

Response to Healthwatch Waltham Forest Homeless Report

PELC

Received via email on 14 and 16 September from Jacqui Niner - jacqui.niner@pelc.nhs.uk

yemisi.osho@PELC.NHS.UK was copied in to the email trail and final response on 16/09/15

Email comments received on 14 September 2015

1. *NHS 111*

Greater awareness of 111 to homeless population across the country let alone the borough and possibly linking with the network of organisations to allow this to be shared at soup kitchens, hostels etc. will increase the use of healthcare by this vulnerable group.

The benefits of 111 is not only free 24/7, 365 access but also that this service has the ability to facilitate referrals and if we work as a system to develop specific pathways for homeless in the same way we do for EoL and/ or Safeguarding. This exercise would allow consideration to be given to specific issues faced by this patient group and allow enhanced support in accessing specialities and ongoing care.

2. *GP OOH*

Current commissioning does not include non registered patients and therefore unless registered they would not be referred by 111 to the GP OOH Service and if they are registered then they would receive the same service as all other patients, there is no reason why a patient cannot have a home visit in a homeless facility however the OOH GP would not visit a patient on the street so if considered clinically unable to attend a centre an ambulance would be called to transport the patient.

3. *General Suggestions/ Ideas*

Having considered the findings, below are some general ideas that you may wish to ignore or consider;

a. *Registration*

- *we need to consider that not all homeless people want to feel tied to a GP Practice, it would be helpful to have a scheme that operates across the borough ie. have a nominated practice in Leyton/ Leytonstone/ Chingford/ Walthamstow to reduce the travelling distance that offer a tailored homeless patient scheme.*
- *This would be listed on the DoS for 111 and appointments could be made via the free call and also as a registered patient it would open up access to other services*

- This would also allow special patient notes to be set up and access to registered only care services
 - The scheme could also include **clinic type arrangements at local homeless facilities** to capture those not registered to allow basic health review / education and encouragement to register with the scheme.
 - We could, with consent, share this across NHS 111 providers so whenever they travel in the country their notes are seen and there could be links with similar schemes to almost allow their healthcare to travel with them.
 - This may also be an idea for travellers also
- b. Communication
- Phone and email is possible for some but not the majority, therefore **having health linked with the local homeless facilities** means people can come in and out of their normal contact points and health professionals can use these points as a way of going to them rather than waiting for them to access healthcare ie. blood results etc.
 - Using local soup kitchens/ hostels etc. to communicate, hold sessions etc.
- c. Staff - clinical and non clinical
- Training on the requirements to register
 - Greater training on homelessness so there is greater empathy and not discrimination or judgemental approach taken
 - Greater awareness of how to help homeless
 - Equality & Safeguarding Training to include homeless as a vulnerable group

There is so much that could be done based on this report.

Additional email comments received on 16 September 2015

As the NHS 111 and UCC already offer 24/7 open access for homeless patients there is little more to do with regard to access, however it would be good to have **greater information on the DoS and literature supplied to the UCC so that our staff can be more proactive in signposting to services set up to support the homeless, this can be picked up as part of BCF DoS development and Comms workstreams.**

With regard to OOH, this is equally accessible for homeless if registered so need to focus on getting them registered, the two elements that unregistered cannot access are;

GP Telephone triage - this is difficult as if calling from a phone box they need to wait for a return call and it is unlikely that a doctor will offer advice or issue medication to an unregistered patient who is homeless and for whom they have no history without a face to face consultation being undertaken. General self care or advice can be given by the clinicians in 111 but a GP telephone consultation would not be available.

Homevisits - doctors cannot treat in a public place so would not be possible if calling from the street, however if the local homeless facilities have allocated medical cover then any patient staying there would be covered under that registration during their stay and

a home visit can be carried out - I don't know what these are or what is in place but that is not something PELC can do.

*Information - all consultations undertaken by PELC on Adastral are sent within 24 hours to the Own GP if unregistered this information goes nowhere, it comes back to **need for someone taking ownership of the individuals healthcare to allow overview and ongoing support in addition to onward referral to testing and/or community teams.***

The GP Hubs do see unregistered also, so homeless patients would be offered this option as an alternative up to 20.00 each evening and at weekends which offers a spread of GP access points across the patch.

I have copied Yemi in as in her new role she will be your contact in relation to Operations and I won't speak on her behalf but allow her to respond to your request for support.

Jacqui Niner

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