



# FAIR SYSTEM?

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EVALUATING THE ACCESS TO PRIMARY CARE FOR PEOPLE WITHOUT AN ADDRESS, IDENTIFICATION OR DOCUMENTATION

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The views, opinions and statements made in this report are those of the GP practices we surveyed and our partners both statutory and voluntary. We have also represented the views of vulnerable adults in relation to access to primary healthcare.

This perception may not fully reflect the work being carried out in the local area. Nevertheless it is the perception of the participants whose information Healthwatch East Riding of Yorkshire have collected.

# EXECUTIVE SUMMARY

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**“The wellbeing of people who live and sleep on the street is at significant risk.”**

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## Executive Summary

Nationally the awareness of those that identify as homeless has been on the rise. With an increase in the number of homeless individuals questions have been asked about how they access primary care, if and when they should need it. Issues around addresses, documentation and identification are all valid issues as to why individuals may be put off from attempting to access care. The issue of accessing primary care for these reasons is not unique to homeless people and may affect many members of the community. As a result Healthwatch have investigated the requirements of GP practices so that the public can be better informed about their rights when accessing primary care.

HWEY have produced this report as a result of consultations with our stakeholders and direction from our Independent Strategic Advisory Body (ISAB), and homelessness forms part of our work plan for 2017/2018. This report examines the process by which those with no permanent address, those staying with friends, those sleeping rough and people with no identity documents register with a GP practice to access primary care.

The guidelines for registering with a GP practice are clear. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them if they wish. If possible practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

<sup>1</sup>In 2014 Homeless Link reported that nationally 90% of the homeless people they surveyed were registered with a GP. However many responded that they were not receiving the help they needed for their health problems, and 7% had been refused access to a GP or dentist in the previous 12 months.

HWEY has engaged with homeless persons by working alongside Emmaus Rough Sleeper Support Service in the East Riding, engaging with homeless persons in Bridlington, Beverley and Driffield.

HWEY hosted a meeting with interested agencies to assess the issues facing homeless persons and the local response to this issue. The action which came out of this meeting was for HWEY to survey all GP practices in the East Riding. HWEY contacted all practices by phone asking what processes were followed and, if they would register a person who does not have a permanent address. A copy of our questionnaire and a full summary of responses can be found in the appendices of this report.

70% of practices replied that they would register a patient without ID or proof of address. Of the remaining 30% only one practice said they would not register a patient who had no permanent address; the remaining practices stated they were unsure and would refer to the practice manager for guidance. Most surgeries would register the patient at the practice address or try and obtain a care of address (c/o). Some practices used a local charity as a

**“Rough sleeping in England has increased for the seventh year in a row”**

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<sup>1</sup> <http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-29-looking-after-homeless-patients-general-practice>

c/o address. For example practices in Bridlington used “The Hinge” a charity which offers resettlement support as one of its services.

HWERY also visited 15 practices using our enter and view powers, asking the same question regarding registration of clients with no permanent address. The results of this survey differed in some cases to the phone survey. Full results from our enter and view can be seen on pages 17-20.

HWERY also spoke to partners and stakeholders who work with homeless clients. Despite many of our GP practices stating there would be no problem with registration, the experience of some homeless persons has not been positive.

Hull and East Yorkshire Mind & Emmaus have had experience of GP Practices requiring proof of address before being able to see a GP. Instances have been noted of clients being sent away without being able to access any medical information, advice or medical interventions. Both organisations have also had similar problems with some dentists.

The Hinge in Bridlington state that many individuals do have trouble accessing GP’s in the local area. For individuals who are not registered they are finding more and more that they have to go through the NHS England process in order for a GP practice to be allocated. In addition, for individuals who are registered, it is increasingly difficult to obtain an appointment due to the high demand.



## Recommendations

HWERY recommendations as a result of our findings seek to address the perceived disparity between GP practices being aware of their responsibility in registering patients who are homeless, or do not have a permanent address, and the negative experiences of this vulnerable group in accessing primary care.

- East Riding & Vale of York CCGs to ensure that all East Riding GP surgeries be made aware of the NHS England leaflet “Registering with a GP, Homeless Persons”.
- HWERY to produce a small card to provide to the public stating their rights when trying to access care without identification or documentation.
- East Riding & Vale of York CCGs to encourage that GP Practices clearly display information that highlight the rights of an individual who does not have identification or documentation when trying to access primary care.
- East Riding of Yorkshire Council ensure that the rights of homeless people to access primary care is included in the East Riding Homelessness Strategy.

# About Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire (HWERY) is the independent champion for people who use health and social care services. HWERY exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. HWERY share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

HWERY have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary - Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

## Introduction

Homelessness has become a much talked about problem of late. HWERY has decided to look at this issue in relation to access to primary care in the East Riding. A common misconception of homelessness is often a person who is sleeping rough; however there are large numbers of "hidden homeless" people who have no permanent address who are living with friends.

So how do rough sleepers or persons with no permanent address access primary care at a GP practice?

<sup>2</sup>"Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them if they wish. If possible practices should try to ensure they have a way of contacting the patient if they need to (for example with test results)."

<sup>3</sup>In 2014 Homeless Link reported that nationally 90% of the homeless people they surveyed were registered with a GP. However many responded that they were not receiving the help they needed for their health problems, and 7% had been refused access to a GP or dentist in the previous 12 months. In some cases these refusals were due to having missed a previous appointment or because of behaviour. Others reported that they were refused access if they did not have identification or proof of address.

This report will examine the access to primary care in the East Riding for homeless and other persons. HWERY will, as a result of our research, identify whether any health inequalities exist for this hard to reach group and the wider public.

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<sup>2</sup> NHS England Patient Registration, standard operating principles for primary medical care (general practice)

<sup>3</sup> <http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-29-looking-after-homeless-patients-general-practice>

## Why this subject?

HWERY have produced this report as a result of consultations with our stakeholders and direction from our Independent Strategic Advisory Body (ISAB), and homelessness forms part of our work plan for 2017/2018.

