



#HEALTHNOW PEER RESEARCH REPORT:

Understanding homeless health inequality in Greater Manchester

July 2021



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EXECUTIVE SUMMARY

Between November 2020 – December 2020, five Peer Researchers carried out 51 semi-structured interviews with people experiencing homelessness in Greater Manchester (GM). 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 experiencing homelessness face when accessing healthcare services and maintaining their own health and wellbeing. The key themes identified were:

- **High GP registration:** A significant majority (94%) of those interviewed are registered with a GP, which is higher than findings from comparable research in Newcastle and Birmingham.
- **Barriers to access:** People described significant barriers to accessing healthcare services especially when they were rough sleeping. This was often due to challenges with registration, inflexible appointments, and long waiting periods to obtain the support that they needed.
- **Impact of COVID-19 on people's accommodation:** 40% of people indicated their accommodation changed (i.e., moved into temporary accommodation or an emergency hotel) because of the COVID-19 pandemic.
- **Positive experiences of using opticians and pharmacies:** An overwhelming majority of the people who shared their experiences of using an opticians and pharmacies felt that their experiences were positive, with people often noting ease of access as a prominent highlight.
- **Inconsistencies in experience of using mental health services:** 56% of people who accessed mental health services rated their experience a six and above. Those who had a positive experience attributed it to the staff and mobile healthcare services linked to their accommodation. However, 44% rated the service a five and below due to long waiting periods and a lack of understanding about their circumstances as someone who was experiencing homelessness.
- **Positive experiences of using urgent and emergency care:** Urgent and emergency care was rated highly with 100% of those we heard from rating their experience as seven or above. People attributed their good experiences to staffing, accessibility, effective communication, and overall level of care.
- **Discharge from hospital without accommodation:** 44% of people had indicated that they had been discharged from staying overnight at a hospital without accommodation to return to.
- **Lack of interpreting services:** Several people described challenges when accessing healthcare services without any language support. The limited availability of these services had a significant impact on patients who faced difficulties understanding their care and treatment.
- **Patient feedback:** Most people we heard from had not been asked for feedback or made a complaint about the healthcare services they had used. Those who did make a complaint, often never heard back. This highlights the need for services to ensure patients have accessible ways to feedback and clear information outlining complaints and feedback processes.

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

ACKNOWLEDGEMENTS

This research was completed by Shelter Manchester 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:

Debbie, Tina, Karl, Reuben, Steve, Stan (and Yamusu for help with the presentation).



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:

Booth Centre, The Mustard Tree, Coffee4Craig, The Brick, Salford Loaves & Fishes, Women's Direct Access, DePaul, Boaz, and housing teams across Salford, Manchester and Oldham.

Many thanks to Melissa Espinoza and Dr Jo Brown 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.



INTRODUCTION TO #HEALTHNOW

HARD TO PLAN AND ENGAGE LONG TERM
INTERPRETERS DIFFICULT TO ARRANGE
LACK OF TECHNOLOGY
REMOTE CONSULTATIONS
INCONSISTENT STAFF
LACK OF FINANCES
UNABLE TO REGISTER

I could be HERE TODAY and GONE TOMORROW. Nobody knows

I HAVE NO FRONT TEETH, I won't smile, I won't get in photos with my family. It's upsetting!

Since lockdown they have all been working from home, the ONLY contact I've had is by phone

POOR COMMUNICATION
 INFLEXIBLE APPOINTMENTS
 LONG WAITING TIMES
 LACK OF COORDINATION
 NOT ENOUGH SUPPORT

There is a BACK LOG of people waiting for operations. And scheduled ones have been put off

DISCHARGE WITHOUT ACCOMMODATION
 POOR COMMUNICATION ABOUT MEDICATION
 & APPOINTMENT
 CHANGES-COVID

They made sure I fully understood what was going on in appointments

It's HARD to get an appointment. Sometimes they can be RUDE. You feel rushed. Issues with interpreters

Being with the SAME doctor for 7 or 8 years, he knows me INSIDE out!

I have had two appointments and both have been quick and good

They are very nice to me, very kind and don't get angry about interpreters

I'm on the Methadone programme and one of two people who work there kind of look at me DIFFERENTLY

They're dead lovely in there. They know me, know who I am, know me by name

Rang 5 diff dentists, NO-ONE is taking new patients. But they don't tell you where to go

Pharmacy DON'T USE interpreters and I don't understand what they say

DIFFERENT DELIVERY
 WAITING FOR ACCESS
 VIRTUAL PARTICIPATION DURING COVID

But I NEED HELP! where can I get help?

I always got everything sorted out at A&E, it has always been sorted out within the hour

LACK OF PRIVACY
 FEELING JUDGED
 NEED FOR LANGUAGE SUPPORT
 LONG WAITING TIMES-COVID
 LACK OF CONSISTENCY WITH MEDICATION REMINDERS

The hostel offered out of the blue. People are struggling with these kinds of difficulties so they help

They don't meet my needs. POOR support when coming out of treatment. Because of Zoom I can't attend the meetings

Quite a lot of online support I get support daily by phone calls

I couldn't get an appointment at my GP so I just used Emergency Services

Services

The HEALTH CARE Services that COORDINATED with SUPPORTED ACCOMMODATION were EASIER to ACCESS

Transportation to Services, especially routine appointments

More Services available, more staff

WHAT IMPROVEMENTS would BETTER MEET your NEEDS?

Prescription Deliveries
 Reminders
 More Communication
 Accessibility
 Linking resources

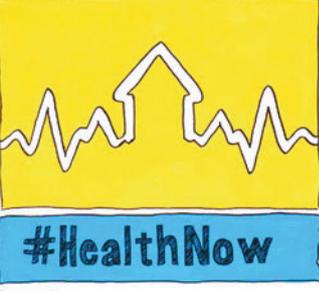
Language Support

FLEXIBILITY...
 ... around when appointments are offered
 ... of how to get in touch

More follow up about results

More Compassionate, understanding services - we want to feel like MORE THAN OUR HOUSING STATUS

Peer led Research
IDENTIFYING BARRIERS FOR THE
 HOMELESS ACCESSING HEALTHCARE & TREATMENT



#HealthNow

Tina
 Reuben
 Stan
 Debbie
 Yamsusi

SHELTER

DEVELOPING AN ACTION PLAN FOR AN INCLUSIVE HEALTH CARE SYSTEM WHERE EVERYONE HAS ACCESS...

Rights to Health Care

Shelter REDUCES the NEED for ACUTE CARE

Shared accommodation can often be STRESSFUL and NEGATIVELY IMPACT mental health

I'm in TEMPORARY accommodation because of Covid-19

I have got my OWN SPACE here I can do what I NEED to do!

WHAT are your HEALTH PRIORITIES?

Keeping myself MENTALLY WELL, otherwise I wouldn't be able to look after my children

Try and be in CONTACT with as many SERVICES that are OPEN and I will BENEFIT from

PHYSICAL health
 Staying HAPPY
 SOMEWHERE to LIVE

Were you ABLE ACCESS Services?

How do you SUPPORT your own HEALTH?

I look after myself
 Good diet
 Try to exercise

I struggle for food, that's why I go to FOOD BANKS

I WAS REFUSED access because I was a junkie and LIVED on the streets

Because of NO FIXED ABODE it was really HARD until he got HOUSE SHARE

Couldn't access REMOTE SUPPORT- No phone; No credit; No internet

I had an operation, major surgery, they sent me home after 4 days because they needed the bed! I got SEPSIS! I ended up BACK in hospital for 3 months

I complained through Patient Advice Liaison Services and I NEVER heard anything back

It's TOO MUCH of a PROCESS. Honestly it's ridiculous. They DON'T WANT to HEAR!

NO CASH to get there

Had to go to WORK - on a temp contract

Have you been UNABLE to ATTEND appointments?

I suffer from BAD ANXIETY, sometimes it STOPS me from getting OUT of the door

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

#HealthNow is led by **Groundswell** and delivered in partnership with national charities **Shelter** and **Crisis** Groundswell works with people with experience of homelessness, offering more opportunities to be involved and contribute to society and create solutions to homelessness. In Greater Manchester, homelessness charity Shelter are delivering #HealthNow. This involves managing the local **Homeless Health Peer Advocacy (HHPA)** launching this year (2021) in Manchester and overseeing the local #HealthNow alliance across Greater Manchester.

The #HealthNow alliance brings together local people and organisations across the homelessness and health sectors and is led by local peer representatives, all who have experience of homelessness. This means peers set the agenda, work with stakeholders to create solutions to key issues and hold key decision-makers to account for any actions. This #HealthNow alliance acts as a mechanism to explore and develop solutions to homeless health inequalities 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.

If you would like to find out more about #HealthNow, carry out peer research or set up a HHPA service in your area please **get in touch with Groundswell**.



BACKGROUND

2.1 HEALTH AND HOMELESSNESS

Health and homelessness are fundamentally linked. People experiencing homelessness are more likely to experience poor physical and mental health and comorbidities. In addition, 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 and emergency care due to advanced illnesses or conditions, rather than accessing preventive and primary health services.

It was recently **reported** that deaths among people experiencing homelessness have risen by more than a third in a year, equating to someone who is homeless dying every nine and 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 experiencing homelessness.

This is significantly below the life expectancy of the general population. This stark illustration of life expectancy for those experiencing homelessness is even more concerning when **research from UCL (2019)** identified that in their research 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. Discourse about the premature death of rough sleepers 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 inequalities.

In the first year of this project, Groundswell 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 those experiencing homelessness 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 the way in which 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 and presented valuable learning in how to address 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 GREATER MANCHESTER

Greater Manchester is a metropolitan county and combined authority area in the North West of England, with a population of 2.8 million. The county is made up of 10 metropolitan boroughs including the cities of Manchester and Salford, Stockport, Tameside, Rochdale, Trafford, Wigan, Bolton, Bury and Oldham.

The Greater Manchester Prevention Strategy collated MHCLG Statutory homelessness: detailed local authority-level tables: April 2019 to March 2020. The data identify the key reasons for people becoming homeless or at risk of homelessness in Greater Manchester and further identify the intervention in line with the Homelessness Reduction Act 2017:

The Greater Manchester Joint Health Scrutiny Committee

recognises that Andy Burnham the Greater Manchester Metro Mayor has made homelessness a Mayoral priority with a commitment to ending the need for rough sleeping and preventing homelessness. In 2017 GM Health anWd Social Care Partnership established a programme of work capturing the contribution of the health and care system towards delivering this goal. Sat within the broader Housing and Health programme, the work on homeless healthcare has focused on identifying areas of the health system where it could ensure that the right services were in place to support people experiencing homelessness. These include:

- Championing the 'right to register' with a GP for people with no fixed address, supporting the roll out of the 'Homeless Friendly' scheme and development of training.
- Developed a GM Homeless Hospital Discharge Protocol and supporting arrangements in ten localities.

