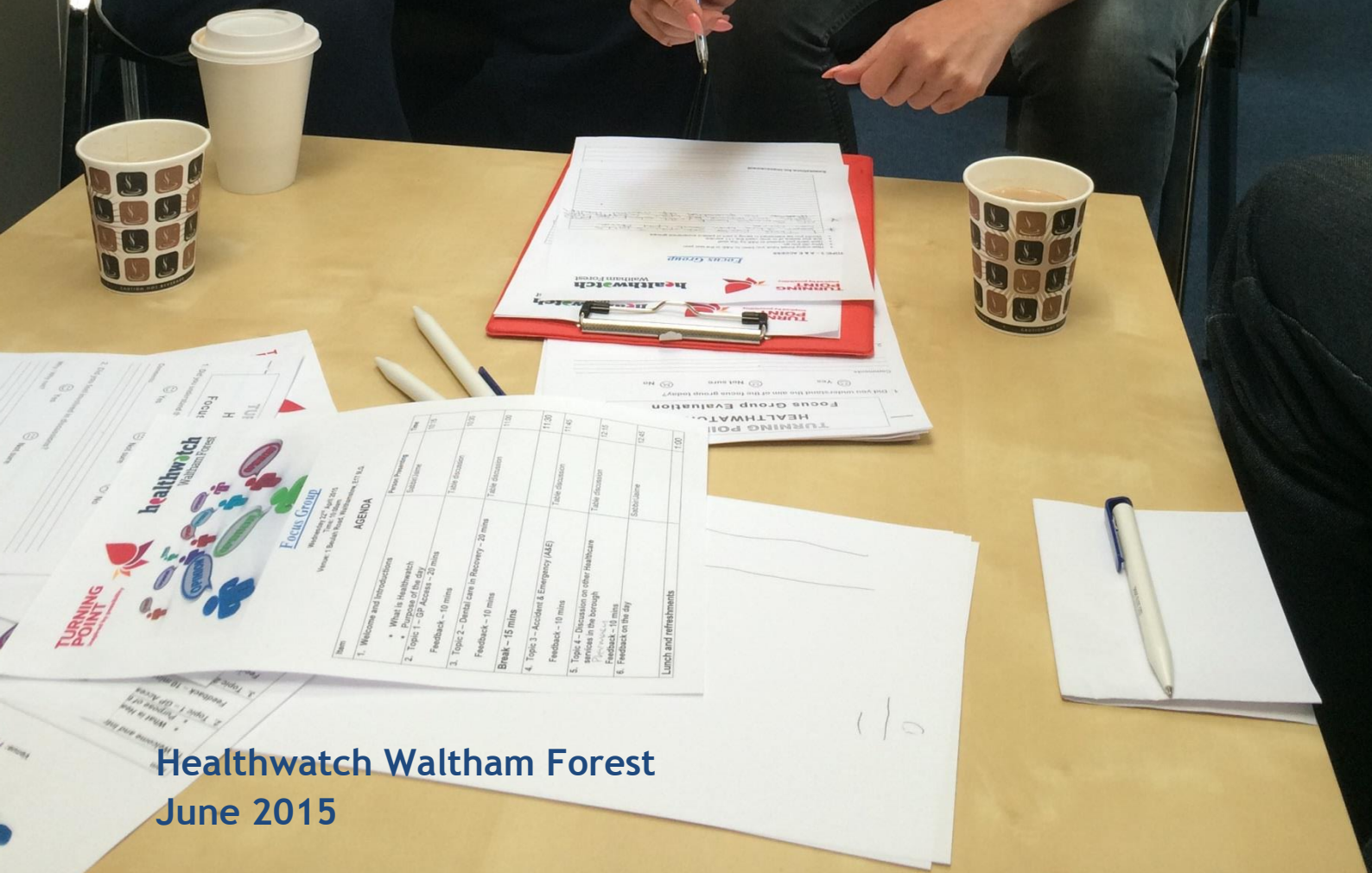


Talking with the homeless community in Waltham Forest



With special thanks to Sabbir Ahmed and Turning Point, and Saira Mir and PL84U-ALSuffa

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Introduction

Background

During 2014 Healthwatch Waltham Forest worked with two local organisations - Turning Point and PL84U-Al Suffa - to better understand some of the health and social care issues faced by their client groups. Together we decided to explore these issues in more detail by bringing together services users from the homeless community in a series of focus groups. Two focus groups took place, one at PL84U-Al Suffa lunch club on Monday 20th April 2015, and a second at Turning Point in Beulah Road on Wednesday 22nd April 2015. In total 50 people attended and spoke to us about GP Access, A&E at Whipps Cross Hospital, Mental Health services at Whipps Cross and in the community, Ambulance services, Pharmacies, Opticians and Dentists. This report details the discussions that took place in those focus groups, and includes a list of suggested improvements for commissioners and providers to consider.

About the partners

Healthwatch Waltham Forest

Healthwatch Waltham Forest is a local Healthwatch organisation, established by the Health and Social Care Act 2012 to act as the local independent consumer champion for health and social care.

Local Healthwatch organisations have statutory duties to:

- Gather the views and experiences of patients and the public.
- Make those views known to providers and commissioners.
- Promote and support the involvement of local people in the commissioning and provision of local care services and how they are scrutinised.
- Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC).
- Provide information and signposting about access to services and support for making informed choices including independent advocacy support to make an NHS complaint.
- Make the views and experiences of people known to Healthwatch England, providing a steer to help it carry out its role as national champion.

More details can be found on our website [here](#).

Turning

Point

Turning Point is a national social enterprise, focused on improving lives and communities. In Waltham Forest they offer information, advice and support for anyone over 18 concerned with their own or somebody else's drug or alcohol use. The service provides open access drop-in, structured care plan key working, group sessions, complementary therapies and a structures day programme. More details can be found on their website [here](#).

PL84U-Al Suffa

PL84U-Al Suffa provides a hot meal and befriending services to a community of elderly, homeless and people in need - people who are living in conditions of social economic, cultural deprivation and isolation. They can be contacted via saira@pl84u-alsuff.co.uk

The purpose of this piece of work

The aim of this piece of work was to more fully understand and document some of the experiences of the homeless community in Waltham Forest, a community whose voices are often seldom heard. In carrying out this piece of work, the intention was to formally share these views with commissioning and provider partners, and look to ways in which we can improve services for this client group.

