

Rights to Access Project Report 2020



A report looking into the challenges people face when trying to access Primary Care whilst experiencing homelessness

healthwatch
Warwickshire

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Executive summary

The objective of the project was to increase understanding of the rights of homeless people to access Primary Care, and in particular General Practice. The right to access primary care as set out clearly using plastic cards and booklets, supplemented by rights-based workshops for those who worked with and for homeless people.

Workshops **35 workshops delivered**

- 234 people attended
- 38 organisations attended

Rights Cards **1,690 cards given out**

- 1,440 cards given out to organisations who work with homeless people
- 250 cards given out at events

Engagement **Letters, calls and booklets**

- We contacted 40 GP practices directly about the project
- We gave out 450 booklets about the project



The findings of the project are set out below and further on in this report:

- The Rights to Access Project (RAP) is generally seen as being of great value by homeless people and the organisations that work with and for them.
- The positive responses from homeless people and key partners appear to indicate that the rights-based approach appears to be correct and was strongly endorsed and supported by Warwickshire County Council.
- It became clear during the course of the project that homelessness and the approaches to dealing with it varies considerably between Districts of Warwickshire. There are a complex range of reasons for this variation.
- GP Practices have varied considerably in their responses to RAP. Some have been enthusiastic participants, but there has been a large degree of reluctance to engage by other Practices.
- The Clinical Commissioning Groups (CCGs) have also varied in their responses to RAP. It was embraced by South Warwickshire CCG as a valuable piece of work, but not by Coventry and Rugby, or North Warwickshire CCGs.

Introduction

The Rights to Access Project (RAP) was developed in response to feedback received from the public and from partner organisations during engagement work carried out by Healthwatch Warwickshire's engagement and outreach officers. Feedback suggested that homeless individuals were coming up against significant barriers whilst attempting to access primary care.

Healthwatch Warwickshire met with Warwickshire County Council localities teams to find out more about who the seldom heard groups were, within Warwickshire. The aim was to find out what people's experience was like when accessing health and social care.

Through this research Healthwatch Warwickshire were told that the most difficulties in accessing services were experienced by homeless individuals, especially when trying to access GP surgeries.

We heard that homeless people felt unwanted, could not get an appointment, or were told that they were unable to register with the GP surgery because they had no fixed address. Some did not even go to the surgery they were registered at, due to having had a negative experience.

We heard that the reasons given by GP surgeries for their refusal to treat homeless individuals were:

- Not being a registered patient
- Not having an address or identification
- Not being a UK resident
- Not having any appointments available at all
- Registration to join the practice declined with no reasons given

In response, Healthwatch Warwickshire designed a project that focused on the rights that people who were homeless had, in accessing Primary Care, as a way of addressing those barriers. The sources used to identify those rights were:

- NHS Constitution
- Equality Act 2010
- Accessible Information Standard
- Human Rights Act

The work of the project was deliberately aligned closely with the work of the Homelessness Strategic Group convened by Warwickshire County Council. The purpose of this was to improve communication and coordination, and to avoid the possibility of duplication. Most key partners also sat on the Strategic Group.

RAP was intended to run from October/November 2018 through to May 2020. The project was disrupted in the latter stages by the Covid-19 pandemic.

Background

Healthwatch Warwickshire (HWW) is an independent organisation established under the provisions of the Health and Social Care Act 2012.

Local Healthwatch were set up under the 2012 Act to ensure that the needs and wants of people are at the centre of the planning, commissioning, and delivery of health and social care services. This includes services such as dentists, GP practices, hospitals, pharmacies, and residential care homes.

Funding for HWW comes from the Department of Health and Social Care and the local contract is managed by Public Health Warwickshire, who also offer advice and guidance. HWW also receive support and guidance from a national organisation, Healthwatch England, who are a committee of the Care Quality Commission. Where a matter that arises locally appears to have a wider significance, HWW can escalate it to Healthwatch England who can then raise it with the Department for Health and Social Care (DHSC) and/or the Care Quality Commission (CQC).

