

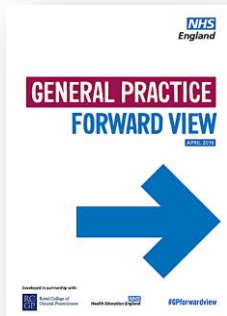
5th International Symposium on Homelessness, Health and Inclusion 2017

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www.england.nhs.uk/gp

STRENGTHS OF GENERAL PRACTICE

General practice provides **safe, high quality** and **efficient** care, with very high levels of patient **satisfaction**. It has a **unique** and **vital** place in the NHS...



Holistic perspective understanding the whole patient not just a disease



Accessible, personal care built on a relationship from cradle to grave



Comprehensive skills to diagnose & manage almost anything



Community based responsible for prevention and care of a registered population



First port of call and **central** point of care for **all**, for **life**

Personal and population-orientated primary care is central ...

if general practice fails, the whole NHS fails. Simon Stevens, General Practice Forward View

NHS ENGLAND'S VALUES, MANDATE COMMITMENT AND LEGAL DUTIES



Promoting **equality and equity** are at the heart of NHS England's values, ensuring fairness in the improvements being made to health outcomes across the country. NHS England has a **mandate to address** the needs of those who experience **barriers in access** to general practice services, improving local and national **health outcomes**, particularly addressing poor outcomes and inequalities, by 2020



NHS England and CCGs have a **legal duty** under the Health and Social Care Act 2012 to have regard **to reduce inequalities** between patients **with respect to** their ability to **access** health services, and with respect to the **outcomes** achieved for them by the provision of health services. They also have a duty under the Equality Act 2010 to advance equality.

DELIVERY ON COMMITMENTS



As part of the delivery on NHS England's commitments, the **General Practice Forward View** (April 2016) developed by NHS England, Health Education England and the Royal College of General Practitioners **commits to strengthen general practice** in the short term and support **sustainable transformation** of general practice in the future



NHS Operational Planning and Contracting Guidance 2017 – 2019 sets out the commitment to improve access to general practice, funding **extra capacity to ensure that everyone has access to GP services**, including sufficient routine and same day appointments at evenings and weekends



As part of this commitment, CCGs will be required to procure services which deliver seven core requirements, including **addressing issues of inequalities in patients' experience of accessing general practice** as identified by local evidence and to ensure actions to resolve are in place

GENERAL PRACTICE FORWARD VIEW

UNDER
INVESTMENT

WORKFORCE
CHALLENGES

**The
problems**

UNFUNDED WORK
RISING DEMAND
BUREAUCRACY

INADEQUATE
INFRASTRUCTURE

GENERAL PRACTICE FORWARD VIEW

INVESTMENT

WORKFORCE

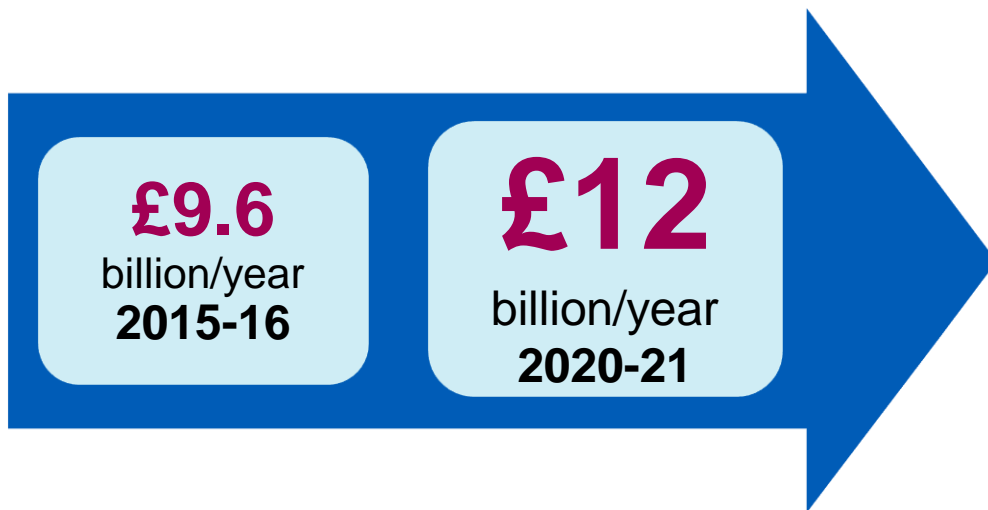
CARE
REDESIGN

WORKLOAD

INFRASTRUCTURE

INVESTMENT

Overall new investment is a **minimum extra £2.4 billion pa** by 2020/21



14% real terms increase
vs **8%** for the rest of the NHS
(plus CCG increases)

