How to provide for the primary health care needs of homeless people: what do homeless people in Leicester think?

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SUMMARY

The best means of improving access to primary health care for homeless people remains controversial, but the debate may be informed by the opinions of homeless people. A questionnaire asked users of a homeless drop-in centre to choose between the options of facilitated access to mainstream primary health care or special provision for homeless people. While both models of care were endorsed, 84% of homeless people preferred a special homeless service.

Keywords: homelessness; primary health care; questionnaire.

Introduction

Our Healthier Nation states that 'in a fair society there must be fair access to top quality health services'.[1] Homeless people are among the most deprived members of our society and commonly experience difficulty in gaining access to health care.[2-5]

There are two principal models of primary health care provision for homeless people: use of mainstream general practice — facilitated, if necessary, by advocacy workers — or special provision of outreach services in drop-in centres and hostels, such as a Personal Medical Services Pilot project. The preferences of homeless people are important and have been sought using a questionnaire with a written briefing.

Method

The 'Y' Advice and Support Centre is a drop-in centre for homeless people as well as a venue for outreach general practice sessions and access to outreach mental health nurses. Every client using the centre over two consecutive days was invited to complete the questionnaire. Drop-in centre staff helped those who had difficulty reading and each client completed only one questionnaire. Numbers declining to respond were not recorded but 86 responses is likely to represent the majority of centre users over two days.

Each person was asked about their own experience of 'sleeping rough' and homelessness, their current accommodation, and if they had ever experienced difficulty in registering with a doctor.

The written briefing outlined two different means of improving access to general practice services for homeless people: a health advocate to help patients register with local practices, or daily access to a special general practitioner and nurse for the homeless who could register patients. Responders were asked their opinion on each option and then to choose between them.

The questionnaire was piloted with 10 homeless people, and one question was slightly modified as a result. Leicestershire Ethics Committee granted ethical approval.

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Results

Eighty-six homeless service users responded. Seventy-nine per cent were male and 21% were female. Age range was from 16 years to over 66 years. Ninety-two per cent were white, 1% Afro-Caribbean, 6% Asian, and 1% 'other'. Eighty-eight per cent had personal experience of homelessness and 72% had 'slept rough'. At the time of the survey, 47% of responders were in their own accommodation, 42% of no fixed abode (shelter, hostel, or with a friend), and 11% 'sleeping rough'.

Thirty-six per cent had personally experienced difficulty in registering with a doctor. Ninety-two per cent approved of a full-time primary care service for homeless people and 93% approved of provision of a health advocate. When asked to make a choice between these options, 84% preferred a special homeless service.

Discussion

The reasons for poor access to health care are complex. Health care has, quite naturally, a lower priority than shelter, warmth, food, and money. A chaotic lifestyle is the natural result of a hand-to-mouth existence and makes nonsense of appointment systems. A 'cycle of reluctance'[5] has been described in which personal or reported refusal of registration further diminishes the self-esteem of the homeless person who, in expectation of refusal, does not attempt to use general practice services.

The funding of 'special' health provision for homeless people was the preference of 84% of homeless service users in Leicester. Such services could work in close partnership with the voluntary sector, social services, and housing department,[6] while contributing to education and training initiatives aimed at improving future access to mainstream services.

References

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