Homelessness is a very topical subject with increasing homeless and rough sleeper figures being reported nationally. Concerns are also being raised by some organisations as to the effects of changes in the benefit system is having in exacerbating this problem. Homelessness and rough sleeping are very costly both socially and economically.

Homelessness is also on the Governments agenda with the Homeless Reduction Act. This Act came into force on 3rd April 2018, and puts new duties on housing and social service authorities in how they respond to people who are homeless or at risk of homelessness.

HWERY is looking at this issue as it is nationally topical and also to obtain a handle on this issue locally.

According to BBC news the East Riding of Yorkshire has 0.07 rough sleepers per 1000 households. Compared to other unitary authorities this is a low figure. The recent Rough Sleeper Estimate completed by the East Riding..." (There are government guidelines which set out as to how either a Count or an Estimate are completed) stated there were 10 people rough sleeping on a single night in November. This figure does not take into account the hidden homeless who are "sofa surfing" and have no permanent address. It is therefore a potential concern that unidentified homeless persons are not receiving the health care they need.

**"The wellbeing of people who live and sleep on the street is at significant risk."**

A quote from HealthyLondon.org

Homelessness may be a consequence of health problems, and is very commonly a cause of worsening health. Many people who sleep rough will have significant needs in relation to physical health, mental health and substance misuse. Homeless people are more likely to die young, with an average age of death of 47 for men and even lower for homeless women at 43. A recently published international study identifies that that the mortality rate among social excluded groups including homeless people was nearly eight times higher than the population average for men and nearly 12 times higher for women.

**Homeless people are more likely to die young, with an average age of death of 47 for men and even lower for homeless women at 43.**

In light of all the above factors HWERY felt an investigation into the relationship between

homelessness and access to primary care in the East Riding was needed. This report is also very timely and will contribute to the East Riding Councils homeless strategy.

## Approach/Methodology

### Outreach with Emmaus

Emmaus are a national charity who operate a rough sleeper outreach service commissioned by Hull and the East Riding local authorities. HWERY have attended numerous outreach sessions with Emmaus workers and volunteers in an attempt to establish a rapport with this hard to reach group. HWERY have worked alongside Emmaus on four occasions in Bridlington, Beverley and Driffield. HWERY along with Emmaus have attended a homeless meal service at Emmanuel Church in Bridlington and engaged with homeless persons in the community. This will give HWERY a picture of people's needs as regards to primary health services.

HWERY have also attended the "Emmaus World Homeless Day" event which gave us a chance to engage with other agencies who offer support to homeless persons.

### Homeless Group meeting

HWERY asked stakeholders to attend a meeting to discuss homelessness in the East Riding. Representatives from HWERY, East Riding Council Housing Department, HERIB (Hull and East Riding institute for the Blind) Emmaus, Hull and East Yorkshire Mind, Hull CVS Switch project and East Riding Council. The action which came out of this meeting was a survey of all GP practices ascertaining how they dealt with a homeless person trying to access primary care and registration at GP surgeries.

### Calls to GP practices

HWERY contacted by phone all the GP practices in the East Riding. We asked questions around registration of patients without a permanent address and ID.

### Enter and view visits to GP surgeries

HWERY used it's enter and view powers to visit selected surgeries to ascertain whether the information we collected by phone is consistent with a face to face enquiry.

**"The hidden homeless such as sofa surfers are a figure impossible to estimate"**

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## LOCAL SERVICES



# Local Services and Pathways

The following statements are made by local organisations. This perception may not fully reflect the work being carried out in the local area.

## Goole YMCA

HWERY met with Goole YMCA to discuss homelessness in Goole.

Goole YMCA has 19 rooms available for 16-25 year olds who become homeless. 4 are move on rooms, 14 are bed sits with facilities and 1 emergency room. They currently have 3 empty, which they highlight is very unusual. There is roughly a 50/50 split between male and female.

The reasons for their client's homelessness can be varied, including breakdown of relationships with parents, dysfunctional family problems, benefit sanction and even issues arising at the cessation of child benefit.

**“Goole YMCA gives health advice to clients and helps them register with GPs”**

Goole YMCA has worries about the rollout of universal credit. With people expected to manage their own budgets with monies received direct into their accounts, the life skills required to do this are not present in some. The private rented sector has worries about receiving rent which previously they received direct. Goole YMCA foresees an increase in homelessness as a result of this new system.

A far as rough sleeping goes Goole YMCA is of the opinion this is not a major issue in Goole.

The hidden homeless such as sofa surfers are a figure impossible to estimate.

Goole YMCA works well with the East Riding Council, identifying clients that can move on into affordable housing. The East Riding of Yorkshire Council also signpost to Goole YMCA.

Goole YMCA gives health advice upon induction to clients and helps them register with a GP. Goole YMCA also signpost clients to all relevant agencies, including sexual health.

Goole YMCA gives out information on other hostel accommodation in the area as well as trying to find affordable housing for clients ready to move on. They also have contact with reputable private landlords.

## Meeting with Karen Jordan East Riding of Yorkshire Council - Goole Housing Manager

08/08/2017

Goole being one of the larger towns in the East Riding has in the past had a rough sleeper issue. HWERY visited Karen Jordan, Housing Manager ERYC to see what the current picture is.

When people present themselves to ERYC as homeless they are all dealt with in the same manner. They are assessed as to their eligibility for assistance and their priority of need. They are also asked if they have any connection to the area. Dealing with the elderly, pregnant and those with dependent children are considered as priorities.

Those who are considered a lower priority and cannot be accommodated immediately can still be considered for the bond scheme, housing benefit assistance, crisis loans and removal costs.

Facilities in Goole include YMCA which deals with 16-25 year olds; Aldham House which offers supported living, and Sanctuary Housing has one flat in Goole available for supported living.

The housing department also works with Goole YMCA, accepting tenants who are considered ready to move into council accommodation, thus creating space at the YMCA.

