The lack of control over nutritional intake was a common theme across the different types of accommodations people were staying in. Many people still faced the same barrier of limited options and less control over what type of food they could eat when they relied on a foodbank.

> "I try not to use them [foodbank] to be fair, because a lot of the stuff that they give you you've basically got to cook on a cooker, you know. It's like pastas and rice and all that type of thing. And plus the fact I think well you know, I'm not sort of struggling that much financially. I mean I get Universal Credit, I get PIP so I mean you know, I'm getting a fair chunk of money a month. It's not that I can't afford the food it's I haven't really got anywhere to cook it and stuff".

> "If they give us a loaf of bread and a fuckin' tin opener and I'll be able to eat for a week, but instead – and it's not their fault – they get what they're given and they give out, you know what I mean – everybody just thinks fuckin' homeless people eat beans, you know, beans or chicken soup – I don't like chicken soup. But never mind. That's just me personally".

There was an understanding that foodbanks had limited options which often required resources to cook with. However, for many even initially accessing the foodbank was a barrier because of how it made them feel.

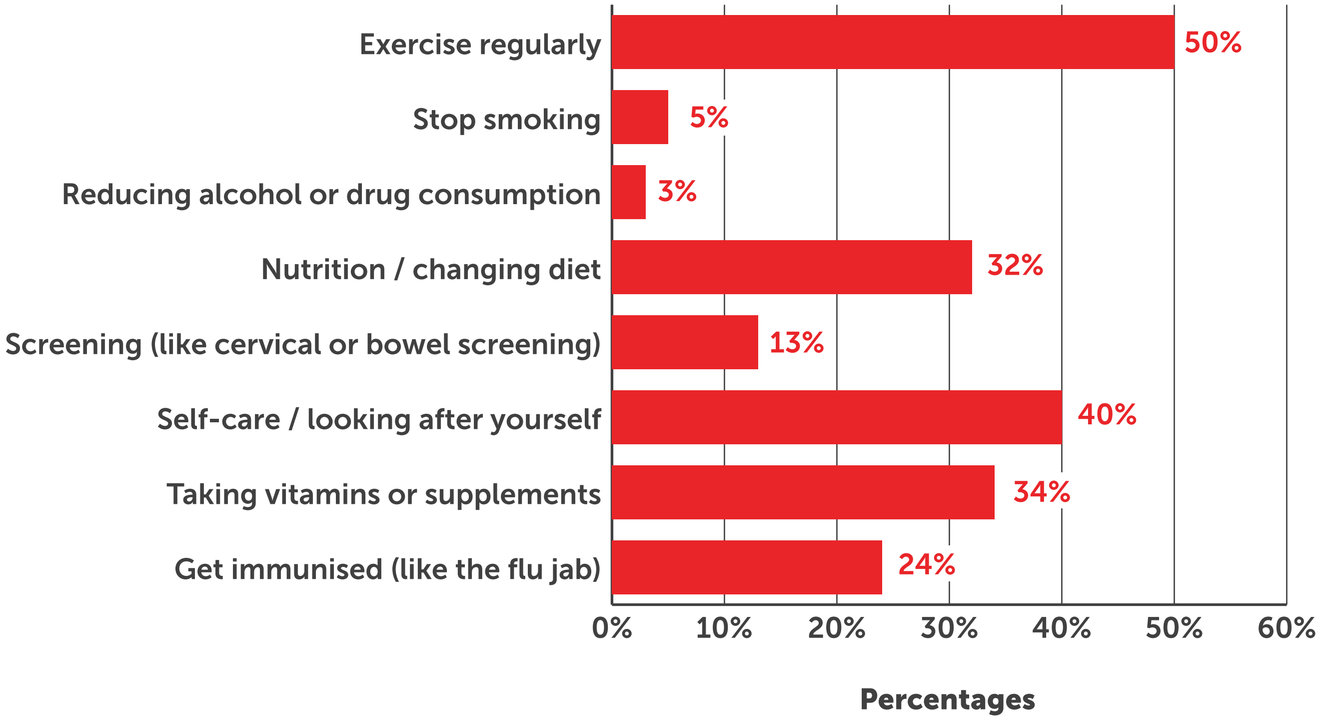
> "It's called embarrassment, mate, I know it sounds stupid... to actually ask for hand outs is a hard thing to do...You have to at the end of the fuckin' day I had to, it took us, oh, I would say about eight weeks of fuckin' nearly starving to actually ask for something. And I must admit, when I went to the foodbank the people there were lovely, there was nowt wrong with them, you know what I mean, I'm not going to – they weren't looking down on us or whatever – but it's just the first hurdle to get over it".

