

Prepared for:



Leicester, Leicestershire  
and Rutland

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# Consultation Report:

Homeless GP Service  
Consultation Survey –  
Leicester, Leicestershire and  
Rutland.

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January 2024

**Produced by JW Research Limited**

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# Executive Summary

## Opinions on Proposal to Have One GP Service Delivered Across LLR for Homeless Patients

Overall, the large majority of respondents to the consultation say that they agree to some extent with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland for homeless patients. In total, 77% (156 respondents) to the online survey and 80% (4 respondents) who took part in the one homeless focus group agree to some extent (either 'strongly agreeing' or 'agreeing') with the proposal. More specifically, in the online survey, 56% (113 respondents) indicate that they 'strongly agree' with this proposal, with a further 21% (43 respondents) saying that they 'agree' with it. Meanwhile, in the homeless focus group, 60% (3 respondents) indicate that they 'strongly agree' with this proposal, with a further 20% (1 respondent) saying that they 'agree' with it.

However, a minority of respondents to the consultation disagree to some extent with the proposal. In total, 10% (22 respondents) to the online survey disagree to some extent (either 'strongly disagreeing' or 'disagreeing') with the proposal. More specifically, in the online survey, 4% (9 respondents) indicate that they 'strongly disagree' with this proposal and 6% (13 respondents) saying that they 'disagree' with it. Meanwhile, in the homeless focus group, none of the 5 respondents disagreed with the proposal.

The most commonly mentioned specific theme stated for agreeing with the proposal in the online survey relates to comments made about the service providing convenient and specialist GP access for homeless people. The most common single theme cited for agreeing with the proposal is a general comment that **'it will provide simple/convenient/free GP access to all homeless people'** (17% - 35 respondents). Another key reason why some respondents agree with the proposal is that it will be able to provide specialist medical services for homeless people's specific needs – 13% (27 respondents) mention **'it will provide specialist GP access for homeless people/offer help with their specialist needs'** as a key theme.

However, a significant proportion of respondents overall also make comments about the proposed specialist GP service for homeless people helping to break down barriers to medical access that homeless people believe they currently face. Around 12% (24 respondents) make comments relating to a feeling that the proposed GP service **'may result in less discrimination against homeless people/healthcare should be fair for all'**, while a further 11% (22 respondents) think that **'it will be easier for homeless people to make GP appointments/receive treatment more quickly'** and 1% (3 respondents) think that **'it will help to remove current barriers to accessing healthcare for homeless people'**. The only specific comments recorded in the homeless focus group in relation to agreement or disagreement with the proposal are positive ones, with one respondent expressing a high level of satisfaction with the service provided by the Inclusion Practice.

Amongst the minority who disagree to some extent with the proposal, the main themes from the online survey respondents relate to the concern that **'there would need to be several locations where this service is offered'** (2% - 5 respondents citing this), a **'concern about how far homeless people would have to travel to access specialist GP services'** (2% - 5 respondents) and **'concern about homeless people changing from their current GP'** (2% - 5 respondents), hence potentially causing an issue for homeless people in relation to continuity of care.

## How to Best Deliver Specialist Homeless GP Service Fairly

The most common themes mentioned regarding fairness for all when delivering the specialist GP service for homeless patients relate to the physical accessibility of the service. The two most commonly mentioned aspects relating to fairness of delivery are **'to offer a mobile/outreach service (to visit homeless patients/accommodations)'** which is mentioned by 19% (39 respondents) and to **'offer dedicated building(s) for homeless medical consultations/care (e.g. drop-in centre)'**, cited by 18% (37 respondents). A further 10% (20 respondents) also make general comments about **'making specialist GP service easily accessible/in a good location'**, while 4% (9 respondents) make comments concerning **'providing homeless specialist GP/medical service in multiple locations'**.

The next most common theme cited by respondents relates to making it easier for homeless people to obtain appointments – namely to **'make it easier/quicker to get an appointment/offer flexible appointments/offer ability to book appointments via multiple channels'** (mentioned by 5% - 11 respondents) and **'offer ability to have appointments remotely (e.g. by telephone, internet)'** (mentioned by 3% - 6 respondents).

At a lower level, other factors that some respondents think need to be considered in order to delivering a service that is fair for all include ensuring that **'GPs/staff are patient/understanding/ sympathetic/specially trained (e.g. of a homeless patient's situation)'** (mentioned by 6% - 12 respondents) and **'improving the general availability of/access to regular GPs/healthcare professionals to homeless people'** (mentioned by 6% - 12 respondents).

It is also encouraging that a small minority (5% - 11 respondents) mention that they are satisfied with the homeless GP services already provided, making comments around their desire for the ICB to **'continue to deliver the current good service'**.

## Current Homeless Access to Health Services

Overall, 49% (99 respondents) to the online survey say that they are registered to a GP practice – either at a local GP practice near to where they are currently living or at the specialist GP practice (Inclusion) in Leicester. Only a small proportion (1% - 3 respondents) indicate that they are not currently registered with a local GP practice. However, it should be noted that 50% (101 respondents) did not provide an answer for this question.

NB: When homeless respondents who say they are not registered with a local GP practice were asked how they access health services, a total of 9 respondents went on to answer this question (rather than just the 3 respondents who should have answered the question). However, of those answering, 3 respondents say that they **go to Accident & Emergency**, 1 respondent **calls NHS 111** and 1 respondent **goes to a walk-in centre or urgent care centre**.

For those taking part in the consultation through the one **community focus group**, all five respondents are currently registered with the Inclusion Practice in Leicester, although all five respondents are also aware that they can access health services via Accident & Emergency, NHS 111 and a walk-in centre or urgent care centre, as well as through the 111 service.

## Most Important Aspects of a Specialist GP Service for Homeless People

The most important aspect to the homeless sample about their GP service is the ability to be able to make appointments. Specifically, more than two-fifths (41% - 82 respondents) select **'an urgent appointment you can make on the same day'** as the most important thing about their GP service, while 16% (22 respondents) choose **'an advanced appointment you can book for the future'**. At a lower level, the other aspects that are seen as being relatively important for more than a fifth of respondents are **'mental health services and support'** (29% - 59 respondents), **'a walk-in clinic where you sit and wait to be seen'** (25% - 47 respondents), **'a range of services that help prevent poor health'** (23% - 50 respondents) and **'out of hours services'** (21% - 43 respondents).

For those taking part in the consultation through the **community group**, responses largely mirrored the online/paper survey, with the most important theme being the ability to easily make/get an appointment, followed by the availability of mental health support services.

## Specialist GP Service Communication Preferences

There is a clear preference for direct telephone contact by and to GP practices for homeless patients when they need to contact them. The GP practice contact channels that respondents express the greatest preference for are a **telephone call** (58% - 117 respondents – selecting this as a way they would like to be contacted) and/or a **text** (55% - 111 respondents). However, approaching two fifths (37% - 75 respondents) would like to have their GP practice **contact somebody they trust using contact details that the homeless patient provides**, while just over a quarter (26% - 53 respondents) would like to be contacted by their GP practice via **email** and approaching a fifth (18% - 37 respondents) express a liking for contact **by post to a postal address that they provide**.

For those taking part in the consultation through the **community group**, responses in this group largely mirrored the online/paper survey, with telephone contact via either a phone call or a text message being the most preferred contact channels for nearly all of the five respondents.

Although the responses to the questions about communication preferences indicate that English language is the preferred spoken language of the large majority of the homeless sample, some provision is likely to be required for delivering services in other languages (e.g. using translation services) such as Kurdish, Arabic, Welsh, French, Polish and Eritrean/Tigrinyan among others.

# Introduction

## Background to the consultation

Specialist homeless GP services are currently provided to people living in Leicester City by a contract – an arrangement between the NHS and the GP practice. This contract will end on 31<sup>st</sup> March 2025.

The Integrated Care Board (ICB), the organisation responsible for planning and improving local health services including GP practices, has been looking at how services will be provided to homeless patients not only in Leicester, but also in Leicestershire and Rutland, after the contract ends.

At the moment, someone who is homeless in Leicester will receive GP services from Inclusion Healthcare in the city centre, while someone homeless in Leicestershire or Rutland will receive GP services from their nearest GP practice.

The ICB want to have one service for homeless patients whether they live in Leicester, Leicestershire or Rutland. This means that, in the future, GP services for homeless patients may be delivered in a different way and by a different organisation.

For the purpose of this service a homeless person is defined as:

*‘A person or household who has no home in the UK or anywhere else in the world available to them and reasonable to occupy.’*

The following housing circumstances are examples of homelessness:

- Rooflessness (without a shelter of any kind, sleeping rough);
- Houselessness (with a place to sleep but temporary, in institutions or a shelter)
- Living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends known as ‘sofa surfing’)
- Living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).

Cohorts that do not meet the definition of homelessness will fall outside of the intended cohort and inclusion criteria for this service unless commissioners are made aware and condone appropriate exceptions.

To this end, a proposal for how the ICB could deliver homeless GP services in the future has been developed and a consultation survey was undertaken to capture the opinions about the proposal of people involved to some degree in the delivery of services to homeless people in the area. This included an online and offline consultation covering the following aspects:

- Setting out the key proposal and asking respondents to indicate their level of agreement with it;
- What respondents feel should be considered in the proposals to make specialist GP services for homeless people across Leicester, Leicestershire and Rutland fair for all;
- How homeless people currently access GP and health services;
- What homeless people feel is most important to them about their GP service;
- How homeless people would like their GP practice to communicate with them;
- Demographic information, including equality questions.



## About the consultation approach

The Homeless GP Service Consultation Survey was open for ten weeks between Thursday 14<sup>th</sup> September – Tuesday 21<sup>st</sup> November 2023. The public consultation was undertaken using Cabinet Office principles (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015).

Furthermore, the public consultation took account of the range of legislation that relates to ICB decision making, including:

- Equality Act 2010
- Public Sector Equality Duty Section 149 of the Equality Act 2010
- Brown and Gunning Principles
- Human Rights Act 1998
- NHS Act 2006
- NHS Constitution
- Health and Social Care Act 2012

The majority of the questions in the survey were closed questions, although there were a few 'open-ended' questions where respondents were invited to write in answers in their own words. None of the questions in the consultation were mandatory to answer.

In order to maximise the reach of the homeless consultation and to encourage as many people as possible to participate, a multi-channel approach was used.

The Homeless GP Service Consultation Survey could be answered by respondents online (using the QuestionPro survey tool, which collected the data from respondents) or offline by completing a printed survey. People could also attend an event or focus group to share their views. The vast majority of respondents to the consultation answered the questions online.

In addition, the consultation used a variety of both online and offline tools and techniques to engage and communicate with the target audience and users of services in Leicester, Leicestershire and Rutland. These included, but were not limited to, the following activities:

- Commissioning voluntary group Falcon Support Services (FSS), who specialise in supporting the homeless population in Leicestershire.
- Working in partnership with Inclusion Healthcare (IH) who currently provide primary care services in Leicester City.
- FSS played an integral part in encouraging the homeless community to complete the questionnaire. The activities included:
  - Encouraging partners FSS work with - such as Exaireo, Carpenters Arms, Street Outreach, Hinckley Homeless, Action Homeless and Emmaus - to encourage the homeless to complete the questionnaire.
  - On the week commencing Wednesday 4 October 2023, FSS ran a focus group, where 23 people attended. A second focus group was carried out on Wednesday 15 November 2023, where two people attended.
  - On the week commencing Monday 2 October, FSS offered drop-ins at their Loughborough site, where they managed to get 64 people to complete the questionnaire through a combination of both online and hard copy of the questionnaire.

- On the week commencing Monday 2 October 2023, FSS offered drop-ins to the homeless community to find out more about the consultation. Across all their sites in Loughborough, Market Harborough, Coalville, Melton and Oakham a total of 20 people attended.
- 37 posters were posted to promote the consultation across Leicestershire in various locations.
- Throughout the consultation, 11 social media posts were posted across FSS social media channels, which includes LinkedIn, Facebook, Instagram and X formerly known as Twitter. This resulted in a reach of 1810 people with 96 people engaging with the posts.
- FSS offered 106 people one-to-one support to complete the questionnaire either face-to-face or over the phone.
- IH also carried out consultation activities, which included:
  - Sending out a text message to all the homeless patients on their records on Thursday 14 September 2023 (launch day).
  - A final text message reminding the homeless community was also sent on Friday 17 November 2023.
  - Sending out letters to all the homeless patients on their records on the week commencing Monday 18 September.
  - Posters were posted in the surgery.
- An email was sent to all partners and stakeholders on launch to encouraging them to promote the consultation. This included primary care, voluntary groups, local councils, University Hospitals of Leicester (UHL), Leicestershire NHS Partnership Trust (LPT), councillors and MPs.
- Overall, LLR ICB is confident that the activities during the public consultation allowed them to meet both their statutory and common law duties.