People who cannot be accommodated easily are signposted to private landlords. The housing officers ascertain if County Court Judgements are in place first before applying for credit checks.

Approximately 10 people per week present as homeless in Goole. This could be for a number of reasons, such as rent arrears in the private sector, family issues, victims of domestic violence etc.

All the people who have been habitually homeless in the past are currently in accommodation.

Recently a property became available in Goole. Of the 20 people considered 5 of those are sofa surfing or moving between friends and family, and all are males between 19 and 35.

“Recently a property became available. Of the 20 people considered 5 of those are sofa surfing or moving between friends and family, and all are males between 19 and 35”

There is not thought to be anyone rough sleeping in Goole at this time.

If someone presents as homeless who has lived in the area for some time, they are asked if they are registered with a GP, or state they have medical needs. If they are not registered with a GP they are given information on GP surgeries.

People who cannot be accommodated immediately are given information on local hostel accommodation, this maybe in Hull or Doncaster.

Victims of domestic violence are referred to the Domestic Violence and Abuse Partnership (DVAP). Signposting is also given regarding welfare and benefits and community furniture suppliers.

Under the Homeless Reduction Act, three housing officers are being employed in Goole, Bridlington and Beverley to specifically work on reducing homelessness.

## Working with Emmaus Rough Sleeper Services

Emmaus are commissioned to support rough sleepers in the East Riding. HWERY supported Emmaus on sessions at the Emmanuel church in Bridlington. Emmanuel Church offers a free meal on a Tuesday evening to homeless persons and rough sleepers. HWERY also visited Toll Gavel United Church who operate “Beverley against Poverty” This project offers a lunch on Wednesdays 11.30-13.30 and hot drinks, a shower and microwave facilities on a Wednesday evening.

HWERY with the support of Emmaus worked on building a rapport and trust with the homeless persons who attend the free meal provided on a Tuesday evening at Emmanuel Church.

Some of the points that came out of general conversation were;

- Some have difficulty registering with a GP and Dentists.
- There were many other problems of having no address or no fixed abode - not just health related issues.
- Discharge from hospital at unsocial hours. Issues remain around timely discharge to appropriate destinations.
- There are issues around foot and eye problems, and problems with access to podiatrists and opticians.
- There are problems around finding appropriate information i.e. online. Homeless persons generally don't have access to the internet. If they have a phone there can be problems with charging. Many phones owned by homeless persons don't have internet access.

“There are problems around finding appropriate information i.e. online. Homeless persons generally don't have access to the internet. If they have a phone there are problems with charging. Many phones owned by homeless persons don't have internet access”

# NATIONAL PICTURE

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“In 2014 Homeless Link reported that 90% of the homeless people they surveyed were registered with a GP. However many responded that they were not receiving the help they needed for their health problems”

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## National Picture

The following is an extract from a Care Quality Commission report entitled “Nigel's surgery 29: Looking after homeless patients in General Practice”:

*<sup>4</sup>When we inspect GP practices, we will always look at the quality of care for people whose circumstances may make them vulnerable; this includes people who are homeless.*

*People who are homeless experience some of the worst health outcomes in society. Homelessness is associated with multiple and complex health needs and premature death. Homeless people attend A&E five times as often as the housed population, and are admitted to hospital more often, for much longer periods.*

### The issues

In 2014 Homeless Link reported that 90% of the homeless people they surveyed were registered with a GP. However many responded that they were not receiving the help they needed for their health problems, and 7% had been refused access to a GP or dentist in the previous 12 months. In some cases these refusals were due to having missed a previous appointment or because of behaviour. Others reported that they were refused access if they did not have identification or proof of address.

Many practices request multiple forms of identification and proof of address when registering new patients. This can be useful for them to ensure identity and contact details. The General Medical Services Contracts Regulations (2004) state that practices may only refuse an application to go on their list if they have reasonable grounds for doing so which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

<sup>5</sup>There are difficulties in meeting the health needs of people who are homeless. Many neglect their health; have low self-esteem, and their unsettled lifestyle and sometimes chaotic behaviour reduce their likelihood of completing treatment programmes. At the same time, many people who are homeless face barriers in accessing health services, including the inflexibility of services and appointment systems, negative staff attitudes, and the difficulties that services have in treating people with complex and multiple needs (Lester and Bradley, 2001). They are less likely than the general population to be registered with a GP, and they make unusually high demands on emergency services such as hospital accident and emergency departments (Crane and Warnes, 2011; Riley et al, 2003). A 2010 report by the Department of Health (DH) estimated that people who are homeless consume around four times more acute hospital services than the general population, costing at least £85m per year. Moreover, when admitted to hospital, people who are homeless tend to stay on average three times longer than the general population due to the severity of their health conditions (DH Office of the Chief Analyst, 2010).

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<sup>4</sup> Nigel's CQC report, Nigel's Surgery 29

<sup>5</sup> Mapping of specialist primary health care services in England for people who are homeless. Kings College London

## Expected standards of care

The CQC expects practices to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them. Practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

“Rough sleeping in England has increased for the seventh year in a row, new official figures reveal.”