6.22 Prevention and health priorities

We wanted to understand what steps people take to support their own health and wellbeing and how they engage with preventative services to maintain their health.

People were asked about a range of ways in which they supported their wellbeing and health. Only half of participants (50%) indicated engaging in some form of exercise

What steps (if any) have you taken to prevent ill health?



and others identifying acts of self-care (40%) as another way of maintaining wellbeing. For many people self-care and preventative services are either costly, hard to access, or difficult when experiencing homelessness.

> "I do try and eat properly it is hard when your homeless because you don't have the money or the resources to look after yourself as what you should. So, I can understand homeless people they need proper nutrition, they need to keep warm, they need lots of help…As I say you have got to be strong enough to try and get some help but if you go to somebody on the streets everybody else is in…it is like a dog-eat-dog kind of world isn't it. Eat, feeding yourself properly. When you are in a homeless situation that is the least of your worries you are just trying to survive every day as it comes".

> "Normally I'm fit and well and healthy but being on the streets it's really hard".

These findings allude to the importance of preventative programmes reaching people experiencing homelessness which focus on smoking, alcohol and drug cessation and increasing the uptake of screening and immunisations within the homeless population.

Half of the participants said that they keep active and exercise by walking. Walking for many people was an accessible type of exercise that could be done with low cost or without risk of injury.

> "I do take vitamins which seem to make a difference. I walk a lot".

> "It is just like walking and stuff now the gyms are shut".

> "I do a bit of walking and that. But again, it depends on what exercise I do. It affects my blood sugar, so you've got to be careful what you're doing on that front as well".

Other types of preventative measures included: reducing alcohol and drug consumption (3%), stopping smoking (5%), along with preventative medical screenings (13%), and flu vaccines (24%) were the least obtained form of preventative care.

> “I’ve had to stop smoking and stop drinking. The first two weeks I was climbing the walls, I’ll tell you. Cold turkey. Didn’t give up one though, you’ve got to give them both up at the same time”.

For some respondents who have long-term health conditions that need to be monitored, the pandemic impacted their appointments for regular and preventative health screenings.

> “Some of them it’s ongoing. And some of them are mental health which treatments are continuing. So I’m going through a process, but it seems to be doing the right thing. My physical problem is my breathing and everything. Like I mentioned, I haven’t had a face to face physical and I’m having blood tests and that’s all still really up in the air at the moment”.

> “…Since the lockdown and everything I’ve not been able to get anything sorted out through the pharmacist or the GP anyway, so, yet another thing I’ve just put on the back burner till after all the lockdown and everything’s over with you know”.

> “I did for these latest ones and they just said ‘oh you’re going to have to go for liver tests, tests on your liver, we can’t book you yet because of Covid, we’ll be in touch in the next month or two’”.

We also wanted to understand people’s current priorities for their health and wellbeing. Asking people about their health priorities was insightful to understand what they needed at that moment and what they placed most value on. For some people they had not ever been asked about their health priorities previously.

> “…I’ve never thought of that one, you know what I mean”.

For many who are experiencing homelessness staying alive during the pandemic was their priority.

> “My priorities are just to stay alive”.

