

# How homeless people in Reading experience health care services

## Executive summary

### Why did we carry out this project?

Members of the public told us they were concerned about an apparent rise in the number of homeless people in Reading. We are committed to ensuring that ‘unheard groups’ get the chance to describe their experiences of local health and social care services in the same way as other citizens.

We also wanted to collect experiences that could complement the findings of a Reading health audit of homeless people, led by Reading Borough Council.

### Who did we speak to?

We met and collected experiences of 19 people in three focus groups, each lasting one hour, at community locations used by these clients. We offered a £10 Tesco voucher to these people for their time and involvement (an engagement method we have used in past projects).

Participants gave their consent for us to take photos and share their stories.

### Main findings

- **Access to dental care was the most common and significant problem** and we heard evidence of people removing their own teeth.
- **Access to timely appointments with a known GP is difficult (which echoes concerns of general population from our 2016 primary care project).** People can also run out of phone credit can run out while on hold to surgeries. People appreciated reception staff (such as those at the Reading NHS Walk-In Centre) who showed them respect regardless of their circumstances.
- **Administration problems (such as last-minute outpatient appointment cancellations) were an issue for people using hospitals.** Again, this is a problem also reported to us previously by the general population. People also described issues with hospital discharge, and some felt they were denied painkillers due to assumptions about being ‘addicts’.
- **Sporadic Internet access means some people cannot access up-to-date information or might miss the benefits of online services.**

### Recommendation:

We urge NHS and social care commissioners to use our findings, together with results of the RBC health audit (due out later this year), to inform how they will address care gaps, and consider innovations such as mobile dentistry services.

## Introduction

### Why did we undertake this project?

Members of the public told us they were concerned about an apparent rise in the number of homeless people in Reading. They see people sleeping in locations such as shop doorways on Station Road, Broad Street and even a tent on Friar St.

According to a [2016 report](#) by national charity Shelter, Reading is ranked 37<sup>th</sup> in England's 50 top homelessness hotspots (or 8<sup>th</sup> outside of London). Just over 1,000 people are either living in temporary accommodation or sleeping rough in Reading, according to Shelter's figures, compiled from various official data sources.

Healthwatch Reading is committed to ensuring that 'unheard groups' get the chance to describe their experiences of local health and social care services in the same way as other citizens and so our board agreed to run an engagement project with homeless people.

Early on in our project we became aware that Reading Borough Council was planning a health audit of homeless people, using [template resources](#) provided by national charity Homeless Link. Nearly 30 local authorities have used these resources to carry out health audits since 2010.

RBC enlisted the support of statutory and voluntary sector organisations (including Healthwatch Reading staff) to carry out its local audit during January-March 2017. In total, 150 people completed the 42-questions audit survey covering all aspects of health needs and at the time of this report, findings were yet to be published.

Healthwatch Reading decided to run focus groups in parallel to the audit, to elicit more personal stories and experiences that might complement findings.

Healthwatch Reading's report and recommendations are independent of the RBC audit, but we hope commissioners from both the NHS and RBC, will deem our report as added value findings to the audit, which will inform local understanding and future planning and funding of services for this client group.

## Overview of services available to homeless people in Reading

At any stage of sleeping rough, sofa-surfing, staying in hostels, or temporary accommodation, people, are entitled to **universal NHS services**, such as **GP surgeries, NHS dentistry, community pharmacy, the Reading NHS Walk-In Centre** in Broad Street Mall, the clinics, wards and emergency department provided by the **Royal Berkshire Hospital**, and **mental health and community services** provided by Berkshire Healthcare NHS Foundation Trust.

### People sleeping rough

People who are sleeping rough are supported by an **outreach team from St Mungo's**, who can make referrals to other services, including Reading Borough Council's homeless pathway.

**Churches in Reading Drop-In Centre (CIRDIC)** provides hot meals, showers, clothes, telephone, postal addresses, housing information and a **nurse-led clinic** (see below).