In total, and across all of the different ways of participating in the Homeless GP Service Consultation Survey consultation, **207** usable responses have been included in the overall analysis. The composition of these 207 usable responses by the different ways of participating breaks down as follows:

- 202 usable online responses received (including any responses received using the postal/hard copy of the survey).
- 5 responses received as part of the one community consultation focus group event.

Please note that the overall response figure for the online/postal/hard copy consultation of 202 has been used for the 'Total (All Responses)' base for the figures in the report. A full profile (by respondent type and demographics) of who responded to the consultation is provided in Section 1 of this report.

In addition, a summary table of the quantitative findings from the focus group community consultation event (where available) has been included in the quantitative findings for each question. However, because these responses have been collected using a different methodology, the focus group responses have been documented separately from the responses to the online survey.

## About this report

JW Research Limited, an independent market research company, was commissioned to provide an independent analysis of the consultation findings.

The online and paper surveys asked respondents a series of questions including closed ('tick-box') questions, and open questions where respondents could type in comments. The key questions from the online and paper surveys were, as far as possible, replicated in the community consultation events, and feedback was collected by individual event moderators.

Partly completed surveys have been included in the final analysis but only if they include answers to the key questions relating to levels of agreement or disagreement with the proposal.

In addition to analysing the closed questions, JW Research Limited carried out thematic analysis of the open comments from the online survey and postal survey on a question-by-question basis, coding them into themes so that these could be quantified.

This document summarises the findings from the independent analysis.

# Section 1: Respondent Profile

## 1.1 Respondent Profile

In total, 207 usable responses to the consultation were received across all means of engaging – 202 responses were received for the online survey (including paper copies that were inputted by hand into the main QuestionPro questionnaire) and 5 responses were received as part of the one focus group session. As mentioned previously, the online survey responses will be shown first in each section, followed by a table summarising the responses given as part of the focus group session.

A profile of the respondents to the consultation is provided below (tables 1 to 14).

**Table 1: Q1. Please tell us in what capacity you are completing this survey. I am completing the survey...**

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
As a homeless person	121	60%
As a carer, friend or family member of someone homeless	7	3%
As someone who works with the homeless	23	11%
As a provider of homeless services in Leicester, Leicestershire and Rutland	6	3%
As someone who is interested in services for the homeless	27	13%
Other, please tell us	18	9%
No information	0	0%

The majority of respondents (60% - 121 respondents) say that they are completing the consultation as a homeless person. A total of 13% (27 respondents) are completing the consultation as someone who is interested in services for the homeless and 11% (23 respondents) are completing the survey as someone who works with the homeless.

It should be noted that 9% (18 respondents) say they are completing the survey in a capacity other than those listed. Of these, 8 respondents are answering 'as someone who has previously experienced homelessness', 5 respondents are answering 'as someone who is in temporary accommodation' and 2 respondents are answering 'as someone who is interested in the demands placed upon Rutland GP services'.

**Table 2: Q5. Which district council area are you currently living in?****OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Charnwood (Loughborough and surrounding areas)	63	31%
Leicester City	22	11%
North West Leicestershire (Coalville and surrounding areas)	6	3%
Harborough (Market Harborough, Lutterworth and surrounding areas)	2	1%
Blaby	3	1%
Hinckley & Bosworth	1	<0.5%
Rutland	1	<0.5%
Melton	1	<0.5%
Other area	1	<0.5%
No information	102	50%

**Table 3: Q4. What is your age?****OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Under 16	0	0%
16-24	14	7%
25-34	41	20%
35-44	49	24%
45-54	33	16%
55-64	25	12%
65-74	9	4%
75-84	0	0%
85+	1	<0.5%
Prefer not to say	4	2%
No information	26	13%

Respondents are from a spread of age groups, with 27% (54 respondents) aged under 35, 40% (82 respondents) aged between 35-54 and 16% (35 respondents) aged 65 and over. However, it should be noted that for 13% (26 respondents), no information on age is available.

#### Table 4: Q1. What is your sex?

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Male	116	57%
Female	52	26%
Intersex	0	0%
I prefer not to say	6	3%
No information	28	14%

In total, 57% (116 respondents) are male and 26% (52 respondents) are female. However, it should be noted that for 14% (28 respondents), no information on gender is available.

#### Table 5: Q2. Do you identify as the gender you were assigned at birth?

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Yes	146	72%
No	21	10%
Prefer not to say	6	3%
No information	29	14%

#### Table 6: Q6. What is your ethnicity? *Select one option.*

**OVERALL GROUPED RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	133	66%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	9	4%
Black or Black British (i.e. Caribbean, African, or any other Black background)	5	2%
Mixed (i.e. White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	7	3%
Other	1	<0.5%
Prefer not to say	7	3%
No information	40	20%

The large majority of responses received are from respondents who consider their ethnic origin to fall into the White category (66% - 133 respondents). Only a small minority of responses (11% - 22 respondents) are from BAME respondents. However, it should be noted that for 20% (40 respondents), no information on ethnicity is available.

**Table 7: Q7. What is your religion or belief? Please select one option.**

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Christian	38	19%
Muslim	9	4%
Hindu	3	1%
Buddhist	2	1%
Jewish	2	1%
Sikh	0	0%
Baha'i	0	0%
Jain	0	0%
Other religion/belief	7	3%
No religion	87	43%
Prefer not to say	13	6%
No information	41	20%

Overall, more than two-fifths 43% (87 respondents) taking part in the consultation do not have a religion or belief. The most common religion/belief amongst the total sample is Christian (19% - 38 respondents), with only small minorities identifying with, or following, the Muslim religion (4% - 9 respondents) or Hinduism (1% - 3 respondents). However, it should be noted that 6% (13 respondents) prefer not to say what their religion is, while 20% (41 respondents) of those taking part in the consultation provided no information about this issue.

**Table 8: Q9. What is your sexual orientation (preference)?**

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Heterosexual/straight (male to female relationship)	147	73%
Bisexual (relationship with any gender/s)	6	3%
Gay or lesbian (same sex relationship)	1	<0.5%
Other	0	0%
Prefer not to say	10	5%
No information	19	38%

Only a small minority (3%) of respondents have a sexual orientation that is not heterosexual.



However, it should be noted that 5% (10 respondents) prefer not to say what their sexual orientation is, while 38% (19 respondents) of those taking part in the consultation provided no information about this issue.

**Table 9: Q8. What is your relationship status?**

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Single	105	52%
Married or in a civil partnership	17	8%
Partnered/living with a partner	18	9%
Widowed/surviving civil partner	2	1%
Separated or divorced	15	7%
Prefer not to say	8	4%
No information	37	18%

More than half (52% - 105 respondents) of those taking part in the consultation are single, while 17% (35 respondents) are either married or in a civil partnership or partnered/living with a partner and 7% (15 respondents) are separated or divorced.

It should be noted that a small minority of respondents either prefer not to say what their relationship status is (4% - 8 respondents), while just under a fifth (18% - 37 respondents) did not answer this question.

**Table 10: Q5a. Do you consider yourself to have a disability or suffer from poor health?**

*(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (i.e. 12 month period or longer) or substantial adverse effect on their ability to carry out day-to-day activities).*

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Yes, I have a disability	45	22%
Yes, I have poor health	51	25%
Neither	81	40%
I prefer not to say	8	4%
No information	26	13%

In total, 47% (96 respondents) of those taking part in the consultation consider themselves to either have a disability or suffer from poor health – although it should be noted that minorities either preferred not to say whether they have a disability or suffer from poor health (4% - 8 respondents) or did not answer this question (13% - 26 respondents).

**Table 11: Q5b. If you have selected 'yes', please tell us which condition(s).** *Select as many options as appropriate.*

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Mental health condition	55	27%
Physical	28	14%
Long standing illness or condition	25	12%
Learning disability/difficulty	12	6%
Partial or total loss of vision	2	1%
Partial or total loss of hearing	0	0%
Speech impediment or impairment	0	0%
Other medical condition or impairment (please specify)	9	4%
I'd rather not say	8	4%
No information (did not give reason for disability or poor health)	9	4%
<i>I do not have a disability or poor health</i>	81	40%
<i>No information (about whether have a disability or not)</i>	26	13%

Of the 47% of respondents who indicate they have a disability or suffer from poor health, the most common condition is a mental health condition (27% - 55 respondents), with 14% (28 respondents) saying they have a physical condition and 12% (25 respondents) suffering from a long standing illness or condition.

However, it should be noted that a minority of respondents would rather not say what their disability or poor health relates to (8% - 14 respondents) or did not provide information for this question (17% - 35 respondents).

**Table 12: Q3. Are you pregnant or have you given birth in the last 26 weeks?** *(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)*

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Yes	2	1%
No	167	83%
Prefer not to say	5	2%
No information	28	14%

Overall, only 1% (2 respondents) say that they are pregnant or have given birth in the last 26 weeks.

It should be noted that a minority preferred not to say whether they are pregnant or have given birth in the last 26 weeks (2% - 5 respondents), while minority of respondents did not answer this question (14% - 28 respondents).

**Table 13: Q10. Do you provide care for someone? Select as many options as are appropriate.**

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Yes - Care for young persons(s) younger than 24 years of age	11	5%
Yes - Care for adults(s) 25 to 49 years of age	4	2%
Yes – Care for older person(s) over 50 years of age	4	2%
No (not a carer)	145	72%
Prefer not to say	5	2%
No information	34	17%

Overall, 9% (19 respondents) say that they provide care for someone – the most common care provided is for a younger person aged under 24 (5% - 11 respondents). However, more than seven-tenths (72% - 145 respondents) say they do not provide care for someone.

It should be noted that a minority preferred not to say whether they provide care for someone (2% - 5 respondents), while 17% (34 respondents) did not answer this question.

**Table 14: Q11. Have you ever served in the Armed Forces?**

**OVERALL RESULTS** (all responses to online survey: n=202).

Respondent type	No. responses	% responses
Yes	8	4%
No	155	77%
Prefer not to say	5	2%
No information	34	17%

Overall, a small minority (4% - 8 respondents) say that they have served in the Armed Forces.

It should be noted that 2% (5 respondents) preferred not to say whether they have served in the Armed Forces, while 17% (34 respondents) did not answer this question.

In the remainder of this report, where appropriate, analysis has been conducted to determine how views differ by some of the different respondent types and demographic groups outlined above. Please note, however, that the base sizes for all sub-groups outlined in the report are under 100 (and in most cases under 50), so any findings by sub-groups should be treated as indicative rather than statistically significant.

## **Section 2: Opinions on Proposal to Have One GP Service Delivered Across LLR for Homeless Patients**

## 2.1 Headline Findings

Those responding to the online and paper survey were presented with the following Proposal:

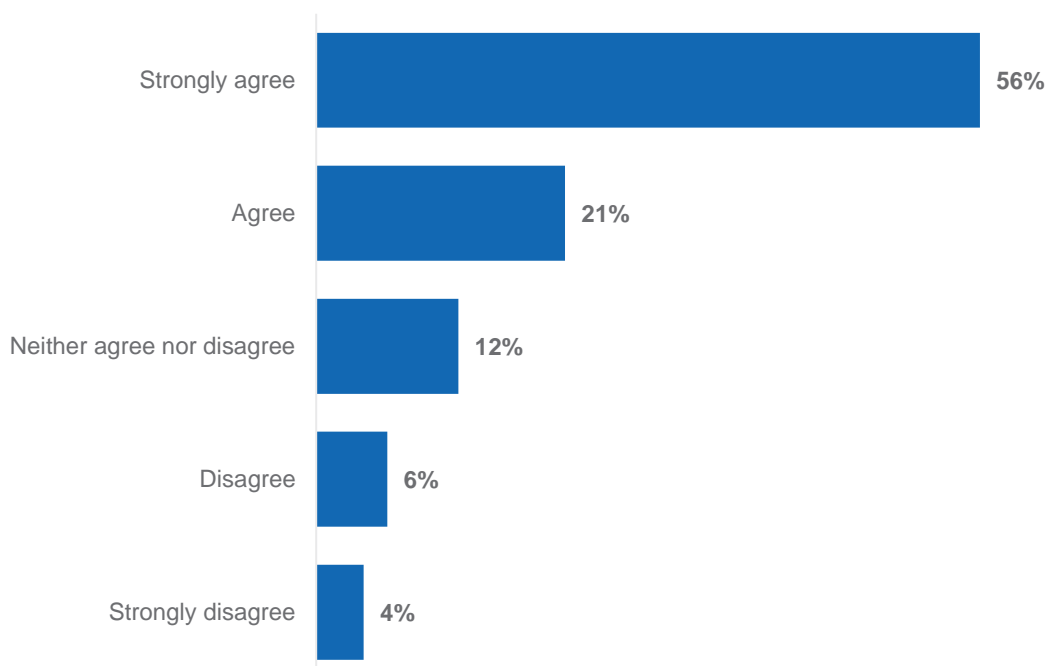
### PROPOSAL:

**For homeless patients, we are proposing to have one GP service delivered across Leicester, Leicestershire and Rutland. This means that, no matter where you live in the area, if you are homeless, you will be able to access a specialist GP service. You won't need to go to a regular GP practice.**

Respondents were then asked to indicate their level of agreement or disagreement with this proposal. The overall results for this question from the online and paper survey are summarised in Figure 1 below.