A common priority amongst those we heard from was their mental health and wellbeing. Others noted the importance of staying physically well through maintaining a healthy weight and monitoring long-term health conditions to ensure they minimise symptoms.

> “Well, obviously everybody… now…that my main priority is not just for me but for everybody else, especially coming out at the other end of this pandemic, Covid, is mental health because by Christ, by the end of all this, we’re going to need the money to……deal with mental health…To me, mental health is the number one priority because if they don’t get that kicked into touch, they’re going to have one hell of a problem on their hands. And apart from that, if they don’t kick it into touch, they’re going to have one hell of a bill because everyone… every single person will end up on anti-depressants, which is going to cost the NHS even more money”.

> “It is pretty much self-care but that is my main priority life isn’t it. I don’t want to end up where I was last time homeless, depressed on the drink and stuff like that. Do you know what I mean?”.

It is important to consider the level of need and priority placed on maintaining mental health by those we spoke to and how this could be impacted by the lack of sufficient mental health support that many reported.

6.23 Access, eligibility and costs

As noted, a key issue people experiencing homelessness outlined when describing their experiences of using healthcare services was difficulties accessing services. 23% of those we heard from stated that they had been unable to or refused access to a healthcare service in Newcastle. People described various barriers to accessing healthcare which impacted their ability to stay well.

Eligibility for treatment and financial implications was a significant barrier to people engaging with services, especially those we heard from who were currently in the immigration system. Others described the costs of traveling and booking appointments and getting treatment as a barrier.

> "Well I had received a couple of phone calls, but one of them, they had wanted us to go miles and miles away. And I was just like "It's too far out for us to keep going there two, three times a week" you know what I mean? I says "I don't mind doing it through either my GP or through the pharmacists or whatever" I says "But I can't be traveling .." I think it was it was like [place] or somewhere like that. So they had wanted us to be going there two and three times a week. I was like there's no way. A, it's too far away to travel, I'm not well enough. B, it's the expenses alone".

> "It's more being, you put applications in for everything, put a written application or a digital application in and quite often they just don't even get picked up. So, you know, you'll be waiting, like, nine months to get a pair of glasses, or a year for a dentist or getting a meds review or even getting your meds is just a nightmare".

Similarly, throughout some healthcare services, the lack of follow up on treatment information or test results was a common concern.

> "When they took my bloods it's the doctors that are meant to get the results on the Friday, they didn't come till the Tuesday. So it was three days or four days out which then obviously, which then affected my blood sugars if you know what I mean. They said they'd be back on the Friday to let me know what was going on and they rang late on the Tuesday night and they were the ones that said "Go to hospital". I spent the whole weekend obviously having a few beers and smoking and things like that, and then to get a phone call on the Tuesday night saying "Go to A&E".

As previously highlighted in relation to other healthcare services, many people who had experienced accessing healthcare through prison described the quality of care, service, and tools as inadequate.

> "Quite a few years ago I had an infected gallbladder, and I was trying to get help for it. And they just took me down, paracetamol "Just have paracetamol" and I could hardly move. And in the end I actually had to get took into hospital and have it taken out. And then security, in their wisdom decided to bring me back the same day, against the doctor's advice, after a major operation and put me back in a cell. Then within two days I was back in hospital with an infection for two weeks. That kind of stuff used to go on all the time. I could bore you with all the tales. It's hit and

> miss in prison. A lot of it's very good, a lot of it's OK, a lot of it's not too good".
>
> "Well I know my wisdom tooth had to come out and they took us to the dentist in the prison and they used – the toolbox was a wooden, like, back in the olden days, a wooden toolbox, you should have seen the state of it, it was like Jack the Ripper days, it was very unhygienic – So it's not the same as outside dental care".

6.24 Communication and information

A common cross cutting theme from the research was engaging with a range of services, difficulties in communication and lack of accessibility of information.

Consistency of communication: Many people felt that this was a significant area for improvement. Often people described instances of not receiving communications or follow-up letters in relation to tests, treatment, or appointments. While those who had positive experiences in different health care services had common themes of communication delivery and style.