REASONS	PREVENTION IN CASES	RELIEF CASES
Family or friends no longer willing or able to accommodate	1,718 (24%)	2,900 (30%)
Landlord wishing to sell or re-let	1,386 (19%)	222 (2%)
Rent arrears	890 (12%)	491 (5%)
Domestic abuse	354 (5%)	1,264 (13%)
Other violence or harassment	89 (1%)	329 (3%)
Left institution with no accommodation available	95 (1%)	407 (4%)
Required to leave accommodation provided by home office as asylum support	371 (5%)	658 (7%)

- Sharing successful models of outreach and supporting localities to develop and improve models where required.
- Identified resources for and developed short term initiatives to enhance Mental Health support through care coordination outreach and Psychologically Informed Environments.
- Supported GM roll out of the Homelessness Reduction Act Duty to Refer and rolled out training to relevant staff in Acute Trusts.
- Provided advice and support to localities in improving, developing and commissioning new services for people experiencing homelessness, facilitating relationships between health and housing colleagues where required.

The delivery plan set out an intention to continue collaborative work on homelessness and health post June 2020. High-level suggestions in the plan of what this could look like included:

- Development of GM wide commissioning guidance for homeless health care, underpinned by best practice from GM and internationally. This would inform the development of excellent and appropriate health services for people experiencing homelessness.
- Continued support to an active network of homeless healthcare leads and faculty of learning, including further support to roll out training and education offer to our workforce

The Manchester Joint Strategic Needs

Assessment focused on adults and older people experiencing chronic homelessness conducted a Homeless Health Needs Audit (HHNA) for Manchester in 2016.

The survey provides a good overview of the health issues of people experiencing homelessness although as this is only representative of the City of Manchester and not GM, it does not provide a complete picture.

Key findings from the audit were:

Physical health:

83% of those responding to the survey reported having at least one physical health condition.

Mental health:

73% of respondents to the survey reported having a mental health condition.

Access to health and care services:

Of those individuals responding to the survey, 79% reported being registered with a GP and 39% with a dentist. 8% reported that they had been refused registration with a GP and 4% with a dentist.

Just over a quarter of respondents (27%) said they were NOT receiving treatment/support, but they thought that it would help them. The main reasons for not being able to access treatment/support when needed were waiting lists, difficulty getting an appointment and distance/difficulty getting to the service.

In terms of treatment for mental health problems, 27% of respondents reported receiving treatment that met their needs with a further 27% saying that their treatment/support met their needs but that they would like more support. Over a third of respondents (35%) said that they were NOT receiving treatment/support, but they thought that it would help them. The main reasons for not being able to access treatment/support when needed were waiting lists or being refused treatment/support because of alcohol or drug use.

The Greater Manchester Health and Social Care Partnership and the Greater Manchester Combined Authority have acknowledged the homelessness and health relationship and have been working together to establish and implement plans.

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 which 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.



WHAT WE DID

Between November 2020 and December 2020, five volunteer Peer Researchers carried out 51 semi-structured interviews with people who were homeless about their experiences of healthcare. Most interviews were conducted by telephone due to COVID-19 restrictions, however, some respondents were supported in completing the survey questions themselves to adapt to their communication preference. All phone 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:

- Co-designing and piloting research tools to ensure questions were appropriate and 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 analysis workshop.
- Evaluating the process, sharing top tips, and suggesting ideas for future research approaches.
- Presenting the findings to the #HealthNow alliance and devising 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 come 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 effectively share the key insights gathered from this research.

PEER RESEARCHER REFLECTIONS



I am highly thankful for my position while conducting this peer research, working within a special collective. Knowing that my participation may one day help towards reevaluating for change within the system. Change for the better."

(Karl)



I learnt so much from doing this. Not just about health inequalities, but about myself as well. I enjoyed it so much that I can't wait for the next lot."

(Debbie)



I really enjoyed being part of the research. It really taught me a lot about what homeless people or people in temporary accommodation pass through on their day-to-day life. It felt good in letting someone express their emotions to me. I would do it again if I got a chance to attend another research. Thanks!"

(Tina)



I really enjoyed the research. The training was great. I was nervous when I first started, I wondered if people would want to answer personal questions. But the participants were great. It went better than I expected. We learnt lots for next time."

(Researcher)

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 heard from. We recruited participants largely through local homelessness organisations, therefore most 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, or people more likely to be sleeping rough. Due to the COVID-19 restrictions, to ensure safety of both researchers and participants, most of the people we heard from were 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 the voices of a diverse group of people.

We focused on specific areas in Greater Manchester, including Oldham, Salford, and Manchester. We heard from people who were currently in temporary (27%) or shared housing (12%), hostel accommodation (29%), supported accommodation (15%), recently moved into private rented accommodation (10%) and we also reached a small number of people who were currently in refuges (2%), 'sofa surfing' (3%) or rough sleeping (2%). The lack of representation from people who sleeping rough may be linked to the Greater Manchester's implementation of A Bed Every Night programme and the Government's 'Everyone In' scheme during the COVID-19 pandemic. Of those we spoke to 40% indicated that their accommodation changed (i.e., moved into temporary accommodation or an emergency hotel) because of COVID-19.

Of the 51 participants, 57% identified as male and 40% identified as female. 98% of those we spoke to stated that their gender identity was the same since birth. The majority of people identified as heterosexual (85%) Participants were aged between 19 and 59 years old.

Despite many people having described chronic illnesses and conditions that impacted their daily lives, only 15% of those who took part identified as disabled.

65% of people identified their ethnicity as White British and 8% identified as Black African, we also heard from people who identified as mixed-race, Black-British, Pakistani, White-European, and Traveller. Our sample was purposive rather than representative of the general Greater Manchester homelessness population because of the limitation of recruitment during COVID-19.

We asked people about any welfare benefits that they were receiving. 88% of people we heard from were currently receiving benefits. This was most commonly Universal Credit (UC) (78%) and Housing Benefit (24%), with a minority of people claiming Personal Independence Payment (PIP), Employment and Support Allowance (ESA) and Jobseekers Allowance (JSA).

Furthermore, we asked people about their current immigration status. Although we mostly heard from people who were UK nationals (83%), we also heard from people who were asylum seekers, refugees, or non-UK nationals (17%) and about the specific challenges they faced when accessing healthcare.



We recognise the limitations of this first piece of research; we spoke to a lot of straight, white, men. But we were in lockdown, delivering the research remotely and had to work within pandemic guidelines. Going forward we will learn from this and aim to diversify our sample groups."

(Debbie)

6.

WHAT WE HEARD

6.1 PATIENT EXPERIENCE OF USING HEALTHCARE SERVICES IN GREATER MANCHESTER

A significant amount of the insight collected was concerned with understanding the experiences people had when engaging with local healthcare services. We know that people experiencing homelessness often face significant barriers to equitable healthcare provision; we aimed to understand where issues arose and, to identify any areas of good practice.

To present these findings the peer researchers developed 2 case studies which document the stories they heard. Tracey's story reflects experiences of accessing GP surgeries and Jayden's is about people experiences of dental health.

6.11 GP SERVICES



GP services are often the first point of interaction with the healthcare system. GPs act as a crucial gatekeeper to specialist services yet access to GPs continues to be an issue. 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.

It is positive to report that the majority (94%) of those interviewed in Greater Manchester are registered with a GP. This finding is comparable to the overall (91%) UK population registered with a GP. However, because the majority of participants were already engaged with services, it is likely that those not yet engaged with support may have much lower instances of GP registration.

6% of people who were not registered with a GP explained that this was because of their temporary accommodation situation and not knowing how long they would be there. This also made it difficult for people to plan and engage with long-term healthcare services. People with mobility restrictions also reported barriers when registering with a GP. This indicates that improvements could be made in accessing and registering for GPs to include people who have mobility constraints and people who may be experiencing temporary and transient homelessness.



I don't know. It depends. Could be here today and gone tomorrow. Nobody knows. I am seen as still homeless."



I want to do that [register for GP] but I want to see where I go [after temporary accommodation] first...because I don't know where I am going to end up. And I am partly disabled so I can't really get far."

It was highlighted again how access to accommodation impacted people's ability to access their GP. Although the NHS guidelines state that people do not need to have proof of address to register with a GP this issue and misconception continues to persist.



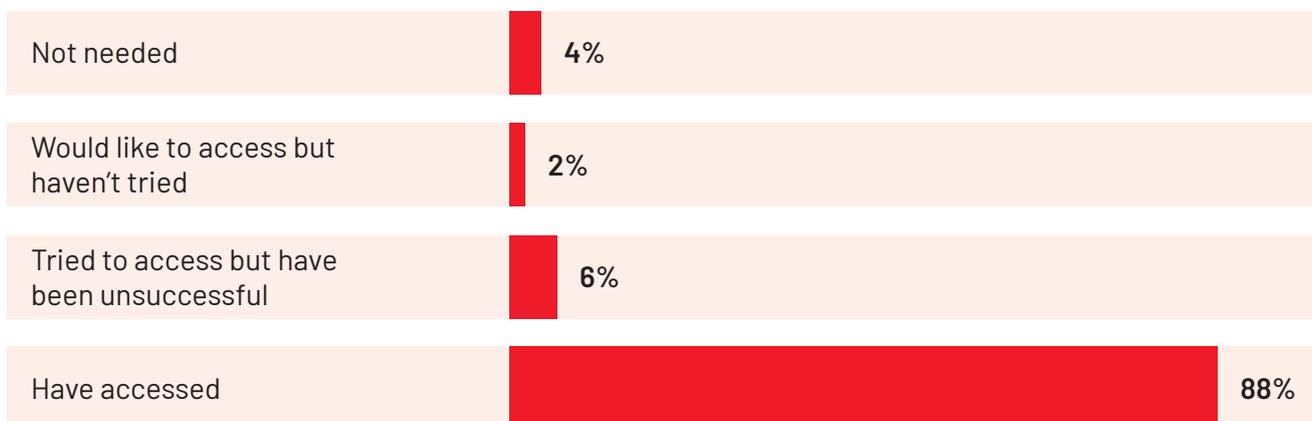
For myself it wasn't hard because you just to fill-in the form. And they ask you doesn't need to have an address. Then I had one so I just filled in the form then... Even before the lockdown I was homeless, so there was nowhere I can register a GP without an address."

Others were unable to or did not register due to COVID-19 restrictions or due to not having the funds to travel to a GP to register.



I just haven't been able to do it. I haven't been able to get hold of one that will take me on during Covid... I have not been able to get in and register with a GP. So, me and my daughter don't have a GP at the moment..."

IN THE LAST 12 MONTHS HAVE YOU USED A GP PRACTICE?





Financial. Not been able to afford to get there.”

6% of people interviewed were unsuccessful at accessing their GP in the last 12 months. However, despite reporting high rates of access, people mentioned it was often challenging to get an appointment.