The Approach

The Focus Groups

After initial discussions with both partners, two focus groups were planned to bring together members of the homeless community to discuss their experiences of health and social care services.

Partner organisations took the lead in arranging and running the focus groups. In addition each partner organisation was supported to advertise, coordinate and facilitate the focus groups by Healthwatch Waltham Forest staff.

We planned for approximately 25 people per focus group and attendees were encouraged to sign up in advance, although this was difficult in practice.

Each focus group included a meal, and a voucher was given as an incentive for attendance and a thank you for contributions. These aspects were advertised in advance, both directly to Turning Point and PL84U- Al Suffa services users, and through posters distributed to night shelters and other homeless day centres in the area, (such as Staffa Road which was referred to extensively by attendees at both groups).

Focus group topics were chosen in partnership. In the planning stages service users were consulted on the areas that were most important to their health and social care, and partners, who have an ongoing relationship with the client group and

could offer unique insight and understanding, were also consulted on topics that would be of relevance. A joint decision was then made about which topics to discuss at each session. The topics chosen were GP Access, A&E at Whipps Cross Hospital, Mental Health services at Whipps Cross and in the community, Ambulance services, Pharmacies, Opticians and Dentists. These were discussed to varying degrees in each focus group, based on the groups interaction and responses. Additional services mentioned by participants are also referred to in this report.

Discussions at the PL84U focus group took place as a joint exercise, with participants sat around one large table. This was in part to accommodate an audio recording of the session and to enable volunteer service users to translate for others in the group. It was also felt that this set up would encourage thought and conversation within the group, most of whom who had never been involved in back sharing their views in this way. Notes were taken by Healthwatch staff.

Discussions at the Turning Point focus group took place on small tables of about 5 individuals. Each table was facilitated by a Turning Point Peer Mentor who has experience of facilitating discussion sessions with their peers. The session involved individual table discussions and overall feedback to the room on each topic. Notes were taken on individual table discussions, and the highlighted issues fed back to the wider group. In this focus group attendees were specifically asked to suggest areas for improvements, although in practice suggestions came up through both sessions. These suggestions are included in the content below where applicable.



Key findings and recommendations

The homeless community in Waltham Forest were found to have extensive access issues in relation General Practice. Overall, between one third (1/3) and one half (1/2) of participants weren't registered with a GP at all, and those that were registered said they experienced difficulties in getting appointments. Barriers were particularly noted around identification or proof of address requested by practices. Where people were registered with a GP they generally had difficulty in contacting the surgery and getting an appointment, although this varied and comments reflected individual expectations around how quickly they should be seen. A negative opinion of homeless people by staff was identified by participants alongside a general lack of dignity and respect, and in some instances quality of care too. Despite a range of challenges within the system in catering for this client group, some GPs had been able to get it right and there were examples of particularly good, compassionate and caring practice at some GPs which should be shared more widely across the borough. Oliver Road Polyclinic was used by some attendees who had support to register there, but use of the service did not necessarily cater for people's long term and ongoing care needs, nor prevent regular use of A&E due to the appointments process.

Use of A&E services was found to heavily link to the difficulties in accessing GP services and appointments. Apart from the waiting times, most attendees were complementary about the level of care and treatment they received once at hospital, and felt staff were helpful and knowledgeable about signposting to local homeless centres. This more positive overall experience seemed to differ somewhat for homeless people when issues of substance misuse or mental health were also present. In these instances, episodes of stigma and lack of understanding were described alongside questionable instances of care and what patients felt was excessive and anxiety inducing use of security. A lack of holistic care and joined up intervention, and adequate follow up by mainstream as well as specialist services (hospital mental health teams, community mental health and alcohol and substance misuse services) was also identified by individuals accessing A&E to get help. This perceived stigma and lack of joined up care was attributed to the worsening of physical and mental health problems.

Service users dental hygiene was generally poor; this was mainly due to peoples lifestyles and a fear of going to the dentist. Alcohol dependency and opiate replacement medication (methadone) was identified as leading to poor dental health, as was the lack of a daily routine, leading to tooth decay and gum disease. Service users said that by the time they were in a place and ready to attend a dentist they were too embarrassed and scared to do so. Better links with dental surgeries was a clear need for the community.

Most people had positive experiences with pharmacies, identifying pharmacists as being helpful and well informed, and able to offer a valued service to the client group. Some similar issues around stigma and or perceived judgment were identified and the need for greater privacy and advertising of specialised services.

A number of other services were discussed in brief and are included in the report, but these were not considered in enough depth for findings to be considered.

What we found in detail

GP Access

Registering (and support)

At the PL84U-Al Suffa focus group around two thirds of participants had a GP.

At the Turning Point focus group, of four people at one table, two were registered with GPs and two were not.

Being told they need a fixed address in order to register with the GP and having issues registering because of lack of ID were common issues identified.

One individual highlighted it had been easy to sign up at Oliver Rd Polyclinic with the support of Staffa Road Day Centre (a homeless day centre who provide an address for homeless people to use). However, another person had tried this at a practice on Leabridge Road and had not been allowed to register using the address. Staffa Road Day Centre told us Oliver Road Polyclinic were supportive and assisted them in registering homeless clients.

One person was registered at a Practice in Walthamstow, having signed up years ago when living with his parents in the area. Despite having no current fixed address, and his parents having moved out of the area some years previously, he had managed to stay registered at the Practice. The practice knew he was homeless and he was very complementary of their support and advice to him as a homeless man, for instance they had been the ones to tell him about Staffa Road Day Centre and its services for homeless people. This individual also had a serious mental health diagnosis and rated his GP support very highly.

An individual signed up at the Oliver Road Polyclinic indicated that he had been signed up to another Practice near by previously. After 2.5 years, as the individual could not provide proof of address, he had been 'struck off and told to go and register at Oliver Road Polyclinic. He did not understand why he had to move.

An individual signed up at Oliver Road highlighted that he 'had to have a GP' as he has blood pressure problems and takes regular medication to control it. This individual also has/d an allergy problem that has left him in A&E at Whipps Cross on several occasions (most recently on the previous Sunday).

The two people on one table without a GP had not registered as they had not felt the need. This was despite one of them having been registered with a GP in Dover previously (for three years) and having been in Waltham Forest for over 1 year. The other individual had only been in the borough and country for 6 months and simply stated, 'no problem, no GP'. Both individuals were from Eastern Europe and had very low levels of English.

