Report on the Health & Homelessness survey

Cardiff & Vale of Glamorgan University Health Board & Cwm Taf Local Health Board

September 2011
Objective & Methodology

The Community Health Council (CHC) has, for some time tried to engage with one of the most vulnerable groups in society, and in particular undertake work with the homeless to gain an understanding of their particular health related issues and to ascertain how this client group access healthcare provision.

The previous Minister for Health & Social Services via the National Advisory Board, requested that CHCs engage with individuals and groups who find it difficult to have their views heard or have the ability to influence healthcare provision.

To enable an understanding of the issues the CHC through its all - Wales Public & Patient Engagement Forum received a presentation on the work of the Wallich Charity from Mr Bruce Diggins (Regional Director). The Chief Officer of the Cardiff & Vale of Glamorgan CHC visited a night shelter and breakfast run to speak to service users on their experiences of healthcare.

It was agreed that the CHC, in partnership with the Wallich, would undertake a survey which would be distributed to the night shelters across the area.

Unfortunately, some CHCs were unable to participate in the project due to pre-existing planned activity. However, it has been suggested that a similar survey will be undertaken across Wales in the future.

The results of the survey as indicated in this report are based upon the responses received from the following areas.

- Cwm Taf Local Health Board area
- Cardiff & Vale of Glamorgan University Health Board area

Background to Organisations

Community Health Councils (CHC)

CHCs were established in 1974 to act as the patients voice in the National Health Service. Predominantly their role was to monitor hospital services and respond to requests for service changes. This role was extended to encompass Healthcare provision in Primary Care and Nursing Homes in 2004. This change enabled the CHC to have a strategic view of the Health Service within its district and become the “Patients Watchdog”.

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In 2010 CHCs were re-configured to mirror the newly formed health board areas with Cwm Taff CHC representing the local geographical areas of Pontypridd, Rhondda and Merthyr and Cynon Valley, and the Cardiff & Vale of Glamorgan CHC representing the Cardiff and Vale of Glamorgan geographical areas.

**The Wallich**

The Wallich charity is proud of the difference they, have been able to make to homeless peoples lives. Homelessness is often very misunderstood. The stereotypes of homeless people is often presented as frightening, or threatening or something ‘other’ in our safe everyday world. Of course homelessness can affect a variety of people.

People from all walks of life are assisted Stories are often heard as to how people have found themselves to be homeless. This can mean living a chaotic lifestyle; experiencing substance or alcohol issues or suffering poor mental health.

A combination of these matters can place someone in a marginalised, vulnerable and excluded position. The Wallich’s reason for existence is simple. It is to help and support the most vulnerable and excluded people; people whom other agencies are unwilling or unable to help.

The charity has a vision and mission statement which encapsulates the work undertaken, these are:

**Vision**

- To eradicate the suffering caused by homelessness

**Mission**

- To crusade against homelessness: deal with its causes, its existence and its consequences for people

**The Survey**

The survey was developed as a partnership between the CHCs and the Wallich charity to ensure the questions were appropriate and for ease of understanding.
The copy of the survey can be located at the back of this report marked as Appendix A

Q1 In the last 12 months, how many times have your accessed:

*Dental Services*

**Cardiff & Vale**

It is disappointing that the Cardiff & Vale survey indicated a large number (63.6%) did not access any dental provision. This is despite the area having in excess of 50 NHS dental practices. It is encouraging that the survey indicated 36.4% of respondents visited a dentist in the past 12 months, although only 2.3% of all respondents indicated that they accessed a dentist on 5 or more occasions.

**Cwm Taf**

The results for Cwm Taf area are equally disappointing with 60% of respondents indicating they do not access any dental provision and 40% visiting a dentist on less than 5 occasions. There were no responses indicating that they access to a dentist on more than 5 occasions. Unlike Cardiff & Vale no respondents indicated they visited a dentist on a regular basis.

It should be noted that the two Health Board areas have some of the highest deprivation and poverty levels in Wales. It appears that oral health for this
client group is inaccessible and an urgent review of service provision is required as indicated in the recommendation below.

**Recommendation 1**

The two Health Boards should review and consider service reconfiguration to meet the demand for dental services for this client group. Furthermore devise a plan to raise awareness on how to maintain good oral health and access this service within the geographical localities as required. The CHC will require an update on progress made within 6 months of this report.

**General Practitioner Services:**

**Cardiff & Vale**

The survey indicated that 50% of respondents accessed their General Practitioner on more than 5 occasions. This is encouraging in that the homeless are accessing general medical services on a regular basis. It should be noted that 45.2% visited the GP on less than 5 occasions. There was also a small number of respondents (4.8%) who did not visit the GP at all in the past 12 months and while this is a small number of people when compared to the total number who responded, it is unclear that the reason why they did not attend the GP in the past 12 months was due to remaining in good health or other reasons. The feedback from both the night shelter and breakfast run was very complementary towards Dr Saunders and her team, it was clearly stated that this client group respected their GP and her “no nonsense” attitude in relation to medication.