During the pandemic, a significant change occurred in the way that services were accessed and delivered using digital and remote models of working, such as, telephone consultations. For some people they were unable to engage with new ways of working because of not having the required technology or enough credit on their phone.



Hard to get appointments remote consultation is an issue - the[y] ask for photos but I have no camera.”



...sometimes hard to get to [GP] from the hostel - was easier when on the streets in the centre. Can't phone them - never have credit. The hostel staff call them [GP] sometimes.”

Participants also mentioned difficulties when accessing language support. Interpreters were difficult to arrange and didn't meet the needs of patients.

Furthermore, the interpreters that were provided often did not have medical translation backgrounds and this impacted how well people were able to understand their diagnosis or explain their symptoms.



I like the GP. But I have problem getting appointment. [My] English is not great, and the receptionist has big problem with me. If I ask for interpreter, they make big fuss and I have to wait long time. Two times I go and no interpreter available and they get annoyed with me. Also one time I don't like the interpreter and ask to change and they not happy with that.”



They are mostly good, but it is hard to get an appointment, sometimes they can be rude, you feel rushed at appointments, some issues with interpreters.”



Everything on the phone is even harder. I cannot make apt without phoning, but they won't get interpreter on the phone to book apt. Face-to-face was much better.”

When asked about their experience of using GP services, 68% of the people we heard from rated their GP experience highly with a six or above. However, this illustrates a stark comparison between 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 Greater Manchester).

People rated their experiences highly for a range of reasons. Having the same GP to build a positive rapport was highly important, as it enabled people to have open and ongoing conversations about their health and wellbeing.



... I have been with them for the past six years and I have never encountered no problem with them, they have been so nice to me...they provide counselling service for me .so the staff are brilliant to be honest. and the doctor... has always been one doctor... any time I call I say can I book an appointment with this doctor. And when they say he is not available I say well I can wait. So, it was good."

For other people who rated their GP practice highly it related to the changes made during COVID-19. For those who had access to the right technology and phone credit, they welcomed many of the new changes in communication.



In some ways it's got better because they are phoning me more often. I think... there is somebody new in, one of my housemates is new into mental health services and its hard for her because it is just a phone call. But because I am already with them, they are just phoning me more often. So, it's got better."



I have to say it's just the Covid. Before then I had a lot of problems with them getting appointments and it was ridiculous before. But now because it's now done by the phone, if I get a problem, I call the doctor, they call me back the same day and I get it seen to the same day."



Yeah, they keep in touch with texts, and they send reminders for the appointments which is good."

For those (30%) who rated their GP a five and below, many of the reasons were regarding being unable to get an appointment and inconsistency of staff. Some people expressed long wait times over the phone which combined with having a small window to access an appointment, limited access further.



Yeah, it's much harder to get an appointment these days. You have to phone before 8am."



It's basically because you never get the same doctor and they seem to ask you the same questions over and over again, while they have got it all on the screen."

Other issues included people expressing that their symptoms are not often addressed with the correct medication, and difficulties requesting repeat prescriptions as systems moved online.



Because they always just give paracetamols, they don't give the right medicines. And no matter what you tell them your problem is he just gives you a paracetamol. And it's like I can go to Asda and buy paracetamol for 60p."



Because before the Covid, you used to be able to ring up for your prescription. So now they don't take it no more. It's all online or email... it's frustrating because if you haven't got internet you can't get access. Or if you are not computer wise...So, it's frustrating for everybody."

It is important to note that people's experiences varied across different GP providers. However, 20% of participants noted that **Urban Village**, the inclusion health practice in Manchester was accessible and rated their experience highly. As was the Homeless GP Service run from **Salford Loaves & Fishes**.



I have got a doctor at Urban Village... They know exactly where I am coming from. And then being with the same doctor for the last seven or eight years, he knows me inside out. I can't lie to him; he can't lie to me. I can't be in denial. I am quite happy how its run."



Urban Village... They are fantastic... They help you with what you need and that. And when you need to see a doctor, they book you in to see him or you get a phone call, straightaway, the same day."

Tracy's story

GP Experience

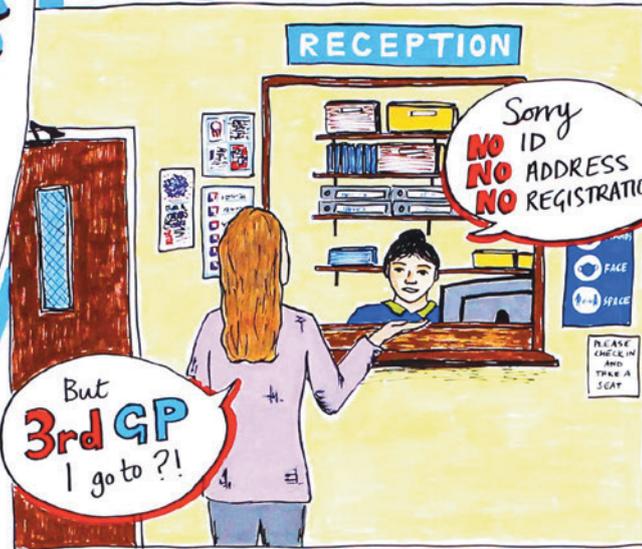
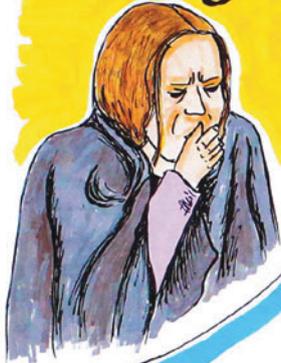
Tracy is 48 and has been in and out of homelessness for 10 years. She has experienced all types of homelessness, hostels, sofa surfing and periods of street homelessness. In 2020 Tracy was again street homeless and didn't have a GP. She had been refused the right to register by 3 GP's because of a lack of ID and due to having no fixed abode. She had issues with her chest, a cough and at times can struggle to breathe and she had reoccurring pains in her abdomen.

During lockdown Tracy was housed in the 'everybody in' hotels and supported by staff to register with a GP. Tracy liked her GP when she could get to see her. The problem for Tracy was that her English was not great, and the receptionist had a problem with her because of it. If she asked for an interpreter, they didn't like it and made her to wait a long time before she could see the doctor with an interpreter, or even at times, she had to go to appointments without one.

On one occasion Tracy was uncomfortable with the interpreter and asked to change them - the receptionist was not happy with her for making this request. Tracy has now left the hotel and is sofa surfing again. She has problems trying to book the GP appointments because she often doesn't have credit on her phone. When she rings the GP there is a long message about Covid, telling her not to come to the surgery without an appointment and to book online. Data is expensive and often Tracy's credit will run out before she gets to speak to someone after being on hold for a long time.

For Tracy the problem isn't the doctors, it is just getting to see the doctor.

TRACY'S story



For Tracy the **PROBLEM** isn't the Doctors, it's **GETTING to SEE** the Doctors!

6.12 PHARMACY SERVICES



We asked people about their experiences of using pharmacies. Most (80%) people had positive experiences of using their pharmacy, rating their experience as a six or above. This is reflective of the comparable research in **Newcastle** and **Birmingham** that also indicated that people generally had positive experiences accessing and interacting with pharmacies. Many people attributed their high rating to the ease of access and staff approach at pharmacies. Respondents indicated that the service provided at pharmacies was personal, efficient (even offering delivery of prescriptions), and staff were exceptionally friendly. This illustrates a significant increase in positive patient experiences in comparison to other services people described and presents an opportunity to learn from how pharmacies operate to meet the needs of people experiencing homelessness.



Probably a 10 because they are dead lovely in there. I love them all in there. So, they know me in there, they know who I am, they know me by name."



The pharmacy are pretty good. I would say a 10 because the prescription gets sent there and I pick it up on time and they are pretty efficient. I have not had any problems with it just very efficient. They are pretty good, I have no qualms. They don't keep me waiting for ages."

People who were able to get their prescriptions delivered to their accommodation rated the delivery service highly and noted that staff sometimes worked out of hours to make sure they received their prescription.



...due to COVID-19, our pharmacist is able to come and drop our prescription off."



I couldn't give him any more praise. Last week I had a problem with my prescription, and he actually phoned up the place where I live now... and he actually came out of his hours and dropped off the medication, which he didn't have to do."

People expressed the importance of medication reminders, however the consistency of reminders and how medication was distributed often varied between services.



I changed places because what it was... when I used to go to Tesco to get my medication they come in boxes. But then when I was at [place], they used to come in like a blister pack. In a blister pack I know what days to take them, and I knew when I take them. but when they are in boxes, I lose myself. I don't know if I took a tablet or not took a tablet."

Despite the generally positive experiences of engaging with the pharmacy, we also heard about some areas where improvements could be made. One of the issues that was raised was that no language support was provided, and this made it difficult to understand possible side effects and be able to ask questions about their prescription.



Pharmacy don't use interpreter and I don't understand very well what they say."

Another issue highlighted was long waiting times and instances of having to go without medication due to technological errors.



It's a bit more difficult because you have to stand outside for long periods of time, because they only allow two in."



I have had to go without medication because they haven't faxed it through properly."

People also discussed concerns about negative judgment from staff and the lack of privacy. Some people felt judged for the type of prescription they needed. While for others, they felt that the space in which some pharmacies operated did not provide enough privacy when it came to their personal information often causing feelings of shame and embarrassment.



Because to be honest I am on a methadone programme and... one or two of the people that work there, kind of look at me differently, if you know what I mean."



...I normally have prescription every month, but... will be asking me can I see your [certificate] I said, 'well, I didn't bring it.' 'Well next time you have to'... Everyone queuing [knows] whether you have prescription free or not... which I don't blame her, she needs to ask me... People behind me will be listening and so that was kind of embarrassing for me."

6.13 DENTISTS



Difficulties in accessing and registering for services was also a theme for people who needed a dentist. This was especially problematic for people who were rough sleeping or in temporary accommodation and for those who needed urgent dental treatment during the pandemic. Whilst the majority (31%) of people we heard from had not needed access to a dentist over the last 12 months, a similar amount of people tried but were unsuccessful (27%) and many would have liked to access this service but had not tried (27%). There was general feeling that to try would be futile.

Many people indicated that by living in a temporary accommodation without a fixed address they thought they could not register for a dentist or would rather wait till they were somewhere more permanent to go through the registration process.



[hadn't accessed dentist] Just because I suppose because we were homeless for that long, just a way of getting used to the way we were living."

IN THE LAST 12 MONTHS HAVE YOU USED A DENTIST?





Because I am in the hostel, I am bidding for a place they said there is no point looking [for a dentist]... because you can get one now but if you move you are going to have to register with a different one."

Other people who had responded that they would like to access a dentist, but were unable to get an appointment, described experiencing ongoing pain and discomfort.



Just so difficult to get in. They are normally really good, but it's been really difficult to even get seen when I have been in agony."