Definition of homelessness

The definition of homelessness is not having a home. You are homeless if you have nowhere to stay and are living on the streets, but you can be homeless even if you have a roof over your head. You count as homeless if you are:

- Staying with friends and family
- Staying in a hostel, night shelter or B&B
- Squatting (because you have no legal right to stay)
- At risk of violence or abuse in your home
- Living in poor conditions that affect your health
- Living apart from your family because you do not have a place together

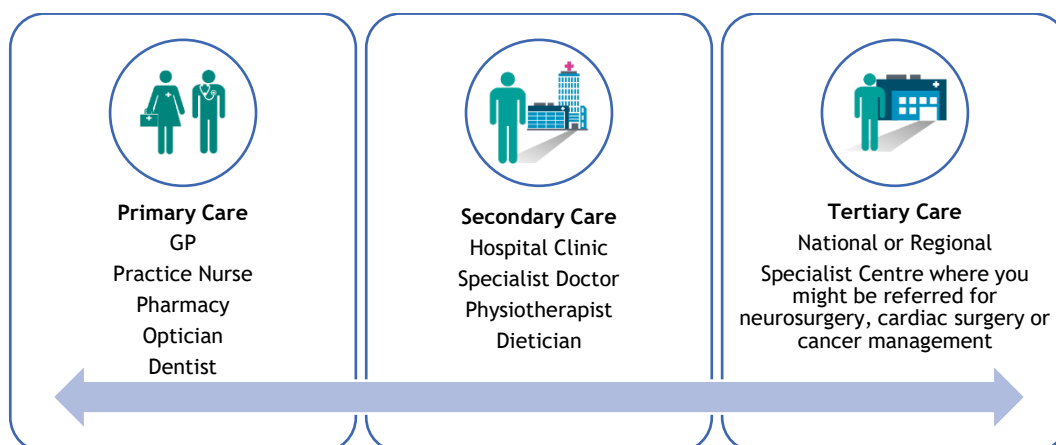
Definition: shelter.org.uk

Many people who become homeless do not show up in official figures. Research undertaken by the charity Crisis indicated that 62% of single homeless people are hidden and may not show up in official figures.

The Rights to Access Project (RAP) was designed to ensure that those who were experiencing homelessness knew about their rights to access Primary Care.

Accessing Healthcare

The NHS is a complex system divided into three areas:



GP practices are intended to be the first point of contact with the health system. It should currently be free at the point of use to all, regardless of their status. This point is significant.

If people are unable to access GP surgeries for medical treatment, then they are likely to end up at Hospital Emergency Departments. According to Homeless Link, “*A&E visits and hospital admissions per homeless person is four times higher than the general public. This is estimated to cost a minimum of £85m per year*”.

Our view was that there was a logistical and financial underpinning to this project, as well as a powerful rights and moral basis.

Methodology

Defining the project - Rights to Access (RAP)

Healthwatch Warwickshire looked at different ways in which we could help individuals to access healthcare. We reviewed a lot of ideas and looked at the type of projects other Healthwatch had done to support homeless people in accessing healthcare.

We decided that the NHS Constitution and a person’s rights (Human/Equality) should form the basis of project, as that was the main issue GP Practices and other services seemed to be missing when homeless people were trying to access healthcare.

The [NHS constitution](#) sets out the rights and responsibilities of patients, staff, and public to make sure the NHS operates fairly and effectively. RAP focussed on Principles 1 and 4 which state that the NHS provides a comprehensive service, available to all, and that the patient will be at the heart of everything the NHS does.

RAP is about *duty of care* and *access* to GP practices. The project makes a distinction between the right to access treatment under *duty of care*, and someone who would like to register with a GP Practice when they have no fixed address.

Findings

Launching the project

In the lead up to the project being launched we engaged with various organisations to notify them that we were delivering the Rights to Access Project (RAP). Each district engagement was different because of the types of organisations they had, their homeless support network and networking events etc.

In **Warwick District** we did a lot of advertising to organisations in the district. We did a presentation at the Warwick District poverty forum, WCAVA engagement event, South Warwickshire Patient Participation Group, Health Overview and Scrutiny Committee (HOSC), Faith Forum, and attended the team meeting with Warwickshire County Council (WCC) locality team to help make the project known. We organised workshops for individuals to book onto and offered team workshops for organisations.

In **Stratford District**, we found it more difficult to engage with organisations and get them to register for a workshop. Similar to Warwick district, we met with WCAVA and the WCC locality team to help spread the information about the project - but getting commitment from organisations was very difficult. We met the rough sleeper engagement officer, who worked for Stratford housing team at the time, to get information on homeless provision in the area.