### People on the council's homelessness pathway

People who have been placed on Reading Borough Council's [homelessness pathway](#) will have housing, health and wellbeing milestones set through different stages:

1. Intensive: Short-term accommodation with 24/7 staff support and peer support groups, at venues such as **Hamble Court run by Riverside English Churches Housing Group**, or **Willow House run by Salvation Army**; help with registering with a GP; advice for those who are drug users, on safe injecting and needle disposal, including Reading's **16 community needle exchange venues (mostly pharmacies)**; help to engage with Reading's **drug and alcohol service, Iris**; advice on benefits and finances; and help to develop a support plan.
2. Lifeskills: Moving to a smaller hostel such as those run by **Launchpad and other supported living providers** without round-the-clock staff, but a regular support worker; registering with a dentist; addressing longer term health needs; referred to counselling if needed; healthy eating; budgeting and training/education.
3. Approaching independence: Building confidence to live independently
4. Moving on: Taking on a tenancy

(Reading Borough Council's policy committee considered a proposal to reduce the budget for the homelessness pathway by nearly £250,000).

### Dedicated health outreach for homeless people

**The Health Outreach and Liaison Team (HOLT)** is a nurse-led outreach service that holds two-hour drop-in clinics, once a week at Cirdic, and once a week at Launchpad Reading. The team is run by Berkshire Healthcare NHS Foundation and

offers initial assessment and treatment, signposting/referrals to appropriate services, health advice, and support registering with a GP or dentist.

### About the people who took part in the focus groups

We met and collected experiences of 19 people, 17 men and two women.

Most (42%) were aged 35-44, followed by 45-54 (26%), 55-64 (16%), 65-74 (11%), and 25-34 (1%). Nobody was aged under 24 or over 75.

The majority (83%) described themselves as British, 'other White', or Irish. Nobody was from an African, Asian or other minority ethnic background.

Nearly half of people (47%) said they had a disability.

### How we set up and ran the focus groups

We ran three separate focus groups, each lasting one hour. One took place at CIRDIC drop-in centre on 7<sup>th</sup> April 2017, and two at Willow House (Salvation Army) on 27<sup>th</sup> April 2017, to ensure they were in a familiar and accessible environment.

These focus groups were separate to the council's audit exercise.

Beforehand, Cirdic and Willow House staff put up posters we supplied, advertising focus group opportunities.

We also consulted with Willow House and Cirdic staff about the focus group topics.



We ran the sessions in the same way as we do for other members of the public:

- by making the group 'safe' (by confirming consent to share experiences, take and use photos; agreeing ground-rules on how the group interacted; and giving participants chances to ask us questions)
- using posters and questions as prompts for a facilitated discussion, rather than a rigid structure, to ensure all people got a chance to have their say.

The core questions people discussed were:

- what did you like about the health service?

- was there anything you did not like about the service?
- is there any improvement you would suggest for the service?

## Main findings

This section covers people's experiences with dentists, GPs and hospitals. Focus group participants did not take up opportunities we gave them to discuss - even on an individual basis outside of the group setting - their mental health needs of experiences in mental health care settings.

### Dental care

The most common theme raised by people was poor dental health and accessing NHS care:

*"I went to the dentist with an abscess on my tooth...and I had to have the tooth out in the end... and I'm waiting for another appointment [for a cracked tooth]."*

*"I missed a 6-month check-up... and then they strike you off and you're not allowed to re-join. I had to have three teeth taken out, and I've actually removed them myself and they've all snapped at the root..."*

*"I've been striked off of that one, because I've been homeless, and I got there to make an appointment and they's struck me off, and you can't re-register - they won't let you - and then to try and find another ...and they charge you too...and I was homeless and living in a tent, not getting no money, and now I'm still not with a dentist."*



This man showed us the impact of poor access to dental care

*"It's best to press up, then twist and pull down, rather just pull down, cos you might leave a bit."* (Person describing how they pull out their own teeth)

*“I hate talking...I usually try not to open my mouth...or have my hand [person demonstrates putting hand over their mouth to hide their teeth].”*

One person thought that dentists were not agreeing to requests from homeless people to pull out all teeth because they wanted patients to come back for repeat visits to get extra income under the NHS dental charging rules. Even if they were on benefits, people understood they would be charged £46 per extraction.