**Figure 1: Q2a. What do you think about this (proposal)?**

**OVERALL RESULTS** (all responses to online survey: n=202).



Overall, the large majority (77% - 156 respondents) to the consultation say that they agree to some extent with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland for homeless patients. In total, 56% (113 respondents) indicate that they 'strongly agree' with this proposal, with a further 21% (43 respondents) saying that they 'agree' with it.

However, 10% (22 respondents) disagree to some extent with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland for homeless patients, with 4% (9 respondents) saying they 'strongly disagree' with this and 6% (13 respondents) indicating that they 'disagree'.

## 2.2 Results by Respondent Type

Table 15a shows how responses to this question vary by respondent status, while Tables 15b shows responses by age and gender, Table 15c shows responses by disability status, carer status and GP registration status and Table 15d shows responses by ethnicity.

**Table 15a: Q2a. What do you think about this (proposal)? RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (202)	Answering As:					Other (18)
		A Homeless Person (121)	Carer/ Friend/ Family Member (7)	Someone Working With Homeless (23)	Provider of Homeless Services (6)	Someone Interested in Homeless Services (27)	
Strongly agree	<b>56%</b>	58%	43%	57%	83%	48%	50%
Agree	<b>21%</b>	23%	29%	17%	0%	15%	28%
Neither agree nor disagree	<b>12%</b>	11%	14%	13%	0%	15%	17%
Disagree	<b>6%</b>	5%	14%	9%	0%	15%	0%
Strongly disagree	<b>4%</b>	3%	0%	4%	17%	7%	6%
<i>Net 'Agree':</i>	<i>77%</i>	<i>81%</i>	<i>71%</i>	<i>74%</i>	<i>83%</i>	<i>63%</i>	<i>78%</i>
<i>Net 'Disagree':</i>	<i>11%</i>	<i>8%</i>	<i>14%</i>	<i>13%</i>	<i>17%</i>	<i>22%</i>	<i>6%</i>
No information	<b>0%</b>	0%	0%	0%	0%	0%	0%

There are no significant differences in agreement with the Proposal between those answering as a homeless person and respondents answering in a different capacity. However, there may be some evidence to suggest that respondents answering as 'someone who is interested in services for the homeless' may be slightly less likely to agree with the proposal overall (63% agreeing to some extent and 22% disagreeing to some extent).

**Table 15b: Q2a. What do you think about this (proposal)? RESULTS BY AGE & GENDER** (base sizes in brackets).

	Total (Online Survey) (202)	Age:			Gender:	
		Under 35 (55)	35-54 (82)	55+ (35)	Male (116)	Female (52)
Strongly agree	<b>56%</b>	53%	60%	51%	59%	46%
Agree	<b>21%</b>	31%	17%	20%	22%	23%
Neither agree nor disagree	<b>12%</b>	7%	13%	11%	10%	13%
Disagree	<b>6%</b>	7%	6%	6%	5%	10%
Strongly disagree	<b>4%</b>	2%	4%	11%	3%	8%
<i>Net 'Agree':</i>	<i>77%</i>	<i>84%</i>	<i>77%</i>	<i>71%</i>	<i>81%</i>	<i>69%</i>
<i>Net 'Disagree':</i>	<i>11%</i>	<i>9%</i>	<i>10%</i>	<i>17%</i>	<i>9%</i>	<i>17%</i>
No information	<b>0%</b>	0%	0%	0%	0%	0%

Although agreement levels are high across all age groups, agreement with the Proposal appears to decrease slightly with age (84% - 146 respondents - of under 35s agreeing to some extent with the Proposal, compared to 71% - 25 respondents - of over 55s).

There is also some evidence to suggest that males may be slightly more likely than females to agree to some extent with the Proposal, with 81% (94 respondents) of males either agreeing or strongly agreeing with the Proposal compared with 69% (36 respondents) of females.

**Table 15c: Q2a. What do you think about this (proposal)? RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS** (base sizes in brackets).

	Total (Online Survey) (202)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (87)	No (81)	Yes (18)	No (145)	Yes - Local (73)	Yes - Inclusion (24)	No (4)
Strongly agree	56%	62%	48%	50%	57%	59%	63%	100%
Agree	21%	14%	31%	17%	22%	23%	13%	0%
Neither agree nor disagree	12%	11%	11%	11%	12%	11%	13%	0%
Disagree	6%	7%	6%	6%	6%	4%	8%	0%
Strongly disagree	4%	6%	4%	17%	3%	3%	4%	0%
<i>Net 'Agree':</i>	<i>77%</i>	<i>76%</i>	<i>79%</i>	<i>67%</i>	<i>79%</i>	<i>82%</i>	<i>75%</i>	<i>100%</i>
<i>Net 'Disagree':</i>	<i>11%</i>	<i>13%</i>	<i>10%</i>	<i>22%</i>	<i>9%</i>	<i>7%</i>	<i>13%</i>	<i>0%</i>
No information	0%	0%	0%	0%	0%	0%	0%	0%

There are no significant differences in agreement with Proposal 1 between those with or without a disability or poor health, or between respondents with or without carer responsibilities or whether they are registered with a GP practice or not.

**Table 15d: Q2a. What do you think about this (proposal)? RESULTS BY ETHNICITY** (base sizes in brackets).

	Total (Online Survey) (202)	Ethnicity:	
		White (133)	BAME (22)
Strongly agree	56%	56%	59%
Agree	21%	22%	27%
Neither agree nor disagree	12%	12%	9%
Disagree	6%	7%	0%
Strongly disagree	4%	4%	5%
<i>Net 'Agree':</i>	<i>77%</i>	<i>77%</i>	<i>86%</i>
<i>Net 'Disagree':</i>	<i>11%</i>	<i>11%</i>	<i>5%</i>
No information	0%	0%	0%

Although there are no significant differences in agreement with the proposal by ethnicity, there may be some evidence to suggest that respondents of BAME ethnicity may be marginally more likely to agree to some extent with the Proposal.

### 2.3 Reasons Given for Agreement Levels with Proposal

When respondents were asked to explain the reason(s) why they agreed or disagreed with the proposal - namely the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where a homeless person lives they will be able to access a specialist GP service - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

**Table 16: Q2b. Please tell us why (you agree or disagree with the proposal to have one specialist GP service for homeless people delivered across Leicester, Leicestershire and Rutland).**

**OVERALL RESULTS** (all responses to online survey: n=202).

Theme of comment	No. responses	% responses
<b>Reasons why <u>agree</u> with Proposal:</b>		
It will provide simple/convenient/free GP access to all homeless people (e.g. in different locations)	35	17%
It will provide specialist GP access for homeless people/offer help with their specialist needs	27	13%
It may result in less discrimination against homeless people/healthcare should be fair for all	24	12%
It will be easier for homeless people to make GP appointments/receive treatment more quickly	22	11%
It is a good idea/it is good for us/it is needed (general comments)	16	8%
It will free up GPs for regular (non-homeless) patients	4	2%
It will allow for a better GP-patient relationship for homeless people (e.g. building trust/continuity with same GP and/or service)	4	2%
It will help to remove current barriers to accessing healthcare for homeless people	3	1%
Will help to prevent illnesses/illnesses getting worse	2	1%
Will be a more efficient way of providing homeless medical services	2	1%
It will save on travel times/costs	2	1%
It will provide reassurance to homeless people	1	<0.5%
Could promote better self-care amongst homeless people	1	<0.5%
It will help to prevent anxiety/depression/suicide amongst homeless people	1	<0.5%



**Table 16 (Continued): Q2b. Please tell us why (you agree or disagree with the proposal to have one specialist GP service for homeless people delivered across Leicester, Leicestershire and Rutland).**

**OVERALL RESULTS** (all responses to online survey: n=202).

Theme of comment	No. responses	% responses
<b>Reasons why <u>disagree</u> with Proposal:</b>		
Concern that there needs to be several locations where this service is offered	5	2%
Concern about how far homeless people would have to travel to access specialist GP services	5	2%
Concern about changing from current GP (e.g. happy with current GP, would make current services less accessible)	5	2%
Concern that homeless people should be able to access any GP, not just a specialist GP service only	4	2%
Depends on the GP/service offered (e.g. quality, manner)	3	1%
Concern that it may prevent homeless people from integrating into society/create barriers/become stigmatised	2	1%
Concern about privacy/encountering other homeless people of questionable repute	2	1%
Concern that services for all patients in Leicester should not worsen as a consequence of the homeless GP service	1	<0.5%
Concern about homeless people being able to build trust/continuity with different GPs and/or services	1	<0.5%
Concern that changes might make homeless services worse than currently	1	<0.5%
<b>Other information:</b>		
<i>Other comment</i>	6	3%
<i>Need more information to be able to give an informed response</i>	5	2%
<i>Don't know/not sure</i>	1	<0.5%
<i>No information/no comment made</i>	32	16%

Reflective of the high level of agreement with the proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where a homeless person lives they will be able to access a specialist GP service, the large majority of comments about this proposal are positive.

The most common single theme cited for agreeing with the proposal is a general comment that **'It will provide simple/convenient/free GP access to all homeless people'** (17% - 35 respondents). Another key reason why some respondents agree with the proposal is that it will be able to provide specialist medical services for homeless people's specific needs – 13% (27 respondents) mention **'it will provide specialist GP access for homeless people/offer help with their specialist needs'** as a key theme.

However, a significant proportion of respondents overall also make comments about the proposed specialist GP service for homeless people helping to break down barriers that homeless people currently face. Around 12% (24 respondents) make comments relating to a feeling that the proposed GP service ***'may result in less discrimination against homeless people/healthcare should be fair for all'***, while a further 11% (22 respondents) think that ***'it will be easier for homeless people to make GP appointments/receive treatment more quickly'*** and 1% (3 respondents) think that ***'it will help to remove current barriers to accessing healthcare for homeless people'***.

Amongst the minority who disagree to some degree with the proposal, the main themes relate to the concern that ***'there would need to be several locations where this service is offered'*** (2% - 5 respondents citing this), a ***'concern about how far homeless people would have to travel to access specialist GP services'*** (2% - 5 respondents) and ***'concern about homeless people changing from their current GP'*** (2% - 5 respondents), hence potentially causing an issue for homeless people in relation to continuity of care.

In total, 170 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with the Proposal are shown below.

**Example comments** (for why respondents either 'strongly agree' or 'agree' with the Proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where a homeless person lives they will be able to access a specialist GP service.)

