A 'house doctor' scheme for primary health care for the single homeless in Edinburgh

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SUMMARY. The single homeless are a heterogeneous population with health care needs greater than those of the general population. The Edinburgh primary health care scheme for single homeless hostel dwellers is an attempt to provide an easily accessible service for this population. Having continued for eight years it is one of the longest established of such schemes. The original aim was for house doctors to take services to the residents in the hostels but the scheme has developed to include a primary health care team operating from a central clinic.

The scheme was evaluated by a study of the use of the service and by interviews with recipients of the service, hostel managers and others. The study confirmed the high health care burden from chronic handicapping conditions for this population. It was also found that the nature and level of primary health care provided by the scheme was acceptable to the hostel residents and the majority of hostel managements and to accident and emergency department staff. The female hostel dwellers expressed a need for a female practitioner in the scheme. Alternatives for primary health care provision for the single homeless are discussed in the light of the findings, and recommendations are made for the future of the scheme.

Introduction

SINGLE homeless hostel dwellers are a socially deprived group with evidence of increased health care needs,[1,2] but their registration with primary health care services and utilization of the services are low compared with the general population.[3] In addition there are perceived difficulties for the single homeless in obtaining access to general practitioner services owing either to the failure of general practitioners to accept them for services or their own failure to seek services.[4,5] In Edinburgh there is little evidence of the single homeless failing to gain access to primary care services when they sought it,[6] but there has been concern over inappropriate use of other health service facilities, particularly hospital accident and emergency departments.[7]

There have been a number of attempts to provide increased health care facilities for this population,[8,9] and alternative forms of primary health care provision for deprived populations, including the single homeless, are currently being considered in many inner city areas. This includes the pilot schemes for 'salaried practitioners' to the single homeless in London,[10] and the provision of 'nurse practitioners' as suggested in the Cumberlege report.[11] The 'house doctor' scheme described here, however, has been operating in Edinburgh for eight years and is one of the longest established of such schemes.[12]

Description of the house doctor scheme

Before the scheme was set up the homeless of Edinburgh used general practitioner facilities close to a number of hostels for the single homeless in the inner city provided by the Edinburgh Medical Missionary Society and later by the University General Practice Teaching Unit in Edinburgh.[6] However, in 1974 a census of single homeless persons resident in lodging houses in Edinburgh on one night revealed a total population of about 1000. Interviews with 588 of these residents showed only 32% were registered with Edinburgh general practitioners for their medical care (Table 1).

With the apparent failure of the single homeless to use the normal procedures of the National Health Service, the Lothian Health Board agreed to introduce a special primary health care scheme for single homeless hostel dwellers. The scheme required approval from the Scottish Home and Health Department, and was organized on a similar basis as for migrant workmen resident in camps.[13] Instead of individual registration with a general practitioner, the eight hostels in the city were registered with specially appointed general practitioners (house doctors) who were remunerated by the payment of a capitation fee based on the average number of residents in the hostel. The hostels were to provide accommodation for the doctors to consult, and an additional fee was paid for the services to be provided by the doctors. Four doctors were initially appointed to the scheme in 1977, and a district nurse and health visitor were attached later.

With the failure of some hostels to provide adequate accommodation for the doctors visiting them facilities were provided for one of the doctors in premises of the Edinburgh District Council Environmental Health Department Skin and Deinfestation Clinic. This became the base for a primary health care team clinic serving residents at five of the hostels, with only three hostels retaining the original concept of house doctors attending at the premises.

Evaluation of the scheme

An evaluation of the scheme was carried out in 1985. Hostel records were collated for one week in July 1985 and a computerized age–sex register constructed. The cohort of 547 single homeless hostel dwellers identified was then used as a sampling frame for the study of health services utilization.

Views of the relevance, adequacy and acceptability of the primary care service were sought by structured interviews with the recipients, the hostel managers and the primary care providers. Doctors at the local accident and emergency department were also interviewed. Interviews were conducted personally by the author, except those with the hostel residents. Because of the known antipathy to authority of the single homeless,[14] structured interviews were undertaken by a research assistant and 12 medical students.

Population served by the scheme

The number of residents in the hostels declined from 739 in 1977 to 547 in 1985 owing to the upgrading of premises and loss of available accommodation. A population with a high proportion of older age groups relative to the population of the Lothian region was found (Figure 1).

Registration records held by the Primary Health Care Division of the Lothian Health Board were available for five of the hostels. Analysis of these revealed that despite the scheme removing the requirement to register with a general practitioner, some 20% of the 362 hostel residents were registered with local general practitioners (Table 1). Nevertheless, 71% of these hostel residents used the house doctor scheme.