One off **Sustainability and Transformation package >£500M** over 5 years

General Practice Forward View

Vulnerable Practices Scheme and Practice Resilience Programme

- **£10m to support 900 identified GP practices** in difficulty
- **£40m four year programme** with £16m for this financial year

Expanding the workforce

- **5000 extra GPs** by 2020/21 by encouraging recruitment and retention
- **5000 extra non-medical staff** by 2020/21, including mental health therapists, clinical pharmacists, physician associates and physios

Improvements to GP premises

- **Over 800 schemes in pipeline** from 2016-19 (subject to due diligence) on top of 560 already completed

Funding for rising indemnity, regulatory and premises costs

General Practice Forward View

Addressing GPs' rising workload to allow more time to care

- **Enabling self-care** to empower people
- **Signposting** to other services
- **Care navigators** to get patients to the right person first time
- **Social prescribing** to better use community resources
- **New consultation options** such as phone, online or group
- Smoother **interface with hospital** services

New funding for technology

- **New wearables and apps** to empower patients
- **Patient Online services** for appointments, prescriptions, view records
- **Electronic prescriptions** to increase convenience and safety
- **Improved electronic links with hospitals** to save paperwork

Where are we now?

INVESTMENT

- ✓ Investment secured and in planning guidance
- ✓ Indemnity till April 2019 (OOHs ongoing)
- ✓ Vulnerable Practices Scheme
- ✓ Practice Resilience Scheme

- ✓ Standard Contract Changes / Interface Group
- ✓ National GP Health Service started
- ✓ GMC / CQC / NHSE joint work
- ✓ Medical Assistant & Care Navigation

WORKFORCE

- ✓ International Recruitment Pilots
- ✓ 491 Clinical Pharmacists + Phase 2 now
- ✓ Practice Manager training and networks
- ✓ Induction & Refresher/ Retainer Schemes
- ✓ £20K Bursaries
- ✓ 250 Post-CCT Fellowships
- ✓ Medical School places increase
- ✓ Training hubs

- ✓ 560 premises schemes agreed with pipeline of 800 more to come
- ✓ BMA Approved Lease with package
- ✓ Nearly all practices offer Patient Online
- ✓ SCR in pharmacy
- ✓ Issued £45m allocation to CCGs for 2017/18 onwards for online consultations

WORKLOAD

INFRASTRUCTURE

CARE REDESIGN

- ✓ **General Practice Development Programme**
- ✓ **Leadership Training Opportunities (400 pa)**
- ✓ **111 Online Clinical Assessment Hubs**
- ✓ **Capacity Planning Tools being rolled out**
- ✓ **Expansion of capacity via Access Hubs**
- ✓ **Flexible Careers Scheme**
- ✓ **MCP Framework and voluntary contract**
- ✓ **Many STPs aim to strengthen primary care**

Where are we going?



England

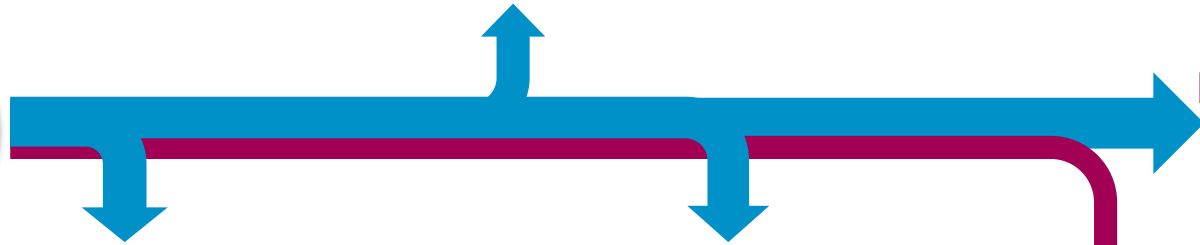
Empowered to Stay Well and make well-informed choices

