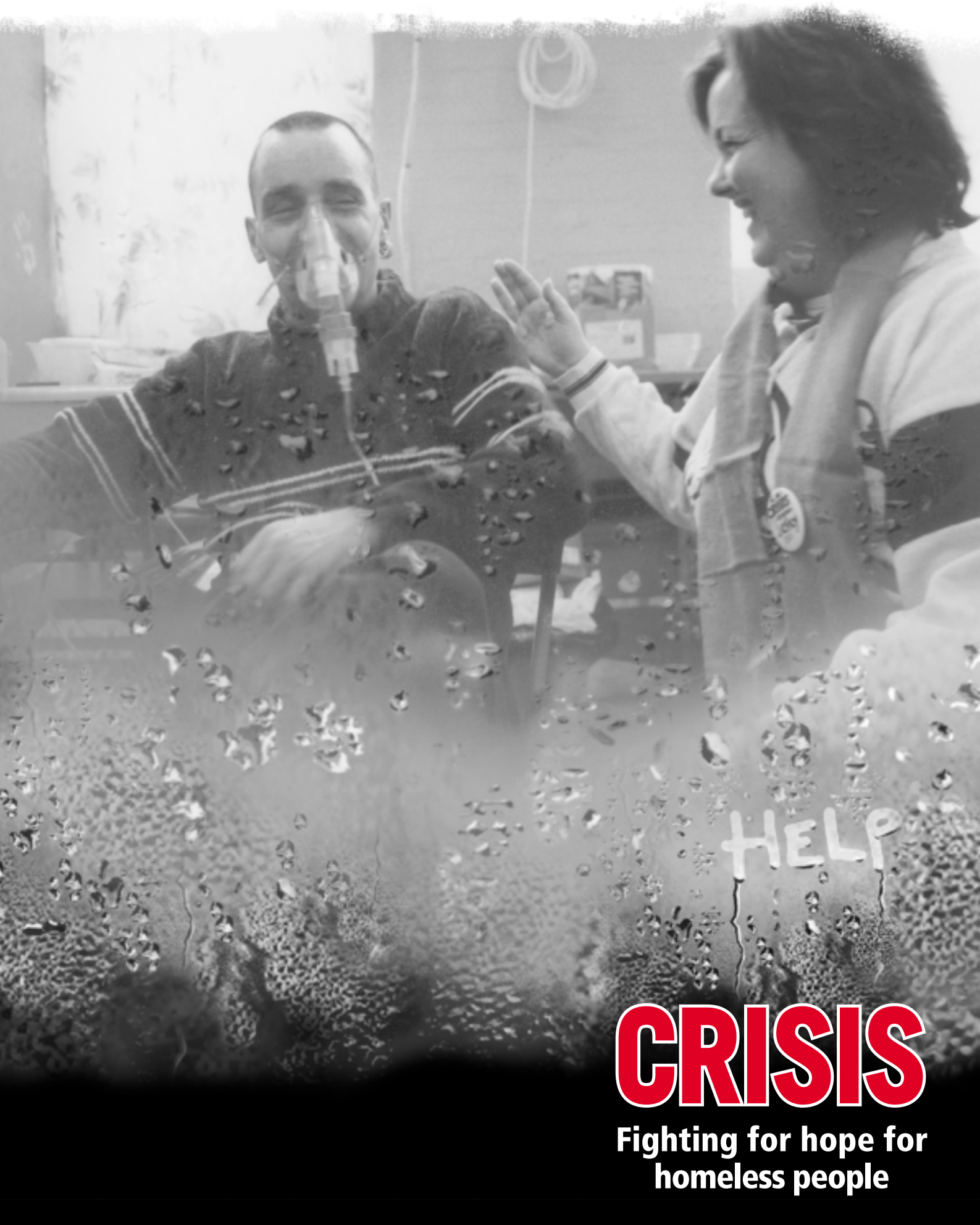


MEDIA BRIEF:

Critical Condition

Homeless people's access to GPs



CRISIS

**Fighting for hope for
homeless people**

Critical Condition

Homeless people's access to GPs

Introduction

Health is the issue of the moment. Public frustration with long waiting times, the lack of bed spaces and staff shortages has peaked. New Labour has responded by issuing a blueprint for a world-class healthcare service, which is underpinned by record levels of spending. The plan for reform heralds new hope for the future.