In **Rugby District**, we met with the WCC locality team who featured the project in their monthly newsletter. We attended the Rugby network luncheon, which is a networking event for all organisations in Rugby or countywide that support Rugby residents and received a lot of interest from organisations attending. Many of the homeless organisations or support services in the area attended the workshops we ran.

In **Nuneaton & Bedworth**, we met with WCAVA and WCC locality team as a starting point in finding out which organisations we should be engaging with. All the homeless organisations or support services were very engaging and attended a workshop.

In March 2020, Healthwatch England asked for all face-to-face engagement activities to be ceased due to the spread of the coronavirus/Covid-19. This meant that the promotion of the project in **North Warwickshire** has been postponed until further notice. Any workshops booked were offered to be delivered over online platforms such as Microsoft Teams.

How we engaged with GP practices

When the RAP project was being designed, we engaged with **GP Practices**. We contacted South Warwickshire CCG and met with the Chair to explain how the project would work, the Rights cards and how we would like to engage with GP practices.

South Warwickshire CCG was very supportive of the project and were happy to co-sign a letter to all the practices in Warwick and Stratford District.


We produced a GP Booklet alongside the organisation booklet, which contained information about Healthwatch Warwickshire, the project, and the information we got from our engagement, how the project was being rolled out and how practices could get involved.

To ensure this booklet was fit for purpose we asked a few clinical professionals/GP practice managers to review the GP booklet. Dr Spragett from South Warwickshire CCG and the practice manager, Ryan Smith, from Abbey medical reviewed and approved the booklet. These booklets were sent out as part of the project roll-out across Warwickshire.

Prior to the government lockdown in March 2020, the GP Packs - which included posters, booklets, leaflets, and information about the project - were sent to all GPs in Nuneaton, Rugby and North Warwickshire.

Delivering the project

Objective: deliver workshops in Warwickshire informing people of their rights to access primary care when experiencing homelessness

Where were they?	Who attended?	What did we cover?	What supporting information was there?
<ol style="list-style-type: none"> 1. Warwick District 2. Stratford-Upon-Avon District 3. Rugby District 4. Nuneaton & Bedworth 5. North Warwickshire 	<ul style="list-style-type: none"> • Volunteers • Organisations that support people experiencing homelessness • Community groups • Charities • GPs • Police • Local Authorities 	<ul style="list-style-type: none"> • About Healthwatch • NHS constitution • Equality Act 2010 • Accessible Information Standard • Human Rights Act • Duty of Care • NHS guidelines on registration 	<ul style="list-style-type: none"> • Rights to Access Card • Booklet for organisations and groups who work with those who experience homelessness • Booklets for GPs 

The workshops were supported by a plastic card (shown in the image above) and a small booklet which set out the Patient's Rights, drawn from the relevant legislation and its related guidance.

The design of the card was based on that being used by other Healthwatch organisations. It was intended for use by individuals going to GP Practices to seek treatment. It set out the right to treatment in a very clear way and could be quoted by the individual or handed to the receptionist.

The card was supported by a booklet to be used by organisations and individuals. The booklet was a basic guide to the NHS system, NHS constitution, GP registration, duty of care, complaints processes, and references to relevant guidance.

The booklet was reviewed by a reading panel consisting of Healthwatch Volunteers, local organisations, and their service users. This was to ensure the booklet was fit for purpose and in an easy-to-read format with basic terminology for all to read and understand.

We allocated 18 months to deliver the project. As part of the delivery plan, we spent 3 months in each district. The order in which districts were visited was determined by Warwickshire County Council's data on the number of homeless persons in that district. The order was Warwick, Stratford, Rugby, Nuneaton & Bedworth, and North Warwickshire.



In total we:

- Delivered 35 workshops to 234 attendees from 38 different organisations
- Distributed 1,440 Rights to Access Cards to organisations, with a further 250 given out at events
- Gave out 450 booklets
- Contacted 40 GP practices directly about the project

Luncheons were organised in each district after the delivery of the workshops. The aim of the luncheons was to provide food for people experiencing homelessness and a way of engaging with homeless people about the project, ensuring they knew about their rights to access and collecting case studies of lived experiences.

The uptake at the luncheons in each district differed. We engaged with different organisations in each district to publicise the event and hosted them at different venues. In each area we also arranged contingency arrangements for the distribution of food in case we had any left over.

