



**Waltham Forest  
Clinical Commissioning Group**

# **NHS Waltham Forest Clinical Commissioning Group**

**Response to Healthwatch Waltham Forest – Talking with the  
homeless community.**



## Document revision history

Date	Version	Revision	Comment	Author/Editor
22/09/2015	1.0		To note	Deirdre Malone
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## Document approval

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## 1 Background

Healthwatch Waltham Forest worked with two local organisations - Turning Point and PL84U-AI Suffa - to better understand some of the health and social care issues faced by their client groups.

This work centred on organising two focus groups took place, one at PL84U-AI Suffa lunch club on Monday 20<sup>th</sup> April 2015, and a second at Turning Point in Beulah Road on Wednesday 22<sup>nd</sup> April 2015.

50 people attended these two groups and spoke about their experiences regarding GP Access, A&E services at Whipps Cross Hospital, Mental Health services at Whipps Cross and in the community, Ambulance services, Pharmacies, Opticians and Dentists.

## 2 Purpose of this paper

This paper outlines the experiences of homeless people who access these services on a regular basis, as described by the participants in the above groups.

A number of recommendations will be outlined within this document, which detail how NHS Waltham Forest Clinical Commissioning Group (WF CCG) will include this feedback into a number of their worksteams throughout 2015/16.

## 3 Key findings

### 3.1 – GP practices

- Almost half of the participants were not registered with a GP
- Difficulties in obtaining appointments, premium line telephone numbers were reported as being expensive
- Contacting the surgery to obtain an appointment was difficult for some people
- Proof of address was considered to be a barrier to registering with a GP
- Attitude of staff towards homeless people was cited as a concern, lack of dignity and respect, perceived lack of professionalism by staff
- Oliver Road Polyclinic was referenced as displaying compassion and care to homeless people
- Lack of joined up care was seen to contribute to deteriorating of physical and mental health problems
- Lack of guidance on how to register with a GP
- Staffa Road Day Centre was complimented for their ability to signpost people to GP practices
- 10 minute appointment slots are not sufficient, not enough time to discuss numerous concerns

### 3.2 Access to Dentistry services

- Dental hygiene was noted to be problematic with this particular group of people
- Alcohol dependency and opiate replacement medication, as well as lifestyle contribute to this issue
- Lack of information available regarding dental services
- One participant reflected that his dentist would see him within two days, they also asked other health related questions

### 3.3 Access to A&E services at Whipps Cross Hospital

- Waiting times were a concern, however there was also a recognition of how busy doctors and nurses were, and that they were not enough of them
- Excessive use of security in A&E, especially with people who have attended with a drug, alcohol or mental health issue
- General feeling that staff working within A&E need to have better education and education to support people with substance and mental health problems
- General feeling that mental health services were not given enough priority in A&E, as the same people continue returning for support
- Confusion regarding the availability of the Community Drugs and Alcohol Team (CDAT), as a 24 hour service at Whipps Cross Hospital
- Central database for patient records, need a different way to identify people with drug, alcohol and mental health issues, to help ensure they receive the correct treatment / care

### 3.4 Access to other services – NHS 111

- Only one person was aware of this service, their experience of using it was poor, GP did not return a phone call within an hour
- It was not considered as an option for those participants interviewed regarding this service

### 3.5 Ambulance service

- Two people had used the ambulance service, one was taken to hospital and treated for an infection.
- The second participant reported waiting for 1 hour for the ambulance to arrive, following taking an overdose

### 3.6 Opticians

- Lack of information available regarding optician services, including cost, availability of free testing
- One participant, reported attend Specsavers to obtain a free eye test and glasses

## 4 Recommendations

- Create drop in centres where homeless people could attend for weekly or monthly check ups
- Health service bus, be more readily available and include dental and optician services
- Awareness training for clinical staff on drug, alcohol and mental health problems
- Provision of more services within pharmacies to take the pressure off A&E, GPs etc
- Better information regarding the provision and location of services across the borough

## 5 Clinical Commission Group response to the report

### 5.1 Where the report was reviewed

- Planning and Innovation Committee - 8<sup>th</sup> September
- Primary Care Development Sub Committee – 16<sup>th</sup> September

### 5.2 CCG response

- The CCG recognises the issues raised in the report for homeless people in Waltham Forest
- Homeless people need to be able to freely access GP services and register easily as appropriate
- If people are not able to register the CCG should be informed and they will remind practices of their duty to register patients
- Homeless people needs to access urgent care services. We are currently undertaking a review of our urgent care services and the needs to homeless people will be incorporated into that review
- The role of pharmacist, NHS 111 and local voluntary and community groups should not be underplayed. Therefore the CCG should promote these services as much as possible to homeless people.
- The CCG recognises the stigma that homeless people sometimes face and these can be counteracted with training for front line in the needs of homeless people and better awareness on the range of services available for homeless people.
- The CCG should obtain more information about the needs and issues of homeless people in order to help address their needs. The report is largely a qualitative analysis of the issues, and while this is useful, it may not be fully representative of the homeless population and the CCG also requires some important quantitative information such as how many homeless people live in the borough, what services do they use in this and neighbouring boroughs.
- The CCG will be proactive in engaging with NHSE and request to become a member on the Homeless Working Group. We will use this membership to prioritise WF as borough that can inform and test commissioning innovations that will serve homeless people.

## 6 Next steps

- To present this report to the Primary Care Development sub Committee
- To highlight key points to the Performance and Quality Committee
- To incorporate learning into the imminent Urgent care redesign and consultation
- To ensure the inclusion of homeless people in primary care engagement activities
- To gather more information on the scale and scope of homelessness in the borough and learn from the NHS England primary care pilots
- To liaise with NHSE on aligning the recommendations set out in the London Health Commission's *Better Health for London* report, the Programme advocates a pan-London lead commissioner model to support delivery of pan-London principles at a local level and to help identify best practice innovation and address key health issues relating to London's homeless population such as GP registration.