> "Well I had to study up a lot of it mate, because you know when you're sat there with a consultant who's you know, he specialises in doing these spinal surgeries and obviously some of the procedures he was explaining, when he's explaining "I'm going to chop you up and you're going to have a metre long scar on your back and this is what I'm going to be doing" you have to, they should put it in layman's terms I think sometimes you know. Aye, it's like Latin. A lot of the procedures that they do there, you know they're Latin phrases aren't they? So, I had to try and just go on the web and research it and find out exactly what he's trying to do".
>
> "Yeah, because you don't know what's wrong with you…you just get your phone call with your doctor, then you get 'right send you for blood tests', you ask what the blood tests are for and they'll just – they might say 'oh it's to check for certain amount of blood cells or certain levels of vitamin D', or things like that, but they don't explain why that's important".

For those who did not experience good communication and customer service they alluded to a lack of respect from healthcare professionals.

> "You know, like the issue about showing respect and I said to her, "You know, you expect us to show you respect. It's a two-way thing. You're not showing… you're talking down to me. You're not talking to me, you're talking down to me".

Accessibility of information: In Newcastle, for people experiencing homelessness accessing information about their health during the pandemic was difficult for those who either did not have a phone, or limited phone data and no access to the internet. When people are experiencing homelessness maintaining communication with healthcare services was often a challenge, especially during the pandemic when most services could not be accessed in-person.

> "And the libraries are shut so you can't go and use the computers, so it's a harder thing to do, so what I've been doing…there's a few homeless down there and just let them use my phone, just 'there you go, phone who you want'. And some of them don't even phone the helplines, they just want to phone their parents or they just want to phone

> somebody, do you know what I mean, just to let them know they're safe. So that's what I do. You've got to help people if you can, people helped me so I'm going to help people".

> "...[T]hat's the biggest thing – lack of communication when you're homeless is unreal. There's not many telephone boxes anymore... So it's the lack of being able to get help, knowing where to get help, it's access to help, it is there eventually, but it's not easy to bloody find...".

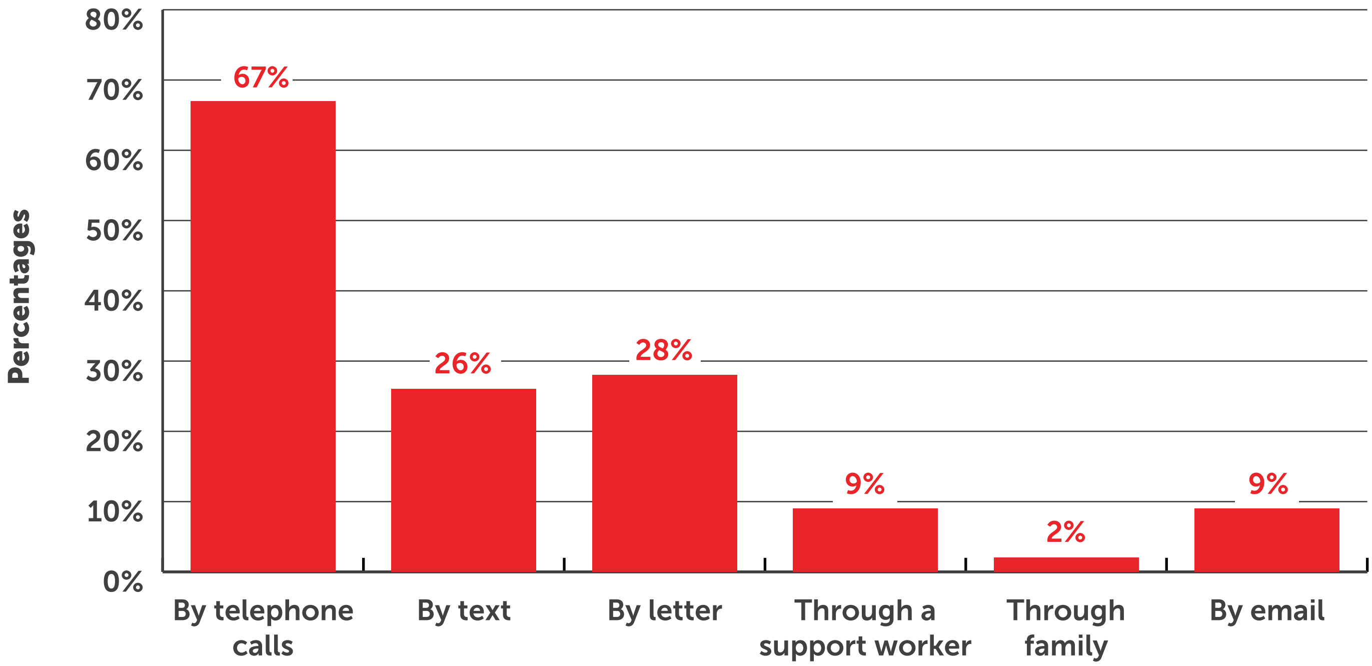
For some people still learning English, communication from healthcare services was even more difficult due to the lack of language support.