Lunches took place in Warwick, Stratford, and Rugby. In Nuneaton, the luncheon due to take place in March 2020 was postponed due to Covid-19. In North Warwickshire, the luncheon would have been organised in June, however this will also be postponed to a later date.

At Christmas we made bags of sweets for homeless organisations and winter night shelters to hand out to their clients. The bags had information about the project as a way of marketing it to individuals for their attention. We gave out 380 bags across Warwickshire through organisations that had attended the RAP workshops. This resulted in several calls to Healthwatch Warwickshire from people who had experienced difficulties accessing a GP practice.

We wrote to the GP practices in each district (in South Warwickshire with the co-signed letter), the GP booklet, and a poster. We then rang the surgeries' Practice managers to ask if they had received the pack and how they disseminated the information to all the staffing teams and if they required any more information.

We were invited by South Warwickshire CCG to talk at the South Warwickshire GP Federation in Snitterfield. We presented the project to over 50 GPs from South Warwickshire and answered questions on issues such as: types of addresses homeless individuals could use for registration and possible use of the surgery's address, and support organisations they could liaise with.

Mystery calls to GP surgeries were carried out by Healthwatch Warwickshire volunteers. Each volunteer had a script and a set number of surgeries to call. They all followed the same script, noting the response from the receptionist. We asked:

"If a person was to come into this surgery, claiming to be unwell, not registered at the practice and unable to provide proof of ID or address, would they be able to see a medical staff member that same day?"

Feedback about the project

Throughout the project we have collected feedback, the experiences of individuals, organisations, and stakeholders.

“We think the RAP Project is great! The workshop was really interesting and informative. We have given out 4 cards to people. I know 2 young people managed to get an appointment and were very grateful for having the card. One young person said it saved him, he got important mental health help thanks to a simple card. It is definitely so much more than just a card. Thank you for helping to improve people's health and voices”

Emma Jones, Doorway Nuneaton

“We really appreciated the visit to all the teams for our services. The staff were able to learn more about, and given the confidence to support individuals to access healthcare - where before they had been met with barriers.”

Emma Cholawo, P3

“For me, the main benefit has been in my personal life and handing them out to people who live on canals and might not have a permanent address. It has made it easier for them to register with a GP and means they are aware of their rights. Although the cards are branded for Warwickshire the information on them is valid nationwide so people travelling on the canals can be sure they are correct wherever they are currently living”

Rachel Knight, Warwickshire County Council

“I have found these cards really helpful; I have issued about 3 cards since our training session from Healthwatch. All to clients that said they needed to see a doctor but couldn't see one because they either didn't have an address or were not registered at the practice and couldn't get past the receptionist. I have not had any feedback from the clients I have issued them to”

Charlie Rivers, Nuneaton and Bedworth Borough Council

Feedback from patient groups:

“We found the meeting arranged by Healthwatch which we attended in Kenilworth was informative and well organised. Three committee members from our Patients Group attended. We felt that this was a valuable piece of work which would help a growing number of vulnerable patients who often have great difficulties in accessing adequate medical care.”

“We used the cards to make sure our Practice staff were aware and had them available, and gave some to our local clinic and library as well as the members of our Patients Group with instructions to make as many people aware of rights to primary medical care for everyone, whatever their housing situation.”

“The meeting was reported on at our next Patient Group Meeting, included in the Minutes and distributed to members online.

A few days after the session, discussed the use of the materials with my counterpart at Abbey MC, who is also a Healthwatch trained volunteer”

Case Study: Helping a homeless man exercise his right to register with a local GP



Volunteer Jackie Prestwich (centre) attending one of the workshops

One of our volunteers, Jackie Prestwich, attended one of the RAP workshops, taking some cards and booklets away with her. She then took these to her local Church, where she discussed the project.

One of the attendees of the discussion later met a homeless person, John*, who was struggling to walk, and she told him about the project. Subsequently John went to the Church to learn more and receive one of our cards. He then went to his GP and was able to access an appointment the same day.

The GP referred him to Warwick hospital for x-rays and physiotherapy. John was supported by the Church to attend these appointments and was given crutches by a member of the congregation.

He said that having our Rights to Access card had given him the confidence to go and see the GP. With help from the Church, he applied for an NHS number and an HC1, and was able to open a bank account, obtain a birth certificate and was found some temporary accommodation.