Comment	Status	Age	Gender
<i>"A lot of people don't want to be round sitting in waiting rooms as I get paranoid. It makes it more accessible for homeless people."</i>	Homeless person	35-44	Male
<i>"As a group we have a specific needs that are not in line with the rest of the population, times and opening for this specific group, specialists doctors who have experience working with the homeless population."</i>	Homeless person	55-64	Male
<i>"Because it is really hard to get into a doctors surgery, you can hardly get an appointment, you see different doctors and they don't give you the medication you want and think you'll take anything."</i>	Homeless person	35-44	Female
<i>"Because it's always good for people to have other doctors and it takes two weeks plus to register with a GP service and if you need urgent care that's too long."</i>	Homeless person	25-34	Female
<i>"Because it's vital for all to have GP access no matter what their personal circumstances without all the confines of registering as people move around."</i>	Homeless person	45-54	Male
<i>"Having been on the streets and now living in temporary accommodation, I found getting a doctors' appointment extremely difficult as I was either too late getting one or I could never get a face to face appointment when I needed one."</i>	Homeless person	45-54	Male
<i>"Inclusion Health has specially trained GPs that work in a trauma-informed way and have expertise in working with complex issues. They know how to make services accessible when you don't have an address for letters to go to and when your safety is at risk. It can be hard to go to a regular GP when you are having housing and related problems, like living in refuge, because you feel you might be judged and people can say the wrong thing that makes things worse. It's important to have access to healthcare in a way that feels safe and is non-judgemental. Having this service has saved my life and if it could be accessed by more people it could save more lives."</i>	Homeless person	No info	No info
<i>"More convenient for the homeless as it can be hard to get appointments."</i>	Carer/friend/ family member of homeless person	45-54	Male
<i>"1) There are many barriers to homeless patients accessing regular GP services including lack of access to phone, internet and disrupted sleep causing difficulties with keeping regular hours. 2) Specialist GP services could be tailored to the unique needs and challenges faced by homeless patients."</i>	Someone who works with the homeless	45-54	Female
<i>"Access to GP services can be challenging for anyone who has no fixed address and this population don't always have access to a phone or if they do it may lack credit or charge. Homeless people are also often reluctant to visit a GP where they feel there is a lot of judgement from other patients or even some GPs."</i>	Someone who works with the homeless	55-64	Female
<i>"Everyone deserves the right to access healthcare. It can be incredibly difficult for our residents to get doctors' appointments and often they need on the day appointments which are not always easy to get."</i>	Someone who works with the homeless	25-34	Female
<i>"My dealings currently with Inclusion Healthcare are very positive ones, as with 'general' GP services you can wait weeks for appointments even if you call at 8am. Inclusion, being specifically being for the homeless, sees patients a lot quicker due to their support needs and medical issues."</i>	As a provider of homeless services	No info	No info
<i>"Even though they are not from the area, they still need help. Not treating them is basically a form of discrimination."</i>	Someone who is interested in homeless services	45-54	Male
<i>"From a practical point of view, a service at scale is better than 2/3 three different providers as it makes contract management a system-wide approach and allows production and sharing of management information. It could also save money and provide a better specialist service."</i>	Someone who is interested in homeless services	No info	No info

**Example comments** (for why respondents either ‘strongly disagree’ or ‘disagree’ with the Proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where a homeless person lives they will be able to access a specialist GP service).

Comment	Status	Age	Gender
<i>“I feel we should be able to register with any GP we choose. For me, I have a lifelong disease and continuity of care is paramount to me. Having a temporary GP means starting afresh with a new GP once stable accommodation is sourced.”</i>	Homeless person	45-54	Male
<i>“Because I am local, if I have to see a doctor in person it will involve a lot of expense and travelling to get there. Also, the appointment times of when you would have to get there for will be an added stress for people with disabling conditions.”</i>	Homeless person	55-64	Female
<i>“If I get another accommodation far from where I used to live before, what will happen? For me it’s good first to stay with you until I will get a new accommodation, then I can change for once.”</i>	Homeless person	35-44	Male
<i>“One GP surgery will never cover the needs of each client. The distance getting to and from appointments will be too expensive.”</i>	Homeless person	25-34	Male
<i>“I think whilst this is a good idea for the homeless person who is moving around a lot, it will be hard for them to build a relationship with anyone. Also some GPs just don’t get the whole addiction issue or being pragmatic with family members e.g. I have a good relationship with my son’s GP and this means I can talk through issues that he won’t discuss.”</i>	Carer/friend/family member of homeless person	45-54	Male
<i>“I believe this service should focus on getting people registered at the general GP for when they move on. Otherwise this can potentially segregate the homeless more than they already are.”</i>	Someone who works with the homeless	16-24	Female
<i>“I feel that homelessness is not a life enduring condition which requires ongoing specialist services once you have ended homelessness. I have a concern that there is only one service that understands the wider context. I have known people seek homeless GP services once they have become established in a tenancy and they have been followed back from the GP service and there tenancies have been taken over. Having one point to access means people’s homelessness label does not change, and the communities they become part of can be unhealthy and they don’t change or move away from. For a small group who are particularly entrenched, I feel they meet a great need, however I would be concerned that accessing once you have left the system for most is not helpful.”</i>	Someone who works with the homeless	55-64	Female
<i>“Will homeless people be able to travel and access the service easily if they need to be seen face to face? This could disadvantage them if they are unable to travel or don’t have the funds to be able to travel.”</i>	Someone who is interested in homeless services	45-54	Female
<i>“The current service is completely inaccessible to some patients and is designed to benefit the ICB by reduced workload and worsen health inequality for the most vulnerable.”</i>	Someone who is interested in homeless services	No info	No info

## 2.4 Headline Findings - Community Consultation Event

Respondents in the one focus group were presented with the same Proposal as those completing the online and paper survey and asked to indicate their level of agreement or disagreement with this Proposal. Table 17 shows a summary of responses to this question.

**Table 17: Q2a. What do you think about this (proposal)? SUMMARY OF RESULTS BY EVENT** (base sizes in brackets). *NB: Figures shown are percentages (and numbers of respondents) that selected each option.*

Event (No. of people attending):	Date	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	% 'AGREEING'
Leicester – Inclusion Healthcare (5)	21/11	60% (3)	20% (1)	20% (1)	-	-	80% (4)

Of the five respondents attending the only focus group for this survey, there was strong agreement with the Proposal - three out of five say they 'strongly agree' with it, one said they 'agree' with it and one expressed a neutral view.

In this **community group**, feedback was collected by the moderator on behalf of the whole group (hence this feedback cannot be directly incorporated into the individual comments made by those completing the online survey or the paper survey). A summary of the feedback received relating to this Proposal (for why respondents either 'strongly disagree' or 'disagree' with the Proposal to have one GP service delivered across Leicester, Leicestershire and Rutland so that no matter where a homeless person lives they will be able to access a specialist GP service) are shown below.

**Table 18: Q2b. Please tell us why (you agree or disagree with the proposal to have one specialist GP service for homeless people delivered across Leicester, Leicestershire and Rutland).**

Event (No. of people attending):	Date	% 'AGREEING' with Proposal	Overall Summary of Discussion Themes from Group
Leicester – Inclusion Healthcare (5)	21/11	80% (4)	<p>Respondent 1 ('Strongly agree') - 'Thinks that is good, because homeless people can go to that GP and they are looked after'.</p> <p>Respondent 2 ('Strongly agree') - 'The way that I am treated at Inclusion Healthcare is different to previous GPs - they make an extra effort to help'.</p> <p>NB: Comments were not recorded for Respondents 3, 4 &amp; 5.</p>

# **Section 3: Opinions on How to Best Deliver Specialist Homeless GP Service**

### 3.1 Headline Findings – Online Survey

Those responding to the survey were asked for their opinions on how the ICB should deliver the specialist GP service for homeless patients across Leicester, Leicestershire and Rutland so that it is fair for all. The overall results for this question from the online and paper survey are summarised in Table 19 below.

**Table 19: Q3. How do you think we should deliver the specialist GP service for homeless patients across Leicester, Leicestershire and Rutland, so that it is fair for all?**

**OVERALL RESULTS** (all responses to online survey: n=202).

Theme of comment	No. responses	% responses
Offer a mobile/outreach service (to visit homeless patients/accommodations)	39	19%
Offer dedicated building(s) for homeless medical consultations/care (e.g. drop-in centre)	37	18%
Make specialist GP service easily accessible/in a good location (general comments)	20	10%
GPs/staff to be patient/understanding/sympathetic/ specially trained (e.g. of patient's situation)	12	6%
Improve general availability of/access to regular GPs/healthcare professionals to homeless people	12	6%
Make it easier/quicker to get an appointment/offer flexible appointments/offer ability to book appointments via multiple channels	11	5%
Continue to deliver the current service/current service is good/nothing else needs to be done	11	5%
Provide homeless specialist GP/medical service in multiple locations	9	4%
Offer ability to have appointments remotely (e.g. by telephone, internet)	6	3%
Fairness for all/treat all patients the same regardless of whether they are a homeless person or not/background	6	3%
Advertise specialist GP service better (e.g. leaflets, social media)	5	2%
Make homeless services more joined-up generally	5	2%
Reduce/eliminate bureaucracy for homeless people to access medical services	5	2%
Offer 24 hour contact line/contact service	3	1%
Provide outreach services with other charities	3	1%
Offer early morning/late night appointments	3	1%
Offer transport for homeless people to get to specialist GP services	2	1%
Provide access to all services for homeless patients (not just specialist GP services)	2	1%
Consult with homeless people about their needs	1	<0.5%
Will help to make homeless people feel more included in society	1	<0.5%
Offer regular support/contact (to build GP-patient relationship/trust for homeless people)	1	<0.5%

**Table 19 (continued): Q3. How do you think we should deliver the specialist GP service for homeless patients across Leicester, Leicestershire and Rutland, so that it is fair for all?**

**OVERALL RESULTS** (all responses to online survey: n=202).

Theme of comment	No. responses	% responses
<b>Other information:</b>		
Concerned about cost/funding of a specialist homeless service	4	2%
Concerned that the proposed service will not be workable	1	<0.5%
Concerned about increased staffing levels needed to offer service	1	<0.5%
<i>Agree with proposal (general/non-specific comment)</i>	2	1%
<i>Other</i>	7	3%
<i>Don't know/not sure</i>	6	3%
<i>No information (no comment made)</i>	37	18%

The most common themes mentioned regarding fairness for all when delivering the specialist GP service for homeless patients relate to the physical accessibility of the service. The two most commonly mentioned aspects relating to fairness of delivery are **‘to offer a mobile/outreach service (to visit homeless patients/accommodations)’** which is mentioned by 19% (39 respondents) and to **‘offer dedicated building(s) for homeless medical consultations/care (e.g. drop-in centre)’**, cited by 18% (37 respondents). A further 10% (20 respondents) also make general comments about **‘making specialist GP service easily accessible/in a good location’**, while 4% (9 respondents) make comments concerning **‘providing homeless specialist GP/medical service in multiple locations’**.

The next most common theme cited by respondents relates to making it easier for homeless people to obtain appointments – namely to **‘make it easier/quicker to get an appointment/offer flexible appointments/offer ability to book appointments via multiple channels’** (mentioned by 5% - 11 respondents) and **‘offer ability to have appointments remotely (e.g. by telephone, internet)’** (mentioned by 3% - 6 respondents).

At a lower level, other factors that some respondents think need to be considered in order to delivering a service that is fair for all include ensuring that **‘GPs/staff are patient/understanding/ sympathetic/specially trained (e.g. of a homeless patient's situation)’** (mentioned by 6% - 12 respondents) and **‘improving the general availability of/access to regular GPs/healthcare professionals to homeless people’** (mentioned by 6% - 12 respondents).

It is also encouraging that a small minority (5% - 11 respondents) mention that they are satisfied with the homeless GP services already provided, making comments around their desire for the ICB to **‘continue to deliver the current good service’**.



In total, 165 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons given are shown below.

**Example comments** (for the question, ‘How do you think we should deliver the specialist GP service for homeless patients across Leicester, Leicestershire and Rutland, so that it is fair for all?’)

Comment	Status	Age	Gender
<i>“A help-line with a drop-in in every town, but the expense would take the precedence.”</i>	Homeless person	45-54	Male
<i>“Being able to walk in as not everyone has a phone to make an appointment.”</i>	Homeless person	35-44	Male
<i>“I feel there should be a drop-in system, as not everyone has mobile phones. If there is not time that day book them in for the following day so everyone has a chance to be seen.”</i>	Homeless person	55-64	Male
<i>“Having vans that go around the district offering different services.”</i>	Homeless person	35-44	Female
<i>“I do not know the answer to this. All I know is that I did become homeless and the surgery I was previously at I would have found out there was more going on with regards to my health that I did not know about. It does not bear thinking about so obviously there is something going wrong somewhere. There are patients falling through the net at GP surgeries, they need to get back to seeing patients, there are too many appointments over the phone.”</i>	Homeless person	55-64	Female
<i>“Regular support and regular contact. I spoke to someone yesterday and they said they will be in contact next year.”</i>	Homeless person	35-44	Male
<i>“Make it accessible because GP practices now aren’t accessible if you’re not registered. Have a walk-in service where they don’t have to ring up for an appointment or wait around for 5-6 hours plus at the walk-in centre.”</i>	Homeless person	35-44	Male
<i>“I know the general public can sometimes feel intimidated by homeless people but also we like to feel included. I think maybe ask the question if we are homeless because that’s another issue. We cannot get registered in a GP practice if we have no fixed abode or ID. If we are asked maybe it won’t be so stressful and we can feel included just like a normal person.”</i>	Homeless person	45-54	Male
<i>“Greater interaction outside of the surgery. Outreach work with other charities. I think most services for the homeless are too disjointed. Greater cooperation is needed with the client at the top of services.”</i>	Homeless person	45-54	Male
<i>“They should think about how difficult it is to call and make an appointment at 8am and then not having enough appointments. They should have enough staff on to support all and consider prescriptions, sick notes etc. and having different staff meet all needs for us.”</i>	Homeless person	35-44	Male
<i>“Make sure it is accessible – that I can get medication and not have to be brushed off and pushed about to other places.”</i>	Homeless person	25-34	Female
<i>“You would need to have locations that were close to people in the other areas because it would be hard for people to travel to the city for appointments. This could be having specialist GPs who work in local surgeries, or specialist clinics that run on certain days, but it would be better to have small surgeries specifically for homeless people that linked together and supported each other. It’s also important to be able to keep people on longer term who have difficulty accessing GPs because of their issues. This could be preventative because people can keep accessing support for problems that might lead to repeat homelessness, like drug addiction or being vulnerable to domestic violence or other types of exploitation/abuse. With other GPs it can be a lot harder to approach about these issues. When you have experienced long term problems that make you at risk of housing problems - the longer term support would make a big difference.”</i>	Homeless person	No info	No info

**Example comments (continued)** (for the question, ‘How do you think we should deliver the specialist GP service for homeless patients across Leicester, Leicestershire and Rutland, so that it is fair for all?’)