Some respondents did query the positioning of the service and thought a more central location would encourage other homeless people to register instead of having to go to the Butetown Health Centre.
Cwm Taf

The Cwm Taf area results indicated a higher level of homeless people not registered with a General Practitioner (11.1%) than the Cardiff & Vale area. It would be helpful for some indication on how the health board will improve this. When compared to Cardiff and Vale the results also show a reduction in attendances from this client group to visiting the GP. i.e: in excess of 5 or more occasions (37%) in the past 12 months. 51.9% of respondents indicated that they had visited the GP on less than 5 occasions during the past 12 months. It is unclear if this is due to continued good health or other reasons and a more detailed analysis may be useful.

Recommendation 2

The Health Boards furnish details of their homeless strategies to their relevant CHCs in relation to the enhanced service for homeless within their area, and information on how the Health Boards will ensure 100% of homeless people are registered with a local GP. One question not asked was how the homeless make appointments to visit a healthcare professional, taking into account some GP practices require a telephone call on the day.
Cardiff & Vale

When questioned about how many times have homeless people attempted to visit their GP in the last 12 months 50% of respondents indicated they visited the GP on 5 or more occasions. Whereas 40.9% visited less than 5 times. However, 9.1% did not visit their GP at all in the past 12 months.

It should be noted that Question 8 below asked if this group knew the contact details of their GP 80% indicated they did have the contact details, with 20% stating they did not know how to contact their GP.

Cwm Taf

Of those who responded 40% indicated they had visited their GP on 5 or more occasions, while 48.1% less than 5 times in a 12 month period. 11.1% stated they had not visited their GP during this period of time.

When asked the same question regarding knowledge of GP contact details 74.1% stated they did know how to contact their GP while 25.9% were not aware on how to contact the GP.

Recommendation 3

GP contact details should be made available in various locations such as hostels, night shelters, breakfast run vehicles etc. This will enable this client group to become more aware of how to contact their GP when needed.
Out of Hours (OOH)

Cardiff & Vale

The Cardiff Out of Hours service at present is operated by the Cwm Taf Local Health Board with two centres based at Cardiff Royal Infirmary and UHW, the Vale Out of Hours service is operated by the Cardiff & Vale UHB as of 1st April 2011.

The respondents indicated 82% have never used the Out of Hours service with only 14.6% accessing it on less than 5 occasions and a small number (2.4%) more than 5 times in a 12 month period.

The Cardiff Out of Hours is due to be managed by the Cardiff & Vale UHB as of 1st October 2011. There is a necessity at present to phone this service for triage or an appointment, the number of homeless clients surveyed clearly indicated a majority do not use out of hours services.

Cwm Taf

The responses received again shows a large percentage 71.4% have not accessed Out of Hours services with 28.6% visiting less than 5 times in the past 12 months.

The Out of Hours service in Cardiff & Vale and Cwm Taf both require the public to telephone their GP practice who may redirect them automatically to OOHs or require another telephone call to access the service. Some consideration should be given to ensuring the Out of Hours number is available via hostels etc.
Recommendation 4

Out of hours contact details should be made available in all hostels, breakfast runs, and where homeless people meet such as the night bus.

Accident & Emergency

When posed the question on accessing Accident and Emergency it appears a number of respondents access the majority of their health care this way.

For the Cardiff & Vale area 9.8% in excess of 5 occasions, 39% less than 5 occasions (totalling 48.8% of those surveyed in Cardiff and Vale accessing A&E services with 51.2% not attending in the past 12 months).

The picture in Cwm Taf is no better. Of those surveyed 8% used A&E in excess of 5 times and 48% less than 5 times in the past 12 months, (totalling 56% with only 44% not using A&E. It is unclear if these respondents accessed health services).

Obviously, more needs to be done to enable patients to access the most appropriate healthcare professional at the right time in the right place. Further work on this should be undertaken.

Recommendation 4

Information should be provided on how to access appropriate health care services in times of need (either GP Out of Hours or A&E) to ensure this client group access healthcare appropriately.
The survey identified that 66.7% of respondents did not access ophthalmic services. It should be questioned if this was due to poor provision or that they did not require optical interventions. 33.3% of respondents who do access optical services did so on less than 5 occasions in the past 12 months. It should be noted that the responses from Cwm Taf also had the same response rate as the Cardiff and Vale of Glamorgan area. There is little information on how the homeless obtain optical services and the results indicate 66.7% do not access this service at all.

**Recommendation 5**

Health Boards should advise CHCs of availability of optical services for the homeless to include follow up and information on how this service is provided. The Health Boards should also consider an introduction of a service tailored for the homeless due to the large number who have never accessed this service.