> "NHS sometimes send surveys right. Survey for but unfortunately, I couldn't fill all the forms, so I ignore it because there is a lot of questions. It needs a good language that is why I couldn't fill the form is. Yes, a few times about 2 / 4 times you need this country, I came to this country NHS send survey form. But I couldn't fill that".

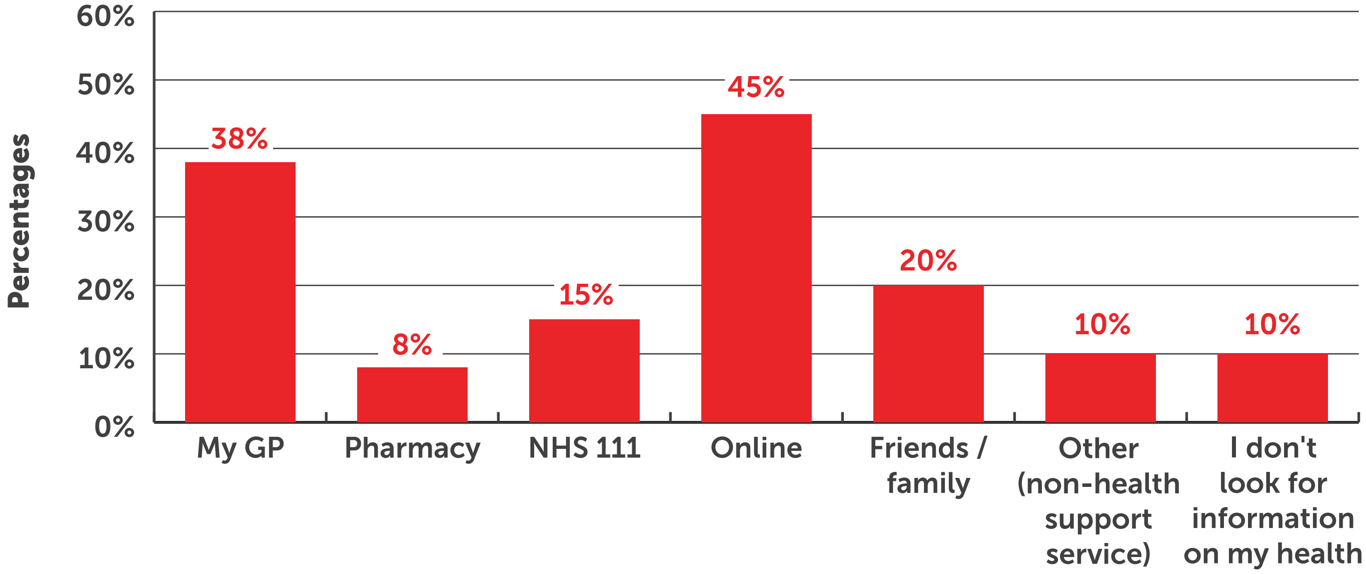
Digital Communications

People were contacted using a variety of methods from different healthcare services in Newcastle. The diverse responses in preference indicates a need for flexibility and personalisation when it comes to effectively reaching people who are experiencing homelessness about treatment. Two thirds (67%) of people preferred contact through telephone calls, letters (28%), and text messages (26%). It is also important to note, that even though many prefer to be contacted by telephone calls and text messages it does require they have funds for their phone credit to be able to take those calls and receive those messages.

What is the best way for healthcare services to communicate with you about your care and treatment?



Where do you get information about your health and health services?



We also wanted to understand where people experiencing homelessness in Newcastle went for information and advice about their health and the health services available to them. Nearly half (45%) of the respondents indicated that online is where they went to access information and advice about their health.

> "I tend to look up stuff online but... But that can be more of a hinderance than help sometimes".

However, many people mentioned using a variety of resources including online and family members or their GP to get access to information.

> "Aye, I just google it. My sister googles it for us and finds out what is going on with us".

> "Usually online but like I say my Mrs is a nurse, so I normally ring her."

> "I look online or ask my mam for advice and my grandma. Or I just ring the doctors up yes"

> "Online's quite good, like, do you know what I mean, if I had a problem and I didn't think it was too complicated I would ask the family, you know what I mean".

> "Depends what condition I have got sometimes I look online or speak to friends. They say speak to your doctor and I will just do that..."

Interestingly, despite outlining challenges to accessing GPs, this was still identified as a common source of trusted information for many (38%).

> "For information I ask the doctors or I ask at counselling I have seen".

> "I can ring my doctors".

However, few people (10%) indicated being provided resources for health information through a support worker or their accommodation. This finding indicates an opportunity to further explore what type of healthcare outreach services are being provided in Newcastle and how people who are experiencing homelessness can be connected to them.