Comment	Status	Age	Gender
<i>“Doctors can go out to the homeless and have appointments at any time of day.”</i>	<i>Carer/friend/ family member of homeless person</i>	<i>45-54</i>	<i>Male</i>
<i>“All GPs need to understand the barriers and issues homeless people face. When they have support from carers they should be able to discuss the patients issues with the carer. Also they will need to be prepared for missed appointments. Homeless people and those with addiction live chaotic lifestyles and sometimes it takes two or three appointments before someone comes to the appointment. Also they won't wait on long phone lines for an appointment. - when they do present they will often be in quite a bad way.”</i>	<i>Carer/friend/ family member of homeless person</i>	<i>16-24</i>	<i>Male</i>
<i>“Not to be judged. In previous experience the doctor has not engaged with myself who sorts out my son’s medication. Despite having his permission to deal with the GP, some GPs have insisted on seeing him, which is impossible to get him to an appointment. Inclusion Health really understood this and I have developed a good relationship with him and I can request medication for him.”</i>	<i>Carer/friend/ family member of homeless person</i>	<i>16-24</i>	<i>Male</i>
<i>“Drop-in places in local community centres could be integrated into services such as food banks or homeless shelters. These are usually the people who come into contact in the most personable way.”</i>	<i>Someone who works with the homeless</i>	<i>55-64</i>	<i>Female</i>
<i>“Drop-in centres, mobile drop-in vans, make it so you can walk into any GP without an address and still be seen even if it means waiting.”</i>	<i>Someone who works with the homeless</i>	<i>16-24</i>	<i>Male</i>
<i>“My suggestion would be to go to different locations around the areas or attend the different hubs such as ours which is based in Coalville - George Smith Hub.”</i>	<i>Someone who works with the homeless</i>	<i>35-44</i>	<i>Female</i>
<i>“I think the present offer is very specialist and a great resource for staff and clients alike who have long term conditions and dependency, however I would like to see that each community GP centre understands homelessness and can support its patients as a prevention and early intervention service. Therefore the service should be outreaching to other GP services to ensure the skills and resources are available without clients having to come to the city centre to seek homeless health services.”</i>	<i>Someone who works with the homeless</i>	<i>55-64</i>	<i>Female</i>
<i>“I also work in Loughborough and there is no 'specialised' homeless health care. Again, it's having to call a GP and wait not only to get an appointment but speak to a receptionist.”</i>	<i>As a provider of homeless services</i>	<i>No info</i>	<i>No info</i>
<i>“It needs to offer a telephone service and needs to be available at hub levels across the area. Could be delivered by PCNs.”</i>	<i>Someone who is interested in homeless services</i>	<i>45-54</i>	<i>Female</i>
<i>“It needs a clear pathway setting out how individuals or referring agencies access the service. As a general observation, accessing GP services by non-homelessness individuals is difficult enough, especially making an appointment over the phone or online, so given the specific vulnerability of these individuals access is the key thing here. My preference would be for open access through locality-based facilities where an in-person assessment and triage can take place. Once seen or spoken to there then needs to be a clear and agreed pathway into secondary, hospital and specialist services such as mental health, drug and alcohol, sexual health services etc.”</i>	<i>Someone who is interested in homeless services</i>	<i>No info</i>	<i>No info</i>

Respondents were also subsequently asked if there was anything else that they felt needed to be considered when planning health services for homeless patients. The overall results for this question from the online and paper survey are summarised in Table 20 below.

**Table 20: Q4. What else do we need to consider when planning health services for homeless patients?**

**OVERALL RESULTS** (all responses to online survey: n=202).

Theme of comment	No. responses	% responses
GPs/staff to be patient/understanding/sympathetic/ specially trained (e.g. of patient's situation)	32	16%
Make specialist GP services local/easily accessible (e.g. close by, provide transport)	28	14%
Advertise specialist GP service better (e.g. leaflets, social media, for those without telephones)	20	10%
Include mental health services	19	9%
Make it easier/quicker to get an appointment/offer flexible appointments/offer ability to book appointments via multiple channels	19	9%
Make homeless services more joined-up generally (e.g. with other specialist/linked organisations)	15	7%
Offer a welcoming/confidential place/environment to come for medical needs	13	6%
Include addiction services (e.g. alcohol, drugs)	10	5%
Offer a mobile/outreach service (to visit homeless patients/accommodations)	6	3%
Offer a dental service	6	3%
Regular follow-up/continuity with homeless patients	6	3%
Ensure stigma around homelessness is reduced	4	2%
Include blood test services	2	1%
Offer dedicated building(s) for homeless medical consultations/care (e.g. drop-in centre)	2	1%
Include chiropody services	2	1%
Offer 24 hour contact line/contact service	1	<0.5%
Include antisocial behaviour services	1	<0.5%
Include anxiety/depression services	1	<0.5%
Services to be free to access	1	<0.5%
General health scan provided (e.g. full once-over medical/health check)	1	<0.5%
Provide online discussion forums for homeless people (e.g. to share experiences)	1	<0.5%

**Table 20 (continued): Q4. What else do we need to consider when planning health services for homeless patients?**

**OVERALL RESULTS** (all responses to online survey: n=202).

Theme of comment	No. responses	% responses
Provide laundry service (for hygiene)	1	<0.5%
Fairness for all/treat all homeless patients the same (e.g. regardless of living arrangements)	1	<0.5%
Offer dietary services	1	<0.5%
Provide homeless specialist GP/medical service in multiple locations	1	<0.5%
Offer ability to have appointments remotely (e.g. by telephone, internet)	1	<0.5%
Offer translation/interpreter services	1	<0.5%
Consider how service is funded	1	<0.5%
<i>Other</i>	13	6%
<i>Don't know/not sure</i>	3	1%
<i>No information (no comment made)</i>	38	19%

The most common themes mentioned in terms of other things that respondents feel need to be considered when planning health services for homeless people are generally reflective of those seen in the previous question. The key additional themes cited by respondents following their original comments relate to **GPs/staff being patient/understanding/sympathetic/specially trained to deal with homeless patients' situations** (16 - 32 respondents - mentioning this), **making specialist GP services local/easily accessible (e.g. by offering them close by or providing transport to/from them** (14% - 28 respondents), **advertising specialist GP services more effectively for those with no access to telephones** (10% - 20 respondents), **including mental health services** (9% - 19 respondents) and **making it easier/quicker to get an appointment e.g. by offering flexible appointments and/or the ability to book appointments via multiple channels** (9% - 19 respondents).

In total, 164 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons given are shown below.

**Example comments** (for the question, ‘What else do we need to consider when planning health services for homeless patients?’)

Comment	Status	Age	Gender
<i>“(Provide) a place to talk to someone, to get a wash and ask how you are. Welfare check.”</i>	Homeless person	45-54	Male
<i>“It needs to be more respectful to the homeless and be a safe place for them to come and get aid so they’re not put off by people looking and judging them.”</i>	Homeless person	25-34	Female
<i>“Mental health (services) as all people who experience homelessness struggle in this area (in my opinion).”</i>	Homeless person	25-34	No info
<i>“They are vulnerable with many issues such as mental health and addiction, they may struggle keeping track of appointments.”</i>	Homeless person	35-44	Female
<i>“Make notices to advertise when the GP will be around and communicate with staff of homeless hostels.”</i>	Homeless person	45-54	Male
<i>“How they can get there, are they physically and mentally able to do it? And have a separate room where there are not many people.”</i>	Homeless person	25-34	Male
<i>“Have an integrated service incorporating mental health support to clients or patients.”</i>	Homeless person	25-34	Male
<i>“The centre should have access to other hospitals’ departments to fast track them before it becomes a bigger issue.”</i>	Homeless person	45-54	Male
<i>“The service doesn’t fit all, all of the time. Sometimes, it is possible that some patients lose touch. Encouraging re-engagement through other services could be another example of outreach services. Apologies if this is already the case.”</i>	Homeless person	45-54	Male
<i>“Try to develop a service to respond to the lifestyles of homeless people, preferably people who have experience working with homeless people, design around us.”</i>	Homeless person	55-64	Male
<i>“Having a more flexible approach with people who have ‘aggressive behaviour’ which the doctors have a say in that means they can keep attending. I’ve known people banned from the surgery who maybe could have been worked with in a different way.”</i>	Homeless person	No info	No info
<i>“(Employ) somebody who is thicker-skinned and understanding - staff who understand the difficulties homeless people have been through.”</i>	Homeless person	25-34	Male
<i>“Have an online forum that the homeless can access and share their thoughts, views and opinions/ideas.”</i>	Homeless person	55-64	Male
<i>“Having access to a laundry service to ensure hygiene. Providing treatments that can be delivered there and then.”</i>	Homeless person	35-44	Female
<i>“Awareness for matters that are faced by those who are homeless - no stigma or judgement.”</i>	Homeless person	35-44	Female
<i>“(Take into account) where the person is living, their medical history, other services they can access in the community to take off the pressures, family support. And find out what their circumstances are.”</i>	Homeless person	55-64	Female

**Example comments (continued)** (for the question, ‘What else do we need to consider when planning health services for homeless patients’)

Comment	Status	Age	Gender
<i>“The fact they might not turn up, might turn up at the wrong time, won’t want to be kept waiting if they need to be seen. Appreciate this is not always possible, however my son wouldn’t be able to wait on the phone (he doesn’t have the patience), however he might go to the practice so understanding and if possible able to see them the same day.”</i>	Carer/friend/family member of homeless person	16-24	Male
<i>“Advertising towards the homeless as services can be scary to approach when you are homeless.”</i>	Someone who works with the homeless	16-24	Male
<i>“Easy access and trusting relationships are key. Good networks for multidisciplinary working.”</i>	Someone who works with the homeless	65-74	Male
<i>“As described in my previous responses, planning healthcare for homeless patients should be done in collaboration with the experts in the field and those who know this population group well. Building trusting relationships and rapport is key to patients returning and staying on top of their long term health conditions as well as any emergency treatment to prevent additional pressure on A&amp;E and ambulance services. I have no doubt that Inclusion currently go above and beyond in this regard, working with a range of partners across the city - including No.5, The Dawn Centre, Outreach, the police, Turning Point etc. and any service needs to be aware of and able to enter into those relationships and consider patients holistically. A service needs to be adaptable, it needs longer appointments, it needs clinicians who understand the population and their health needs and it needs a staff team trained to work with the population too.”</i>	Someone who works with the homeless	35-44	Female
<i>“Visit Falcon Services in Loughborough, a great support for street homeless. Sit with them and talk through the health issues presented to them by their clients.”</i>	As a provider of homeless services	35-44	Male
<i>“If they are in temporary accommodation for the homeless, not to discriminate against homeless people who are not in a direct hostel. I have two homeless projects with one being in Leicester City. Inclusion will NOT accept any of my tenants ( who are homeless and living in my temporary accommodation project) because of the tenancy agreement that we have. Just because they are on an Assured Shorthold Tenancy (AST), why should they not have access to the specialist healthcare from Inclusion? Surely my tenants are being discriminated against? if you roll out in the county the same will apply to my Loughborough Service as the homeless young people are on an AST agreement.”</i>	As a provider of homeless services	No info	No info
<i>“The service should be designed and delivered according to NICE guideline NG214, which recommends specialist homelessness multidisciplinary teams are employed to provide and coordinate care across outreach, primary, secondary and emergency care, social care and housing services. The ICB should offer truly integrated care for homeless patients through the multiple NHS Trusts and councils on the grounds that homeless people typically have needs that cross multiple services provided by different NHS services and council departments (e.g. housing, social care, mental health, substance misuse services). This would allow the ICB to take a Housing First approach which has been demonstrated to have a significant impact on homeless patients’ health and wellbeing and their ability to access services. It would also allow them to offer person-centred, joined-up care in such a way that reduces demand on the acute services. The specialist GP service should be able to provide person-centred, trauma-informed and holistic care which can help patients access secure housing, and navigate community mental health and psychiatric services, drug and alcohol treatment, support with benefits and other case management services. The GP service must build trust with patients by offering continuity of care and building up relationships with each individual in order to build and maintain trust with patients.”</i>	Someone who is interested in homeless services	25-34	Female

### 3.2 Headline Findings - Community Consultation Event

Respondents in the one focus group were asked the same question as online respondents regarding how they feel a specialist GP service could be delivered for homeless patients so that it was fair for all to access. Table 21 shows a summary of responses to this question.