Other individuals in the room identified a lack of clear information and guidance's about how to register with a GP as a homeless person. Healthwatch left some official guidance with individuals and the partner organisations for future

reference. The group reflected that simple, clear, local guidance would be helpful.

Appointments

Overall participants at both groups identified difficulties in getting an appointment, including the waiting times for an appointment, and once they had an appointment, the frustration with only being able to address one issue. The group also highlighted that telephone appointments were not always appropriate for the homeless community as they may not have a phone and or change numbers frequently.

An individual at a practice in Walthamstow spoke about how you had to book appointments one month in advance and someone else at another practice in the area described having to book two weeks in advance. At a further practice the wait for an appointment was described as 'problematic...if you go in for appointment you must wait one week'. This was unsatisfactory to the patients commenting. One particular patient also identified having been to Whipps Cross A&E on more than six occasions in the past four months as a result of not being able to get an appointment.

An individual signed up to St James Medical Practice said it was easy to get an appointment. There was a same day service for emergencies and or a future appointment could be booked in advance. This met his needs and worked well for him.

At one focus group, half of the participants registered with a GP identified difficulty in making an appointment over the phone and dissatisfaction at having to call at a certain time of day, not being able to get through, and 'even when you do call at the right time, still waiting on the phone for 30 minutes'.

Other individuals in the room identified it 'being hard to cope when you are unwell', making it 'hard to make an appointment' and or 'hard to go to the appointment'. These comments reflected the difficulty in 'fitting into' the standard systems and services, especially where homelessness and or alcohol, substance misuse, and mental health were concerned. One attendee highlighted that when they missed an appointment it was extremely difficult to rearrange, elaborating that sometimes it was the health problem itself which made them miss the appointment, and that this was often not understood.

One participant spoke about how after they had become homeless they were told they were no longer allowed an appointment at their normal practice in Chingford, but were sent straight to the hospital by this practice, when suffering from mental health problems.

A particular problem unique to the client group was GPs being located too far away from some of the regular places they had to visit for shelters and other services. One person described, 'if you are homeless you might walk for miles to see the GP, even 15+ miles walking around to and from places throughout the day and when you get there they tell you to come back tomorrow'. This has happened recently to

someone registered at a practice in Walthamstow who had been promised an appointment and then told to come back the next day which had been difficult for them to do in their circumstances.

Both groups we spoke with identified the need for ‘a health centre with a doctor and dentist especially for homeless people so we can get easier access’.

One attendee commented that premium numbers were difficult for people on low income. Healthwatch explained to the group that GPs should no longer be using premium numbers as the only contact number. All GPs should also have local rate numbers available for patients to use and this had been put into place over the last year or so.

Level of service, care and treatment

A mental health and homeless patient at a practice in Walthamstow highlighted receiving great care from one doctor who ‘really cares’ and took an interest, but not so great care from another who was ‘not interested in my health’. Another attendee commenting on a different practice in the locality felt they were only interested in treating the symptoms not the cause.

A patient at a practice in Leyton had received conflicting advice around some of his blood pressure medication, where a GP had told him it was ok, and the hospital had told him it was not ok (after attending A&E for an allergic reaction). This had led to him no longer trusting that particular GP. He continued to use the practice, but would only see his preferred GP ‘to get it sorted’.

A common theme identified by patients was a perceived ‘lack of professionalism’. One person elaborated on this with a personal experience, stating, ‘I went to the GP with really bad headaches. I had been in a coma ten years previously. I was worried it might be related and thought a scan would be helpful, but he dismissed it and didn’t listen.’ Others linked this impression to GPs using google in front of them, stating ‘it doesn’t give me much confidence’ and identified generally feeling like concerns were not taken seriously by some GPs.

Both groups we spoke to felt that 10 minutes was not enough time for an appointment, and that there was a lack of empathy from frontline staff:

- ‘sometimes you feel like you’re being pushed through a conveyor belt. You need more than 10 minutes!’
- ‘For people with mental health problems, you might go with someone and the GP often talks to the carer and over you. It is not very nice and makes you feel kicked down a bit more’

Attendees described how one GP called the police to take someone to Whipps Cross, how another GP refused to prescribe medication for fear of the person taking an overdose, and occasions where people were not getting the treatment they needed due to the closure of some services.

One participant spoke of how a GP at a practice in Walthamstow did not explain the causes of the illness, only the treatment, and others expressed the opinion

that this was a symptom of wider lack of communication between GPs and patients.

A patient at Oliver Road was particularly complimentary, speaking about how they needed medication around 12 months ago for a mental health condition, and within 2 hours they were able to get all their medication. They called the practice “very good”. Another participant at the same practice expressed the opinion that Oliver Road was an “excellent GP service with good communication”, whilst another felt that the practice was able to provide short term care but not long term care.

Suggestions for improvements

Targeted services for the client group:

Attendees suggested that GPs with a number of people on their books with drug or alcohol problems, should hold ‘drop in’ or open sessions to improve access

Others felt weekly or monthly health check-ups at homeless facilities for common issues (such as feet and skin problems) would have a big impact on their health

Some participants also mentioned a walk-in health centre specifically for homeless people. The importance of services being located near Staffa Road Day Centre or nearby locations they already frequented was paramount.

Better access and availability of out of hours and weekend appointments, and same day emergency appointments:

One table of attendees described that there were always so many people coming in to access the GP and there needed to be ‘a better system for everyone to meet the needs and demands on the service’. This was a difficult one to solve, but easier and different levels of access were felt to be key, alongside changing the phone booking system, allowing for longer appointments and more than one issue per appointment.

Increase awareness training and ability to provide emotional support and encouragement:

People wanted a more personalised and encouraging approach from GPs, particularly where homeless, alcohol, substance misuse and mental health issues were concerned. It was felt the stigma associated with these issues needed to be addressed to allow for this.

Better information and guidance:

A greater level of information, guidance and advice about how to register and access GPs as a homeless person was suggested.

A&E

Overall attendees at both focus groups had lots of experience of using hospitals and especially of the local hospital, Whipps Cross. People spoke broadly about these experiences, sometimes receiving what they perceived to be 'good' service and treatment and other times the opposite. Participants also commonly commented on the waiting time being over four hours on some occasions but quicker on others, and more generally took the view that:

- 'needs more funding, needs more staff'
- 'They are overstretched as it is and they do the best they can'
- 'You accept when you walk into A&E that they are stressed'.