> “They’ve sent me some links from [place 3] to be fair to them, about online consultations, so there’s that I could use. There’s also the 111 line that you’ve mentioned. If you’re feeling really unwell I think you can access help, even if you’re just sat at home like this. I don’t think you’re totally stuck but the usual gripes and groans, you know like you’ve got a sore throat, they’re not entertaining that at the minute”.

6.25 Being heard – feedback and complaints

People had interacted with a variety of different healthcare services over several years. Despite people often describing instances where they felt care or treatment provided was poor, a minority of people (12%) stated that they had complained about the care they had received. For those who did complain, they often were not aware of the outcome of the complaint or if any action had been taken.

> “The hospital at [Place] got nothing. Heard nothing back… No. No action would have been taken. They just ignored me because they just didn’t care less”.

For others who had experienced accessing healthcare services in prison often felt that they could not make a complaint without retaliation from staff or that their complaint would be noted or addressed.

> “I’ve thought about it [making a complaint] in prison but then if you make a complaint in prison, it generally comes back to haunt you, so you generally just try and get by. In the community I’d feel comfortable doing it but I haven’t had cause to do so. But it’s a different, you might think this is like an embittered old con talking, but it’s true – in prison it’s different rules. It really is”.

> “…I put like a complaint…in the prison, but they couldn’t take us outside prison, like an outside hospital. So, like all the transfers to go to an outside medical attention were put back. So, I put a complaint in and I was being told I had a complaint and the doctor says ‘I’ve got your medical notes’ and she couldn’t see nothing on them about … [an] operation I need. Like it never work[ed] or been put through”.

A lot of the people (62%) we heard from had responded that they had never been asked for feedback on healthcare services. This also suggests that the voices of people experiencing homelessness are largely excluded from feedback processes, such as consultations on service changes. This lack of feedback emphasises why further research is needed to understand the experiences in healthcare services among people who are experiencing homelessness, especially among those who are most marginalised and entrenched rough sleepers. It also suggests the need for services to ensure their feedback processes are accessible and inclusive with the aim to ensure they are reaching a diverse range of their patients when gathering feedback.

