



## **LISTENUP!! Digital primary care: bridging the gap for people experiencing homelessness**

What's it all about?

[#HealthNow](#) is a national partnership led by [Groundswell](#) with the aim of reducing health inequalities for people experiencing homelessness using peer-led approaches. During Covid-19 [#HealthNow](#) have promoted opportunities for people experiencing homelessness to have their voices heard and worked with partners including [The Faculty for Homeless and Inclusion Health](#) (Pathway) to improve planning responses for people experiencing homelessness through Covid-19.

Due to Covid-19 primary care services had to change and adapt to ensure health needs are met whilst preventing the spread of the virus. Providers reduced the number of face to face appointments and moved towards digital and remote delivery of healthcare. Some of the ways they have done this include: registering patients using online forms; booking appointments online; providing telephone and video consultations; assessing patients on the telephone before offering a face to face appointment; and issuing prescriptions electronically for patients to collect at the pharmacy. These methods of delivering healthcare can be more efficient in terms of cost and time and so are likely to remain in place beyond Covid-19.

Through Groundswell's research project, [Monitoring the impact of Covid-19 on people experiencing homelessness](#), a briefing about [primary care](#) demonstrated that people experiencing homelessness faced significant barriers trying to access healthcare remotely:

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

However, we also heard from some GP's that remote and digital delivery of primary care had improved access and engagement for some patients experiencing homelessness:

*"Some patients that would have struggled to attend a crowded drop in due to social phobias and anxieties, have found it easier to text or call and get a one to one video or phone consultation to address their health needs"*

There is a pressing and obvious need to develop solutions to prevent the negative experience of digital healthcare from acting as a barrier to health services, and a need to capitalise on the positive impact.

**So what did we do?**

Groundswell and The Faculty for Homeless and Inclusion Health hosted a workshop bringing together a selection of homeless and inclusion healthcare providers from around the UK; people with experience of homelessness from the Groundswell, Pathway and #HealthNow



networks; and representatives from NHS England and NHSX, the department responsible for driving the digital transformation of health and social care. Workshop attendees worked together to discuss the barriers and opportunities of delivering healthcare remotely to people experiencing homelessness, and to develop solutions that would bridge the gap between them.

### **What makes it difficult for people to access healthcare digitally?**

**Access to technology:** Although a lot of people experiencing homelessness had been given phones during the Covid-19 pandemic so that they could access services and keep in touch with people, not all of these phones were able to connect to the internet or had a video function. Concerns were raised about how people would access services if the phones ran out of credit and data or were lost or broken. Many of the services that provide access to computers and the internet such as libraries and day centres are not currently open, and when they are the expectation is that there will be high demand for these services which will be problematic if a patient has a timed appointment or has to keep checking online for a response from a GP practice.

**Language, communication and digital literacy skills:** Healthcare providers all have different systems for online access and delivery, and they can be incredibly difficult to navigate. This can be even more difficult if English is not the patient's first language or the patient is already facing communication challenges. For people who have not accessed services using digital platforms such as email, online forms and video consultations it can seem impossible to do this without support.

**Privacy and confidentiality:** If support is needed to access healthcare through key workers or friends this can directly impact patient privacy and their ability to access healthcare independently. If patients have to access IT equipment in libraries, internet cafes and daycentres this is usually located in shared spaces which would not be appropriate for remote consultations and also carry a risk that confidential information is not secure.

**Financial:** People experiencing homelessness do not have consistent access to free WI-FI and do not have the funds to ensure their phones are always topped up with credit and data. WI-FI is not always available in temporary accommodation and rooms do not always have a phone line which increase the cost of having WI-FI installed. People experiencing homelessness often have complex health needs which means they need greater access to healthcare which can incur greater costs due to credit and data charges. This could lead to people having to prioritise between healthcare and other costs such as food.

**Relationship building:** Many people experiencing homelessness are mistrustful of health services and it can take a long time to build a positive relationship between the patient and clinician. This may be even more difficult to achieve using telephone and video consultation particularly if the patient and clinician have not previously met in person.



**Quality of healthcare:** Whilst digital and remote healthcare delivery may be more efficient in terms of time and cost there was a concern that this could impact the quality of the healthcare received. In a face to face appointment patients often have the opportunity to discuss a variety of health and wellbeing issues where it was felt that remote consultations would just deal with the problem identified as the reason for the appointment. There was also a concern that health professionals would not be able to provide health interventions opportunistically, such as offering vaccinations or health screening when patient's attend for a face to face appointment.