Access

Most individuals identified multiple use of A&E in the last year.

One individual identified being in hospital in Dover for six weeks but was 'now ok'.

Another identified having used Whipps Cross A&E several times, stating on one occasion, 'I went to A&E for an emergency. They took me to St Barts'. (He was diagnosed with Ablation - abnormal heart rhythm).

A few participants mentioned waiting for more than 4 hours. One in particular described having to wait a long time even when it was for his 6 month old daughter, although this was some time ago, and another waited over 6 hours just for some painkillers. One individual also described the hospital 'forcing' him to register with a GP, whereas another described a less critical, but similar experience, albeit as an inpatient, stating 'nice food, nice service. I was treated and told to register with a GP'.

One individual not registered with a GP had seen a doctor at Staffa Road Day Centre (as part of a monthly 'health service bus'- which comes to the centre and includes testing for TB). The doctor had then arranged for this individual to have follow up tests at Whipps Cross Hospital including bloods, x-ray and saliva, and in the end 'everything was ok' and no further follow up was needed. Other individuals also identified using the bus at Staffa Road and most rated it very highly, with some individuals seeing the doctor every month through this service. Others, however, said the service was often full and despite repeated monthly attempts, they had not been able to access the service.

One individual had been to Whipps Cross A&E 10+ times for a variety of reasons. He went on to describe the rationale for attending, stating, 'if I go to my GP I have to wait to get an appointment and then wait for treatment. I go to A&E when I need help now. It's the same as the hospital - you see a GP doctor at the hospital and I can wait maybe 1,2 or 3 hours, but I will see a doctor the same day. At Oliver Road I have to wait days to see the GP. There is too much people there.' Others in the

room identified with this experience, highlighting the attraction of being able to see a GP on the same day at A&E.

One individual had never been to A&E, seeking all his medical care through his GP.

Another individual had been to A&E only once (three weeks ago) with really swollen feet. He stated, 'they saw me very quickly and gave me medication on the same day and I left. They also told me about Staffa Road Day Centre for homeless people. He wrote all the details down for me on a piece of paper and was very kind and helpful'.

One individual had been to Whipps Cross four times in the previous year for 'nervous breakdown'.

One described his very positive experiences of care after calling 999 and receiving overnight treatment at Whipps Cross, stating, 'they helped me no different from other patients...homeless, no homeless, no difference...there is too much good doctors at Whipps Cross...sometimes if there is too much people you must wait, but otherwise its good.'

One individual described waiting 15 hours at Whipps Cross A&E. During this time he had three different assessments, including one with mental health liaison and one with a doctor from the home treatment team (HTT). He was not comfortable with the assessments so walked to Goodmayes Hospital to 'get a good assessment'. He got an appointment at Goodmayes for 9:45am, 'but the doctor didn't turn up until 2:45pm' for the assessment.

Level of service, care and treatment

Individuals identified that 'when you are ill it would be nice to explain things only once'.

One individual attending Whipps Cross 6 times in 4 months for ongoing eye problems said 'sometimes it is good'.

One substance user described a situation when he had been at Whipps Cross A&E and had needed to 'take a hit'. He had done this in the toilet hoping it would calm him as he was hearing voices. When he was with the nurse he told her what he had done so she knew in case of future medication and so she could help him. She showed him to a separate room and told him to wait there and he thought she was bringing him to a safe place and was going to get the doctor for an assessment. Instead she came back with two security guards and he was escorted off the premises. Others in the room echoed similar experiences of what they felt were 'excessive' uses of security (four or five security guards in some instances) surrounding them during assessment/treatment and or when they presented at A&E. They went on to describe this as making them feel 'uncomfortable'.

One individual described attending A&E on various occasions with others (in support of them), stating, 'I've been there with people who have had drink or drugs and I see them getting judged straight away'. Others described an attitude from staff of, 'oh it's them again, doesn't matter', and being 'treated like

underclass'. Overall the group were very clear in suggesting that all staff needed to be a bit more drug, alcohol and mental health aware, with one person pointing out, 'its quite simple. It doesn't cost money to be pleasant to people'.

People described being turned away from A&E with one relaying an experience of attending with a friend, again in support, and that person being turned away. She elaborated, 'I don't think its safe for them to go. I was there to advocate for them on this occasion, but what if I wasn't and what about other people who are vulnerable and don't have anyone with them?'.

A few other participants didn't feel that mental health was given enough priority with treatment somewhat lacking, resulting in people attending again and again, 'you see them same people in A&E every night'.

People also described being turned away from A&E and couldn't understand this when CDAT (Community Drugs and Alcohol Team) was located at the hospital. There was some confusion over whether CDAT was available at Whipps Cross 24 hours a day or not, but it was felt that it should be. One particular staff member at the service was heavily praised, 'he is really good, but you can't see him all the time'. Despite this praise for the CDAT service there was also frustration at not always being able to access it, generally being turned away (from health services including Whipps Cross A&E) and having to 'get through seven others before you can see the CDAT doctor, and those other seven treat you like S***'. The judgement and stigma people faced in attending services was commonly described by the majority of the room. They felt they could not get help when they sought it out and in one extreme situation an individual with liver failure and serious mental health illness described how he had stopped taking his mental health medication six months previously. He had been to Whipps Cross and been told he had liver failure and had then been discharged without a GP and without any course of action*. Another individual stated, 'when I wanted detox every door got shut in my face. I chose jail to get well' Others in the room echoed this experience, 'I heard that too, people prefer jail to the health care system'.

* This individual called Healthwatch some weeks later and upon checking with NELFT Healthwatch signposted to NELFT drop in services to pick up his current mental health need and alcohol misuse issues, and coordinate access to other health services. He subsequently attended the service the next day and been told he was not eligible as he didn't have a GP.

Various attendees reflected further on a lack of follow up and holistic treatment, with comments including:

- 'they did lots of tests but there was no follow up and so I ended up having to go back after 2 weeks'.
- 'I attended Whipps Cross for alcohol addiction and was given a drip, but then discharged at 4am'. He felt they had 'treated the symptoms, but not the cause'.

- 'I went to Whipps Cross for a 10 day detox, and only saw a doctor on the first and last day. There was no communication about what other issues the substance abuse could have caused on my body'.
- 'They just give you something to get you out of the door'

There was a particularly alarming incident described by one participant about his friend who was incorrectly prescribed 1000 tablets, despite being in hospital for an overdose of painkillers.