[bbc.co.uk](http://bbc.co.uk)



# RESULTS

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**“70% of practices replied that they would register a patient without ID or proof of address.”**

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## Survey of GP Practices

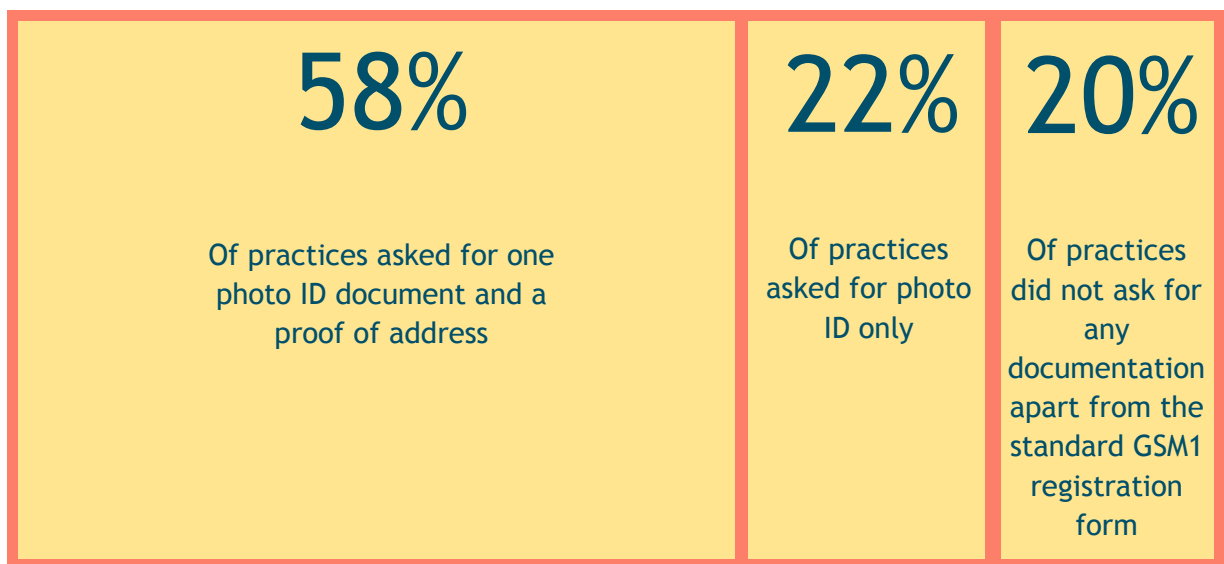
Between the dates of 25 January and 2 February 2018 all 51 GP practices in the East Riding area were contacted and asked the questions on our survey. HWERY did not ask for the practice manager. The survey was conducted with whoever answered the phone.

The following are the survey questions that HWERY asked during our telephone consultations and the overall responses.

### Question 1 - Are you accepting new patients?

Of the 51 practices 46 were accepting new patients and 5 had full lists. Even if the practice had a full list we still conducted the remainder of the survey. Four out of the seven practices in the Bridlington area had closed lists. Bridlington is an area of the East Riding with the largest prevalence of rough sleepers.

### Question 2 - Upon registration, what documentation do you ask for from a registering patient?



**51 practices took part in this consultation**

### Question 3 - If the patient cannot provide any supportive ID, would you still register them?

Most surgeries would still register the patient using the practice address.

**Question 4 - If the person registering does not have proof of address, is homeless or in temporary accommodation can you still register them?**

70% of practices replied that they would register a patient without ID or proof of address.

Of the remaining 30% only one practice said they would not register a patient who had no permanent address the remaining practices stated they were unsure and would refer to the practice manager for guidance.

**Question 4(a) - If yes, how can they register with the practice?**

Most surgeries would register the patient at the practice address or try and obtain a care of address (c/o). Some practices used a local charity as a c/o address. For example practices in Bridlington used “The Hinge” a charity which offers resettlement support as one of its services. Only one practice referred to the NHS England leaflet Gateway ref 06277 “People who are homeless how to register with a GP” This leaflet has specific information on how to register homeless persons with GP practices.

**Question 5 - If the person is registered and becomes inactive, how long a period of time is it before they are removed from the practice list. What process is followed?**

No practices remove patients as a matter of course. Practices will deduct patients who register with other GPs, inform them they are moving out of the area or are moving abroad. Practices will sometimes deduct patients if they cannot contact them, or have mail returned. Many practices go to great lengths to ascertain the patient is no longer in the area. One practice told us this was an important issue, as practices receive funding for patients on their list it was prudent not to have anyone on the list that has moved out of the area.

**At any point was the enquiry escalated to the practice manager?**

Only in 9(18%) of instances was the call escalated to a practice manager by the point of contact. HWERY understand that due to the landscape and population of the East Riding many practices would not have dealt with an issue this specific. It was not noted as a negative if the staff asked for clarity from the practice manager.

**Was the person or persons you spoke to helpful, friendly and courteous?**

HWERY evaluated the manner of the persons who spoke to us on the phone

- 74% were very helpful and courteous and answered all questions without referral
- 16% were very helpful and courteous and answered most questions but had to refer some
- 4% referred the enquiry straight away in a professional manner
- 6% were not very helpful
- 0% were not very helpful and came across as abrasive

No practices asked for proof of UK residency. This was encouraging as immigration status is not a factor in determining access to primary care.

## Enter and view visits to GP surgeries

HWERY visited fifteen GP surgeries in the East Riding using our enter and view powers to further investigate the registration process for those with no ID, in temporary accommodation or homeless/rough sleeping. The practices we visited are listed below with a summary of findings. Also we have compared the responses to our phone survey. The enter and view visits were done some weeks after the phone surveys, and asked the same questions as were asked in the phone survey

### North Beverley Medical Centre

This practice is accepting new patients. They stated it was preferable for a new patient to have ID; however they would be happy with the GMS 1 form. They would register a patient who was homeless or in temporary accommodation by using the practice address. They would not automatically remove an inactive patient from their list unless they were sure they had left the area i.e. returned mail or an application for records from another GP. The person we spoke to referred the enquiry straight away in a professional manner.

This response was very much in line with the phone survey

### Beverley and Molescroft Surgery

This practice is accepting new patients. They stated it was preferable for a new patient to have ID; however they would be happy with the GMS 1 form. They would register a patient who was homeless or in temporary accommodation by using the practice address. They would not automatically remove an inactive patient from their list unless they were sure they had left the area, they would try and contact them. The person we spoke to was very helpful and courteous and answered all our questions without referral.

This response was very much in line with the phone survey, although when phoned they said they would use a temporary registration of 3 months for registration.

### The Medical Centre Driffield

This practice is accepting new patients. They normally ask for a proof of ID, but would register a patient at the practice address if ID or proof of address could not be provided. They do not remove inactive patients from their list. The person we spoke to was very helpful and courteous and answered all our questions without referral.