We also wanted to understand if people had the opportunity to give feedback about the services they had used. Apart from taking part in this research, only 28% of people had been asked for feedback about their experiences. For those who were asked often it was through being sent or handed feedback forms which was not always the most effective way of gathering feedback.

> “Yes, you get feedback forms from sort of being at mental health team, things like that. And I think I got – yeah I’ve had a few forms through the post, yeah, but to be fair I don’t think I’ve ever really sort of filled them in and sent them back”.

6.26 Suggested improvement in health services

Many of the people we heard from had multiple health needs and were interacting with many healthcare services simultaneously. In some cases, this led to positive outcomes for people who were receiving specialist and tailored treatment. However, often people described the need for more joined up working between services to avoid miscommunication and poor information sharing.

> "Every single health service and homeless service should be joint… there should be a central hub, because you've got to get hold of [Place], you've got to get hold of [Place], you've got to get hold of …like Crisis, you've got get hold of like different places, there should be one central hub for mental health and homeless…".

> "Yeah, I think, well it depends, because that's a bit of an umbrella term, saying healthcare services, that's various different things and it just depends on the practitioner, the hospital, the issue, you know, so sometimes they do, sometimes they don't. I think maybe the best thing…would be from them communicating with each other… They should know when I'm going from one doctor to another doctor, the new doctor I go to should know who I am, what meds I'm on, what my requirements are…".

Another common theme when asked how healthcare services could be improved was adaptation to meet the needs of individuals, especially when in relation to the mental health services available for people experiencing homelessness. People who disclose their homelessness experience to healthcare providers should feel that their housing status will not negatively impact the quality of service they receive, however, this is not always perceived to be the case.

> "Well, I think the mental health one, I think there's a lot of adaptation required. In that it's just not accessible."

> "Actually, be personal, actually speaking – instead of just like – mental health and any health issues should be personal, not a tick box… [E]verybody should be the same, we shouldn't just be like oh god you're homeless fuck it. For some reason they think we've all got mental health but some haven't, some who have unfortunately been quite well in circumstances, we can't change it, but they don't understand that. They just think we're fuckin' acting like tramps, that's what they think, drug heads and all that stuff. Well, I don't do drugs, never have, god I like a drink but I like a drink in a pub, I didn't drink when I'm not in a pub. They just think we sit and drink on street corners… a lot of these homeless people are actually trying to get better, they don't let you get better, that's the big problem".

> "…[W]hen all this crap is all done with … Covid… when it's all getting any better… anybody within the NHS, whether it be GP, A&E, that has contact with people, in there, there should be at least one person in a position, whether it's a GP, A&E, who has lived it, the experience, sort of thing. And fully trained in mental health and also psychologically informed environment stuff as well".

It was also pointed out that what is required to access services, especially digital methods, can often act as a barrier. For ageing populations, people who have spent periods of time in prison, and often for people without access to internet or phone credit, expressed how there was an assumption of how accessible technology was for them.

> "I think it's just… there's lots of things [involving technology] where you're, sort of, expected to know but if you've been out of the loop for a long time…".

While access to services was an issue for some, for others it was follow up with results and aftercare for treatment.

> "I've had quite a lot of blood tests that you never get the results for them…, the only times I've ever got follow up for blood tests is when they've lost the bloods and one occasion where they spilt the bloods".

For people who had tried to access healthcare services while in prison they also expressed prolonged delays and inadequate treatment. Further research about the experiences of homelessness after time spent in prison would be beneficial to understand the long-term health implications of institutionalisation.

> "Huge privacy issue [in prison]. And also, as well, I probably put off going for it again, like, booking it [health screening] on the outside, because of my mental health problems, you know, having the support, having somebody to go with me, like an advocate or a support worker or something would have helped".