At one of the focus groups, attendees were particularly concerned about the lack of a central database of joined up data and patient records, being especially fearful in their common, but individual, circumstances that 'you could get rushed to hospital in an emergency, you haven't had your meds (methadone), you go into withdrawal, they have to phone your GP (if you have one) before they can give you meds and sometimes it can take one or two days'. They went on to describe other related concerns, 'they also need to know what you can't have, where there might be contraindications, what you might overdose on, have past abuse of, or be allergic too'. Many in the group felt a medication or photo ID card scheme to show what medication needs you have (eg methodone) would be helpful in these circumstances and prevent people going into unplanned withdrawal. Others felt this card could be easily lost, but joined up and accessible electronic records between different services would greatly help them when attending A&E for an emergency. Another alternative suggestion was to have medical ID bracelets for those on methodone. Regardless of the solution, the group felt very strongly that this was an issue that needed tackling and some described situations where they had gone into withdrawal at the hospital because staff did not know what they had taken, could take, or should be taking.

The group affirmed another general feeling around sharing data, stating that there should be 'no third party sharing of data - it is my data. I am happy to share it to help my healthcare needs, but NOT for anything else.' One individual described how he had opted out of sharing his data at his GP and asked for a letter of confirmation, but they couldn't give him anything confirming his records would not be shared.

Homerton hospital was given special mention at the focus groups as offering a superior service to that at Whipps Cross. One participant explained that he broke some of his ribs, and walked past two hospitals to get an x-ray at Homerton as they 'treat you nicer'. He said 'they are always trying to help you, fix you up. They keep coming out to check on you'. Another said 'Homerton has an A&E and a walk in centre meaning that you can use both teams and be seen quicker'.

Suggested improvements

- **More resources and making best use of the full spectrum of staff and skills:**
Simply put, attendees felt A&E services were overstretched and wanted to 'get more doctors and nurses'. In particular they suggested giving more tasks to paramedics and increasing availability of nurses. One table felt strongly that

sometimes the problem is not too serious and help could be provided by nurses or those other than doctors. Another table went on to promote the role that volunteers could play in helping to take 'the pressure off'.

- **Better integrated care, linking up of mental health services with A&E and access to a psychologist 24hrs:**

Patients wanted more joined up care and treatment with appropriate follow up and support.

- **Flagging of patients:**

Joined up IT systems, ID cards and or medical bracelets were suggested as options for enabling health care practitioners to identify people's medical history and ongoing needs. This was of particular relevance for those on methadone and or with a history of substance misuse and could help join up care between different health care services.

- **Homeless, mental health, drug and alcohol awareness training for all staff working in A&E:**

Attendees suggested awareness training for medical and support staff and the value of providing opportunities for them to hear about the experiences, of homeless people and those with substance misuse and mental health illness, first hand.



Dental Care

Service users present said that their dental hygiene was poor, this was mainly due to peoples life styles and also fear of going to the dentist. For some service users accessing a dentist was identified as a very traumatic experience. Alcohol dependency and opiate replacement medication (methadone), where used, had led to poor dental health, and the lack of a daily routine impacted. The group commonly described tooth decay and gum disease and said that by the time they were in a place where they were ready to attend a dentist they were too embarrassed and scared. Service users identified a need for better links with dental surgeries and it was generally felt that it was harder to see a dentist than a GP, and there was considerable confusion around the distinction between NHS and private dentists.

Access

On one table, only one of the four participants had a dentist. This was the Palmerston Road dental practice.

One individual stated he was last registered at a dentist 9 years ago in Poland, stating that he goes to the dentist when he is back in Poland, the last time being three years ago, 'as they have very good dentists there'. Another individual identified not going to the dentist for over three years, again with the last occasion being 'back at home' in Czech Republic, before coming to the UK.

These two participants identified that they might have to go if they had toothache, but as this was not the case, they hadn't felt the need to prioritise registering.

As identified in relation to GP access, individuals stated that if they needed registering they would go to 'Audrey at Staffa Road Day Centre - she the boss, she can help you with anything like registering'.

Attendees commonly identified that there was 'not enough information about dentists available' and praised the Staffa Road service as a lifeline for them. 'We don't know where to go. Staffa Road is the only information centre for us. Once you go there, they tell you everything. Without them we wouldn't know'.

A common theme around access to services was the cost of treatment. Whereas some individual were in receipt of benefits, others were not, and this made it even more difficult, 'if you're homeless and getting no benefits you can't get no help for dentist'. One individual highlighted some additional exacerbating factors stating, 'if you're homeless, you've got no money, you can't event walk down to Whitechapel (hospital) for emergency treatment - not walking all that way with feet problems, it's not an option'. The rest of the room also identified walking for miles each day with foot problems (and overall foot health) being major issues.

One person described how their dentist structured their treatment so it ran over two different financial years so it could come out of two different budgets/allowances for treatment. 'He helped me get the best possible treatment within the financial limitations set by NHS England.'

One individual identified an experience whereby they had called to cancel a dentist appointment, but had then received a letter charging them £5 for not turning up. He stated, 'when I addressed the issue the dentist told me we don't need you at our practice' this was two years ago at a dentist at the bottom of Churchill Road. Others in the room also identified having experienced issues around DNAs' (Did Not Attend).

One individual whose ex-partner worked within dentistry informed the group that if they couldn't find an NHS dentist they could get in touch with the General Dentist Committee who could tell them of nearby practices accepting NHS patients.

The difficulty around accessing NHS Dentists was felt to be an urgent issue by the group with people stating, 'something needs to be done quick. This is a big problems, people have got no voice, no one is listening' and 'this needs a swift solution'.

Level of service, care, treatment

The individual registered at Palmerston Road Dental Practice identified both good experiences and room for improvement. He stated, 'I feel rushed at the dentist. I had gum disease, she didn't even look in my mouth just gave me antibiotics. There was no general check up, no cleaning of the teeth etc. For homeless people teeth can be a big problem'. He went on to praise the practice for helping him to sign up 'for free dental care (as I am on benefits)'.

One individual was extremely complementary about his practice even going so far as to state, 'I would never change my dentist. I'd change my GP much quicker'.

'My dentist, Dr A Shah in Clyhall Avenue is very very good, and the whole service is absolutely fantastic. If I ring them up with a serious problem then they see me within two days. It's very good for homeless people and they also ask other questions too, are very supportive of me and give me information to help as a homeless person. Dentists pick up on a lot of other health issues too. I can't be prescribed pain relief medication because of my past but he advised me on what I could eat and techniques for managing the pain. I find my dentist much more supportive than my GP.'