This response was in line with the phone survey.

### Fieldhouse Surgery Bridlington

This practice is not accepting new patients. They normally ask for a photo ID and a proof of address. The patient also is asked to complete the GMS 1 form. We were told they would not register a patient without ID but would refer. However they did say they would register a patient without proof of address by using the practice address or a care of address. As for removing inactive patients from the list, their registration office deals with this. The person we spoke to was very helpful and courteous and answered all our questions without referral.

This response was very much in line with the phone survey, however when phoned they mentioned they would also refer a homeless patient to their care coordinator.

## Practice 1 the Medical Centre Bridlington

This practice is not accepting new patients. They normally ask for a photo ID and a proof of address. The patient also is asked to complete the GMS 1 form. We were told they would not register a patient without ID but would refer. However they did say they would register a patient without proof of address by using a care of address such as the Haven in Bridlington. They try and contact inactive patients twice by letter, if the mail is returned they would then remove from the list. The person we spoke to was very helpful and courteous and answered most of our questions but had to refer some.

This response was very much in line with the phone survey. When phoned the practice said they would use The Hinge as a care of address. Both The Hinge and The Haven offer homeless facilities in Bridlington.

## Dr Sykes A J and Partners Beeford

This practice is accepting new patients. They ask for an NHS number, a completed GMS1 and health questionnaire. They would register a patient without supportive ID but would refer if the patient was homeless, but wouldn't refuse to see anyone. They do not remove anyone from their lists. The person we spoke to was very helpful and courteous and answered all our questions without referral.

This response was very much in line with the phone survey.

## Leven and Beeford Medical Practice

This practice is accepting new patients. If the patient cannot provide supportive ID they would still register them. However they told us they cannot register without an address and would signpost to where they could register, such as the Quays in Hull, register as a temporary patient or ring 111. They would remove a patient from the list if they had returned mail. The person we spoke to was very helpful and courteous and answered most of our questions but had to refer some. The receptionist also asked permission to answer our questions.

During the phone survey we were told that they would use the practice address to register a patient with no ID or address. There was no mention of signposting to the Quays or 111.

## Dr A Green and Partners Keyingham

This practice is accepting new patients. The receptionist was not sure she could answer our questions and rang her manager at another group practice. They then asked permission of the resident GP, who introduced himself to us and gave permission. The practice requires a completed GMS1 form and a health questionnaire for registration. They would accept a patient without ID and proof of address by registering as a temporary patient. The practice does not remove inactive patients from the list. The person we spoke to was very helpful and courteous and answered all our questions without referral.

This response was very much in line with the phone survey.

## Church View Surgery Hedon

The person we spoke to was very helpful and courteous and answered all our questions without referral. The practice requires a completed GMS1 form and a new patient questionnaire for registration. They would register a patient with no proof of address by using the practice address. This practice does not remove inactive patients from the list. The person we spoke to was very helpful and courteous and answered all our questions without referral.

This response was very much in line with the phone survey.

## Willerby Surgery

When entering this practice we introduced ourselves and asked for someone to answer our questions. The receptionist was very reluctant to do so; they told us the practice manager was not available. They told us they could not answer our questions as it “was manic “even though we assured them it would only take a short time. At this time the only people in the reception area were ourselves. We were told the secretary was on the phone. We were not offered the opportunity to wait until they were free. We gave the receptionist another chance to complete the survey, this offer was refused and at this point we left the practice. The person we spoke to was not very helpful.

When phoned we were referred straight away to the practice manager. We were told they would register a patient without ID or an address as an immediate and necessary patient and then refer to the Quays in Hull.

## Brough Surgery

The practice is accepting new patients and would require photo ID, proof of address and an NHS number. If this cannot be provided they would register a patient using the practice address. They attempt to contact inactive patients and may remove from the list when mail is returned. The person we spoke to was very helpful and courteous and answered all our questions without referral.

This response was very much in line with the phone survey.

## Anlaby Surgery

This practice is accepting new patients. They ask for photo ID and proof of address. If the patient cannot provide this they would refer to the practice manager. If ID cannot be provided it would be up to the doctor if registration could be completed. They may signpost to the walk in centre in Hull or to 111. They may contact any previous practices the patient has been registered with. They did not offer the option of using the practice address or a care of address. They do remove patients from the list but the person we spoke to was not sure of the timeframe. The person we spoke to was very helpful and courteous and answered most of our questions but had to refer some.

When phoned we were told that registering a patient with no ID or address would depend on the circumstances. They probably would, but without an address they can't register. They would refer to a walk in centre or signpost to 111. They also told us they had never had this situation occur.

## Market Weighton Practice

This practice is accepting new patients, they only ask for ID when a patient uses their online system. They ask for a completed GMS1 form. They would still register a patient without ID but were not sure how. The person we spoke to was unsure as to the process of dealing with inactive patients. The person we spoke to was very helpful and courteous and answered most of our questions but had to refer some.

When phoned the practice they would register a patient with no ID or address but would not be sure how as they had never come across the situation. They would check with the practice manager.

## Pocklington Group Practice

This practice is accepting new patients. They do not ask for ID unless the patient is from overseas, in which case they ask for a passport ID. In all cases they ask for a completed GMS 1 form. They would register patients without ID as a temporary patient or an immediate and necessary patient, and those without proof of address by using the practice address. If a patient becomes inactive they would write to them and remove them in the event of returned mail. The person we spoke to was very helpful and courteous and answered most of our questions but had to refer some.

This practice e- mailed a survey back to us; “We do not normally ask for proof of identity or address. Patients complete the GMS1 form and fill as much detail in as possible. They sign to say the details are correct. We would then do a search of the NHS spine to match them with their NHS number. Foreign nationals are asked if they have any id i.e. passport but this is purely for the checking of the name spelling if they do not have such a document with them this would not preclude them from registering provided they are eligible.”