Voluntary sector: <i>The 3rd workforce</i>		
Social Prescribing	Minor ailment scheme	Open Access Services e.g. physio
Care navigation		



- Additional GP / nurse capacity
- Locality MDTs
- Specialist Clinics

Redirection



Fewer patients see the GP

Consider Self Care

NHS.UK	Apps and wearables
Patient Activation for LTCS	111 Online and 111 Hubs
Community pharmacy	Access to records via Patient Online

New Consult Models

Phone triage and care	Online triage and care
Advanced Nurse Practitioner	Clinical Pharmacist
Physician Associate	Mental Health Therapist

Attend A&E

Specialist support
Enhanced Advice and Guidance / Consult

Inequalities and primary care: the problem

- Homeless people are 40 times more likely to **not be registered** with a GP
- Rough sleepers' life expectancy is **more than 30 years shorter**
- Homeless people have **7-9 times the chance of dying** from alcohol related diseases
- **20 times** the chance of dying from substance misuse
- Up to **80% of homeless people** have mental health problems
- The number of rough sleepers with an identified mental health issue has **more than tripled** in 5 years
- Many homeless people are **very high users of acute NHS services** – attending A&E 5x as much, staying 3x as long
- 70% of homeless people receiving hospital care were **discharged onto the streets**
- In England the **cost of** treating illness and disease arising from **health inequalities** has been estimated at £5.5bn (Marmot report)
- Those not registered with practices may be **'invisible'** in the primary care system

Where we are not yet getting it right

- The **General Practice Patient Survey** suggests that some groups of patients are experiencing barriers in accessing primary care
- **This includes** the insecurely housed, Gypsy and Traveller groups, refugees, asylum-seekers, migrants, sex workers, faith groups, people with mental health problems, learning disabilities, low health literacy and drug and alcohol problems
- People experience barriers to **being registered with a GP**
- The biggest barrier to general practice registration is the **inability to provide paperwork** - in one study:
 - 39% of registration refusals were due to lack of ID
 - 36% to lack of proof of address
 - 13% to immigration status
- People who are registered can experience **barriers to receiving high quality** general practice
- Difficulty in understanding the **GP's 'gatekeeper' role** can lead to lack of access to other services

GP practices' contractual requirement to register patients

<https://www.england.nhs.uk/?s=guidance+on+registration>

- | | | |
|--|---|---|
| <ul style="list-style-type: none">• A patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary medical care – this only applies to secondary (hospital) care• So anybody in England may register and see a GP without charge whether lawfully in the UK or not | <ul style="list-style-type: none">• There is no requirement under the regulations to produce identity documents• So the person MUST be registered on application unless the practice has reasonable grounds to decline, such as the practice list being officially closed or the person living outside the practice boundary | <ul style="list-style-type: none">• Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient• If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration |
|--|---|---|

What are we doing to improve the experience of care?

- Most important is for all general practice staff to recognise and respond to diversity and promote equality. All staff should receive **training** as part of CQC compliance
- Patients do not need to be resident and if they cannot produce documents they **should still be registered**
- New initiatives announced in the **GPFV** work towards reducing inequalities as well as improving access overall
- Increasing knowledge of **self-care** options
- **Social prescribing** helps to make best use of community assets
- Increased role for **community pharmacy** with better joined up care
- Offering a wider **choice of appointment types**, online, phone, face-to-face
- Practices working together, **at scale of 30,000 to 50,000 patients** will promote more accessible local services
- **On the day access** may be more suitable for those with chaotic lives
- **Access hubs** placed in areas with greatest needs

Commissioners and providers: improving the experience of care

- Reaching vulnerable groups will improve outcomes for your local population and help achieve **clinical targets**, for example Quality and Outcomes Framework
- It will increase **Care Quality Commission (CQC)** compliance: having due regard for people with protected characteristics and person centred care
- From April 2017, over 97% of CCGs will have fully **delegated authority** and will be commissioners of general practice services
- Through the Primary Care web tool, practices can **monitor the demographics** of their patient lists to inform service provision
- Volunteer **Health Champions** engage with other patients, understand needs and organise activities
- Go beyond existing insight sources such as holding **focus group** discussions
- **Health care and people who are homeless: commissioning guidance for London** published in Dec 2016, with 10 commitments (with practical ideas and tips) for improving health outcomes for homeless people in London, aimed at CCGs www.healthy london.org/homeless