Health equality lies at the heart of the proposed reforms with healthcare being held up as a basic human right for all citizens. But for vulnerable homeless people – who suffer from some of society's worst health problems – getting equal access to mainstream healthcare continues to be a major problem which is putting not just their health, but their lives, at risk.

Key findings

The briefing is based on a three-track survey of the general population¹, GPs² and 100 hidden homeless people living in hostels, B&Bs, squats and sleeping on friends' and family's floors³. It delves into the reasons why homeless people find it so hard to access mainstream healthcare, namely GPs, and examines the default options and the overall impact on their health and well-being. Key findings from this briefing include:

- Although, homeless people have some of the worst health problems in our society those interviewed were almost 40 times more likely not to be registered with a GP than members of the general public⁴. They were over five times more likely to have problems getting on to or staying on a GP's list than the general public⁵.
- Four out of five (81%) of GPs interviewed believe it is more difficult for a homeless person to register with a GP than the average person⁶.
- A&E was the main service that homeless people turned to when they couldn't speak to a GP – 79% of them use A&E. They were over four times more likely to turn to A&E when they couldn't speak to a doctor than members of the general public⁷.
- Using A&E to get healthcare takes its toll on both homeless people's health and the state purse. Leaving a health problem until it reaches crisis point may lead to irreversible damage or death and the cost of a visit to A&E is nearly three times the cost of a GP appointment⁸.

Crisis is calling for all homeless people to be helped to permanently register with a GP and is looking to the government to ensure this happens.

Research methods

MORI general public survey

MORI interviewed a nationally representative quota sample of 2,025 adults across 183 constituency-based sampling points throughout Great Britain. Interviews were conducted face-to-face, in respondents' homes, between 17-21 October 2002. Data have been weighted to the known profile of the population.

MORI GP survey

MORI interviewed a representative quota sample of 104 GPs across 22 sampling points throughout England, Wales and Scotland. Interviews were conducted face-to-face, in surgery, between 21-25 October 2002.

Crisis hidden homeless survey

Crisis interviewed a sample of 100 homeless people across London. Respondents had slept in a hostel, B&B, squat or on the floors of friends and family the night prior to interview. Interviews were conducted face-to-face, in hostels, day centres and other services for homeless people, between 18-25 October 2002.

1 MORI interviewed a representative sample of 2,025 adults in Great Britain aged 15+ between 17-21 October 2002.

2 MORI interviewed a representative sample of 104 GPs across England, Scotland and Wales between 21-25 October 2002.

3 In October 2002, a structured interview survey was carried out by Crisis with 100 people around London who were hidden homeless and had slept in a hostel, B&B, squat or sofa-surfed the night before the interview.

4 1% of the general population were not registered with a doctor, compared to 37% of homeless people interviewed by Crisis.

5 5% of the general population have experienced difficulty in registering for or staying on a GP practice list, compared to 26% of the homeless people interviewed by Crisis.

6 64% believe it is much more difficult for a homeless person to register with a GP than the average person. 17% believe it is slightly more difficult.

7 10% of the general population have used A & E when they have been unable to speak to a GP, compared to 43% of homeless people interviewed by Crisis.

8 Shelter estimated the cost of an attendance at A & E to be £44 compared to an estimated cost of £15.95 for a visit to a GP in *Go Home & Rest*, 1996.

Unhealthy state of affairs

Homelessness is one of the most damaging experiences that anyone can encounter. Chaotic mental health is a major trigger for homelessness. At least one in five homeless people suffer from a severe mental health problem⁹ and homeless people are eight times more likely to suffer from mental ill health than the general population¹⁰.

Drugs and drink are an equally indelible part of the homelessness landscape – in a recent survey by Crisis, a staggering four out of five homeless people were addicted to drink or drugs¹¹, which compares to 0.4% of the general population who say they have a problem with drink and drugs¹².