*“I said to him [the dentist] ...you’ve got to take [my tooth] out...but he said, ‘cap it’ [so I] had to go back [to get it capped and then it broke again].”*

Other people also wondered why their teeth could not be removed all at once, given that they felt it was inevitable they would eventually lose them.

*“I’ve got that disease where you once you’ve got that gum disease your teeth are gonna fall out...cause it goes from one to the other...so when I went in...I was like ‘would you take them all out?’ and they wouldn’t.”*

People also said they had refused treatment because they felt dentists were not taking needle or other phobias seriously:

*“I am not going anywhere near hospital unless they are going to knock me out... [to have teeth removed]. Every time they offer an injection [for a local anaesthetic]. It’s ‘oh, don’t be a baby’.”*

*“The dentist said, basically I need treatment doing, that’s fine, but they won’t knock me out, they need to keep me awake. But you want to put Black and Decker in my mouth whilst I’m awake and go to work? No, you’ve got to knock me out and they won’t do it, so I am f\*\*ked with a gammy tooth!”*

*“It’s like they don’t listen to you if you have a phobia...that thing when people are scared of it.”*

### GP surgeries

In other parts of the country, registering with a GP is reported to be a problem by people who are homeless. Most people in our focus groups did not describe such problems.

However, some said surgeries were still asking, when registering, for proof of address they might not have (such as utility bills), or were rejected as not suitable (such as mobile phone contracts). Cirdic allowed people to use its address if needed.



(Government guidance states people do not have to provide proof of address to register as a new patient - this is discussed later in our report).

Some people reported being asked to give too much personal information to GP receptionists:

*“When you go to the GP or walk-in centre and you speak to the receptionist and they ask you what you’re here for. Why should I speak to the receptionist? I want to speak to my doctor, it’s personal.”*

Some felt that their personal situation was stigmatising, and that staff just wanted them ‘in and out’ of the surgery as quickly as possible.

*“Receptionists.... it’s the way they look at you, you know what they are thinking and it just makes you so uncomfortable...”*

*“It’s when you’re just in and out the door - I’ve had that before - not willing to give me the time.”*

*“People not being willing to give you the time .... you’re in and out as quick as possible, if you know what I mean.”*

*“There’s just one GP there I won’t see any more: he seems to just not be interested in what I’m telling him and just sends me away, so I always ask for someone else.”*

There was a feeling that better training for receptionists could be helpful:

*“If you’re receptionists at the doctors, you should have that training - you are the first port of call to the doctor - you are representing the doctor. When you come into the centre you should be treated as equals all the way along the line - it should be basically ‘Good morning Sir how are you?’ - a bit of respect - it doesn’t cost you anything...”*

*“They are all under pressure we know that...but it’s like, treat me normally...”*

Others reported difficulties such as not seeing a known GP or difficulties getting an appointment at the GP surgery:

*“I am registered with one GP. With my GP, I’ve got to phone them at 8 o’clock in the morning to try and get an appointment but when you phone them they are always busy. That’s why sometimes I will go to the walk-in centre. Then when you get there they put you in there to see the nurse then if they think you are worse enough to see a doctor then they send you to see the doctor.”*

*“If you are running out of credit [on your mobile phone] and it’s on hold [to speak to GP receptionist], you’re just running out of credit.”*

*“When I go back to see MY doctor I always end up seeing another doctor, I never see the same doctor.”*



*“There’s no consistency in which doctor you see and you have to explain your whole medical history despite the notes being on computer. Very time consuming.”*

*“You find you have to explain yourself all the time.”*

*“I have tried to go to the doctors near me on the Oxford Road and no, it’s all full up. I’ve stayed where I am at the walk-in centre. I would prefer to go to a proper doctor’s surgery obviously, but they are all full.”*



*“...if the doctor knows you, it’s about having that bond ...it’s when he knows you...knows everything about you, knows you as a person...you want to see your doctor who knows everything about you...”*