Examples of good practice

- **Urban Village Medical Practice, Manchester** offers a comprehensive healthcare service to homeless people including a leg ulcer clinic, hepatitis C clinic and a hospital in-reach service providing specialist advice to hospital staff to manage the inpatient stay and reduce re-admission rates for homeless people (re-admissions within 28 days are down by 39%). Practice staff visit day centres to encourage homeless people to register at the practice
- **Inclusion Healthcare** is a social enterprise in **Leicester** which provides GP services and other healthcare to the homeless, including a 'primary care plus' nurse, who develops care plans for A&E frequent attenders, and provides additional support when homeless people are in hospital, ensuring each patient's discharge runs smoothly, and helping to reduce inappropriate hospital admissions
- **York Street Health Practice, Leeds**, works with people who are homeless and in the asylum system to offer primary care, mental health services, an alcohol and drug service and other support services
- **The Brick Project, Wigan – Hospital to House Project** offers on ward support for patients who are homeless or insecurely housed to facilitate discharge from hospital, and also provides a training programme for hospital staff

Inequalities and health

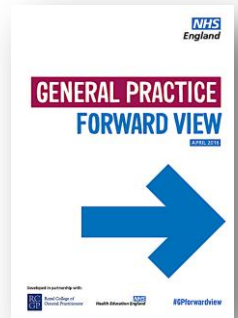
New resources from NHS England: interactive PDF

- Interactive PDF on Improving access for all : Reducing inequalities in access to general practice services
- Will assist practices and commissioners with the core requirement to address inequalities as they implement improved access to general practice services
- It is an interactive resource full of information, top tips, case studies and examples of good practice
- Will help you understand your local population needs and give you access to a range of resources to support local equality impact assessments
- Will help you assess and understand inequalities issues locally and address the needs of those who experience barriers in access to general practice
- It will help you improve health outcomes and reduce inequality locally