**Table 21: Q3. How do you think we should deliver the specialist GP service for homeless patients across Leicester, Leicestershire and Rutland, so that it is fair for all?**

Event (No. of people attending):	Date	% 'AGREEING' with Proposal	Overall Summary of Discussion Themes from Group
Leicester – Inclusion Healthcare (5)	21/11	<b>80% (4)</b>	<p><i>‘Everyone mentioned that it (i.e. Inclusion) is in a good central location and is all good where it is’.</i></p> <p><i>‘One person mentioned that will be better to be promoted more. Prior to being homeless they had never heard of it (i.e. Inclusion) and afterwards she heard through another agency.’</i></p>

Of the five respondents attending the only focus group for this survey, there was a consensus that Inclusion was situated in a good central location and that the service did not need to be changed – indicating that this group of homeless patients see the various elements of the service offered by Inclusion as being important to roll out more widely if possible. One respondent did mention the consideration of needing to promote a specialist GP service to homeless people as effectively and widely as possible to increase general awareness of it amongst a cohort who may never hear about it otherwise.

# Section 4: Current Access to Health Services

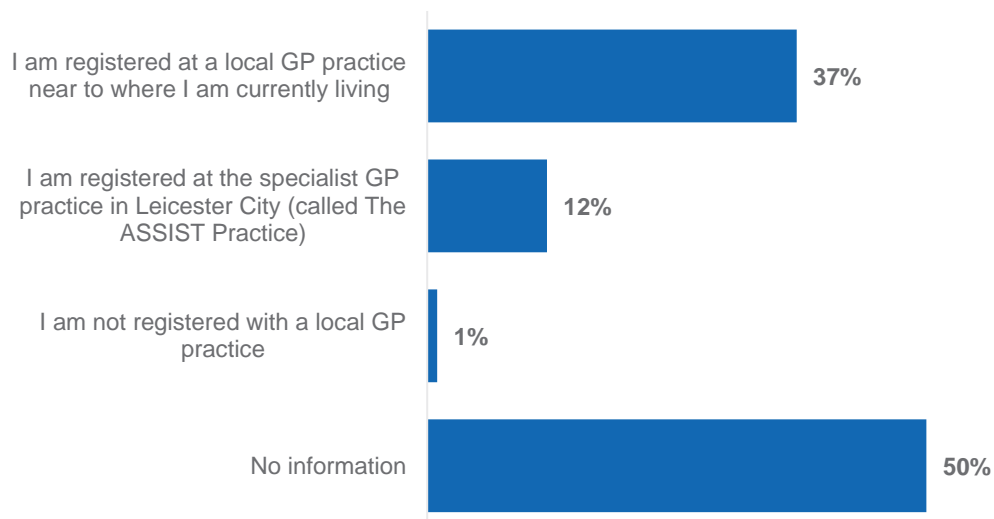


## 4.1 Headline Findings

Those responding to the survey were asked whether they are currently registered with a GP practice. The overall results for this question are summarised in Figure 2 below.

**Figure 2: Q6a. Please tell us how you currently use your GP practice.**

**OVERALL RESULTS** (all responses to online survey: n=202).



Overall, 49% (99 respondents) to the online survey say that they are registered to a GP practice – either at a local GP practice near to where they are currently living or at the specialist GP practice (Inclusion) in Leicester. Only a small proportion (1% - 3 respondents) indicate that they are not currently registered with a local GP practice. However, it should be noted that 50% (101 respondents) did not provide an answer for this question.

NB: When homeless respondents who say they are not registered with a local GP practice were asked how they access health services, a total of 9 respondents went on to answer this question (rather than just the 3 respondents who should have answered the question). However, of those answering, 3 respondents say that they **go to Accident & Emergency**, 1 respondent **calls NHS 111** and 1 respondent **goes to a walk-in centre or urgent care centre**.

## 4.2 Results by Respondent Type

Table 22a shows how responses to this question vary by respondent status, while Table 22b shows responses by age and gender, Table 22c shows responses by disability status, carer status and GP registration status and Table 22d shows responses by ethnicity.

**Table 22a: Q6a. Please tell us how you currently use your GP practice. RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (202)	Answering As:					Other (18)
		A Homeless Person (121)	Carer/ Friend/ Family Member (7)	Someone Working With Homeless (23)	Provider of Homeless Services (6)	Someone Interested in Homeless Services (27)	
I am registered at a local GP practice near to where I am currently living	37%	58%	0%	0%	0%	0	17%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	12%	17%	29%	4%	0%	0%	0%
I am not registered with a local GP practice	1%	3%	0%	0%	0%	0%	0%
No information	50%	21%	71%	96%	100%	100%	83%

There are no significant differences in how respondents currently use their GP practice between those answering as a homeless person and respondents answering in a different capacity (nearly all of whom did not answer this question for obvious reasons).

**Table 22b: Q6a. Please tell us how you currently use your GP practice. RESULTS BY AGE & GENDER** (base sizes in brackets).

	Total (Online Survey) (202)	Age:			Gender:	
		Under 35 (55)	35-54 (82)	55+ (35)	Male (116)	Female (52)
I am registered at a local GP practice near to where I am currently living	37%	45%	43%	26%	45%	31%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	12%	11%	15%	6%	13%	6%
I am not registered with a local GP practice	1%	2%	4%	0%	3%	0%
No information	50%	42%	39%	69%	39%	63%

Although there are no significant differences between age groups or genders in terms of GP practice registration, there is some evidence to suggest that those aged 55 and over may be

slightly less likely than other age groups to be registered at a GP practice. There may also be some evidence to suggest that males may be slightly more likely than females to be registered at a GP practice.

**Table 22c: Q6a. Please tell us how you currently use your GP practice. RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS** (base sizes in brackets).

	Total (Online Survey) (202)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (87)	No (81)	Yes (18)	No (145)	Yes - Local (73)	Yes - Inclusion (24)	No (4)
I am registered at a local GP practice near to where I am currently living	<b>37%</b>	37%	46%	44%	43%	100%	0%	0%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	<b>12%</b>	21%	2%	0%	10%	0%	100%	00%
I am not registered with a local GP practice	<b>1%</b>	3%	0%	0%	3%	0%	0%	100%
No information	<b>50%</b>	39%	52%	56%	45%	0%	0%	0%

There are no significant differences in terms of GP practice registration between those with or without a disability or poor health, or between respondents with or without carer responsibilities or whether they are registered with a GP practice or not. However, there may be some evidence to suggest that those with a disability or health issue may be slightly more likely to be registered at the Inclusion Practice compared to those with no disability or health issues.

**Table 22d: Q6a. Please tell us how you currently use your GP practice. RESULTS BY ETHNICITY** (base sizes in brackets).

	Total (Online Survey) (202)	Ethnicity:	
		White (133)	BAME (22)
I am registered at a local GP practice near to where I am currently living	<b>37%</b>	42%	41%
I am registered at the specialist GP practice in Leicester City (called The ASSIST Practice)	<b>12%</b>	8%	14%
I am not registered with a local GP practice	<b>1%</b>	3%	0%
No information	<b>50%</b>	47%	45%

There are no significant differences in terms of GP practice registration between different ethnic groups.

### 4.3 Headline Findings – Community Consultation Event

For those taking part in the consultation through the *community group*, feedback for this question was collected by moderators on behalf of the whole group. For this question, all five respondents are currently registered with the Inclusion Practice in Leicester, although all five respondents are also aware that they can access health services via Accident & Emergency, NHS 111 and a walk-in centre or urgent care centre, as well as through the 111 service.

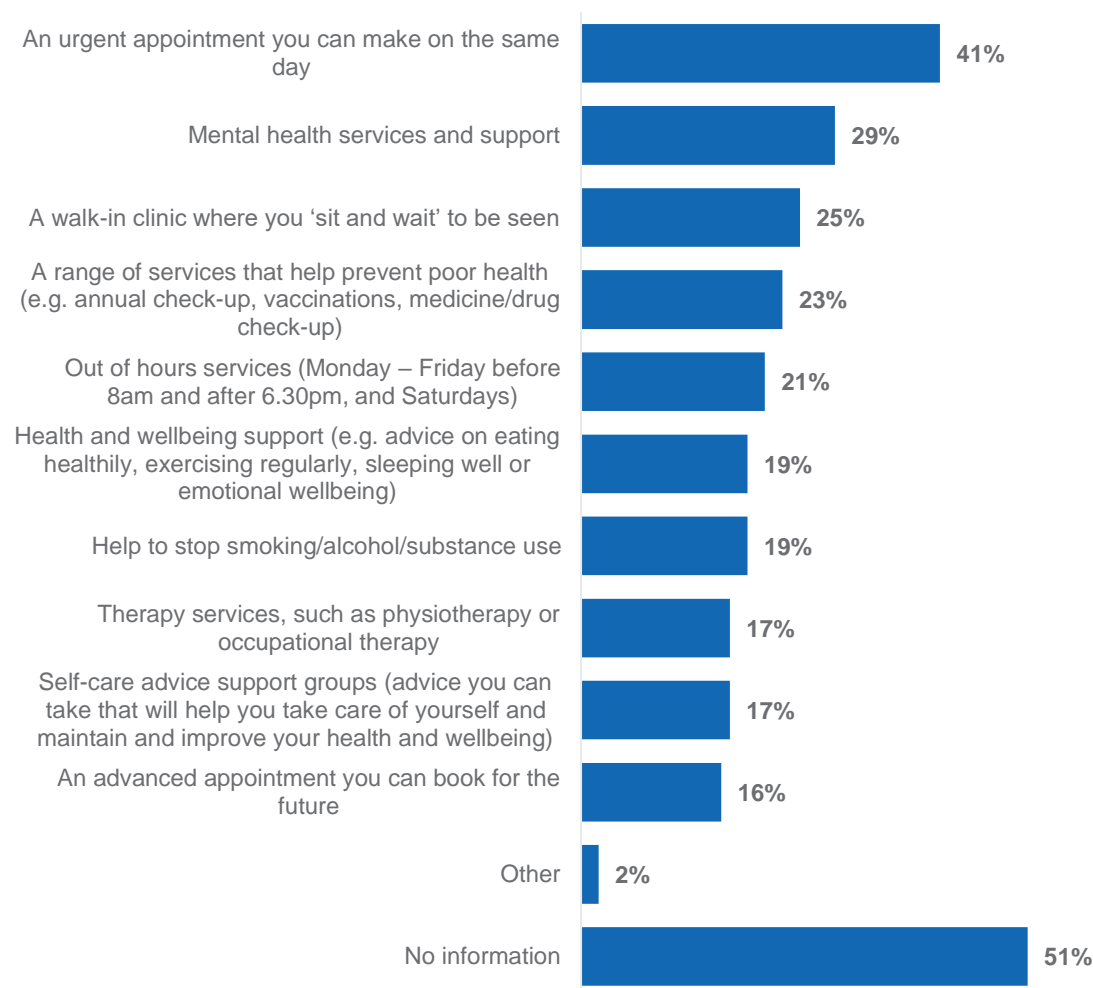
# **Section 5: Most Important Aspects of a Specialist GP Service for Homeless Patients**

## 5.1 Headline Findings

Those responding to the survey were presented with a list of aspects that could be offered by their GP service and were asked to select the most important one(s) to them. The overall results for this question are summarised in Figure 3 below.

