

Homeless people's access to primary care physiotherapy services: an exploratory mixed methods investigation

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Image by: Kirsten Scheuerl

Background

- Homeless people report suffering a high incidence of musculoskeletal problems¹
- Limited information available about how these problems are managed in Primary Care.



¹ Homeless Link. Health needs Audit- Explore the data. Available from: <http://www.homeless.org.uk/facts/homelessness-in-numbers/health-needs-audit-explore-data>. [Accessed 16 Mar 2016].

Purpose of study

To explore homeless people's access of NHS based physiotherapy in the community



Setting

Two primary care NHS sites provided data for this study:

- a GP practice caring exclusively for homeless people
- The local physiotherapy department receiving their referrals



Mixed methods

Follow up qualitative extension
to core quantitative design

Quantitative Phase:

Search, collation and analysis of...

- GP practice healthcare records of referrals made physiotherapy
- Corresponding physiotherapy records of those referred



Qualitative Phase

- Semi-structured telephone interviews, based on the quantitative findings, with GP practice staff involved in patient care

Participants

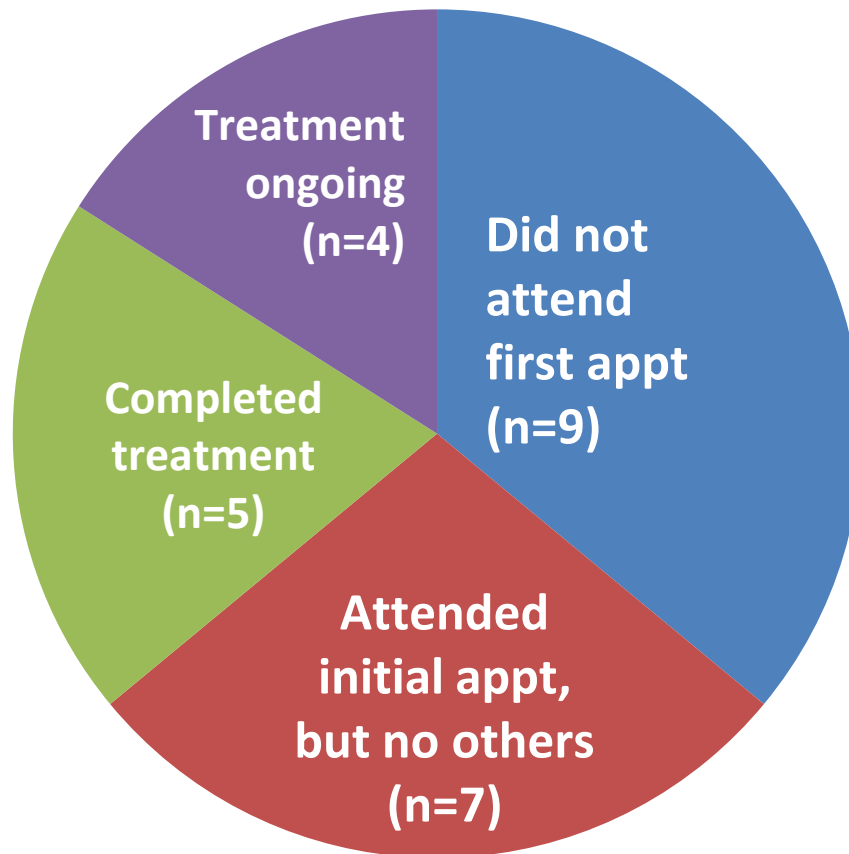
- **33 homeless people were referred to physiotherapy**
- **Able to follow complete care pathway of 24 patient records**
- **Five staff involved in patient care were interviewed.**



Quantitative findings: Demographic data of homeless people referred to physiotherapy