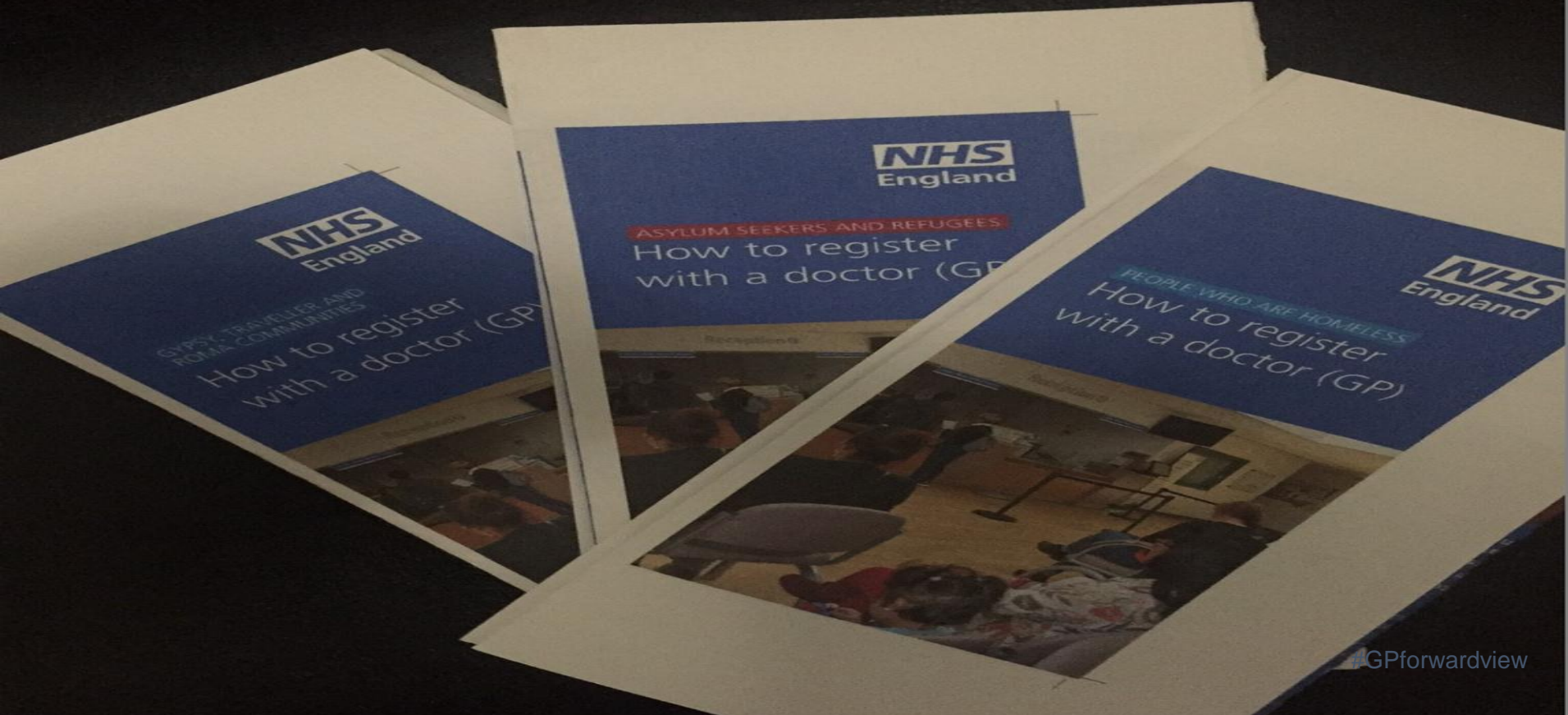
Further information

- Patient leaflets on registering with a GP are available at Stand 5 in the Exhibition Hall or online at NHS Choices www.nhs.uk
- General Practice Forward View www.england.nhs.uk/gp
- Faculty for Homeless and Inclusion Health: Standards for primary care services www.pathway.org.uk/publications/faculty/



New resources from NHS England: leaflets on how to register with a GP

- **Leaflets : How to Register with a GP**
- Three leaflets have been co-produced by people with a lived experience and NHS England
- The leaflets are aimed at people who are homeless; asylum seekers and refugees; and gypsies, travellers and the Roma community
- The three leaflets complement the guidance produced for GP practices by NHS England in November 2015 on registering patients
- They provide information to people from these vulnerable groups about how to register with a GP and what to do if they experience any problems
- Copies of the leaflets can be found on the NHS Choices website (www.nhs.uk). Copies are also available on the NHS England exhibition stand outside



Help if you are refused registration

Ask the GP receptionist to write the reason why they cannot register you in the box overleaf. You cannot be refused registration because you are homeless, do not have proof of address, identification or because of your immigration status.

If the GP already has too many patients they can refuse to register you. In this instance they must explain why in writing. If this happens to you, or a helper, you can seek advice on how to access GP services from a local homeless support organisation, day centre or hostel.

You can make a complaint

By email: england.contactus@nhs.net (for the attention of the complaints manager in subject line).

By post: 0300 311 2233, P.O. Box 16738, Redditch, B97 9PT.

By phone: 0300 311 2233 (Telephone Interpreter Service available).

For further information

You may be able to get help and advice from your local Citizens Advice: www.citizensadvice.org.uk or your local Healthwatch: 0300 068 3000 www.healthwatch.co.uk

This information can be made available in alternative formats, such as easy read or large print and may be available in alternative languages upon request. Please contact 0300 311 2233 or email england.contactus@nhs.net

Message to the GP Practice

Thank you for helping to register this patient. We hope the patient was able to show you relevant documents. NHS Guidelines say 'If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration'.

Please be aware that a homeless patient cannot be refused registration on the basis of where they reside because they are not in settled accommodation. For safety reasons they may need to change the places where they sleep rough on a daily basis. There is no regulatory requirement to prove identity, address, immigration status or an NHS number in order to register as a patient and no contractual requirement for GPs to request this.

Those who are homeless, vulnerably housed or 'of no fixed abode', asylum seekers, refugees and overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if they are not eligible for secondary care (hospital care) services.