These problems do not occur in isolation. Many homeless people suffer from a debilitating combination of mental health, addiction and physical health problems – a third of the homeless people interviewed by Crisis fell into this category and some of them had lived with the same complex mixture of problems for three decades or more.

When it comes to more general health problems, homeless people are more likely to suffer from diseases that went out with the Victorian age – such as TB – than the general public. One in fifty homeless people have TB – 25 times the national average¹³. They are also more likely to suffer from more common health problems that affect many other people in society – the homeless people interviewed for this survey were five times more likely to report suffering from epilepsy and over twice as likely to report suffering from diabetes as the general public¹⁴.

It is little wonder that homeless people suffer from such poor health. Constantly on the move between hostels, bed and breakfasts and the streets, the main priority for many people is finding a bed for the night, not making sure they are keeping fit and healthy. The kinds of places they stay in – overcrowded, damp and cold accommodation – often just exacerbate their health problems.

Some people with mental health and addiction problems have no awareness of their physical health problems, which is a dangerous situation to be in. Conditions which could easily be prevented or treated can spiral out of control before they are noticed, let alone treated, leading to a lifetime of pain and suffering or in some cases, early death.

No room at the doctor's

Homeless people's appallingly poor state of health speaks for itself. But in spite of being in bad shape, mentally and physically, homeless people do not have equal access to mainstream healthcare:

- The homeless people interviewed were almost 40 times more likely not to be registered with a GP than the average person¹⁵
- 55% of the homeless people interviewed had no contact with a GP in the last year¹⁶
- They were nearly five times more likely to have experienced difficulty in registering with a GP or staying on a GP list than the general public¹⁷
- 5% of the homeless people interviewed said they never receive any healthcare.

There may be a number of reasons why homeless people find it more difficult to access a GP. Surgeons are under an enormous amount of pressure and some GPs may be worried that they are ill-equipped to tackle the complex set of problems that many homeless people face. Other GPs may think that homeless people will make their patients feel uncomfortable whilst some may simply be unwilling to treat them.

Many surgeries mistakenly think that homeless people need to have an address in order to register. A number of the homeless people interviewed as part of this research were turned away from medical practices because they didn't have one. The truth, however, is that this should be no barrier to registration, as anyone who doesn't have a home address can legitimately register by using the surgery's address instead.

The raw deal that homeless people get in accessing a doctor is acknowledged by GPs across the country. Results from MORI's research shows that four out of five GPs interviewed believe it is more difficult for a homeless person to register with a GP than the average person¹⁸. Nine out of ten GPs surveyed feel that access to primary care services could be improved for homeless people, but they don't believe this can happen overnight. Nine out of ten think that before homeless people get the same access to GPs as the general public, extra resources are needed.

But difficulties accessing GP services are more complex than unwillingness on the part of professionals, or a lack of resources, to treat homeless people. Homeless people can come to mistrust institutions and authority;

9 1999, *Crisis, Pressure Points*.

10 1994, *The Health of Single Homeless People*, Centre for Housing Policy, University of York.

11 2002, *Home and Dry*, Crisis.

12 2002, *British Household Panel Survey*. The tabulations used in this paper were made available by ISER, University of Essex. The data were originally collected by the ESRC Research Centre on Micro-social Change at the University of Essex, now incorporated within the Institute for Social and Economic Research. Neither the original collectors of the data nor the University of Essex bear any responsibility for the analyses or interpretations presented here.

13 1997, *Tackling TB*, Crisis.

14 Of the homeless people interviewed by Crisis, 5% reported suffering from

epilepsy and 7.5% reported suffering from diabetes, compared to 1% of the general population who reported suffering from epilepsy and 3.1% who reported suffering from diabetes, in the British Household Panel Survey, 2002.

15 1% of the general population were not registered with a doctor, compared to 37% of homeless people interviewed by Crisis.

16 Compared with 19% of the general population.

17 5% of the general population have experienced difficulty in registering for or staying on a GP practice list, compared to 23% of the homeless people interviewed.

18 64% of GPs interviewed believe it is much more difficult for a homeless person to register with a GP than the average person. 17% believe it is slightly more difficult.

if someone has had a bad experience of trying to register with a GP it can put them off trying again. Low self-esteem also makes it hard for homeless people to access GPs, whereas some may be unable to cope with a surgery's rigid working practices.