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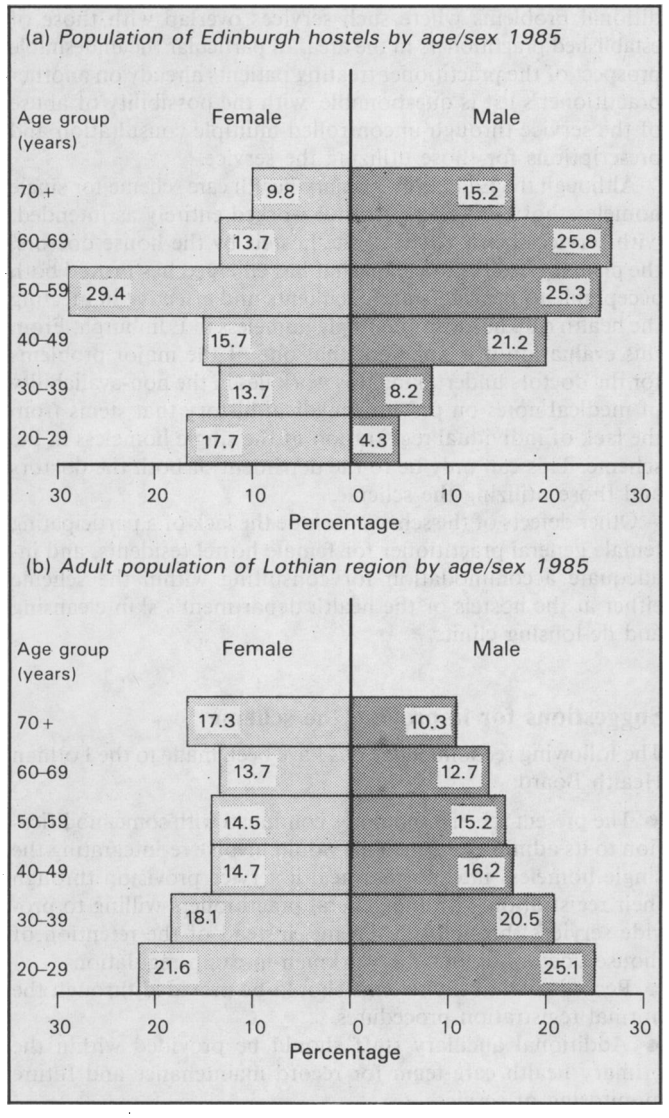

Figure 1. *The age–sex characteristics of the single homeless population of Edinburgh hostels compared with the general population of Lothian region.*

Use of the scheme

Attendance at the central clinic has been rising over the past few years, from 1367 consultations in 1983 to 1904 in 1985. However, of 476 consultations in the three months May to July 1985, only 281 (59%) were by the residents of the five hostels for whom the doctor was the appointed house doctor and 81 consultations were with residents of the other hostels. One quarter of the attendances (114) were by single homeless of no fixed abode for whom no provision had been made in the scheme.

When attendances over 12 months in 1984–85 were identified for the study cohort of 547 residents it was found that the proportion who used the clinic was on average only 27%.

Direct comparison of consultation rates for this population and the general population are difficult because of the differing age–sex distributions, and the lack of a true measure of all consultations of the single homeless for primary care services. The consultation rate for the study cohort was 319 per 100 single homeless at risk per annum. This compares with figures from the second national morbidity survey[15] of 333 per 100 patients at risk per annum (for males aged 25 years or more) and 383 per 100 patients (for females aged 25 years or more).

Disease burden of the single homeless

Examination of the medical records held under the scheme revealed that records of some sort were held for approximately 50% of the 547 single homeless hostel dwellers, but that there were no medical notes for the period before they entered the hostels for all those not having individual registration with the appropriate house doctor.

Although the diagnostic categories in various studies are not identical, the frequency of disease in this cohort showed a similar high incidence of chronic debilitating conditions including psychiatric disorder, schizophrenia, epilepsy, chronic alcoholism, chest disease, gastrointestinal disease and skin disease, to previous studies on the single homeless (Table 2).

Opinions of residents, hostel managers and others

Interviews with a random sample of the single homeless, 43 in a pilot study at the hostels and 114 in a study of all single homeless in the area, confirmed that for male residents there was general awareness of the scheme and satisfaction with the

Table 1. Comparison of claimed registration status of Edinburgh hostel residents in 1974 and 1985.

	Number (%) of residents	
Claimed registration status	1974 survey	1985 survey
Registered		
Local GP (verified)	190 (*32*)	72 (*20*)
Local GP (not verified)	164 (*28*)	28 (*8*)
GP outside Edinburgh	50 (*9*)	4 (*1*)
Unable to name GP	93 (*16*)	0 (*0*)
Not registered		
Using General Practice Teaching Unit	164 (*28*)	–
Using house doctor scheme	–	258 (*71*)
Total	588 (*100*)	362 (*100*)

Table 2. Frequency of diseases found in the single homeless consulting with general practitioners.