I think I was panicking more because I had an abscess in my tooth and there wasn't a great deal could do apart from get me antibiotics... It started going down itself... So again, after that I tried getting in to see the dentist myself and I have struggled since."



Yeah, most definitely. Usually, you can walk-in and they can tell you within a week when you can have an appointment. But when I had tooth ache and needed a tooth out it took me months before they get me in there."

People also revealed how their dental health had further health implications on their nutrition, self-esteem, and mental health.



I have tried but with lockdown at the moment there is nowhere open... I would say two at the moment because I am suffering. At the moment I have no front teeth. And it's hard to eat when you have got no front teeth. I am biting my gums and then my gums are getting sore."



They are not very helpful. I have been with a dentist in [dental practice] where my doctors is... I haven't been there in three years, I have to re-register again. Which I think is stupid. I will tell you why... I won't get photographs or anything taken, I have no front teeth. I won't smile. I won't get in photographs with my family. It's upsetting."

Contrary to peoples experiences at the pharmacy, most (60%) people rated their experience at the dentist a five or below. This was often due to not being able to access appointments, the difficult registration process, and because no further information or signposting were provided when dental practices were unable to help. For those who attempted to access a dentist in Greater Manchester it became increasingly difficult because of the lack of communication from dental practices. This indicates a need for flexible registration for those living in temporary accommodations and a streamlined way of finding current dental practices who are accepting new patients.



It's not good... because I just can't access one and I really need one."



Rang five different dentists. No one is taking new patients. But they don't tell you where to go. No help. Really, really, frustrating."

For those who rated having good experiences with a dentist, they highlighted in contrary that this was due to the efficiency and responsiveness of the service.



I needed a temporary filling and I had it done within a matter of days... I have had two appointments and both appointments have been quick and good."

Jayden's story

Dentistry

Jayden is 24. He has been homeless since he was 19 due to a family breakdown and a death in the family. When Jayden was street homeless, he struggled to stay on top of his physical health. It was embarrassing having to wash and brush his teeth in public toilets as people would look at you strange. So Jayden just used to leave it.

In 2020 Jayden was sofa surfing at a friend's house. He had problems with his teeth that caused him to be in chronic pain and at times unable to eat. He called 9 NHS dentists in Greater Manchester and was told they were not taking on new NHS adult patients. Some said because of Covid, some said because of capacity. Most offered him the option of seeing the dentist privately. Jayden couldn't afford this as he was on a low income, a 20-hour contract for a supermarket. Jayden tried the dental hospital but was told because of Covid he could not be seen – as his case wasn't urgent. Jayden gave up and accepted that he would always be in pain with his teeth. This impacted on his mood and his mental health and his depression and anger worsened. Jayden began taking pain killers and self-medicating with cannabis and alcohol to ease the pain.

Jayden was placed in temporary supported accommodation in 2020. His support worker also tried to find a dentist – and struggled. After some weeks he was finally offered a one-off emergency appointment at an out of hours clinic. However, Jayden needed to pay £23 for the appointment because he works and isn't in receipt of benefits. Once he has paid for his accommodation, he is left with just £60 per month to buy his food, pay for his bus fare to work and live off. Therefore he had to cancel the appointment until he can save the £23. Jayden says if he was offered the choice, he would like all his teeth removed now because of the pain and because of the difficulties he associates with his teeth.

JAYDEN'S story



Arrrhh it HURTS! But I **CAN'T** brush my teeth here!

What's that guy doing?



But I **CAN'T** AFFORD that!

I'm Sorry, we're **NOT** taking on NEW patients due to Covid

You could try a PRIVATE dentist?

- DENTISTS
- 1. BARK
 - 2. BENTLEY
 - 3. CLAYTON
 - 4. HARRISON
 - 5. LEWIS
 - 6. MORGAN
 - 7. NICHOLS
 - 8. O'BRIEN
 - 9. PEARSON
 - 10. SMITH



TEMPORARY ACCOMMODATION...

I'll **ALWAYS** be in PAIN!

I've managed to find an out-of-hours Clinic who'll do a one off appointment for £23.



I've **ONLY** got £60 left

Here's my rent

I'll have to **CANCEL** the appointment!

If I had the **CHOICE** I'd have **ALL** my teeth **REMOVED**

6.14 OPTICIANS



We asked people who were experiencing homelessness about their usage and experience of opticians, overall, we heard from nearly half (41%) of people who had used this service. With a similar level of people (39%) feeling they had not needed to use an optician in the last 12 months. Positively, only 2% of people reported having tried to access an optician and being unsuccessful in doing so.

An overwhelming majority (80%) of the people who shared their experiences of using an optician felt that their experience was positive, with people often noting ease of access as a prominent theme. Many people in Greater Manchester, particularly in Oldham, mentioned that the hostel they were currently residing in coordinated and provided some healthcare services such as access to opticians. By linking emergency accommodations with certain health services many people were able to access these services with greater ease.



Yeah, we've seen an optician. They came out and saw us in here [hostel]. I had a small prescription on one of my eyes so... I got a pair of glasses last week. 10 because they came out and seen us. They were dead nice and kind. And they said you will have your glasses in two weeks, and we did do as well. And there was a nice..."



They [hostel] offered out of the blue so... people are struggling with these kinds of difficulties, so they help."



Oh, I can't remember what they are called. They do community visits. They come to the hostel."



...I wasn't due to change my glasses, but this optician, they came to help the organisation ...they are going to offer us free eye check-up and everything. So, when they did, and they realised that I have to change my glasses because I use a lot of computer and do Zoom meeting. My eyes, so I got two glasses from them, but I can't remember their name."

Other positive experiences were attributed to the way that staff at the opticians treated people and how that in turn made them feel.



They were alright, they were good. They got me my glasses and what have you. I would give them a 10... for the way they treated people..."

However, a minority of people did mention that they still needed to access an optician and that because of the COVID-19 pandemic it was difficult to arrange, especially over the phone.

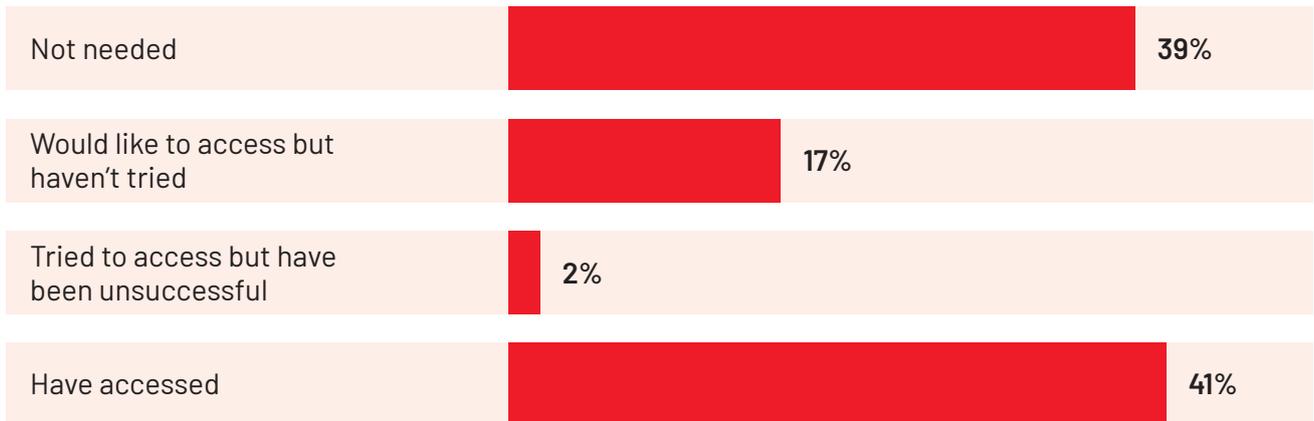


...but then since then my eyes have deteriorated... That right. And then housing my phone, I can't see the digits on my phone. With the lockdown everything is hard."



... my vision, my glasses, I went there. The same thing -they said that you do it on the phone. And they give me a card, phone number. So, I phoned them for an appointment. Nobody picked it up. So, I put the phone down."

IN THE LAST 12 MONTHS HAVE YOU USED AN OPTICIAN?



6.15 MENTAL HEALTH SERVICES



We asked people in Greater Manchester if they had any mental health issues or had interacted with NHS mental health services in the last 12 months. Although the majority (60%) of those we heard from responded that they had, mental health services had been inconsistently accessed and the patient experiences described were often mixed.

We wanted to understand if people felt that they had received enough support from NHS mental health services to meet their needs and the majority (55%) of people suggested that they were not receiving enough support while experiencing homelessness. There were also significant inconsistencies in patient experience. People rated their experiences across the scale from zero (4%) to ten (26%).

These inconsistencies demonstrate the need for further exploration of people’s experiences of mental health services to ensure good practice is replicated and areas for improvement are identified throughout Greater Manchester.

43% of people who accessed mental health support rated their experience as five or below. This was often due to waiting times, a lack of coordination and communication other services, and the amount of support available.

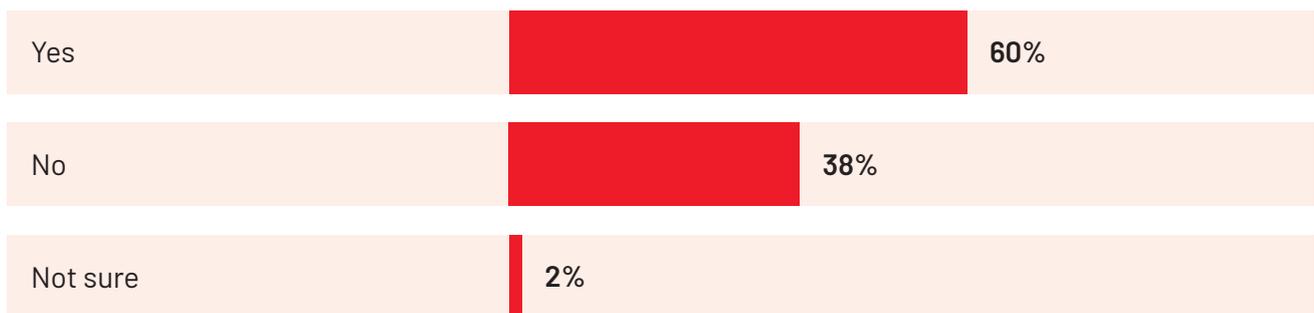


I just don't think they have helped me enough..."



Nothing in the end. They put me on a list to see someone but by the time they called I didn't want it."

IN THE LAST 12 MONTHS HAVE YOU FACED CHALLENGESE WITH YOUR MENTAL HEALTH OR ACCESSED A MENTAL HEALTH SERVICE?





... I told them [mental health nurse]... when my medication ran out, I phoned them. Went to voicemail, didn't get back, didn't get back, didn't get back. I had to get the Crisis team to email. Finally got the mental health nurse and she... looked on the computer and said you have had no support whatsoever... But I have had to call them, I have had to hound them, hound them, to get me this care coordinator... my doctor [GP ... he had to intervene..."