*“Since they’ve been taken over [Priory Avenue Surgery, by company OneMedicalGroup] it’s 10 times worse...everything...appointments, system, locums, doctors that are partners they’ve only got one and all the rest are locums. They’re on about turning to into a walk-in centre in the morning, which is never going to work.... When I’ve phoned up...had to wait 5 or 6 weeks, was 48 hours before. What they have done has ruined the surgery - it was actually ten times better before.”*

*“I phoned up this morning but it was too late to see a doctor today unless it is an emergency, but I need to see a doctor today...so I’ll phone back at 2pm...otherwise it’s a week...sometimes it’s five days.”*

*“That one [Reading Walk-in Centre] is ridiculous...you wait two or three hours and then you see a nurse and she decides if you’re allowed to see the doctor and then you’ve got to sit down another two or three hours to see a doctor ....”*

Getting information about services can be difficult:

*“Not everyone has got the internet [to find out about GP services or other services]. Not everyone has the access to the information on opening hours etc. [How do you access the internet?] The library, CIRDIC.”*

People also described examples of good GP care:

*“I had to move to the University Medical Centre and they are really good... I can just go in there, there's eight GPs and maximum wait is half an hour and they're open [some] nights.”*

*“My GP actually puts my prescriptions through automatically and I pick it up every and I don't have to ring up.”*

*“I am registered with the walk-in centre and I can go straight in come out and I am happy. I have explained to them beforehand that I'm homeless and I get anxious around crowds of people so I've explained that to them so they are a bit more sympathetic to me and they don't start judging me because (a) I'm homeless and (b) I got issues.”*



## Hospital services

Two participants reported difficulty with getting hospital referrals organised:

*“It took months to get mine sorted for a spinal thing ...you know I've gone up to the hospital and it's been cancelled.”*

*“They sent me referral - I had to try and see the hand and feet specialist and the spinal, and both times I got there really early in the morning and it had been cancelled and I had not been told and I am still waiting.... This was last year and I am still waiting for these appointments, which I need to know.... I think they had just overbooked.”*

Another described the anxiety of waiting a long time for an appointment that had been booked:

*“I've had a heart problem for about last three months, don't know exactly what it is, and I've got to wait until [date next month] to have it looked at.”*

One person described the difficulties associated with being sent out of area for specialist treatment:

*“I always get sent to a hospital far away, and I've got [chronic condition] - it's a nightmare for me - they sent me to...Thatcham - that's in the middle of nowhere! I can't walk properly with my condition, and I have seizures. They*

*sent me there for a brain scan. My memory wasn't right at the time. But I had to get there. So, if you don't know anyone that can drive, and you have to get the bus, that's a bit far to travel, and they always give me my appointments at like half eight in the morning or nine o'clock, so I need to get up really early in the morning to be able to get the first bus. Two hours on the bus it takes, 'cos you have to get one bus to Newbury and then you have to get that bus out of Newbury 'cos it's not even in Newbury...so if you have to get there for like quarter to nine, it's a nightmare, and you miss it...I had no choice [of where to go or the time].*

One participant described being discharged with no accommodation to go to:

*"I was discharged to the street last year, after an operation, from Royal Berks..they just discharged me to the street. I was supposed to keep that [the wound] clean, and there was me sleeping rough."*

Another person told us about their experience with orthopaedic care:

*"I had to walk around the hospital with a broken leg two years ago - all round - all through orthopaedics - not offered a wheel chair - sat here for six hours with a broken leg and the ambulance when it arrived made me walk to the ambulance, and I already had a great chunk of metal in the one leg.... The hospital was just absolutely useless and they book you an appointment for 8.30am, and you get there and you don't get seen until half twelve, one o'clock or two o'clock and you think what's the point of giving me an appointment time? It's a first come first served in orthopaedics, though they say it isn't - the trick is to get there by eight o'clock and give them your name. You can be booked in for nine o'clock and be there all day."*

*"The hospital is useless when I had my ankle done over. Basically, they turned round to me and said on the same day I could walk on it, after they put stitches in it. No pain killers and didn't even give me any crutches...They do use it against you they don't like giving you medication because you're an addict. It's a stigma."*

We also heard positive feedback about A&E:

*"I sprained my ankle very badly in Broad Street one day and I had a cut on my finger they took me up to A&E and it was ok I was seen pretty quickly. They were nice [the staff in A&E]."*