	Percentage frequency			
Disease	Scott *et al.* 1966[16] (*n* = 310)	Gaskell 1969[a] (*n* = 2798)	Shanks 1981[14] (*n* = 2049)	Edinburgh scheme 1985 (*n* = 780)
Chest disease/ pulmonary tuberculosis	*27.7*	*16.5*	*13.7*	*22.4*
Psychiatric or mental handicap	*14.2*	*19.2*	*19.9*	*16.1*
Chronic alcoholism	*9.4*	*3.5*	*19.0*	*15.5*
Alimentary problems	–	*7.0*	*7.3*	*11.8*
Skin problems	–	*7.6*	*6.1*	*9.3*
Cardiovascular problems	*5.2*	*6.3*	*3.8*	*8.1*
Epilepsy	*4.5*	*4.6*	–	*4.3*
Musculoskeletal problems/trauma/ arthritis	*8.7*	*22.7*	*10.5*	*3.6*
Malignancy	*4.2*	*2.9*	*0.7*	*2.5*
None	*26.1*	*9.7*	*19.0*	*6.4*

n = number of consultations. [a] Gaskell PG. MD thesis, Glasgow University, 1969.

services provided by the primary health care team. From the 22 single homeless women interviewed, however, there appeared the contrary view that the services provided through the 'house doctors' were unsatisfactory, and that primary care services were better provided through other general practitioner contact, particularly where a female practitioner could be found.

From the interviews with 15 hostel managers it was found that there was general satisfaction with the scheme among the majority, but dissatisfaction with the central clinic from two of the managements, who perceived a stigma for the residents having to consult in premises previously associated with the skin cleansing and de-lousing activities of the Environmental Health Department (although these services are now rarely called upon), particularly for the women residents. These hostel managements also expressed a need for a woman general practitioner within the scheme.

Although not specifically asked about at the interview, it was clear that the nurse practitioner was not acceptable as a first point of contact with the health service for the homeless as an alternative to the doctor, whereas, as members of the primary health care team, the district nurse and health visitor were both welcomed by the majority of managers.

Interviews with the doctors at the accident and emergency department of the Royal Infirmary of Edinburgh showed support for the scheme which was seen as providing not only a useful link between the hospital and primary care services, but also a useful referral point for single homeless attenders from outwith the hostels and for hospital discharges.

Interviews with all four house doctors, the district nurse and health visitor in the scheme, the administrators and the nursing administrators all indicated that they thought this scheme was the most acceptable method of providing primary health care for the single homeless.

Use of other health service facilities

A study of the appropriateness of consultations of the single homeless at the accident and emergency department revealed that significantly more appropriate use of the department was made by the single homeless from the hostels, for whom the scheme was provided, than by the single homeless from outwith the hostels.[16]

Costs of the primary health care scheme

Costs of the scheme for 1984/5 totalled some £34 000, of which only £8000 was for payments to the 'house doctors', whose main remuneration remained from their practice incomes, with the remainder covering the provision of nursing, health visitor and chiropody services and rental of the premises.

Advantages and disadvantages of the scheme

The provision of services through an 'inducement practitioner' or a 'salaried practitioner' as in the London schemes[10] have both been proposed as an alternative to the 'house doctor' scheme in Edinburgh. However, it is doubtful whether inducement practitioner status could reasonably be considered in an inner city area already served by several general practitioners, and such provision for the single homeless would place a heavy burden on one practitioner providing the 24-hour commitment that is currently provided within the scheme. The alternative is a 'salaried practitioner' providing only a day-time service, leaving existing general practitioner or hospital accident and emergency services to provide out-of-hours cover. There are additional problems where such services overlap with those of established practitioners in the area. In particular the undesirable prospect of the practitioner treating patients already on another practitioner's list is questionable, with the possibility of abuse of the service through uncontrolled multiple consultation and prescriptions for those utilizing the service.

Although the Edinburgh primary health care scheme for single homeless hostel dwellers has not worked entirely as intended, with services being taken to the hostels by the house doctors, the primary health care team that has emerged has proved both acceptable to providers and recipients and effective in meeting the health care needs of the single homeless in Edinburgh. From this evaluation it is apparent that one of the major problems for the doctors undertaking this work lies in the non-availability of medical notes on previous medical history that stems from the lack of individual registration of the single homeless in the scheme. This can only be to the detriment of both the doctors and those utilizing the scheme.

Other defects of the scheme include the lack of a participating female general practitioner for female hostel residents, and inadequate accommodation for consulting within the scheme either at the hostels or the health department's skin cleansing and de-lousing clinic.

Suggestions for improving the scheme

The following recommendations have been made to the Lothian Health Board:

- The present scheme should be continued with some modification to its administration. This would involve re-integrating the single homeless into normal health service provision through their registration with the general practitioners willing to provide services through the scheme, instead of the retention of 'house doctors' under the workmen-in-camp regulations.
- Records within the scheme should be provided through the normal registration procedures.
- Additional ancillary staff should be provided within the primary health care team for record maintenance and future monitoring of services.
- A female practitioner should be sought to participate in the scheme.
- Improved consulting facilities should be sought.
- Other services, particularly psychiatric and social work, should be integrated with those of the primary health care team.

These measures should ensure that Edinburgh continues to provide an effective, efficient and acceptable primary health care scheme to meet the needs of the single homeless.

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Acknowledgements

My thanks to Miss U. Kennedy, research assistant, for valuable help with the extraction of data from medical records, and to Miss H. Owen and the medical students who undertook the interviews with the single homeless. Also to all the participants in the health care scheme, hostel managers and other interested parties, for their contributions.

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