The impact of COVID-19 on the delivery of mental health services meant that some people experienced difficulties in access and had a poor experience of using mental health services. From some this meant less contact from their mental health workers and others felt it was not as effective as in-person support.



I have spoken on the phone. I have not seen them for a while. Which has been quite frustrating... Well, it has changed because I was seeing them before the pandemic. but since the pandemic I have not seen them."



Apart from lockdown it was alright. But since lockdown they have all been working from home, the only contact I have had is by phone, not face to face..."

Others noted how accessing and registering for mental health services was challenging and lacked flexibility. Respondents highlighted that deadlines and appointments were often missed in the last 12 months which delayed their access to support.



I have been offered counselling but because I missed the deadline to apply, they withdrew their referral and now I on the waiting list again."

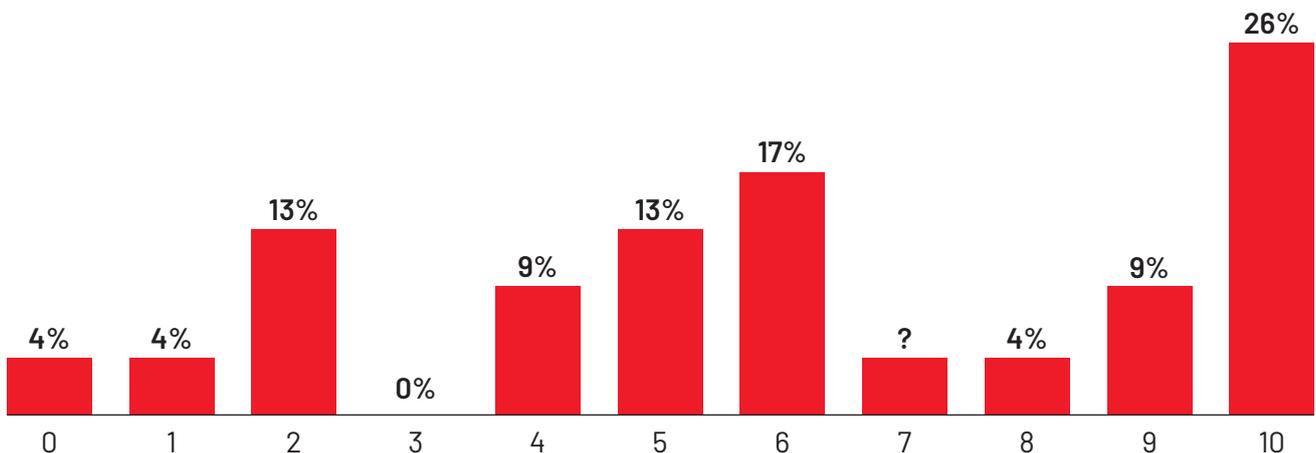


I missed an appointment and I have been put back till next month. So yeah... waiting list again."



I suffer from panic attacks and anxiety. Sometimes I might miss my prescription, because If I am having a bad day I don't want to go out. Because I am that bad..."

PLEASE RATE YOUR MENTAL HELATH SUPPORT FROM THE NHS?



People who had a positive experiences of mental health support often attributed it to the mobile healthcare services and outreach linked to their housing accommodation.



Because they came out to me, and sat down, assessed me, when I was having a bad day...And they said you know, I think you need a therapist now because [of what you went] through... something is going to trigger something off... she was there for me, dead supportive. I felt like I could tell her everything."



The place where I am living now... I spoke to a mental health nurse last week and that was... what they organised here, and she was great. She also referred me to a psychologist, who I spoke to yesterday. So, I have had more support here from [staff]..."



because of being street homeless [I] only got offered when they [health outreach teams] come here [hostel], given help and support."



Er... just basically whatever we need like doctors and stuff. We have people come in here saying do we need psychology session and stuff like that. This place [hostel] has helped us loads. Whatever support we need in every way they do offer it us."

In contrast to accessing interpreters through other healthcare services; respondents indicated that they had a positive experience of this with mental health services who were accommodating for an interpreter.



They are very nice to me. Very kind, they don't get angry about interpreters."

Respondents were also asked if they had ever been detained in hospital under a section of the Mental Health Act or had been discharged on a community treatment order, 17% responded they had. When discharged, a significant amount (80%) of people responded that they were provided with additional support which is positive, this includes support workers who assisted in securing accommodation and on-going mental health support.



I had a social worker and now I have a counsellor. They helped me find my accommodation."



Yeah. I have been... sectioned... I don't receive that support anymore, but I would like to. I would like to get back with mental health, I really would."

6.16 SUBSTANCE AND ALCOHOL SERVICES



Only 42% of those we heard from had experiences of using substance and alcohol services in Greater Manchester. Of those who accessed drug and alcohol services, 68% said that they were supported often enough for their needs. When asked to rate their experiences of support services most (89%) people rated their services positively by rating a six or above.

Like many other healthcare services, people highlighted that accessing programmes and treatment was coupled with long waiting times.



I was referred and then I got a phone call and went through the plan, but I am waiting on the next referral now. It's just the procedure. There's a lot of people feeling it. But me being the person I am, very patient. You can keep waiting and waiting, can't you?"

Remote and digital methods of service delivery created barriers for some, whilst others felt it made the service more accessible.

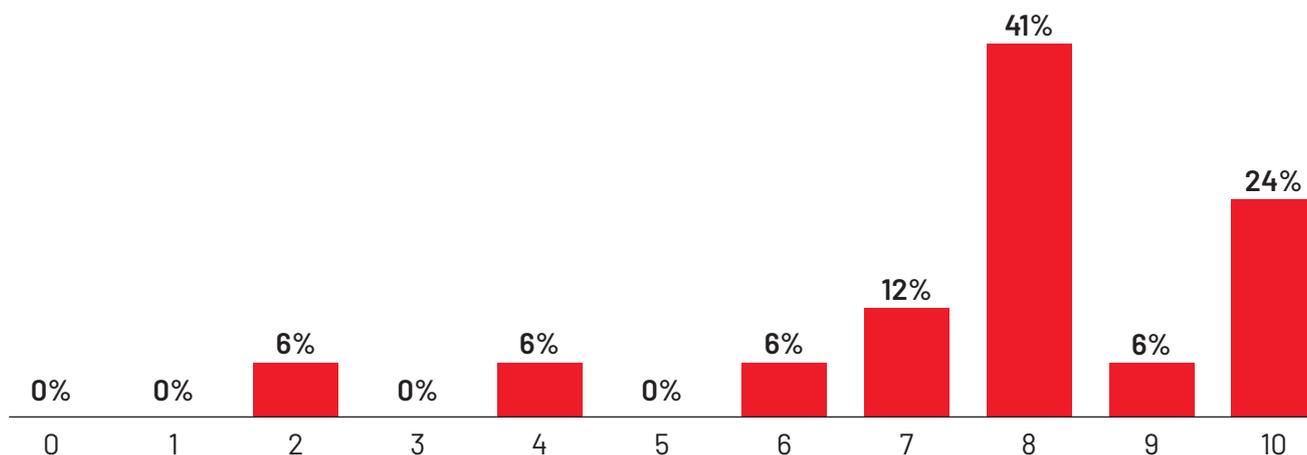


Just poor follow up. No support when coming out of treatment. And obviously with the pandemic, there is no meetings that you can attend so you have to do it over zoom and I have not got the facilities to do zoom meetings."



They don't meet my needs. Poor support when coming out of treatment because of zoom I can't attend the meetings." "Quite a lot of support, online support. I get support daily. Phone calls... there is a lot going on with that."

PLEASE RATE YOUR DRUG AND ALCOHOL SUPPORT FROM NHS?





Yeah, I used to do a Ramp course for 12 weeks. And that finished in March. And then I went onto a D course. So, I have just been getting phone calls over the phone... it has helped me out a lot really."



I would give them 10, because they are really, really good. Everything done, sorted. They actually phoned me and remind me when my prescription is going to run out -which not a lot of them do that... even since COVID-19 it's all been sorted out on the phone quite easily... nothing seems too much for them at Turning Point, they sort it out for you straight away."

While most people rated the support services highly, 26% of people indicated they were not receiving enough support from drug and alcohol services. Experiences also further varied between accommodation settings.



It was good - in the hotel. Not as good in the hostel. I don't know why - before they used to come to the hotel."

6.17 HOSPITAL APPOINTMENTS AND INPATIENT STAYS

We asked people about their experience of engaging with secondary care services to understand what was working and identify areas for improvement. People mostly told us that they had been to the hospital to have tests (60%) or for planned operations (60%). 40% respondents had mentioned going to the hospital for other reasons, such as dental issues and other health issues when they could not access their GP.

We asked people to rate their overall experience of receiving care and treatment at outpatient and day appointments, the majority of people (89%) rated their experience as seven or above. Many people highlighted good experiences of staff explaining procedures and health conditions in a way that involved them and was easy to understand.



It was just an appointment... he was having some tests done so it was discussing what they would be. They used simple terms to explain what was going to happen."



They made sure that [I] fully understood what was going on in the appointment."

WHEN YOU VISITED HOSPITAL FOR AN APPOINTMENT THAT WAS PLANNED IN ADVANCE, WHAT WAS IT FOR?



Despite people indicating that their overall experience of attending appointments was positive, many people also reported experiencing poor communications surrounding their medication and appointment changes due to COVID-19.



No, I haven't stayed but I realise they have cancelled some of my appointments because of the pandemic... then later they brought me a letter that I have to go but like one of my appointments is still suspended."



...there is a backlog of people waiting for operations. And scheduled ones have been put off."



Yeah because of COVID-19. My operation was put off."

We also heard examples of significantly poor treatment where patients experienced lack of listening by hospital staff and in one stark illustration being lied to about the medication they were given.



The nurses were great but the... anaesthetic fella lied to me and give me opium when he shouldn't have done... I had treatment before the operation that I wasn't to have opiates because of my history with them. And he was supposed to use alternative drugs and he didn't. So that's why he got a low rating."

We also asked if they had been discharged from the hospital without accommodation to go to and 44% of people had indicated that they had been. For some, they had discharged themselves with little preparation, and for others the hospital had not connected them to a resource for accommodation. Some people highlighted that local authorities and services required that they travel to them from

the hospital in order to receive assistance. Some people did not reach out for accommodation when exiting the hospital because they did not have a local connection to the local authority.



I was living on the streets. They discharged me with nowhere to go. see, they weren't bothered. So obviously, I can accept what they are saying but alright... I am not going to take somebody's bed that needs it more than me. But then, why throw me back on the streets again when I have got nowhere to go? so where is the service there? There is no service is there?"



Well within 20 minutes of them... discharging me from the hospital I got a phone call asking me to drive - and I think it was about 25 miles away, even though they knew the situation at the time, that I was in no fit state to be able to do that."



I discharged myself and went back onto sofa surfing."