### What are the opportunities of digital healthcare?

**Reduction in practical barriers:** people experiencing homelessness face a number of practical barriers when accessing healthcare including funds needed and time required to travel to appointments. If patients can access healthcare remotely then this could potentially improve access overall. For example, people experiencing homelessness would not have to travel to the practice, they could access healthcare at more flexible times of the day and they may be able to get the help they need sooner than waiting for a face to face appointment.

**Reduction in personal barriers:** People experiencing homelessness often report negative experiences when accessing healthcare such as feeling judged by staff and other patients because of their appearance. Attending healthcare appointments and sitting in a waiting room can also make some patients feel anxious. Being able to access services remotely could reduce some of these barriers and improve the patient's experience of accessing healthcare.

**Improved relationship building:** Although the difficulty of building relationships via phone or video was identified as a barrier, some patients may feel more comfortable accessing healthcare remotely. Peers supporting people who are currently homeless to access healthcare have found that some patients feel less intimidated on the phone or on video and have found it easier to 'open up' to healthcare professionals about their health issues.

**Supplement face to face provision:** Digital healthcare provision can enhance the offer of healthcare provision. Although face to face appointments will still need to be provided, digital and remote access can provide quicker access to healthcare when it is needed. Digital healthcare can remove barriers of time, cost and travel needed to attend face to face appointments; and it can ensure more flexible access to better suit the individual needs of the patient.

**Transition to mainstream services:** If patients experiencing homelessness are able to access healthcare digitally and remotely, this could improve the process of supporting them to register and engage with mainstream GP practices when they move out of the practice area or into settled accommodation. Patients could have a distinct transition period where they



would still be able to receive healthcare remotely while they are supported to register and engage with a new local provider.

### So what can we do about it?

After discussing the barriers and opportunities of digital delivery of primary care on people experiencing homelessness, workshop attendees worked together to propose and develop solutions that would help to overcome the barriers identified and maximise the opportunities. This is what they suggested:

**E-health hubs:** The creation of safe spaces in the community that would be fully equipped to allow people experiencing homelessness to access health services remotely. As a minimum the hubs should provide access to a telephone and a device to enable video consultations. They could be located in a range of community settings such as pharmacies, places of worship, police stations as well as temporary accommodation sites. Alternatively, mobile E-health hubs could be used to vary the location of the equipment.

**Data on prescription:** Data could be purchased by the NHS directly from network providers and prescribed to patients who do not have access. Not only would the cost of providing the data be low but there could be additional cost savings to the NHS if patients were able to access and engage with primary care services as the alternative is that their health would deteriorate and could lead to increased access of emergency and secondary care. In addition, access to data would allow patients to engage with other services that can contribute to good health and wellbeing such as housing, social care, DWP, mental health services etc. These services also report digital inclusion concerns.

**Free digital access:** Patients who are vulnerable or with complex health needs should not have to pay to be able to access healthcare. WI-FI should be available in all supported temporary accommodation or as a minimum phone points are in every room so that the internet can be installed. To ensure access to healthcare is not reliant on people having credit and data, all GP practices and other healthcare providers should have a free phone number and access to websites for NHS services should be free.

**Training and support:** Create and provide accessible training for people experiencing homelessness to develop the skills needed to access digital services independently. This training could be delivered remotely through short videos. People with lived experience of homelessness could be provided with training and equipment to work with people currently experiencing homelessness on an individual basis to build relationships with them and support them to develop the skills and confidence to access healthcare remotely.

**Recording contact preferences:** All patients should be asked how they can be contacted and what their preferences are. If they are not able to access healthcare digitally or have a communication need, this should be flagged on their electronic medical record and they should be offered an alternative way of accessing healthcare.



**Prioritise providing face to face appointments:** The overwhelming message from both people with lived experience and inclusion health professionals was that we need to find ways to safely increase the provision of face to face services to people experiencing homelessness, particularly those who are most marginalised by digital delivery.

### What do we think should happen next?

**Digital reference group:** Establish a reference group including healthcare providers, people with lived experience of homelessness and website developers to evaluate and feedback on accessibility of online health access.

**Further development of solutions:** Ask people involved in the workshop to select 2-3 of the suggested solutions to help promote digital inclusion for people experiencing homelessness which could be further developed collaboratively.

**Pilot solutions:** Identify innovation funding source and support to pilot one of the solutions, evaluate its effectiveness and share the learning.

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