Specialist primary health services for homeless people do exist,¹⁹ with many examples of good practice operating around the country, but they are no substitute for equal access to mainstream healthcare. Although specialist services have an important role to play in tackling the health needs of homeless people, access to the same mainstream healthcare as the general public is essential in helping homeless people reintegrate into mainstream society.

Comprehensive and up-to-date information on how effective specialist services are in meeting the health needs of homeless people is lacking. But one thing is clear; homeless people are continuing to have problems accessing basic healthcare, leading to an over-reliance on A&E. While this situation continues, it cannot be said that homeless people's health needs are being adequately met.

Turning to Accident and Emergency

Accident and Emergency is a service that homeless people have come to rely on. For the homeless people surveyed, A&E was the most popular service they used when they couldn't speak to a GP. They were four times more likely to turn to A&E when they couldn't speak to a GP than the general public, who were most likely to turn to NHS Direct instead²⁰.

Overall, 79% of the homeless people interviewed use A&E, with 10% using it at least once a month. Whilst A&Es provide a vital lifeline of support for homeless people, they can never be an acceptable substitute to GP care in the 21st century; homeless people need the same access to GPs as the rest of the population.

Some homeless people use A&E because nowhere else will have them and it is the one place they know they can get treatment. Others end up in A&E when an untreated problem turns into a crisis. But eleventh hour treatment – whilst vital – cannot work miracles in those cases where irreversible damage has been done. And without aftercare, A&E treatment can be rendered useless, especially if a homeless person is discharged back into a filthy squat where there is no furniture, electricity or hot water or onto the streets with no-one to care for them.

Homeless people's over-reliance on A&E doesn't just harm them, it puts an additional pressure on already over-stretched and under-resourced A&E wards. A

recent British Medical Association survey found that patients in a fifth of A&E departments across the UK wait for more than 24 hours to be admitted or transferred to another hospital department, or to be discharged²¹.

It is also an unjustifiably expensive way for the health service to look after some of its sickest patients. At £44, the estimated cost of a trip to A&E is nearly three times the cost of a visit to a GP, which at £15.95, is a comparative bargain²².

"If I got the right help for my problems and had a proper GP, I would not be in the position where things get so bad that I have to use A&E."

Peter, 35 years old²³

The path for reform

Improving homeless people's access to healthcare won't just stop them from dying early deaths but it will help them escape the downward spiral of homelessness. If a homeless person can barely get through the day because they are debilitated by the crippling pain of arthritis, their ability and motivation to turn their life around is going to be severely hampered. Until homeless people's health improves, homelessness cannot be solved.

Crisis' recommendations

- All homeless people to be helped to permanently register with a GP:
 - The government's Department of Health should issue a directive reminding GPs that they can and should register homeless people and give them details of how to do this.
 - All GP services should be equipped with the knowledge and resources to ensure that they are able to tackle the health needs of homeless people.
- A&E departments should provide advice for homelessness people on how to access GP services or specialist services for their future health needs
- Primary care trusts and local authorities should work closely together to ensure they tackle the health needs of homeless people in an integrated way.

19 There are 25 primary medical services across the country which specialise in or have a special interest in the primary care of homeless people. Source: 2002, Homelessness: A Primary Care Response, Royal College of GPs.

20 10% of the general population have used A & E when they have been unable to speak to a GP, compared to 43% of homeless people interviewed by Crisis. 15% of the general population used NHS Direct as an alternative to GPs.

21 2002, *Waits and Measures: Improving Emergency Care for Today's Patients*, BMA

22 Shelter estimated the cost of an attendance at A & E to be £44 compared to an estimated cost of £15.95 for a visit to a GP in *Go Home & Rest*, 1996.

23 Interviewed as part of Crisis' research into health and homelessness, October 2002.

Homeless people's experiences

Derek

At 54, Derek is living in a squat with no running water, heat or light. He has been homeless for the past four years. Having grown up in care, Derek had no family to support him when he came out of prison and that was when he first became homeless.