One table also identified that they would like access to a second opinion/consultation to check on the best course of action. This was especially relevant where the dental care suggested was very costly.

Suggestions for improvement

Conveniently located, mobile dental service for the homeless community: Like the 'Health Bus' that some people identified using, individuals suggested a dentist service available from Staffa Road would be hugely helpful, and also within some drug and alcohol services. The group claimed that mobile dentist services went to prison, and were confident the service could also come to other locations to meet the specific needs of the vulnerable client group. Regular access would help prevent the need for more serious treatment later down the line.

Pharmacy

Pharmacy services were discussed to a lesser degree than some of the other service areas, but where people did use the service they were generally positive.

Access

'I go regularly to get my blood pressure tablets, I go to Oliver Road pharmacy, right next to my GP, it's very handy'.

'I use it everyday for methadone script.

One individual, however, identified being refused treatment for minor ailments because of alcohol problems

Level of service/care/treatment

Most people identified pharmacists as helpful and well informed.

One individual used the pharmacy daily for methadone and was very complimentary about the service, stating, 'the service is really good, it's Palmerston Road, Cavendish pharmacy. I've built up a good relationship. They treat me in a private room and really treat me well with dignity and respect'. Others using pharmacy services for similar purposes, however, didn't have this experience and felt more privacy was needed at the pharmacy, especially for those on opiate replacement medication who should not be, and indeed did not feel comfortable in, taking their medication in front of other customers.

As with other health services, some participants reflected upon the issue of stigma, rudeness, and some of the front line staff being 'a little judgemental' on occasions.

One individual particularly praised his pharmacist for assisting with general advice and healthcare guidance, stating, 'sometimes I ask for advice about certain parts of my body which are hurting or swelling and the pharmacist gives me advice or sometimes tells me when I need to go to the GP.'

A few attendees commented on the lack of information around certain medications, stating '...with most medications you get pictures and diagrams showing you when to take the medication and how to take it. With methadone you don't get anything.'

Suggestions

- **More services to be offered in pharmacies (to take pressure off GP's and A&E depts).** Specifically, blood pressure and inoculations were mentioned.
- **Increased availability of privacy,** in particular when taking opiate replacement medication.
- **Increased information about services,** eg Signs outside pharmacies to advertise restricted services on offer e.g. methadone
- **Improved guidance and information about medications** (when to take, with food etc.)

Comment about other services

NHS 111

On one table NHS 111 was only known to one out of four people and that individual, despite knowing about it, had never used it.

One person that had used the service had a poor view of it, stating, 'I think it's dreadful. It's a smokescreen, it's a waste of time, they say the doctor will ring back in an hour, and they did call me back, but it was a bad experience, 111 should be scrapped.' It appeared that this one time experience had tainted their view of the service and it was no longer considered an option for them to utilise in other situations.

Ambulance services

One individual had called 999 on two occasions, one for a heart problem (this was the occasion he eventually ended up in Barts Hospital). Another time he had what he described as 'body pain, couldn't pass urine'. He called 999 and was taken to hospital where they checked and found 'lots of bacteria in his system' He stayed in for one night was given medication and left the next day.

Another participant had to wait 1 hour for an ambulance after overdosing.

Opticians

Most in the room identified a lack of information around opticians, where to get tested and how to access free or cheap testing. The cost was a big issue with people finding it too expensive. This inhibited their use of the service greatly.

I need glasses (-3.5). I have stigmatism and 1 year ago I broke my glasses. I see, but not so good, I don't know what to do and where to go for glasses. I don't have money.

Another attendee shared that he had previously gone to Specsavers for a free test and also got free reading glasses. This was two years ago, but he had recently broken them and also needed to get some more.

Community Mental Health services

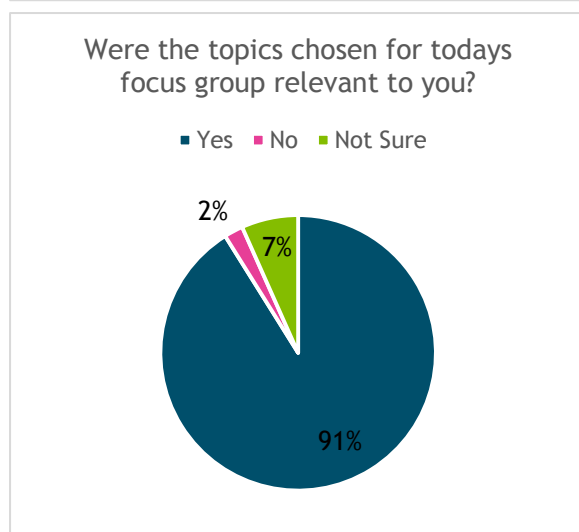
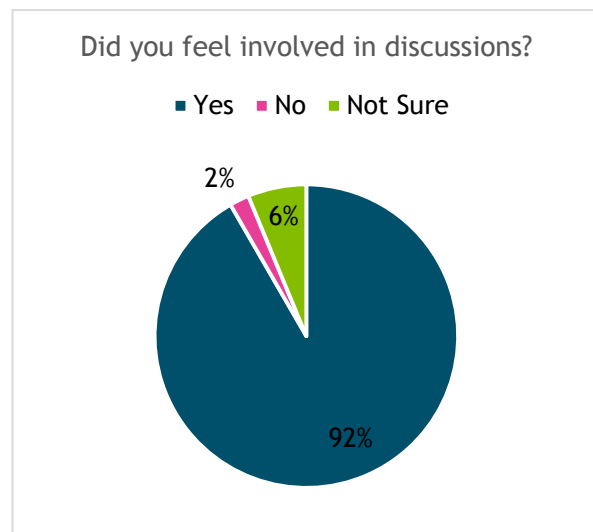
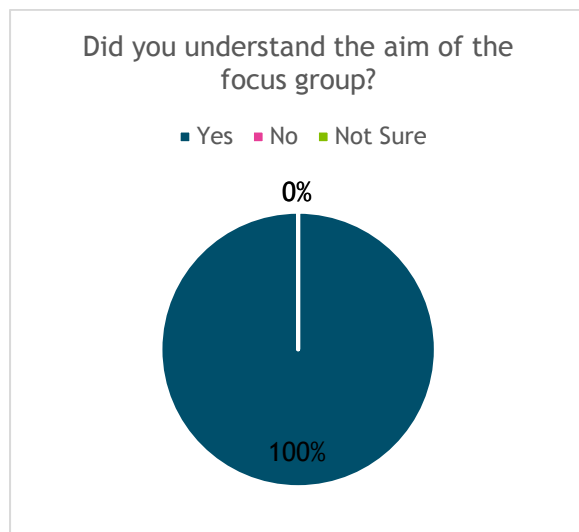
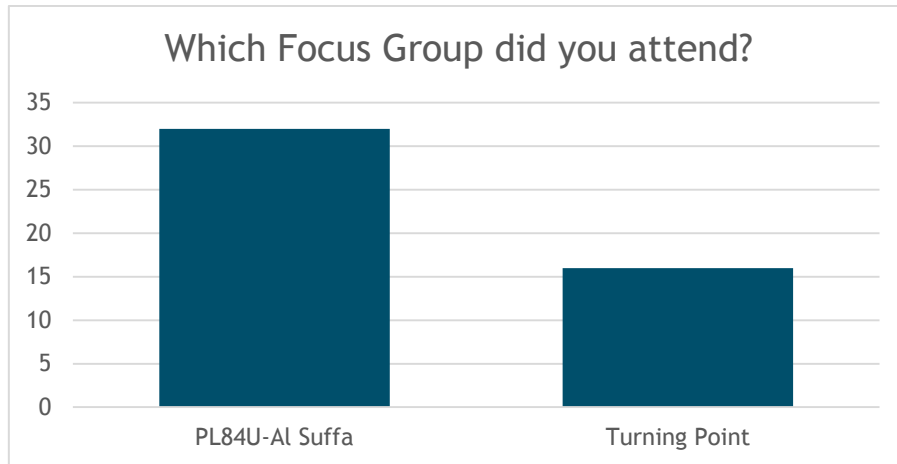
Although not discussed in detail beyond conversations about Whipps Cross, Community mental health workers were identified as frequently running late and not turning up at all.