## Montague Medical Practice Goole

This practice is accepting new patients. They ask for photo ID and proof of address. If the patient cannot provide this they would refer to the practice manager. If the patient could not supply an address they would refer to the practice manager. If the patient cannot provide proof of address they would refer to the practice manager. If a patient becomes inactive they would write to them and remove them in the event of returned mail or if another practice requests their records. The person we spoke to was very helpful and courteous and answered most of our questions but had to refer some.

When phoned the practice told us they would register a patient with no ID or address by using the practice address as a care of address.



**healthwatch**  
East Riding of Yorkshire

## PARTNER FEEDBACK

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“I feel on a whole the primary health care is very good once individuals have registered with a GP practice, however registering has proven difficult for some rough sleepers.”

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# Partner Feedback

## Hull and East Yorkshire Mind (Mind)

Mind have had experience of GP Practices requiring proof of address before being able to see a GP. Instances have been noted of clients being sent away without being able to access any medical information, advice or medical interventions.

Mind also makes the following observations.

- Inadequate local support for those with dual diagnosis who are homeless.
- Lack of affordable one bed accommodation in the East Riding makes finding a home challenging.
- Difficulty maintaining drug therapy - keeping pills safe and eating regularly.
- Ongoing impact of homelessness on mental health.
- The lack of a permanent address delays and sometimes prevents discharge following an acute admission.
- If Clients are homeless and phoneless they have difficulty in maintaining contact with support services. This has been evidenced when speaking to the Mental Health Response Team, when Mind has supported a person to make the call to describe their current distress, which more often than not includes suicidal thoughts and/or intentions. The Mental Health Team has then no way of following up with the individual if their mental health declines after the call has ended.

## Sexual health amongst the homeless- MESMAC

The following information was provided by Yorkshire MESMAC, a charity which works to raise awareness and provide testing for sexually transmitted infections and blood borne infections (BBV).

The average life expectancy of a homeless person in the UK is only 47, and the prevalence of morbidity is also higher in comparison to the general population. Homeless persons also have an inferior level of general health.

Homeless individuals have also an increased risk of acquiring a sexually transmitted infection (STI). Hepatitis C and HIV are the most well studied BBVs in the homeless population. The prevalence of hepatitis C was estimated to be 50 times greater in the UK homeless population.

## East Riding of Yorkshire Council (ERYC)

HWERY met with ERYC to discuss how this piece of work could assist and be included in the East Riding Of Yorkshire Homeless Strategy 2018-2023. HWERY feel the research in this report would contribute to the strategy priorities covering “support”

- “Ensure services are available for vulnerable people and those at risk of homelessness”
- “Offer assistance to new and entrenched rough sleepers”

The following information was provided by ERYC Housing Strategy team;

“The Homelessness Review, which was undertaken in 2017, did not identify any issues for homeless people accessing health care in the East Riding. However, it is recognised that nationally people can be refused access to a GP due to not having ID, having no fixed address or not being able to prove their immigration status. The Council’s emerging Homelessness Strategy acknowledges the relationship between health and homelessness and sets out priority actions to ensure that services are available for vulnerable people and those at risk of homelessness and offering assistance to new and entrenched rough sleepers to ensure that they are aware of health and other services available to them.”

## The Hinge

The Hinge is a charity in Bridlington offering benefit, welfare support, re settlement and after school clubs. We asked them for their view on homelessness in Bridlington.

Bridlington accounts for approximately 50% of the rough sleeper population in the East Riding according to the audit undertaken in November 2017.

“Homelessness is very prevalent in Bridlington. We offer support to individuals who are rough sleeping, sofa surfing or at risk of homelessness. For many individuals without a permanent address who access our centre they would use our address as a correspondence address in order to receive any post or to register with external services. We would offer each individual one to one support to explore a variety of accommodation options suitable for their needs and within their budget whilst working with them to apply for any relevant finances in order to secure and furnish accommodation. Further support is then offered to ensure that they are able to manage a successful tenancy and to support with any other underlying support needs such as poor mental health, substance misuse, and working towards achieving their aspirations. ”

Many individuals do have trouble accessing GP’s in the local area. For individuals who are not registered we are finding more and more that we are having to go through the NHS England number in order for a GP practice to be allocated. For individuals who are registered it is increasingly difficult to obtain an appointment due to the high demand. This causes frustration to individuals who need to see their GP to either obtain a fit note, have a review of medication or to discuss their illness or symptoms. More and more people are living with poor mental health and do not have the resilience or positive coping strategies to manage this accordingly, however waiting times for this specialised support is also an issue.

## Emmaus

The following statement is from Lucie Carroll, Rough Sleeper Support Service Manager

“I feel on a whole the primary health care is very good once individuals have registered with a GP practice, however registering has proven difficult for some rough sleepers. On occasions individuals presenting on their own have been informed that they need photographed ID or simply that they are not currently taking patients. To try and overcome this we contacted NHS England, who, I have to say are very helpful indeed. The allocations team was very efficient in getting individuals allocated to a practice within few days, often at surgeries that had stated they were not taking on patients. One rough sleeper in Beverley did have difficulty in registering with a practice there, as again the receptionist insisted he need to produce photographic ID and his NHS number. At a later date we attended the surgery with him, after managing to access his NHS number. The receptionist did register him eventually with his birth certificate; however the process was not made easy. I know if that individual had been on his own he would have simply accepted he couldn't access primary health care through that surgery.

I feel receptionists could be better educated on the specifics of registering homeless people, and show more empathy in some cases”

“For individuals who are not registered we are finding more and more that we are having to go through the NHS England number in order for a GP practice to be allocated”

# CONCLUSION & RECOMMENDATIONS



“The perceived barriers in accessing primary care need to be broken down.”