## Observations we collected from volunteers and professionals

People who work with clients on the homelessness pathway gave us interesting insights about the choices and circumstances of people they work with, including:

- a small number of people who can afford either rent, or food and bills, but not both, will choose to sleep outdoors, perhaps in a tent, in order to ‘pay their way’ - and not depend on others - as best they can;
- there is lots of free food available in Reading - that while this does not solve the problems that people have, it is usually possible to signpost people so that this basic need can be met;
- a small number of people choose not to take up available sleeping accommodation because hostels and similar will often have a curfew that is before the pubs close - and the best time for begging is at closing time, when pub and club patrons are leaving and going home themselves.

We also heard that meeting the needs of this diverse group of people is complex, and depends on not making assumptions about any individual’s situation.

## Initiatives and evidence from other parts of England

A report, published this year by charity Groundswell, found that 90% of participants had a problem with their mouth health since becoming homeless.

Many people were experiencing dental pain, and had lost teeth since becoming homeless. More than one quarter used alcohol or drugs as a way to cope with dental pain. Some had attended A&E with dental problems.

The report said that difficulties with getting dental treatment, lifestyle and low levels of self-care were a key barrier to maintaining a healthy mouth. Slightly less than one quarter had had been to the dentist in the last six months, and more than half of people were not clear on their rights to NHS dentistry.

The report has led to a new self-help action guide to promote personal oral health, and making the most of visits to the dentist, available on the Groundswell website.

The charity Dentaaid has developed an interesting outreach project, using a van it bought and equipped as a mobile dental surgery in 2016.

The van has visited various places in the UK to provide free treatment to homeless and vulnerable people.

A 38-year-old called Daniel who had been sleeping rough in Winchester for eight months, described the service: "I've had toothache for ages but didn't really know what to do about it. I would never go to a dentist but when the dentist came here on the bus I knew I had to see her," he said. "I needed three teeth to be taken out and she's going to do some fillings. I'm over the moon because it'll stop the toothache."



In London, an '[access to healthcare card](#)' has been developed and distributed in a joint project between charity Groundswell, the Healthy London Partnership and local Healthwatch. The card is designed to help people who are homeless to register and receive treatment at London GP practices.



**I have a right to register and receive treatment  
from a GP practice**

Healthy London  
Partnership

[www.healthylondon.org](http://www.healthylondon.org)

groundswell



We received a positive response to the idea of the ‘rights’ card and a local walk-in dentist service, during our discussions with the focus groups.

Other evidence we reviewed for this project includes:

- a Joseph Rowntree Foundation [report](#) showing local authorities reporting significant reductions in specialist support for homeless people with mental health problems, to alcohol or substance misusers
- a [medical journal report](#) on how to provide good access to primary care for homeless people
- reports into experiences of homeless people by local Healthwatch, in [Bristol](#), [Gloucestershire](#), [Northamptonshire](#), [Lancashire](#) and [Stoke](#).

## Discussion and recommendations

We urge NHS and social care commissioners to use our findings, together with results of the RBC health audit (due out later this year), to inform how they will address care gaps.

This includes:

- Berkshire West Clinical Commissioning Groups considering whether to produce and distribute a card outlining the right to register with GP practices without an address
- Berkshire West CCGs to consider running training/awareness raising events with GP reception staff and doctors, about treating homeless people with

respect and putting arrangements in place that remove barriers to making appointments

- Local NHS England dentistry commissioners consider piloting free, walk-in/mobile dentistry, to offer a service that takes into account the particular needs, fears and concerns homeless people might have about dental treatment
- All NHS providers and commissioners take steps to ensure they are reaching out to homeless people to involve them in service design, changes or improvements, in line with NHS Constitution and other statutory guidance on involving the public in individual healthcare and population level commissioning.
- RBC to communicate clearly how the views of people who completed its health audit, will impact on any future services

### Acknowledgements

Healthwatch Reading would like to thank the members of the public who participated in the focus groups, staff at CIRDIC and Willow House, and Reading Borough Council staff involved in the health audit, for their assistance.