Police

Again, this was not discussed in any detail, but participants did feel that, along with other professionals they regularly came into contact with, that Police needed far greater mental health training.

Evaluation form results and additional comments

Two focus groups were held with the homeless community. The combined results of those sessions are found below.



Generally, although many participants highlighted they had not attended anything like this before, most people commented on enjoying the focus group, also indicating they would like more opportunity to have their voices heard:

- 🗣️ *Enjoyed the topic and debate*
- 🗣️ *I like the group session and we get different feedback*
- 🗣️ *Open to talk*
- 🗣️ *Discussion*
- 🗣️ *Everyone was listened*
- 🗣️ *Generally everything was ok*
- 🗣️ *Everything was ok*
- 🗣️ *More people like you*
- 🗣️ *Just listen to people more, be open for more help and discussion*
- 🗣️ *I would happily participate in other focus groups if my experience was relevant and I thought I could make a worthwhile contribution to the study.*
- 🗣️ *More discussions*
- 🗣️ *More discussions for homeless*
- 🗣️ *More focus groups maybe once a month*
- 🗣️ *Good*
- 🗣️ *Good discussion, lots of points raised around many issues*
- 🗣️ *First time I have been to this found it good thank you*
- 🗣️ *Enjoyed the discussion*
- 🗣️ *1st time should do it more often*
- 🗣️ *People listened to me*
- 🗣️ *Everyone seemed to listen to everyone else*
- 🗣️ *Both Jaime and Natalia listened closely and noted my experience/concerns*
- 🗣️ *A very good person*
- 🗣️ *People listened well and took note and that is most important*

Attendees also highlighted the benefits they got out of the session(s) and offered their own support:

- 🗣️ *Got lots of info*
- 🗣️ *I've learned how to access the health services for homeless*
- 🗣️ *I was pleased to find out about the services available to people who are mentally ill and homeless*
- 🗣️ *I appreciate the extra information that we received with regards to how to register and get the correct info.*
- 🗣️ *Want to carry on doing voluntary at PL84U and for things to be improved in any way possible*
- 🗣️ *I will go to Staffa Rd and apply for the HDJ card*
- 🗣️ *To go forward and feel positive*
- 🗣️ *I like to be involved, like a volunteer to interpret for the Romanian people who do not speak English*
- 🗣️ *I would like to help myself personally, get the people to where they need to be*

- *Was ok, helpful*
- *It was very good for my confidence*
- *It was helpful to hear all different views of people. Personally I had always good experience with A&E or GP*
- *The focus was on health and the provision of services. Very good discussion and have raised my awareness of provision and service within the borough'*
- *It was nice hearing everybody's views on different subjects.*

There were also some areas of improvement highlighted. These included:

- *Too crowded*
- *Group large, but needed more people to ask/answer questions and make discussion groups smaller. Many afraid to speak (English not first language).*
- *Ensure everyone is listened to.*
- *Everybody is hungry. Give food first, and then stays only who honestly want to discuss. [In both our focus groups we provided food at the end of the session and participants were able to collect a voucher as a gesture of thanks for participating].*
- *More people to note take and ask questions. Encourage interpreters amongst group to split off and address issues/concerns.*
- *Start on time*
- *More notice about focus groups by texts please*
- *Serve food and eat food*
- *Next time, make certain that all participants have relevant experience of issues under discussion, otherwise homeless just turning up for voucher and food.*
- *Hungry!*
- *I would like to see some results because I'm bored with all discussions and nothing happened. I hope will not be the case this time.*

Within the evaluation form attendees continued to provide additional insight, commenting on their experiences of services, what they wanted to change and what services they would like to have access to:

- *Access to GP, Dentist*
- *Access to GP & dentist for homeless people with a temporary care-of-address is needed.*
- *Staffa road day centre only place Mon-Fri that we congregate.*
- *Not enough mental health help*
- *Dental assistance*
- *A centrally located building which houses all relevant services for homeless people to use.*
- *GP: more communications between doctor and patient about what causes the problem, the illness, what medicine the doctor prescribes and what it is for.*