Sadly, during the course of his treatment John was diagnosed with cancer, which was too advanced for treatment. He passed away in hospital, under the care of a dedicated ICU team who treated him with dignity and respect, and in the company of his new friends from the Church. It is a tragic end to the story, but would have been more harrowing had John not received the help and care that he did as a result of hearing about the RAP project.

*(*not his real name)*

Workshop Feedback

The feedback received from the workshops was very positive. Some of the topics most people found useful from the workshops included:

- ✓ Understanding Duty of Care
- ✓ Explanation of HC2 and prescription charges
- ✓ NHS Constitution and Patients' rights
- ✓ How to register with no ID & different types of registration
- ✓ Networking with other organisations
- ✓ The role of local Healthwatch
- ✓ Right to access treatment
- ✓ Interpreters at GPs
- ✓ Alerts on records
- ✓ Rights to access cards for service users
- ✓ Complaints procedure for primary care
- ✓ Different types of homelessness
- ✓ How GP surgeries operate

Some participants felt that GP surgeries are run like businesses and viewed the receptionists as 'gatekeepers' and although appointments have to run on a tight schedule, that should not take away from the fact should someone needing medical treatment should have the right to be assessed by someone medically trained.

Engagement with GP Practices

Engagement with GP Practices can be characterised as variable. The response from Clinical Commissioning Groups (CCGs) was also inconsistent, and the Local Medical Council (LMC) were reluctant to engage.

In South Warwickshire we had a co-signed letter with South Warwickshire CCG to send out to practices informing them of the project this resulted in six GP practices getting in touch with us from Warwick & Stratford District. We did presentations to the staff at Clarendon Lodge Medical Practice, Castle Medical Centre and Meon Medical Centre and we met the business manager for Alcester Healthcare Centre. We also had staff from Croft Medical Centre, Clarendon Lodge Medical Practice and Alcester Healthcare Centre attend our workshops.

When it came to delivering to Rugby, North Warwickshire, and Nuneaton & Bedworth areas, we had several delays in sending out the information packs to surgeries as the CCGs in those areas were reluctant to co-sign the letter. After months of waiting, Healthwatch Warwickshire took the decision to send the letters out independently. This meant that by the time the letters were received, in many cases we had already delivered workshops, and GP practices were already aware of the project - which resulted in lower engagement in those areas.

Calls to GP surgeries about the project

As a way of measuring the success of the project, and to raise awareness, we asked our volunteers to assist in calling GP practices to ask them about what they would do if a homeless person walked into their practices seeking medical attention. The responses varied considerably; some receptionists were unable to answer the questions posed and referred the call onto the Practice Manager or Senior Administrator. Some receptionists said homeless people would be seen and others said if the person temporarily registered with the practice they would be seen. A few surgeries said they would refer the person to A&E or another practice.

The inconsistent responses clearly show that GP Practices need to do more in ensuring that receptionists are adequately trained to help people experiencing homelessness to access care. This seems to vindicate the decision to base the project on people's rights and the Duty of Care.

Due to the Covid-19 pandemic, calls to Rugby, Nuneaton & Bedworth and North Warwickshire Practices have been postponed - we recognise that GPs are under a great amount of pressure at the time of writing this report.

Conclusions about the project

- The Rights to Access Project (RAP) is generally seen as being of great value by homeless people and the organisations that work with and for them.
- The positive responses from homeless people and key partners, and the endorsement and support from Warwickshire County Council appear to indicate that the rights-based approach was appropriate.
- It became clear during the course of the project that levels of homelessness, and the approaches to dealing with it, vary considerably between districts of Warwickshire. There are a complex range of reasons for this inconsistency.
- GP practices have varied considerably in their responses to RAP. Some have been enthusiastic participants, but there has been a large degree of reluctance to engage from other practices.
- The CCGs have also reacted inconsistently to RAP. It was embraced by South Warwickshire CCG as a valuable and worthwhile piece of work, but not by Coventry and Rugby, or North Warwickshire CCGs.

Next steps

There will be further engagement with key partners to assess how the impact and changes that have arisen during Covid-19 have impacted on the experiences and wellbeing of homeless people. The findings from this second phase will be reported on in due course.

Feedback from Voluntary Partner Sectors appears to indicate that the rights-based approach might be an appropriate way to address the access issues experienced by people with hearing loss.