# Conclusion

## Good Practice

Whilst our phone survey of GP practices was positive around not requiring ID and an address for registration, public experience seems to differ in some cases. The discrepancy seems to be around identification. The NHS England leaflet “People who are homeless how to register with a doctor GP” clearly states;

*“Please be aware that a homeless patient cannot be refused registration on the basis of where they reside because they are not in settled accommodation. For safety reasons they may need to change the places where they sleep rough on a daily basis. There is no regulatory requirement to prove identity, address, immigration status or an NHS number in order to register as a patient and no contractual requirement for GPs to request this.*

*Those who are homeless, vulnerably housed or ‘of no fixed abode’, asylum seekers, refugees and overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if they are not eligible for secondary care (hospital care) services.*

*The patient MUST be registered on application unless the practice has reasonable grounds to decline. GP practices have limited grounds on which they can turn down an application and these are; if*

*The commissioner has agreed that they can close their list to new patients.*

*The patient lives outside the practice boundary.*

*(N.B. As this relates to patients in settled accommodation, it is not an applicable ground to refuse to register a homeless patient.)”*

## Access

Access to primary care is a crucial piece of the jigsaw. If a person’s immediate health needs are addressed, further referral into other services such as mental health and possibly social prescribing can help to improve wellbeing, and hopefully a return to a less transient lifestyle.

The perceived barriers in accessing primary care need to be broken down in order for every member of this vulnerable group to receive both the primary and secondary care they need.

From HWERY s investigations into homeless person’s access into primary care, it would seem from the survey of GP practices, the knowledge of the correct procedure to follow is in place. The phone survey result is very positive, showing that practice staff know how to register homeless patients. The message was very clear in that no one would be turned away.

In addition to the phone survey HWERY selected 15 GP practices to visit on an enter and view basis. Some of the responses differed from the phone survey. Some practices did not offer the use of the surgery address for homeless patients, whilst 2 practices stated they would refer a patient with no ID or address to the Quays project in Hull.

## Public experience

Whilst working with the Emmaus Rough Sleeper Outreach team HWERY engaged with some of their clients and asked about their experiences of registering engaging with primary care.

One gentleman who had been rough sleeping for many years and had been through a period of self-harm, told us;

*“As I did not have any ID I did not think I could register with a GP.”*

Another Gentleman told us that he had to wait 6 weeks for a doctor’s appointment.

A client who had been rough sleeping was taken to a GP by Emmaus. The client was told that he had to de register with his current GP in Hull before registering with them. The practice also insisted on photo ID. Many homeless persons do not possess the most common forms of photo ID such as a driving licence and passport. Obtaining an ID card online is a lengthy process, payment is made online, and many homeless persons do not have a bank account.

## Recommendations

HWERY recommendations as a result of our findings seek to address the perceived disparity between GP practices being aware of their responsibility in registering patients who are homeless, or do not have a permanent address, and the negative experiences of this vulnerable group in accessing primary care.

- East Riding & Vale of York CCGs to ensure that all East Riding GP surgeries be made aware of the NHS England leaflet “Registering with a GP, Homeless Persons”.
- HWERY to produce a small card to provide to the public stating their rights when trying to access care without identification or documentation.
- East Riding & Vale of York CCGs to encourage that information is clearly displayed in practices that highlight the rights of an individual who does not have identification or documentation when trying to access primary care.
- East Riding of Yorkshire Council ensure that the rights of homeless people to access primary care is included in the East Riding Homelessness Strategy.

## Next Steps

Healthwatch East Riding of Yorkshire will be taking the following steps.

The report will be distributed to the following:

- East Riding of Yorkshire Clinical Commissioning Group (CCG)
- Vale of York CCG
- East Riding of Yorkshire Council (ERYC)
- East Riding Of Yorkshire Council, Homeless Strategy Group (ERYC)
- All GP practices in the East Riding of Yorkshire
- NHS England (NHSE)
- Hull & East Yorkshire Mind
- Care Quality Commission (CQC)
- Healthwatch England (HWE)
- NHS Humber Teaching NHS Foundation Trust (HFT)
- City Healthcare Partnership (CHCP)
- Hull & East Yorkshire Hospitals (HEY)
- North Lincolnshire & Goole Hospitals (NLAG)

Under Healthwatch powers to produce reports and recommendations, commissioners will have 20 working days from receipt to respond.

Healthwatch East Riding of Yorkshire will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services.

When the report is published it will be made available as a PDF download via the Healthwatch East Riding of Yorkshire website. The report will also be available as a hard copy upon request.

## Acknowledgements

Healthwatch East Riding of Yorkshire would like to thank all those who contributed to our research:

- All of the GP practices in the East Riding of Yorkshire.
- East Riding Clinical Commissioning Group
- Vale of York Clinical Commissioning Group
- Hull and East Yorkshire Mind
- Goole YMCA
- East Riding of Yorkshire Council, Goole Housing Department
- East Riding of Yorkshire Council, Housing Strategy Team
- Emmaus Rough Sleeper Outreach Service
- The homeless people we spoke to who shared their experiences with us
- Emmanuel Church Bridlington
- Yorkshire MESMAC
- The Hinge Bridlington
- Toll Gavel United Church Beverley
- SWITCH Project