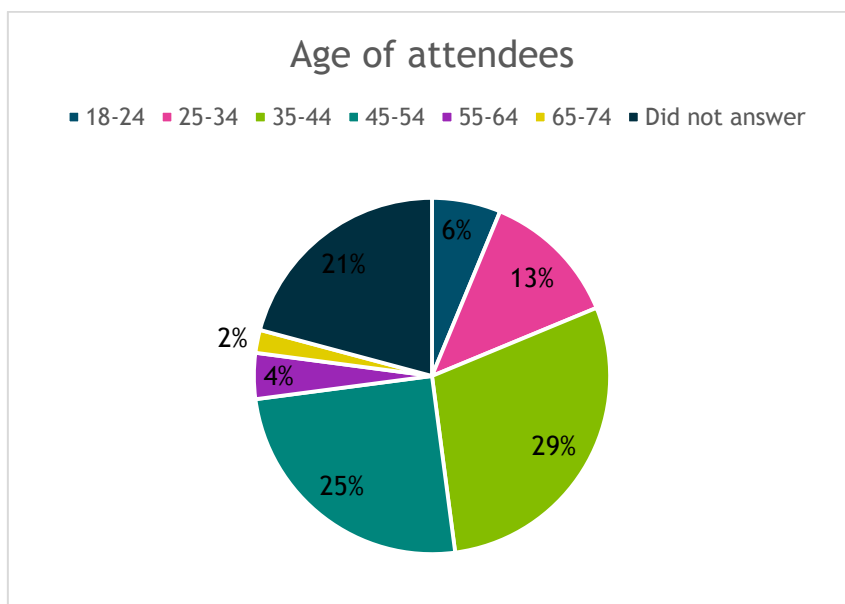
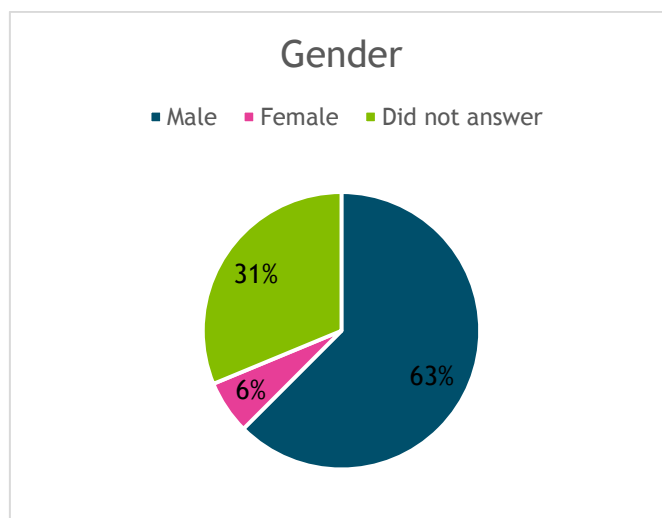
- *Dental care: Open, like a centre where the treatment and medicine to be available 24hrs/day in WF borough.*
- *A&E: Patients with alcohol issues, drug addictions and mental problems to be treated with the same care like any other patient, no more be treated like scum and statistics.*
- *GP. Most basic concern - food. Not going to go to Dr if haven't been able to eat all day, won't be walking down there, don't think straight.*
- *Dentist*
- *Waiting times to be cut shorter, appointments, doctors with certain issues with my health, more diagnosis.*
- *Need another day centre facilities or funding for staff so operation can be expanded.*
- *Pass a law that will not be broken like the duty of care is!*
- *More info on GPs and Dentists*
- *Dentist info*
- *Open a free dental surgery in Waltham Forest Borough.*
- *See improvement in Mental Health, all people working in the public sector do mental health course.*
- *Keep the NHS just as it is.*
- *Need to see a GP and dentist. Would like one local to Staffa road because feet problems only exacerbated by walking all over Walthamstow.*
- *Serious problem with frontline service providers' attitudes and behaviour towards service users. Nationwide public attitude change required, maybe a social contract e.g. if you choose to consume drugs or food etc. then you will receive the same level of care, but you will have to pay a contribution towards the care costs of YOUR excessive consumption.*
- *I would like to be informed about what will happen in the future, who and where can get help with medical, dental and addictions issues.*
- *If nowadays we see people such as GPs, doctors, dentists being not so professional, or not having even the time to assess someone, it's only a reflection of society.*
- *Homeless, have feet and skin problems, may have in future other problems.*
- *All homeless people have health issues, even if we are not speaking about them.*
- *I really haven't had a problem with any of the healthcare but I was born here and I have an accommodation so I'm alright*

Attendees commented on a desire for action, some result from the issues they raised, and feedback at a later date:

- *Act on the information given to Jaime*
- *Want Feedback*
- *Feedback given to the healthcare service providers to improve upon those areas where the user experience was negative.*
- *I would like all the research put into action*

- ☑ *To get feedback*
- ☑ *Opinions listened to and changes made based on those opinions.*
- ☑ *I like to be practically involved in the future projects, like volunteer and be able to see how the ideas what we discuss today will be put in practice.*
- ☑ *Come to next meeting*
- ☑ *Feedback and improvement*
- ☑ *I hope to see and live facts because talk is cheap*
- ☑ *Would like feedback if anything changes!*

Monitoring data



Ethnicity

The evaluation sheet had a free text area for 'ethnicity' and we received a variety of responses from attendees. These did not necessarily follow the traditional categorisations, and are summarised below.

Ethnicity	Number of attendees	Notes
British	14	Including where people specified British, White British, White English
White Other	9	Including where people specified White European (2), Polish (3), Czech Republic (1), White Romanian (2), British/Greek (1)
Mixed heritage	3	Including where people specified Jamaican/English (1), British Jamaican/English (1), Mixed white and Asian
Black	3	Including where people indicated Black British (1), Jamaican (1), Black African (1)
Chinese	1	
Arab	1	
Rasta	1	
Catholic	1	
Did not answer	15	
TOTAL	48	



Glossary

A&E	Accident and Emergency
CDAT	Community Drug and Alcohol Team (NELFT service team)
DNA	Did Not Attend
GP	General Practice or General Practitioners
HTT	Home Treatment Team (NELFT community mental health service)
NELFT	North East London Foundation Trust (local provider of mental health and community health services)
PL84U	Local organisation servicing food to those in need.
Staffa Road	Day Centre for homeless people run by Fountain of Peace Ministries.
TB	Tuberculosis



This report was produced by Healthwatch Waltham Forest, the independent consumer champion for health and social care. We believe that the patients and communities should be at the centre of health and social care services and that when it comes to shaping the future of those services, every voice counts.

**The more people who speak out, the more we can speak up.
Sign up today and get involved in health and social care.**

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