**Figure 3: Q7. As a homeless patient, what is the most important thing to you about your GP service? (select as many as apply)**

**OVERALL RESULTS** (all responses to online survey: n=202).



The most important aspect to the homeless sample about their GP service is the ability to be able to make appointments. Specifically, more than two-fifths (41% - 82 respondents) select **'an urgent appointment you can make on the same day'** as the most important thing about their GP service, while 16% (22 respondents) choose **'an advanced appointment you can book for the future'**. At a lower level, the other aspects that are seen as being relatively important for more than a fifth of respondents are **'mental health services and support'** (29% - 59 respondents), **'a walk-in clinic where you sit and wait to be seen'** (25% - 47 respondents), **'a range of services that help prevent poor health'** (23% - 50 respondents) and **'out of hours services'** (21% - 43 respondents).

However, it should be noted that 51% (104 respondents) did not provide an answer to this question.

## 5.2 Results by Respondent Type

Table 23a shows how responses to this question vary by respondent status, while Table 23b shows responses by age and gender, Table 23c shows responses by disability status, carer status and GP registration status and Table 23d shows responses by ethnicity.

**Table 23a: Q7. As a homeless patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (202)	Answering As:					Other (18)
		A Homeless Person (121)	Carer/ Friend/ Family Member (7)	Someone Working With Homeless (23)	Provider of Homeless Services (6)	Someone Interested in Homeless Services (27)	
An urgent appointment you can make on the same day	41%	64%	29%	4%	0%	0%	11%
Mental health services and support	29%	46%	29%	4%	0%	0%	0%
A walk-in clinic where you 'sit and wait' to be seen	25%	39%	14%	0%	0%	0%	11%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	23%	36%	29%	4%	0%	0%	0%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	21%	33%	29%	4%	0%	0%	0%
Help to stop smoking/ alcohol/substance use	19%	31%	0%	4%	0%	0%	0%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	19%	32%	0%	0%	0%	0%	0%
Therapy services, such as physiotherapy or occupational therapy	17%	27%	0%	4%	0%	0%	0%
Self-care advice support groups	17%	28%	0%	0%	0%	0%	0%
An advance appointment you can book for the future	16%	26%	14%	0%	0%	0%	0%
Other	2%	4%	0%	0%	0%	0%	0%
No information	51%	24%	71%	96%	100%	100%	83%

There are no significant differences in how respondents rate the importance of various aspects of their GP practice between those answering as a homeless person and respondents answering in a different capacity (nearly all of whom did not answer this question).

**Table 23b: Q7. As a homeless patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY AGE & GENDER** (base sizes in brackets).

	Total (Online Survey) (202)	Age:			Gender:	
		Under 35 (55)	35-54 (82)	55+ (35)	Male (116)	Female (52)
An urgent appointment you can make on the same day	<b>41%</b>	49%	51%	23%	49%	29%
Mental health services and support	<b>29%</b>	44%	33%	9%	36%	27%
A walk-in clinic where you 'sit and wait' to be seen	<b>25%</b>	42%	26%	11%	30%	23%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	<b>23%</b>	31%	27%	17%	29%	19%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	<b>21%</b>	33%	24%	11%	27%	19%
Help to stop smoking/ alcohol/substance use	<b>19%</b>	25%	24%	9%	24%	15%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	<b>19%</b>	29%	22%	9%	22%	23%
Therapy services, such as physiotherapy or occupational therapy	<b>17%</b>	24%	18%	11%	20%	17%
Self-care advice support groups	<b>17%</b>	22%	21%	9%	19%	19%
An advance appointment you can book for the future	<b>16%</b>	25%	17%	9%	20%	13%
Other	<b>2%</b>	2%	4%	0%	3%	2%
No information	<b>51%</b>	42%	38%	71%	40%	63%

Although there are no significant differences between age groups or genders in terms of how they rate the importance of various aspects of their GP practice, there is some evidence to suggest that the importance of many of the services, such as 'mental health services' and 'a walk-in clinic where you sit and wait to be seen', is higher amongst younger age groups.



**Table 23c: Q7. As a homeless patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS (base sizes in brackets).**

	Total (Online Survey) (202)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (87)	No (81)	Yes (18)	No (145)	Yes - Local (73)	Yes - Inclusion (24)	No (4)
An urgent appointment you can make on the same day	41%	51%	40%	39%	44%	77%	88%	75%
Mental health services and support	29%	28%	35%	22%	34%	59%	63%	25%
A walk-in clinic where you 'sit and wait' to be seen	25%	26%	31%	17%	30%	55%	33%	50%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	23%	31%	20%	17%	27%	44%	58%	25%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	21%	24%	25%	17%	26%	45%	38%	25%
Help to stop smoking/ alcohol/substance use	19%	18%	22%	11%	23%	38%	42%	25%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	19%	21%	21%	22%	21%	41%	33%	25%
Therapy services, such as physiotherapy or occupational therapy	17%	18%	19%	17%	18%	34%	38%	0%
Self-care advice support groups	17%	18%	19%	17%	19%	36%	29%	25%
An advance appointment you can book for the future	16%	18%	17%	6%	19%	33%	29%	25%
Other	2%	3%	0%	0%	3%	4%	8%	0%
No information	51%	40%	51%	56%	46%	4%	4%	0%

Although there are no significant differences in terms of the importance ratings of the various GP practice aspects between those with or without a disability/in poor health, there may be some evidence to suggest that those with a disability or poor health may be slightly more likely to rate 'an urgent appointment you can make on the same day' and 'a range of services that help prevent poor health' than those who have no disability or health issues.

There are no significant differences in the importance ratings given between those with or without carer responsibilities. However, there may be some evidence to suggest that those registered to a local GP practice may be slightly more likely than those registered to the Inclusion Practice to rate 'a walk-in clinic where you sit and wait to be seen' as important (55%

of those registered with a local GP practice select this as important, compared to 33% of those registered with Inclusion Practice).

**Table 23d: Q7. As a homeless patient, what is the most important thing to you about your GP service? (select as many as apply) RESULTS BY ETHNICITY (base sizes in brackets).**

	Total (Online Survey) (202)	Ethnicity:	
		White (133)	BAME (22)
An urgent appointment you can make on the same day	41%	41%	45%
Mental health services and support	29%	32%	41%
A walk-in clinic where you 'sit and wait' to be seen	25%	27%	36%
A range of services that help prevent poor health (e.g. an annual check-up, vaccinations, or a medicine/drug check-up)	23%	26%	23%
Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)	21%	26%	23%
Help to stop smoking/ alcohol/substance use	19%	23%	18%
Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well or emotional wellbeing)	19%	20%	32%
Therapy services, such as physiotherapy or occupational therapy	17%	17%	27%
Self-care advice support groups	17%	19%	18%
An advance appointment you can book for the future	16%	18%	23%
Other	2%	2%	9%
No information	51%	48%	41%

There are no significant differences between different ethnic groups in terms of how they rate the importance of various aspects of their GP practice.

### 5.3 Headline Findings – Community Consultation Event

For those taking part in the consultation through the one **community group**, feedback for this question was collected by moderators on behalf of the whole group. For this question, a summary of the feedback received from each group/event relating to this question is shown in Table 24 below – but in this group, responses largely mirrored the online/paper survey, with the most important theme being the ability to easily make/get an appointment, followed by the availability of mental health support services.

**Table 24: Q7. As a homeless patient, what is the most important thing to you about your GP service? SUMMARY OF FINDINGS BY EVENT** (number of respondents in each focus group in brackets).

<b>Event</b> (No. of people attending):	<b>Date</b>	<b>% 'AGREEING' with Proposal</b>	<b>Overall Summary of Discussion Themes from Group</b>
Leicester – Inclusion Healthcare (5)	21/11	<b>80% (4)</b>	<p><i>Respondent 1 – ‘Getting an appointment easily, as this helps you to access further support.’</i></p> <p><i>Respondent 2 – ‘To always have appointments.’</i></p> <p><i>Respondent 3 – ‘Inclusion Healthcare is always good with patients.’</i></p> <p><i>Respondent 4 – ‘Mental Health support. Access is there and is good, but maybe some needed to wait longer for referrals appointments.’</i></p> <p><i>Respondent 5 – ‘Walk-in/sit and wait for appointments. Mental health support and wellbeing support.’</i></p>

# Section 6: Specialist GP Service Communication Preferences

## 6.1 Headline Findings – Online Survey

Those responding to the survey were presented with a list of contact methods that could be used by their GP service and were asked to select the one(s) that they would most like their GP practice to use. The overall results for this question are summarised in Figure 4 below.

**Figure 4: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option)**

**OVERALL RESULTS** (all responses to online survey: n=202).



There is a clear preference for direct telephone contact by and to GP practices for homeless patients when they need to contact them. The GP practice contact channels that respondents express the greatest preference for are a **telephone call** (58% - 117 respondents – selecting this as a way they would like to be contacted) and/or a **text** (55% - 111 respondents). However, approaching two fifths (37% - 75 respondents) would like to have their GP practice **contact somebody they trust using contact details that the homeless patient provides**, while just over a quarter (26% - 53 respondents) would like to be contacted by their GP practice via **email** and approaching a fifth (18% - 37 respondents) express a liking for contact **by post to a postal address that they provide**.

It should be noted that 9% (18 respondents) did not provide an answer to this question.

Those responding to the survey were also asked to indicate their preferred spoken language – the overall results for this question are summarised in Table 25 below.

**Table 25: Q9. What is your preferred spoken language?**

**OVERALL RESULTS** (all responses to online survey: n=202).

<b>Respondent type</b>	<b>No. responses</b>	<b>% responses</b>
English	171	85%
Kurdish (including Badini, Sorani)	2	1%
Welsh	1	<0.5%
Arabic	1	<0.5%
French	1	<0.5%
Eritrean/Tigrinya	1	<0.5%
Polish	1	<0.5%
Dari	1	<0.5%
Pashto	1	<0.5%
Bangla/Bengali	1	<0.5%
Hindi	1	<0.5%
Navajo	1	<0.5%
No information	21	10%

Although the responses to this question indicate that English language is the preferred spoken language of the large majority of the homeless sample, some provision is likely to be required for delivering services in other languages (e.g. using translation services) such as Kurdish, Arabic, Welsh, French, Polish and Eritrean/Tigrinyan among others.

However, it should be noted that 10% (21 respondents) did not provide an answer to this question.

## 6.2 Results by Respondent Type

Table 26a shows how responses to this question vary by respondent status, while Table 26b shows responses by age and gender, Table 26c shows responses by disability status, carer status and GP registration status and Table 26d shows responses by ethnicity.

**Table 26a: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY RESPONDENT STATUS** (base sizes in brackets).

	Total (Online Survey) (202)	Answering As:					Other (18)
		A Homeless Person (121)	Carer/ Friend/ Family Member (7)	Someone Working With Homeless (23)	Provider of Homeless Services (6)	Someone Interested in Homeless Services (27)	
Telephone call	<b>58%</b>	68%	57%	57%	50%	22%	50%
Text	<b>55%</b>	55%	43%	70%	33%	59%	39%
Contacting somebody you trust using contact details you provide	<b>37%</b>	35%	71%	48%	50%	22%	44%
Email	<b>26%</b>	24%	29%	22%	17%	48%	17%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	<b>18%</b>	15%	29%	30%	33%	19%	17%
Other (please tell us)	<b>7%</b>	3%	1%	2%	1%	3%	4%
No information	<b>9%</b>	8%	0%	13%	17%	7%	11%

There are no significant differences in the contact preferences of respondents between those answering as a homeless person and respondents answering in a different capacity.

**Table 26b: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY AGE & GENDER** (base sizes in brackets).

	Total (Online Survey) (202)	Age:			Gender:	
		Under 35 (55)	35-54 (82)	55+ (35)	Male (116)	Female (52)
Telephone call	58%	73%	67%	49%	72%	50%
Text	55%	62%	61%	66%	64%	58%
Contacting somebody you trust using contact details you provide	37%	53%	34%	46%	41%	50%
Email	26%	29%	23%	43%	30%	29%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	18%	25%	15%	23%	17%	23%
Other (please tell us)	7%	4%	7%	9%	3%	6%
No information	9%	0%	0%	0%	0%	0%

Although there are no significant differences between age groups or genders in terms of contact preferences from their GP practice, there is some evidence to suggest that direct telephone calls may be preferred by younger age groups.

**Table 26c: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY DISABILITY STATUS, CARER STATUS & GP REGISTRATION STATUS** (base sizes in brackets).