Because I have been homeless... they wouldn't have found nowhere for me. And because... the council - I don't have anything to do with the council, so I am not priority or anything like that."



...the last time I was in hospital... I had to walk home in a pair of pyjamas."

It is evident that the connection to services and accommodation for people experiencing homelessness exiting hospitals could be improved in Greater Manchester to ensure effective transitions when leaving hospital care.

6.18 URGENT AND EMERGENCY CARE

We wanted to understand people’s experiences of using urgent and emergency care services in Greater Manchester. When needing urgent or emergency care people most people who were experiencing homelessness accessed services through NHS 111 or through A&E. However, usage across most urgent and emergency care services was high.

We also asked people if they had used these services when they felt that the issues were not an urgent or an emergency issue or could have been treated elsewhere. 14% of those we heard from stated that they had because they could not get through to other health care services.



I couldn’t get an appointment at my GP so I just.... [used emergency services].”



I couldn’t get hold of my counsellor so went to hospital and spoke to one there.”



Well, they let me know whether it was urgent or not. I didn’t know whether it was urgent until I had spoken to them.”

100% of those we heard from rated their experience as seven or above. People attributed their good experiences to overall efficiency and accessibility.

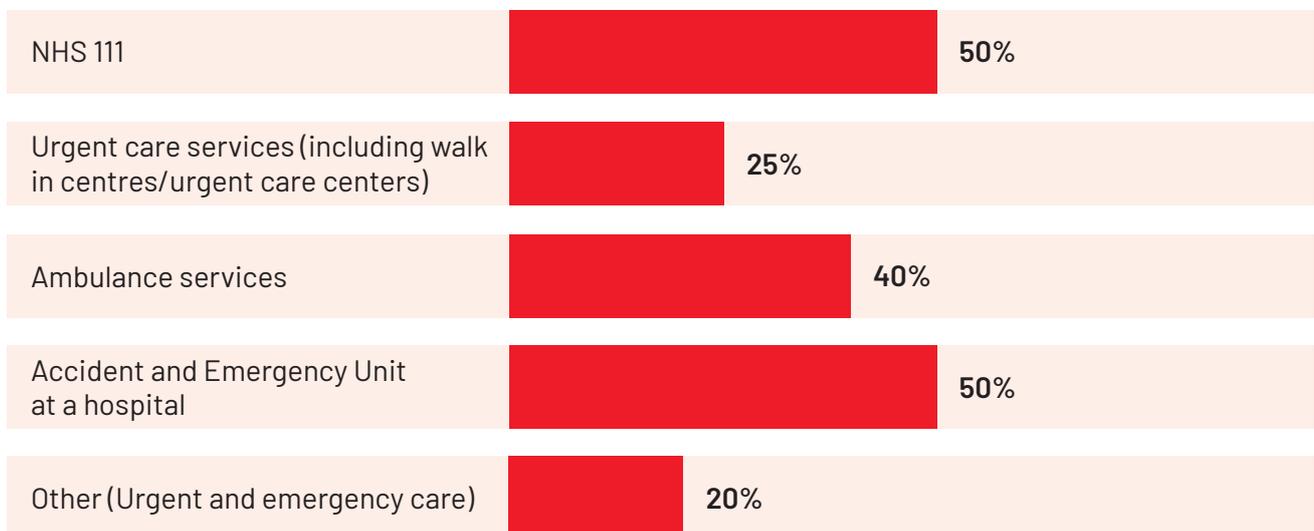


I always got everything sorted out [at A&E]. Or if I have had to go back, I have gone back, but it has always been sorted out within the hour.”



...it’s when like the doctors haven’t been able to see me, they just said go straight to the hospital, so that is what I have done... You can’t get to see your doctor anyway, so I don’t know. I would rather go and see my doctor, but you can’t. So, it’s like... its usually an emergency, with me... yeah, it’s usually I have broken something.”

IN THE LAST 12 MONTHS HAVE YOU USED ANY OF THE FOLLOWING SERVICES?





The last time I went to my doctors and then they sent me to the hospital for an operation. But this time I couldn't get in at the doctors, so I had to go to the walk-in centre... It was fantastic. They give me antibiotics and it all cleared up."

Respondents specifically reported having positive experiences of using the ambulance service due to the staff approach and the level of care that they received.



The ambulance crews, they knew me. They knew who I was. They knew I were a pain in the backside. I walked out the... I was in hospital, and I walked out twice."



I have made a phone call to the ambulance service, because I was really suffering and at a really low moment. and I was contemplating [self-harm]... yeah. So, I did get on the phone and speak to someone there and... just trying to get the support there and help... I needed support then and I didn't know who to turn to..."

Although most people felt that their pain was considered and addressed at most urgent and emergency services, some people also highlighted experiencing judgement and lack of compassion for how they processed pain.



...there is an ongoing history with issues with the NHS misjudging the pain scale of patients based on how they can tolerate it. And I have been... clearly not much is done about it. So, it's something I worry about is people feel pain in different ways and therefore channel it in different ways. I could feel more pain than an old lady who is in the room next to me...because she is screaming whatever whereas I could be in pain at that moment, but screaming won't do for me, so I could be staying quiet. And you get ignored like they think you are OK and they move on. When I should 100% be checked."

6.19 SUGGESTED IMPROVEMENTS TO HEALTHCARE SERVICES



In order to improve healthcare services in Greater Manchester, we asked people what would better meet their needs. People expressed a range of ways in which different healthcare services could improve.

Many of those improvements were about communication and accessibility of appointments, especially for those with existing health conditions.



...the reminding you of appointments and things. Because sometimes a lot of it is your actual illness. I forget my own bloody name someday. Let alone an appointment. And because we are actually ill and a lot of it is mental health issues as well. I think it could be made easier by us being contacted and reminded... look you need to make your appointment or you need to put in your new prescription, it's going to run out."

It was suggested that more flexibility around booking appointments would help. Especially as many people described being expected to be make appointments at a set time that interferes with other necessary responsibilities such as employment and children.



Well now that I am in full time employment, I think they should take into account I can't get there in normal working hours they should have after hours and probably weekend surgeries. But it's very hard with my doctors."



Just a bit more accessible... Where people can just walk down to the doctor and be seen. Where they are just given a number and then the number is called like the walk-in centre. I think there should be more of them about for people who are in a situation where they don't always have the means to contact the doctors or they can't get to the doctors at 8 o'clock because they have got to drop the children off at school, so if you can't get there its tough luck. But then you penalised for not taking your kids in school on time by getting fines and things from the government because you've had to go to the doctors instead..."

We also heard from people who were unable to communicate effectively with services as they did not have the access or skills to use the technology required to do so. It was suggested how access for specific healthcare websites could be made more accessible by not requiring WIFI. People also gave insight to why they did not connect to healthcare resources that required online applications and why alternative options would be more inclusive to those who are most digitally excluded.



I mean for certain websites for example that you go, even when you don't have internet you can still access them because... you can go onto the internet without having wifi...When it comes down to health care services, there should be somewhere where it is easily accessible..."



Sometimes, a lot of stuff you can't do unless you go online to do it. And it can be a pain in the bum. And it makes you feel stupid as well. It's just like we are stuck behind the times and... people, they take it for granted. Like they say what? You have got no internet? As if everyone is supposed to have it. And it can leave you feeling a bit inferior, know what I mean? You feel a bit daft really."



I don't know how to use a computer."



I don't know how to use the internet."

Improvements to healthcare services could also include: providing reminders, deliveries of medication, more open and flexible communications.



Just like I said, some of the girls don't speak English... if I am having a bad day, the prescriptions get delivered. Because I could literally go out the door and my head starts spinning and I just run back in... So just things like that really. Delivering and helping the girls who can't speak very good English."

Another prominent theme was the how long it took to get connected to a resource and to resolve this it is necessary to linking resources more efficiently across different healthcare services.



I think the timescale. From when you first sign up with them until the point when they actually like... finished all their assessments - I think it takes too long from start to finish."



Just be a bit quicker with the appointments... and results from... tests because I have not heard nothing. Not even a text, nothing."



...closer proximity with the appointments. Quicker reminding. They do loads of things at the health services. I think they know themselves what they need to do. The cost... the actual hijacking of pharmaceutical company. It's become a money maker [not] about the people's health."



Just be a bit quicker with the appointment and stuff. That hospital... medical centre... results from the urine test because I have not heard nothing. Not even a text, nothing."

People often described never hearing back from different healthcare services about the results of their tests which sometimes resulted in confusion and discomfort. It was suggested that more follow-up about results would be an improvement.



I think it was a blood test and I can't remember where it was it was. It might have been at the Booth Centre and I have never heard anything back from it. I do give blood from time to time. [unclear] but it is a bit funky not knowing... you and yourself, your part of your body is going, if you know that I mean."



Yes. Just from the doctors. I didn't hear anything back from them. So I think they automatically just think you assume everything is alright."



I think then I got told - which I thought was a bit silly really - that we will only contact you if there is something wrong on the test. Whereas really, I think you should get told the results either way, whether there is something to be worried about or isn't. I think they should let us know either way because there can be quite a bit of confusion there."

People also discussed the importance of support to travel to services, especially if they have routine appointments. People highlighted the effectiveness and positive experiences of outreach healthcare services provided at their accommodation. Respondents in accommodations that were closely linked to different healthcare services were alleviated of barriers to travel and appointment inflexibility.



It would be very good of them if they gave you bus tickets to get to the hospital for routine appointments."



Was moved (from hostel) to and couldn't afford to travel to appointment."

Other people pointed to more compassionate and understanding services that takes a holistic view of their overall health. People want to feel like they are more than just their housing status and can confide and be trusted about their health and pain.



I feel like they can be improved by there being less stereotypes in health care. And one example is when someone comes from a homeless background, you already get the stereotypes of this of oh they are this, oh they are that. When once again, you don't know why someone ended up homeless."



To really assess the persons situation, no matter what it is. And pay attention to what they complain about."



They have got to come up with some sort of solution for people who are in pain and need to be seen. And not just say we can't see you at all."

Many people highlighted that often the issues with healthcare services were not necessarily the service itself, but access and availability. Respondents expressed sympathy for staff at different healthcare services. Some people suggested increased staffing as a way to improve healthcare services and accessibility.



...having the right amount of people in the jobs. So, they could at least give everyone suitable appointments and get everyone seen, by the right people."

6.20 THE RIGHT TO HEALTHCARE FOR PEOPLE EXPERIENCING HOMELESSNESS

To further explore the determinants and impacts of health inequality we also asked people about their preferences and motivations in relation to their health and wellbeing. Over half (56%) of the people we spoke to had experienced health conditions or disabilities in the last 12 months.

6.21 ACCOMMODATION AND HEALTHCARE SERVICES

Of those we spoke to, 40% indicated that their accommodation changed because of COVID-19. Many people moving out of rough sleeping or prison were provided their own space temporarily during COVID-19 and then eventually moved again into shared accommodation.