# Appendices

Fig 1.0 GP data collection

Surgery	Upon registration what documents do you ask for from a registering patient						Other	If no proof of address, or homeless or in temporary accommodation Can you still register them	Comment
	Photo ID	1 x Proof of address	2 x Proof of address	Proof of UK residency	NHS no	unsure			
Dr C M Vinici and Partners Driffield	Yes						GMS 1 form	No but would refer to practice manager	We would somehow get round it
The Medical Centre Driffield and Wetwang Surgery	Yes	Yes					Or birth certificate	Yes at the surgery address	
The Park Surgery Driffield	Yes							"That would be circumstantial" Offered to ring back after referral.	Rang back the same day and stated they would register at the practice address.
Dr Sykes A J and partners Beeford and Beeford medical practice	No	No					No documents required	Yes at the practice address	
Snaith and Rawcliffe Medical Group Rawcliffe	Yes	Yes					Invited for a healthcare check	We would register them, I'm not sure how but I would find out.	
Bartholomew Medical Group Goole	Yes	Yes						Bring what they can and take it from there. We would register them at the practice address.	We always attempt to obtain a phone no.
Montague Medical Practice Goole	Yes	Yes						Refer to the manager and then use the practice address	Contact them by mobile phone
Old Goole Branch Goole	Yes	Yes						We wouldn't turn them away, register with practice address	
Howden Medical Practice							GMS 1 form	Yes c/o practice address	
Bubwith Surgery	Yes	Yes					NHS number	Would double check the process.	We have a policy
Gilberdyke Health Centre	Yes							Not had that happen, we wouldn't refuse anyone	
Market Weighton practice	Yes							Yes	Not sure how as I have never come across the situation.
The Ridings Group Holme on Spalding Moor.	Yes	Yes						Not sure, I would have thought so.	
Manor House Surgery Bridlington and Flamborough	Yes						Patient pack and list of medication	Yes at a c/o address. If no c/o address ask the GP	
Wolds Primary Care Practice Bridlington	Yes	Yes						Would signpost to NHS England who would allocate them to a practice. Or at the practice address	
Practice 1 Medical Centre Bridlington	Yes	Yes					List of medication	Down to the practice manager, but we don't refuse, would use the Hinge as the c/o address	

Practice 2 Medical Centre Bridlington	Yes	Yes					Birth Certificate	Unsure, referred to practice manager, they would use the Hinge as a c/o address	
Fieldhouse Surgery Bridlington	Yes	Yes					GMS 1	Would use surgery address if no other option and refer to our care coordinator	
Practice 3 Medical Centre Bridlington	Yes	Yes					GMS 1	Would use c/o address or PO Box at the post office	
Fieldhouse Surgery Branch site Flamborough	Yes						Patient pack and list of medication	Yes at a c/o address, if no c/o address ask GP	
Dr A R M Kelly and Dr B L Bawn	Yes	Yes						Yes at surgery address	
Beverley and Molescroft Surgery	Yes							Yes as a temporary registration	
Dr H S Suri And partners	Yes	Yes						Yes following NHS England leaflet	
Dr Underwood and partners	Yes	Yes						Would ask why they couldn't provide ID but would register at surgery address	
North Beverley Medical Centre	Yes	Yes						Would refer to Practice manager but would register at practice address	
Old Fire Station Surgery		Yes if using Online service					GMS 1 form	Yes at a c/o or practice address	
Eastgate Medical Group Hornsea & Aldborough Surgery							GMS 1 form	Yes at practice address	
Anlaby Surgery	Yes	Yes						Depends on circumstances, wouldn't register without an address, never had this happen	
Brough Surgery	Yes	Yes					NHS Number	Yes as a temporary patient, for immediate and necessary treatment of a full registration with no fixed abode	Would help in any way we could
Cottingham medical Centre	Yes						GMS 1 form	Yes, at the practice address	
The Chestnut Surgery Cottingham	Yes						GMS1 form	Yes, they would complete the GMS1 form then I would refer to practice manager.	
Hallgate Surgery Cottingham	Yes	Yes						Yes at the practice address	
Hessle Grange Medical Centre	Yes	Yes					Birth certificate	Yes, we won't refuse registration	
Park View surgery Hessle	Yes	Yes						Unsure, would need to check with the practice manager	
Dr A Green and partners Keyingham							GMS 1 form	Yes as an immediate and necessary patient	
Peeler House Surgery Hessle	Yes	Yes						Yes at the practice address	
South Cave Medical Practice	Yes	Yes						Yes with no fixed abode	
The Willerby Surgery	Yes	Yes						Yes for immediate and necessary treatment and then refer to the Quays project in Hull.	
Dr Robert Mitchell Ferriby	Yes							Don't know hasn't happened, check with manager	
Church View Surgery Keyingham		Yes if using online service					GMS 1 form	Would register without ID, if no address would refer to practice manager	
Church View Surgery Hedon							No document	Yes, if no address would refer to practice manager	

							ts required		
Hedon Group Practice							GMS 1 form	Would register as an immediate and necessary patient	
South Holderness/Patrington and Roos practice	Yes	Yes						Yes at a c/o address	
Pocklington Group Practice	Passport ID for foreign nationals to check spelling of name						GMS 1 FORM	Yes, no ID required	



**Healthwatch access to primary care call guide/ questionnaire**

GP survey

Practice name and location and phone

no.....

Person completing.....

Hello, I'm calling from Healthwatch East Riding. We're an organisation that collects patient's experience of using health & social care services in the East Riding. We've had an enquiry from a resident who was concerned about GP registration. Could I ask you a few quick questions about your registration process for new patients?

**Questions:**

**Are you accepting new patients? Yes/No**

**Upon registration, what documentation do you ask for from a registering patient?**

- Proof of identification (Passport, driving license)
- 1x Proof of address (bank statement, utility bill)
- 2x Proof of address (bank statement, utility bill)
- Proof of UK residency
- Their NHS number
- Unsure

**If the patient cannot provide any supportive ID would you still register them? Yes/No**

**If the person registering does not have proof of address, is homeless or in temporary accommodation can you still register them?**

- Yes  No  unsure  Referred to practice manager

**If yes, how can they register with the practice?**

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**If no, what advice is given to the person registering?**

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If the person is registered and become inactive, how long a period of time is it before they are removed from the practice list. What process is followed?

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At any point was the enquiry escalated to the Practice Manager Yes/No?

**For the caller only**

Was the person or persons you spoke to helpful, friendly and courteous?

Were you treated with dignity and respect? Please tick all that apply.

- Very helpful and courteous and answered all questions without referral
- Very helpful and courteous and answered most questions but had to refer some
- Referred the enquiry straight away in a professional manner
- Not very helpful
- Not very helpful and comes across as abrasive

## Contact us

For any further information about Healthwatch East Riding of Yorkshire please contact us on the following:

[www.healthwatcheastridingofyorkshire.co.uk](http://www.healthwatcheastridingofyorkshire.co.uk)

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