The patient **MUST** be registered on application unless the practice has reasonable grounds to decline. GP practices have limited grounds on which they can turn down an application and these are; if

- ➔ The commissioner has agreed that they can close their list to new patients.
- ➔ The patient lives outside the practice boundary.

(N.B. As this relates to patients in settled accommodation, it is not an applicable ground to refuse to register a homeless patient.)

If you require further information or advice, please contact your local NHS England primary care commissioning team (www.england.nhs.uk/about/regional-area-teams).

Please refer to the NHS England Guidance on Patient Registration; Patient Registration Standard Operating Principles for Primary Medical Care (GP), November 2015: www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf

To be completed by the GP practice

If you cannot register this patient, please identify the reasons from the list below and sign and date the form so the patient is informed.

A: Our list is closed to new patients as from (date)

B: The patient states that they live outside the practice boundary and we do not offer an enhanced registration service.

(N.B. This relates to patients in settled accommodation so is not an applicable ground to refuse to register a homeless patient who sleeps rough or is vulnerably housed in the vicinity of your practice)

C: We cannot register the patient due to other reasons as stated below:

Name:

GP Practice:

Other reason (if applicable):

Date:

Signature:

PEOPLE WHO ARE HOMELESS

How to register with a doctor (GP)



Registering with a doctor

You need to register with a GP as soon as you can, so you can see the GP when you are sick.

What does it cost?

There is no charge to register with a GP in England. Once you are registered, there is also no charge to see your GP. If your GP decides that you need medicine, you will receive a prescription. To get your medicine, take the prescription to any pharmacy. If you have an HC2 certificate, you will not be charged for the medicine. You should show this to the staff at the pharmacy and also tick the correct box on your prescription.

If you haven't got an HC2 certificate, you will need to apply for one using the HC1 form with help from a support group, if needed. Application criteria does apply, so if you want more information you can contact Help with Health Costs on 0300 330 1343 or go onto the following [website at www.nhsbsa.nhs.uk/1125.aspx](http://www.nhsbsa.nhs.uk/1125.aspx)

If you need to see a GP, but have difficulty speaking or understanding English, tell the staff at the GP surgery. They will be able to arrange an interpreter. You will not be charged for this service.

Do I need ID to register?

You do not have to provide ID when registering with a GP, but it is helpful to do so. It is helpful if you can provide at least one of the documents below when registering with your GP:

- ➔ **Passport**
- ➔ **Birth certificate**
- ➔ **HC2 certificate**
- ➔ **Rough sleepers' identity badge**
- ➔ **Hostel registration/ mail forwarding letter**



Finding a doctor

Before you register, contact the GP practice to explain that you are 'of no fixed abode' or living or staying temporarily in the vicinity of their practice. You are entitled to register in the area where you are, without 'proof of address'.

You can register with any GP in your local area as long as they have space for new patients. You can also get help by:

- ➔ **Asking friends**
- ➔ **Asking at the library**
- ➔ **Asking local organisations such as schools, mosques, temples, and churches**
- ➔ **Asking a support worker**
- ➔ **Looking on the NHS Choices website - www.nhs.uk**



Registering with a doctor

Ask to register at the GP reception. Show this leaflet and they will ask you to fill in a registration form. Ask for help with filling in the form if needed and return it to the GP reception.

Help with filling in the form

Local organisations that support homeless people may be able to help you fill in the GMS 1 form or local registration form.

If you can't get help, tell the GP receptionist. Ask them to help you fill in the form so you can register.

- ➔ If you prefer, you can ask to see a female GP (if available). If not, ask the receptionist for a female chaperone.
- ➔ You can expect to be treated politely and with dignity.
- ➔ The GP and staff will expect you to treat them politely.
- ➔ You can ask for help if you feel they don't understand your needs.
- ➔ You can ask to discuss your health issues and personal details in a quiet and confidential place at the GP surgery.
- ➔ Your details should always be kept confidential and safe by the GP.

Stewart Moors

1965 -- 2017



**Co-chair of Gtr Mcr NHS Values Group,
Member of the EDC, NHS England,
Values Champion for NHS England,
& Mindfulness teacher.**