Brought in during lockdown to hotel, now in hostel.”



I was moved to allow better social distancing [from shared accommodation].”



The hotel was out of this world... When I went in there, I was like what? Am I living here? I just got out of prison, just send me on the street. I got to my room and that was it. I opened the door and I went my god! As soon as you go in you’ve got your bathroom on the right-hand side and your bedroom is right in front of you. I looked at it and thought wow... look at that double bed. Bag on my floor and I just literally launched myself on the bed. As you lie in bed you have got a telly, facing me. Oh, it was absolutely perfect. Absolutely perfect. It was gorgeous. It was alright during the day. At night-time you get all the homeless people shouting, swearing and constant police every night. But I got out of it and I am here now. I just can’t wait to get out of here [hostel].”

Shared forms of accommodation were highlighted throughout as having a negative impact on people’s ability to rest and their overall mental health. This finding was supported in Great Manchester’s ABEN programme evaluation.



I have been in house shares which are temporary accommodation, but I didn’t move out of their because of Covid. It’s because of my mental state at the time.”

Participants noted how getting access to their own private place provided relief and increased some people's overall health and wellbeing.



...I have got my own space here, I can lock my door. I can do what I need to do. But when I was there [hostel] I was getting woke up at like 2 or 3 in the morning. It was ridiculous. The amount of fucking times I got woken up in the night... I am glad now that I am out of there. Because I am not having to listen to arguing and I am free. And I feel better. I feel like a weight has been lifted off my shoulders and I have not had no pain in my shoulder since last week. Since I came here there has been no pain whatsoever. I think it's more to do with stress as well... I don't need that."

Several people reported access and engagement in healthcare services as easier when they were in some type of supported accommodation. Many accommodations offered mobile healthcare services (especially drug and alcohol services, mental health support, and access to mobile opticians) and provided support workers to help people get connected to GPs and other services. Respondents noted that without this support, access to healthcare services would have been extremely challenging.



us while being here [hostel], we can get support and we can get things done which we have tried to get done in the past, while we have been homeless, what we have not been able to do. And we have got support and stuff so we are able to do that."



[I]t was a guy who come out [to supported accommodation], done our eye testing. And see if you needed glasses. And I did need glasses, I found out that I was long sighted."



I am now using the GP because... the accommodation. But before that when I was homeless, I didn't really have a GP. I didn't use the GP before."



No. I think it's just when [I] moved in here [from street homelessness], [I was] supported...with getting a GP and things like that."



Yeah. so basically, without the day centre, you just wouldn't have been able to get your prescriptions or access your GP during lockdown."

6.22 ATTENDING APPOINTMENTS

We asked people if they had ever been unable to attend an appointment in the last 12 months. 49% had missed an appointment due to various factors including financial barriers, travel difficulties and because of the barriers often augmented by their mental health issues.

One of the main reasons people were unable to make their healthcare appointments was because they did not have the financial means to get to their appointment or had work commitments.



Money - no cash to get there."



Had to work - on a temp contract so have to work longer if they tell you or they won't give you more hours."

People also noted that poor mental health also caused them to miss appointments, especially when experiencing anxiety.



It's hard isn't it? I think a lot of it was... it was self-medicating with me. With my anxiety. Used to be daft. Even like I would have an appointment somewhere and I would have to have something so I could go out for the appointment. And then I was going for an appointment to get me on a script for off drugs, but I was thinking... fucking hell, I am going to have to have something to get to the appointment, to get me off something. And it's like backwards."



Yes because of my anxiety. I suffer bad anxiety. And sometimes it just stops me from getting out of the door, know what I mean?"

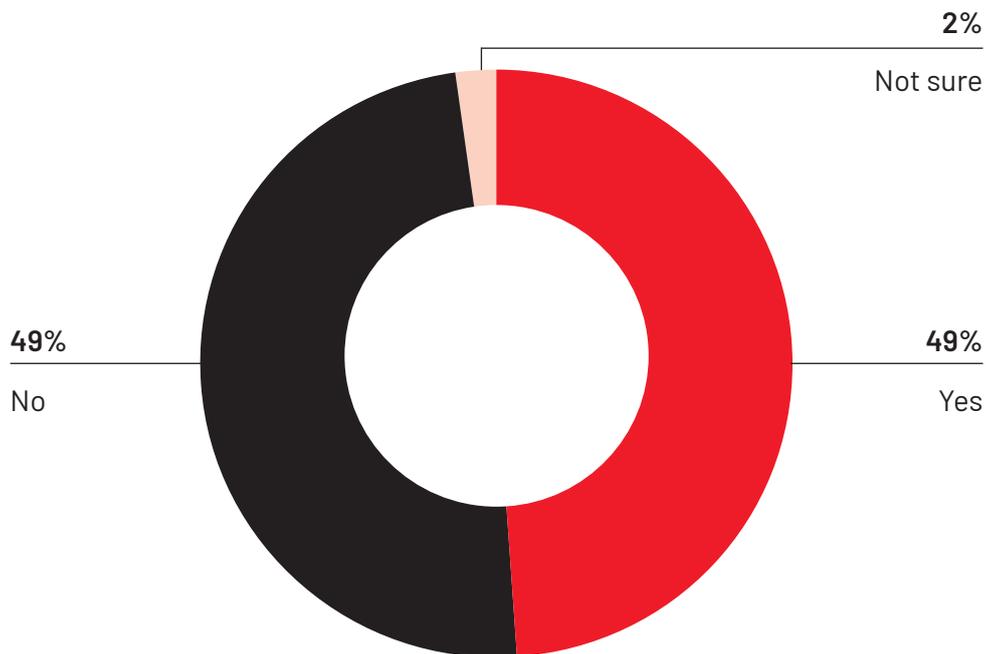
This illustrates a clear need for people to have appropriate financial and emotional support to access health services and the importance of flexibility.

More recently, people also identified fear and anxiety of contracting COVID-19 as reason why they felt unable to attend some appointments.



Yeah, I have... Because I don't want to go to the hospital and things like that. I need to go for an Xray and things like that, so I have left it for now. And I have had to leave it because of this situation with Covid, I think it's better... I am walking on it, but it's giving me problems, but I am leaving it for now, I am just resting it."

IN THE LAST 12 MONTHS, HAVE YOU EVER NOT BEEN ABLE TO GO TO AN APPOINTMENT?



6.23 PREVENTION AND SELF-CARE

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 described a range of ways that they supported their wellbeing; this included practicing self-care (63%), followed by nutrition/ changing diet (51%) exercising regularly (44%).



Yeah, I go to the gym twice a week when its open. And I have a multi gym at home... I am doing alright."



I have been doing it for myself, but because of the pandemic I normally go to the park to run. And do some exercising for myself. But that wasn't from the health sector or GP. I was just... I feel like I was putting on weight, so the best way for me to do some exercising yeah. But I have stopped two months ago because of cold, the weather."



...I try and eat healthy and do a bit of exercise when I can. I was exercising."

42% of people indicated they had tried to reduce their alcohol or drug intake. Many people had indicated getting assistance through substance and alcohol services and their accommodation support workers.



I have cut down alcohol, but smoking is an issue. Honestly its terrible. It's the boredom with me." "Yeah well, I stopped drinking now."

Many people also indicated more than one way they were taking preventative care measures.



I take vitamins every day. I always try to tend to myself. I started using the gym every day, because I have always been hyperactive and on the go all the time."

For some people having accommodation was in itself a form of preventative care and as noted previously healthcare services were considered easier to access once accommodated. This finding resonates with Greater Manchester's **ABEN programme evaluation** findings, that shelter "reduces needs for acute care" and "helps prevent avoidable health problems and stops them escalating among its users".



Yeah, [I am] in accommodation, on a methadone script. Taking the meds for my anxiety regular. Feeding and watering... you can take better care of yourself, keep cleaner... It's terrible. The thing is that you don't realise then what you class as a luxury. I mean, having a wash and a hot cup of tea is a luxury. For that many years, you take it for granted and then you realise how lucky you are then afterwards, after being street homeless."

Many people described being able to access vaccinations and immunisations with the help of their accommodation providers and mobile healthcare clinics.



We have arranged with these guys here [accommodation] to have a flu jab. We have had Covid test done and all that lot."



Yes, [I had flu jab] because they were done three weeks ago here [hostel]."

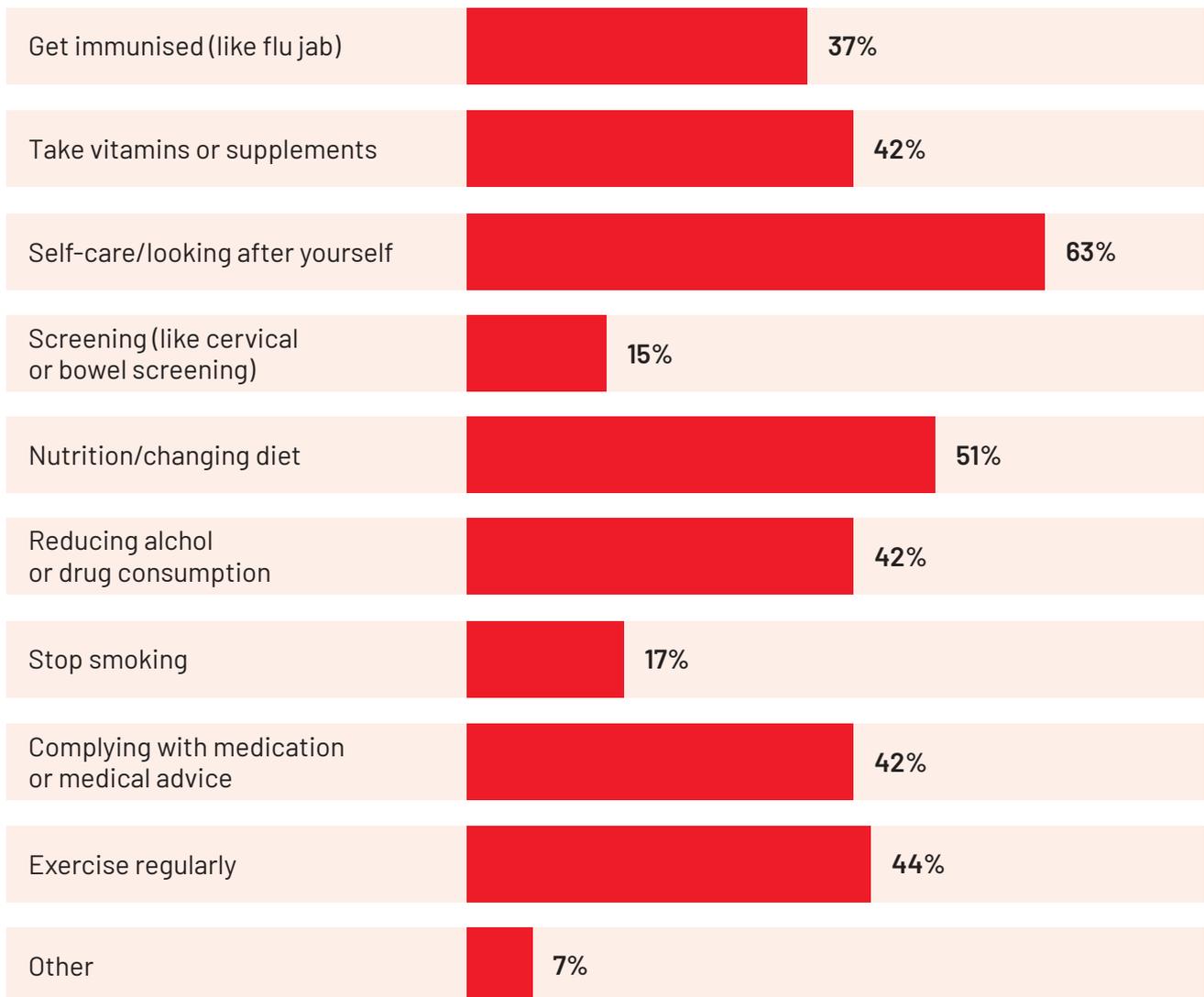
However, one person who required language support highlighted their uncertainty of the vaccine they received. Their experience reinforces why services must offer appropriate language support and information to ensure people are informed in decisions about their health.