Discussions with potential partners indicate that common problems encountered by people with hearing loss are:

- Lack of awareness/understanding around different types of deafness
- British Sign Language (BSL) not recognised as their first language
- Less access to face-to-face interpreters but more reliance on digital
- BSL interpreters not booked for appointments/ lack of communication if booked or not

- Staff not adequately trained to understand a deaf person's needs

More recently the feedback that we have received from partners has centred on the move from face-to-face appointments to telephone consultations, creating barriers to access for the deaf community.

There have been measures put in place for deaf people such as relay text services and video conferencing. However, the service needs for individuals vary - some people may not be able to read English, therefore a text service would not work; some may not use BSL.

This does seem to be an issue within the Accessible Information Standard (AIS) which requires that deaf people have the same level of access to information about their health as hearing people do.

Patient feedback has indicated that people with hearing loss are still finding barriers to access NHS services despite the AIS being introduced.

Healthwatch Warwickshire will therefore be working with partners to make a judgement about whether to embark on a project which addresses the rights of people with hearing loss to access health and social care.

Contact us

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You can send us your feedback using our freepost address:

FREEPOST

HEALTHWATCH WARWICKSHIRE

Appendices

1.1 Workshops

Workshops were carried out in the following Districts and Boroughs:

Warwick District

12 workshops delivered
 101 attendees at the workshops
 668 cards distributed to organisations from the workshops
 Over 200 booklets given out
 Over 70 cards handed out at meetings, network events etc.
 19 GP practices called with a script on accessing care
 1 GP Practice workshop delivered

Stratford District

7 workshops delivered
 21 attendees at the workshops
 196 cards distributed to organisations from the workshops
 Over 50 booklets given out
 Over 60 cards handed out at meetings, network events etc.
 20 GP practices called with a script on accessing care
 2 GP Practice workshops delivered
 1 GP Council members event, attended by 52 GPs from South Warwickshire

Rugby Borough

7 workshops delivered
 45 attendees at the workshops
 280 cards distributed to organisations from the workshops
 Over 80 booklets given out
 Over 80 cards handed out at meetings, network events etc.
 *No GP practices have been called with a script on accessing care so far due to the delay from the LMC and Coventry & Rugby CCG

Nuneaton and Bedworth Borough

9 workshops delivered
 67 attendees at the workshops
 275 cards distributed to organisations from the workshops
 Over 100 booklets given out
 Over 15 cards handed out at meetings, network events etc.
 15 cards, posters & GP booklets were taken by GP's from North Warwickshire at a Primary Care Network event

North Warwickshire Borough

The final roll out of the project (last three months) in North Warwickshire was delayed due to government lockdown and the Covid-19 pandemic.
 Before lockdown, a workshop with the Housing Team in North Warwickshire Borough Council had been booked in April. This has since been postponed to a later date.

1.2 Workshop Attendees

- Hope 4
- Way ahead
- Leamington Night Shelter
- Studley Councillor
- Clarendon Medical Surgery

- CAVA (Warwick district & Rugby)
- Doorway
- Foodbank (Warwick & Stratford district)
- P3
- Coventry Cyrenians
- Brunswick Hub
- Warwickshire Fire & Rescue Service
- Warwick District Police
- WCC
- DWP
- Springfield Mind
- PPG - Castle Medical Centre
- Age UK
- St John's Church, Kenilworth
- Croft Medical Centre
- Prospects Stratford
- CGL
- Alcester Health Centre
- St Basil's
- Homeless Co-ordinator (Warwick & Stratford)
- Library Staff (All districts)
- Housing Team (Stratford, Warwick, Rugby, Nuneaton)
- Family Information Services
- Royal Deaf Association
- One stop Shop
- Volunteers (Rugby night shelter)
- Hostel staff (Lillington Rd, St Gables)
- Keyring
- Locality worker Nuneaton & Stratford
- CAB (Stratford & Leamington)
- Making Space
- Eye Testing Services
- Refuge

1.3 Acknowledgements to partners and volunteers

- Hope 4
- Way ahead
- Doorway
- South Warwickshire CCG
- Abbey Medical Centre
- Warwick District Poverty Forum
- Leamington Night Shelter
- Warwickshire CAVA
- Healthwatch Volunteers (Maggie, Dilys, Jackie, Gill, Alison)