Derek has health problems. In 1987, he had an operation on his lower back and a piece of disc was removed. Then six years ago, he fell down a flight of stairs and damaged his spine. He is in constant pain, but he tries to hide this from others "because you can't afford to be seen to be weak when you're homeless".

For the past three years he has tried to get medical help for his back problems, but has been turned away from GP surgeries because he has no fixed address. "One GP I went to said he couldn't book me in for an appointment to see a specialist because I didn't have an address to receive letters of appointment," he says. On another occasion he went to A&E for some stitches after receiving an injury, and mentioned his back problems to a doctor there, who said she would do some tests on him. When she asked for his address and he said he didn't have one, she said she couldn't do the tests.

"I would like homeless people to be treated with respect and to be able to access treatment on the same basis as everyone else," says Derek. "If I had been given the treatment I needed for my back years ago, I would have been able to escape from homelessness by now."

Ella

When she was only 13, Ella left home and ended up on the streets. Her parents were Holocaust survivors and their horrific experiences left them ill-equipped for bringing up a child. "My mother had been told she could never have a child, and when I came along she couldn't cope. It brought all her memories flooding back."



Now Ella is 32, and still homeless – she has spent the past 19 years fluctuating between the streets and hostels. She has a range of health problems. Ella has suffered from asthma since she was a child, and is on three different types of inhaled medication. She has a steel rod inside her left leg and fused vertebrae at the base of her spine. When she had the operation to insert the steel rod, she was discharged onto the streets after three weeks. "I could have done with longer in a hospital, and with being given a wheelchair," she says.

Now she is in constant pain, but is unable to get prescription painkillers. The only pain relief she has is paracetamol, which is not strong enough. "Doctors won't give painkillers to homeless people in case they're drug abusers," she says. She has never been addicted to drink or drugs.

Unlike many homeless people, Ella is registered with a GP – but only on a temporary basis. She has been refused permanent registration because of having no fixed address. She visits the GP regularly to get repeat prescriptions for her asthma medication but has had to be very assertive to get the care she now has. "I'm very forceful – I insist on being treated like a human being. When you're at the bottom of the pile, no-one takes you seriously."

When she gets very ill, Ella uses A&E, but her GP is her first choice for health care. "A&Es try not to admit you if you're homeless because they think you just want somewhere to sleep."

Ella thinks there should be health centres dedicated to treating homeless people, staffed with doctors and nurses who understand the problems of homeless people. "What homeless people need is doctors and nurses who deal with them in a human fashion."

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Hidden homelessness campaign

Critical Condition: Homeless People's Access to GPs is a part of Crisis' hidden homelessness campaign which focuses on the 400,000 homeless people leading lonely, sad and frightened lives in hostels, B&Bs, squats and on friends' floors.

About Crisis

Crisis is the national charity for solitary homeless people.

We work year-round to help vulnerable and marginalised people get through the crisis of homelessness, fulfil their potential and transform their lives.

We develop innovative services which help homeless people rebuild their social and practical skills, join the world of work and reintegrate into society.

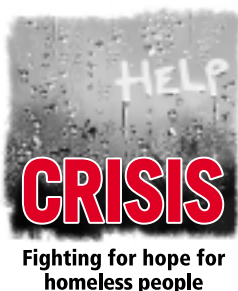
We enable homeless people to overcome acute problems such as addictions and mental health problems.

We run services directly or in partnership with organisations across the UK, building on their grass roots knowledge, local enthusiasm and sense of community. We also regularly commission and publish research and organise events to raise awareness about the causes and nature of homelessness, to find innovative and integrated solutions and share good practice.

Crisis relies almost entirely on donations from non-government organisations and the public to fund its vital work. Last financial year we raised £5.5m and helped around 17,000 people.

Much of our work would not be possible without the support of over 3,000 volunteers.

Crisis was founded in 1967 and has been changing the lives of homeless people for 35 years.



64 Commercial Street
London E1 6LT
Tel: 020 7426 3830
Out of hours: 07973 372 587
Fax: 0870 011 3336
Email: enquiries@crisis.org.uk
Website: www.crisis.org.uk

Crisis UK (trading as Crisis). Charity no 1082947. Company no 4024938.