Yes, I had injection. Actually, I don't know what. It was the injections they offered to homeless people, but I don't know if it was a flu jab."

However, others were hesitant to get immunisations because of fear of needles and hesitancy of vaccinations.

IN THE LAST 12 MONTHS, WHAT STEPS (IF ANY) HAVE YOU TAKEN TO PREVENT ILL HEALTH?





No, I don't like needles."



No, I don't want to take the covid one, but my doctor wants me to."

When asked about preventative measures, 17% of people we heard from indicated that they had reduced how much they were smoking. This could be related to the free provision of e-cigarettes as part of the 'everybody in' policy.



I have cut down on cigarette smoking. I am now down to about a third of what I was on. And started on an e-cig."



Yeah, I stopped smoking. I just smoke cigars now. I stopped smoking cigarettes."

Screening, at just 15%, was the least accessed preventive care measure that people engaged in.



I wanted a screening but never got one. I took to taking vitamins and try to keep healthy."

6.24 HEALTH PRIORITIES

We also wanted to understand people's current priorities for their health and wellbeing. The majority of the people we heard from identified their mental health and wellbeing as their main priority. Others noted the importance of the health of their families, maintaining a healthy weight and monitoring existing health conditions. 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 support and access difficulties.



Keeping myself mentally well. Due to the fact that I suffer with psychosis, and I have borderline personality disorder, so I have to keep myself safe first. Otherwise, I wouldn't be able to look after my children."



Just my existence. Staying happy, staying healthy."



Physical health... if that is not up to scratch then like I said... my depression, anxiety... And obviously, keeping myself well."

Respondents also noted accommodation as a significant health priority, reinforcing the link between health and appropriate housing.



To enable my health to get back to where I was, somewhere to live. I think pretty much that says it all."



Just to try and stay positive. And try to be in contact with many services that are open and as many services as possible, that I will benefit from."

Another priority, especially during the pandemic, was addressing substance intake. Those who were in specific hostels and supported accommodation in Greater Manchester were connected to drug and alcohol services that they found to be effective.



It's a hard cycle to break. Plus, I am with my girlfriend there and both in the same situation. But we are engaging like I say, the substance misuse services, we get it delivered there [hostel] ..."



Just staying on my methadone script. And I want to get clean, completely clean. We are not far off, we are doing really good..."

6.25 ACCESS, ELIGIBILITY, AND HEALTHCARE COSTS

As noted, difficulties when initially accessing services was a key issue. 23% of those we heard from stated that they had been unable to or refused access to a healthcare service.

This was especially an issue for people who were denied registration to services based on the misconception that they needed proof of address or ID to register.

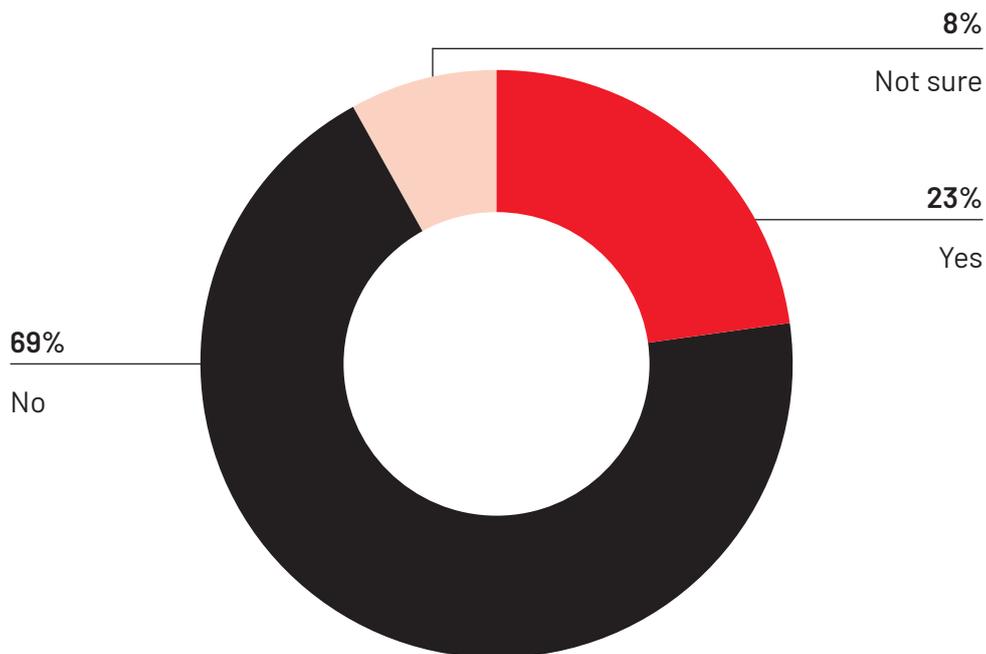


[I was refused access] because I was a junkie and I lived on the streets."



because no fixed abode he really struggled till he got a house share."

HAVE YOU BEEN UNABLE TO ACCESS OR BEEN REFUSED ACCESS TO A HEALTH SERVICE?



However, people described various other barriers to accessing healthcare which impacted their ability to stay well. Financial implications were a significant barrier to people engaging with services, especially those who were currently in the immigration system. Despite people being eligible for free treatment, people often incurred travel costs when attending appointments. Financial barriers were also faced by those trying to access support through digital and remote methods, which required data, credit, and the appropriate devices. This meant that despite healthcare services being 'free' to access, new ways of working inadvertently created additional cost.



Could not afford to ring them."



I wasn't sure what box to tick on my prescription."

Some participants noted that some treatment was not provided through the NHS and that they would need to access private treatment to get assistance.



... if I want to achieve that, if I was getting to drug rehabilitation centre, we are talking a house [unclear] I would have to pay for myself. And its costs an absolute fortune. Up to £5000. So that is government for you. Notwe don't get funding for drug rehab for cocaine, or crack cocaine."

The majority (78%) of the people we spoke to were receiving Universal Credit which meant that they were entitled to free prescriptions and were able to access them. 23% of those we spoke to indicated that they had a current exemption certificate, and many did not know what one was.

6.26 FOOD INSECURITY AND NUTRITION

A significant factor in maintaining good health and wellbeing can be attributed to having appropriate and sufficient food. 51% of respondents indicated that they maintain their nutrition as a form of preventing illness. However, several people described access to nutritious food as challenging. People noted that when they were able to access food, it was not always appropriate for their dietary needs or the type of food which promoted their health and mental wellbeing.



Obviously when I was living in the care I wasn't. And because I have signed on UC, I am getting a bit of better money now. So, I am really good with like balancing my week out... I know everywhere to go. So everywhere now I am getting reasonable food."



Well to be honest I am more of a picker. I just snack. I don't really at proper meals. I know I should but it's just... with everything going on in my life at the moment, I just don't have – I don't have the thingy to cook. I am going to start doing, though. Once I get settled in here [supported accommodation], I am going to start getting proper food and that. Mainly I just eat sandwiches and stuff..."



Yes. So, as you know when there is a... ongoing homeless... sometimes there are donations, sometimes there are not. And when there is not... or not enough, then that is a lack [of food for] everyone in the building."

Food banks were often a place people relied on when they struggled to access nutritious food.



Yeah definitely. I mean, it's sort of again a financial situation as such. We were actually receiving food from a food bank which spreads out quite a lot but that got stopped... If there is a pandemic, still that continues... I mean it was nice, it helps. But even though I was being helped with that, it made me realise that there is going to be fucking millions of people that need that help... they were saying do you still need our service. Like they wanted to get rid of me. where really they should be trying to get more people on it."



I do struggle for food, yeah. I do struggle. That's why I go to food banks."

Lack of access to sufficient and nutritious food was clearly identified as an important priority for those we heard from. However, this was also a significant challenge which had direct consequences on their physical and mental wellbeing.

6.27 BEING HEARD- FEEDBACK AND COMPLAINTS

Despite people reporting poor care or treatment, only a minority (15%) had made a complaint about the care they had received. For those who did complain, they were often not aware of the outcome, or if any action had been taken as a result.



I actually had a message through from the hospital asking me to... out of 1 to 5 so to speak. And then when I didn't.... it was 1 and then I got a text message back saying why is this? And I just gave a brief explanation and they text me back saying someone will be in touch with you, but I never heard nothing back."



I didn't receive a response actually, and I complained through Patient Advice Liaison services and I never heard anything back. I had an operation... and within a couple of days – I had major surgery, I had to go into a rehabilitation... And they sent me home after four days and I actually got sepsis. And then obviously I ended up going back into hospital, I was in there for three months and I complained to Patient Advice Liaison services and nothing ever came about out of it. But if they wouldn't have sent me home so soon because they needed the bed, I wouldn't have got the infection..."

Difficulties in self-advocating or challenging decisions was common for the people we heard from who described when things went wrong in their care or treatment and felt that a complaint would not have had any outcome or would have been too long a process.



So, it's too much of a process. Honestly, its ridiculous. They don't want to hear."

Only 24% of people had been asked for feedback about their experiences with healthcare services (excluding this research). Highlighting the need for increased emphasis on gathering the feedback of those experiencing homelessness.



WHAT'S NEXT?

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 Greater Manchester. These findings will be used to inform a local homeless health action plan which will be devised by Greater Manchester's #HealthNow alliance. The alliance comprises of people with direct experience of homelessness and various stakeholders from 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 Birmingham, Newcastle, and Greater 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-drive thematic research project into people's experiences of mental health services to better understand patient experience through identifying good practice and areas of improvement.

IN PARTNERSHIP





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