**GP Services**

**Cardiff & Vale**

When questioned “are you registered with a GP”, 97.8% of respondents indicated they were registered with a GP while only a small number (2.2%) stated they were not registered. Those not registered indicated that they wanted to register but did not know where to do so.
Those who are registered with a GP were asked “how would you rate booking an appointment”, 40.5% indicated they had a positive experience with a further 42.9% indicating they were satisfied. 16.7% highlighted a poor experience in obtaining an appointment. This could be due to the fact that 20% stating they did not know the contact details for their GP.

Cwm Taf

88.9% of respondents indicated that they were registered with a GP with 11.1% not currently being registered in the Cwm Taf area. Of those who are not registered passed the following comments.

“Not tried to register”, “Waiting for file to come through”, “need to register in Pontypridd”.

Incidentally all of those not currently registered stated that they “wished to register with a GP but did not know where to do so”.

Of those who were registered when asked to rate arranging an appointment, 62.5% indicated a positive experience with 33.3% replying OK and 4.2% highlighting a poor experience.

Recommendation 6

Health Boards to publicise contact details for GPs who provide services for the homeless.
Respondents were asked “if they had any health care problems that were not properly addressed?” 61.4% stated that they did not have any such issues. However, 38.6% stated they did have outstanding health issues that had not been addressed. These respondents were asked to identify the conditions.

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<tr>
<th>Comment</th>
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<tbody>
<tr>
<td>Can’t afford new glasses</td>
<td>A cough and a lump</td>
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<tr>
<td>Mental Health not properly addressed</td>
<td>Doctor doesn’t prescribe my diazepam anymore for my anxiety and depression. It’s the only thing that calms me</td>
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<tr>
<td>Broken leg – plated knee, steel pin. Broken shoulder</td>
<td>My illnesses are not taken seriously by my GP</td>
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<tr>
<td>Can’t get a dentist</td>
<td>Deep vein thrombosis and mental health problems</td>
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<td>Bipolar, Borderline personality depression/ anxiety</td>
<td>Doctor is putting life at risk by stopping epilepsy medication</td>
</tr>
<tr>
<td>Felt GP did not prescribe right medication</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Bad Heartburn</td>
<td>Problem with Dr in Gloucestershire</td>
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<tr>
<td>Lump in breast found 5 years ago</td>
<td>Alcohol problems dismissed</td>
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<tr>
<td>Mental Health Issues, Depression and Alcohol issues</td>
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Cwm Taf

88% of respondents indicated that had no outstanding health care issues that had not properly been addressed by the NHS. However, 12% stated they had on going health issues that had not been addressed by the NHS. These respondents were asked to indicate these.

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<th>Comment</th>
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<tr>
<td>Shoulder injury on-going for 2 years</td>
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<tr>
<td>After being discharged from hospital I have been waiting quite a while</td>
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<td>to have on-going treatment for physiotherapy but only recently I have</td>
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<td>had indications that its sorted</td>
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There were a number issues raised relating to on-going health care services and matters not been addressed. Taking this in context the majority of respondents felt their on-going health care had been addressed satisfactory.

Respondents were also asked “Did you feel supported in accessing appropriate healthcare”? 88% of Cwm Taf, and 76.7% of Cardiff respondents indicating they felt supported by the NHS. Of those who responded, 12% in Cwm Taf and 23.3% in Cardiff, felt they were not supported by the NHS. It is unclear due to insufficient detail how the health boards can address these issues however. Publicity of services and ease of access may assist.

Conclusion

Firstly, this report highlights that the two Health Boards, namely Cwm Taf and Cardiff & Vale provide high quality services for the homeless population. Consideration needs to be given to acknowledging that the homeless population do not conform to normal pathways, in particular accessing
services, and this issue should be considered by the NHS when changes to services are being planned. This report has made some recommendations which it is hoped the Health Boards will consider to help improve health services for this population.

The CHCs across Wales should also identify mechanisms to monitor services for this vulnerable group and in particular consider developing consistent engagement with homeless charities and organisations who provide support to this population.

The NHS should also consider how the homeless access secondary care services i.e. referrals to outpatients especially where confirmation of appointment is required under the partial booking scheme, due to not having a permanent address. We would suggest further work be undertaken to ascertain if system enhancements would be required for this group.

We would like to record our grateful thanks to those who participated in responding to questionnaires, and staff of the homeless charities who assisted the CHC in undertaking this piece of research. I would also like to thank Mr Desmond Kitto Deputy Chief Officer and Mr Daniel Price Senior Administrative Assistant Cardiff & Vale of Glamorgan CHC for their assistance in the collating and preparation of this report.

Stephen Allen
Chief Officer
Cardiff & Vale of Glamorgan Community Health Council
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