	Total (Online Survey) (202)	Disability/Poor Health?		Carer Responsibility?		Registered with a GP Practice?		
		Yes (87)	No (81)	Yes (18)	No (145)	Yes - Local (73)	Yes - Inclusion (24)	No (4)
Telephone call	58%	71%	58%	44%	63%	71%	88%	100%
Text	55%	66%	57%	67%	61%	56%	67%	50%
Contacting somebody you trust using contact details you provide	37%	37%	49%	39%	45%	41%	38%	0%
Email	26%	32%	26%	44%	27%	26%	29%	25%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	18%	23%	17%	33%	18%	16%	17%	25%
Other (please tell us)	7%	9%	5%	11%	8%	5%	0%	0%
No information	9%	0%	0%	0%	0%	3%	4%	0%



Although there are no significant differences in communication preferences between those with or without a disability/in poor health, there may be some evidence to suggest that those with a disability or in poor health may be slightly more likely to prefer direct telephone contact (via both call and text) than those without disability/health concerns.

There are no significant differences between those with or without carer responsibilities, or between whether or not they are registered to a GP practice, in terms of how they would like their GP practice to communicate with them.

**Table 26d: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). RESULTS BY ETHNICITY (base sizes in brackets).**

	Total (Online Survey) (202)	Ethnicity:	
		White (133)	BAME (22)
Telephone call	58%	60%	77%
Text	55%	59%	77%
Contacting somebody you trust using contact details you provide	37%	48%	27%
Email	26%	29%	18%
By post to a postal address you provide (not necessarily the address of where you are sleeping)	18%	21%	9%
Other (please tell us)	7%	7%	9%
No information	9%	0%	0%

There are no significant differences between different ethnic groups in terms of how they would like their GP practice to communicate with them.

### 6.3 Headline Findings – Community Consultation Event

For those taking part in the consultation through the one **community group**, feedback for this question was collected by moderators on behalf of the whole group. For this question, a summary of the feedback received from each group/event relating to this question is shown in Table 27 below – but in this group, responses largely mirrored the online/paper survey, with telephone contact via either a phone call or a text message being the most preferred contact channels.

**Table 27: Q8. How would you like you like your GP practice to communicate with you? (You may tick more than one option). SUMMARY OF FINDINGS BY EVENT** (number of respondents in each focus group in brackets).

Event (No. of people attending):	Date	% 'AGREEING' with Proposal	Overall Summary of Discussion Themes from Group
Leicester – Inclusion Healthcare (5)	21/11	<b>80% (4)</b>	Text – 5 respondents. Telephone – 4 respondents. Email – 1 respondent.

Those taking part in the consultation through the one **community group** were also asked to indicate their preferred spoken language and a summary of the feedback received from each group/event relating to this question is shown in Table 28 below. In this group, the main languages spoken were English, Italian, Persian and Ga (an ethnic Ghanaian language).

**Table 28: Q9. What is your preferred spoken language? SUMMARY OF FINDINGS BY EVENT** (number of respondents in each focus group in brackets).

Event (No. of people attending):	Date	% 'AGREEING' with Proposal	Overall Summary of Discussion Themes from Group
Leicester – Inclusion Healthcare (5)	21/11	<b>80% (4)</b>	English – 2 respondents. Italian – 1 respondent. Persian – 1 respondent. Ga (Ghanaian) – 1 respondent.

# **Appendix A:**

## **Homeless GP Service Consultation Survey Questions**

## Homeless GP service consultation survey

Specialist homeless GP services are currently provided to people who live in Leicester City by a contract – an arrangement between the NHS and the GP practice. This contract will end on 31<sup>st</sup> March 2025.

The organisation responsible for planning and improving local health services, including GP practices, is called the Integrated Care Board (ICB). The ICB has been looking at how services will be provided to homeless patients not only in Leicester, but also in Leicestershire and Rutland, after the contract ends.

At the moment, if you are homeless in Leicester, you will receive GP services from Inclusion Healthcare in the city centre.

If you are homeless in Leicestershire or Rutland, you will receive GP services from your nearest GP practice.

We want to have one service for homeless patients whether they live in Leicester, Leicestershire or Rutland.

This means that, in the future, GP services for homeless patients may be delivered in a different way and by a different organisation.

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For the purpose of this service:

‘Homeless’ is legally defined as: *‘A person or household who has no home in the UK or anywhere else in the world available to them and reasonable to occupy’.*

- The following housing circumstances are examples of homelessness:
  - Rooflessness (without a shelter of any kind, sleeping rough)
  - Houselessness (with a place to sleep but temporary, in institutions or a shelter)
  - Living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends known as ‘sofa surfing’)
  - Living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding) [www.gov.uk](http://www.gov.uk)

We have developed a proposal (plan for how we could deliver homeless GP services in the future) that we would love to hear your thoughts on. So, we are inviting you to complete a short survey. Your views will help us to shape how we deliver Homeless GP services across Leicester, Leicestershire and Rutland.

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The survey can take up to 10 minutes to complete. Please ensure that you don’t share any personal information in the survey (information that could be used to identify you, such as your name).

The survey closes on **Tuesday 21 November 2023.**

If you would prefer to complete the survey online, please visit:

<https://llrnhs.questionpro.eu/homelessgpservices> or scan the QR code below



### **Returning a completed survey**

Please post your completed survey to:

Freepost Plus RUEE–ZAUY–BXEG

LLR ICB, G30, Pen Lloyd Building, Leicestershire County Council, Leicester Road, Glenfield,  
Leicester, LE3 8TB

### **Data Protection Act Statement**

All the information you provide will be considered when we are planning services. Please be aware that, by completing the survey, you are giving your consent to include your response in the analysis of the survey responses. We will publish a Report of Findings so that you can see what matters most to responders. Any reports published using your feedback will not contain any personally identifiable information.

If you have any questions about the survey and need assistance with completing the survey, please email us: [LLRICB-LLR.beinvolved@nhs.net](mailto:LLRICB-LLR.beinvolved@nhs.net)

Thank you for your time and support.

## **Survey questions**

**Q1.** Please tick to confirm you have read and agree with the data protection act statement on the previous page. **(Please note that we cannot use any surveys that don't have this box ticked)**

**Q2.** Please tell us in what capacity you are completing this survey.  
**I am completing the survey...**

- As a homeless person
- As a carer, friend or family member of someone homeless
- As someone who works with the homeless
- As a provider of homeless services in Leicester, Leicestershire and Rutland
- As someone who is interested in services for the homeless

Other (please tell us)

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**Q3a. For homeless patients, we are proposing to have one GP service delivered across Leicester, Leicestershire and Rutland. This means that, no matter where you live in the area, if you are homeless you will be able to access a specialist GP service. You won't need to go to a regular GP practice.**

**What do you think about this?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**Q3b. Please tell us why**

**Q4. How do you think we should deliver the specialist GP service for homeless patients across Leicester, Leicestershire and Rutland, so that it is fair for all?**

**Q5. What else we need to consider when planning health services for homeless patients?**

**Please only complete Q6 to Q8 if you are homeless. If you are not homeless, please go straight to Q9.**

**Q6. Which district council area are you currently living in?**

- Blaby
- Hinckley and Bosworth
- Leicester City
- Charnwood (Loughborough and surrounding areas)
- Lutterworth
- Harborough (Market Harborough, Lutterworth and surrounding areas)
- Melton
- North West Leicestershire (Coalville and surrounding areas)

- Oadby and Wigston
- Rutland
- Other area (please tell us) \_\_\_\_\_

**Q7a. Please tell us how you currently use your GP practice.**

- I am registered at a local GP practice near to where I am currently living
- I am registered at the specialist GP practice in Leicester City (called Inclusion Healthcare)
- I am not registered with a local GP practice

**Q7b. If you are not registered with a local GP practice, how do you access health services?**

- Go to A&E
- Go to a walk in centre or urgent care centre
- Call NHS 111
- Don't know
- Other (please tell us) \_\_\_\_\_

**Q8. As a homeless patient, what is the most important thing to you about your GP service?**

- An urgent appointment you can make on the same day
- An advanced appointment you can book for the future
- A walk-in clinic where you 'sit and wait' to be seen
- Therapy services, such as physiotherapy (helping people affected by injury, illness or disability through movement), or occupational therapy (helping people to participate in activities in everyday life)
- A range of services that help prevent poor health, e.g. an annual check-up, vaccinations, or a medicine/drug check-up
- Help to stop smoking/alcohol/substance use
- Health and wellbeing support (e.g. advice on eating healthily, exercising regularly, sleeping well, or emotional wellbeing)
- Out of hours services (Monday – Friday before 8am and after 6.30pm, and Saturdays)
- Self-care advice support groups (advice you can take that will help you take care of yourself and maintain and improve your health and wellbeing)
- Mental health services and support
- Other (please tell us) \_\_\_\_\_

**Q9. How would you like you like your GP practice to communicate with you? (You may tick more than one option)**

- Telephone call
- Text
- Email

By post to a postal address you provide (not necessarily the address of where you are sleeping)

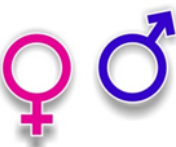

Contacting somebody you trust using contact details you provide

Other (please tell us) \_\_\_\_\_

### Q10. What is your preferred spoken language?

### Equality monitoring questions

Please complete as much of the information about yourself as you feel comfortable with, as this will help us understand who is taking part in the consultation. The information you provide will be kept in accordance with the terms of the Data Protection Acts 1998 and 2000 and will be used for monitoring purposes and questionnaire analysis.

 <p><b>Sex</b></p>	<p>Q1. What is your sex? (Select one option)</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Intersex</p> <p><input type="checkbox"/> Prefer not to say</p>
 <p><b>Gender reassignment</b></p>	<p>Q2. Do you identify as the gender you were assigned at birth? (Select one option)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, please write in your gender identity _____</p> <p><input type="checkbox"/> Prefer not to say</p>





**Pregnancy/maternity**

Q3. Are you pregnant or have you given birth in the last 26 weeks? (Select one option)

- Yes
- No
- Prefer not to say



**Age**

Q4. What is your age? (Select one option)

- Under 16
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+
  
- Prefer not to say



**Disability**

Q5a. Do you consider yourself to have a disability or suffer from poor health? (Select one option)

- Yes, I have a disability
- Yes, I am in poor health
- Neither
  
- Prefer not to say



Q5b. If you have selected 'yes', please tell us which condition: (Select one option)

- Physical
- Partial or total loss of vision
- Learning disability/ difficulty
- Partial or total loss of hearing
- Mental health condition
- Long standing illness or condition
- Speech impediment or impairment

**Condition**

Other medical condition or impairment, please tell us here:



**Race**

Q6. What is your ethnicity? (Select one option)

**Asian or Asian British:**

- Bangladeshi
  - Chinese
  - Indian
  - Pakistani
  - Any other Asian background
- 

**Black or Black British:**

- African background, please tell us here \_\_\_\_\_
  - Caribbean
  - Any other Black background
- 

**Mixed:**

- Asian and White
  - Black African and White
  - Black Caribbean and White
  - Any other Mixed or multiple background
- 

**White:**

- British, English, Northern Irish, Scottish, Welsh
  - Irish
  - Gypsy/ Irish Traveller
  - Roma
  - Any other White background
- 

**Other:**

- Arab
- Polish

- Somali
  - Prefer not to say
  - Any other ethnicity
- 



**Religion or belief**

Q7. What is your religion or belief? (Select one option)

- No religion
- Bahá'i
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
  
- Prefer not to say
- Other, please tell us here:



**Relationship Status**

Q8. What is your relationship status?

- Single
- Married/civil partnership
- Separated or divorced
- Partnered/living with partner
- Widowed/surviving civil partner
- Prefer not to say






**Sexual orientation**

Q9. What is your sexual orientation (preference)? (Select one option)

- Bisexual (relationship with any gender/s)
- Gay or lesbian (same sex relationship)
- Heterosexual/ straight (male to female relationship)
- Prefer not to say
  
- Other, please tell us here:

Q10. Do you provide care for someone? (Tick as many as appropriate)

 <p><b>Carers</b></p>	<input type="checkbox"/> Yes - Care for young persons(s) aged younger than 24 years of age <input type="checkbox"/> Yes - Care for adults(s) aged 25 to 49 years of age <input type="checkbox"/> Yes – Care for older person(s) aged over 50 years of age <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
 <p><b>Armed Services</b></p>	<p>Q11. Have you ever served in the Armed Services? (Select one option)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
	<p>Q12. What is your postcode?</p> <p>Please tell us the first few digits (e.g. LE <input type="text" value="11 1"/> AA)</p>

**Please ensure that you have ticked the consent box at the beginning of the survey. (Please note that we cannot use any surveys that don't have this box ticked)**

If you would like us to stay in touch with you and update you of other NHS surveys and involvement opportunities, or just keep up to date with news about the NHS locally, then join our online Citizens' Panel. You can join right now at <https://bettercaretogetherllr.questionpro.eu/a/panel.do>

Thank you for completing this survey.