		Patients referred from site A to physiotherapy at site B (n=33)	Patients matched across both sites (n= 24)
Age (years)	Mean	44	44
	Median	48	47
	Range	26 to 62	27 to 62
	S.D.	10.4	10.9
Gender	Male	25 (76%)	19 (79%)
	Female	8 (24%)	5 (21%)
Housing status	Street homeless	5 (15%)	3 (13%)
	Housed	6 (18%)	5 (21%)
	Hostel/ temporary accommodation	15 (45%)	10 (42%)
	Squatting/ sofa surfing	7 (21%)	6 (25%)
Recorded drug or alcohol problem	Yes	14 (42%)	11 (46%)
	No	19 (58%)	13 (54%)
Key worker	Yes	3 (9%)	2 (8%)
	No	30 (91%)	22 (92%)
Reason for referral	Back/ neck problem	14 (42%)	9 (38%)
	Upper limb problem	10 (30%)	8 (33%)
	Lower limb problem	9 (27%)	7 (28%)

Quantitative findings: Physiotherapy experience



Physiotherapy Interventions	Occasions (n)
Exercise prescription	8
Advice	6
Manual therapy	3

Qualitative findings: Decisions before referring

“The morbidity is so high... that we have to help prioritise and we have to make sure we don't scare people off...” Yvonne, GP

“the general slowness in response to physio referrals... the more acute things we may be less likely to refer because we know it will be a month before we get a response, and appointment some time after that”

Alan, GP

“When I began to realise that actually quite a lot of what my patients were getting was advice and exercise sheets, well actually, some of that I can do”

Yvonne, GP

Qualitative findings: perceived need, barriers and solutions to accessing physiotherapy

“back problems are a huge bulk of what we see generally. Back, neck, shoulder, upper limb, knee, ankle... Lots of back problems”

Helen, Clinical Nurse Specialist

“But obviously with homelessness, if they get to sleep at someone's house and it is far away, it's difficult for them [to get to appointment].”

Kim, Receptionist

“familiarity of the practice, they know where they are coming. They perhaps have the trust of something offered under the general practice roof, where they are used to coming.” Alan, GP

Discussion

- Potential mismatch between prevalence of musculoskeletal problems in homeless people and referral to physiotherapy.
- Barriers exist for homeless people accessing NHS physiotherapy in primary care.
- There is potential for interdisciplinary learning about the challenges of homelessness and how service design could respond.

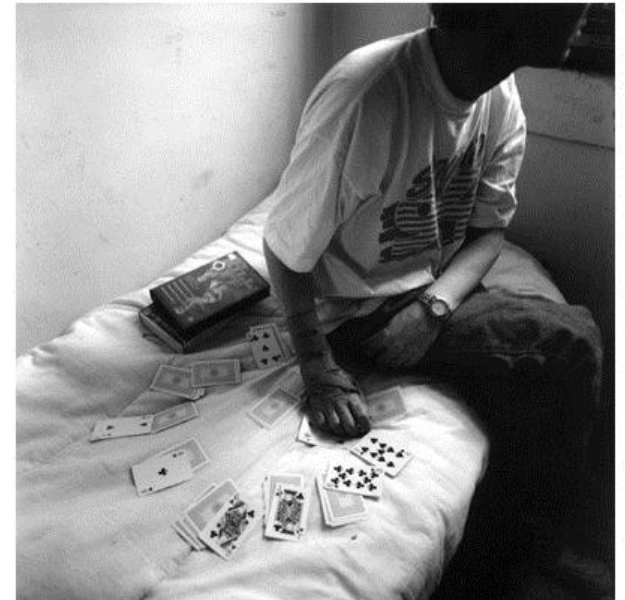


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Strengths

- Explores a topic that previously has received little attention.
- Mixed methods study design

Limitations

- Small scale study
- Did not collect views of homeless people
- Difficulty linking patient records from two different healthcare record systems

Future research

- Scope to explore this topic UK and world wide
- Acknowledge and investigate voluntary sector's role in this area.
- Seek homeless person's views about design of physiotherapy services that can work for them



Image by: Kirsten Scheuerl

Conclusions

- Homeless people with musculoskeletal problems may be excluded from physiotherapy treatment that could help them.
- Service re-design could possibly make physiotherapy more accessible to homeless people.

Thank you. Any questions?

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