> "With prison, because everything's a delay, and with the general backlog with Covid…just seem to be everything…a couple of months' behind. It's more being… you put applications in for everything, put a written application or a digital application in and quite often they just don't even get picked up. So, you know, you'll be waiting, like, nine months to get a pair of glasses, or a year for a dentist or getting a meds review or even getting your meds is just a nightmare".

For people who are experiencing homelessness and are transient or released from prison getting connected to resources that require a local connection can be difficult and pro-long sleeping rough before accessing help.

> "…[T]hey [police] dropped us off in [Place] city centre by the central station, which was closed because of Covid, and I had nowhere to go, so I phoned up the homeless places and stuff like that and [Place] City Council went 'you're not from [Place], you're from [Place], from [Place]', so I phoned up [Place] and they went 'no we can't help you, you're in [Place]'…So I was actually on the streets for fuckin' six days, right, nobody at all would help, then I got in touch with Crisis and then they helped us out a bit… honestly, because I was in between counties [Place] to fuckin' [Place], nowt is it…makes you feel deflated, unwanted, I can't think of the word – piece of shit is the best way to put it, you just feel like you're worthless."

It is evident that COVID-19 has impacted on access to different healthcare services and treatment for many people who are experiencing homelessness. However, it has also been highlighted that for some people, COVID-19 made hygiene more accessible. This finding suggests that further research on access to hygiene services and communal accommodation would be beneficial to understand the impacts on common health (mental and physical) conditions among people experiencing homelessness.

> "There's a lot more hygiene. It should have been like this years ago, this wouldn't have happened".

Overall what people wanted was to be treated with respect, compassion, and trust when it came to their health even when services were stretched.

> “People are people. People suffer from illnesses, yes? A bit of compassion…and realise that people aren’t lying when they have these problems and they need help”.

> “Maybe a bit more support from people because obviously at the hostel, the way they run that hostel, it’s ran, you know they run it like a business, not like a charity. They treat people like children or convicts, that’s the way you’re treat, like convicts, on what your history or past is”.

Many participants sympathised with healthcare services and believed that one way that many services could improve would be invest monetarily in them.

> “I think funding… I think it’s vastly underfunded. Yes…because I think that is the underlying cause of quite a lot of the issues”.

7. What's next?

> **“Challenging at times, rewarding at others. Although it felt like the research was over fairly quickly, I have a sense of perspective that something important was achieved”. – Peer researcher**

This peer-led research provides empirical evidence which illustrates the key issues people experiencing homelessness face when accessing healthcare services and maintaining their own health and wellbeing in Newcastle. These findings will be used to inform a local homeless health action plan which will be devised by Newcastle’s #HealthNow alliance. The alliance comprises of people with direct experience of homelessness and various stakeholders across the local health and housing sector who come together to co-produce solutions.

This research was one of three projects conducted simultaneously by Peer Researchers in Newcastle, Birmingham and Manchester as part of the #HealthNow campaign. These local insights will also be utilised to influence national decision-making. We will conduct this research again, in the fourth year of the #HealthNow campaign to map changes in the barriers faced against this baseline, and support learning.

Groundswell have reviewed the findings from the three local #HealthNow peer research projects, research completed on the impact of COVID-19, the #HealthNow literature review and discussions through #HealthNow alliances to identify an area of research that we should prioritise for the second year of the #HealthNow campaign. Based on this review, Groundswell are planning to conduct a deep-dive thematic research project into people’s experiences of mental health services, to better understand patient experience through identifying good practice and areas of improvement.

Crisis head office
66 Commercial Street
London E1 6LT
Tel: 0300 636 1967
Fax: 0300 636 2012
www.crisis.org.uk

Crisis UK (trading as Crisis).
Registered Charity Numbers:
E&W1082947, SC040094.
Company Number: 4024938

Together
we will end
homelessness