

Homelessness and Health Information Sheet

Number 1

Personal Medical Services



OFFICE OF THE
DEPUTY PRIME MINISTER

Homelessness and Health

Homeless people face great inequalities in accessing health services, yet their health often suffers from being homeless or living in poor accommodation. Moreover, poor health – physical, mental or both – can cause a person to become homeless in the first place. Homeless people may often leave health problems untreated until they reach a crisis point and then need to rely on treatment at A&E or will present at other primary health services with multiple and entrenched problems. This can add up to make health problems more expensive and timely to treat, waiting lists in hospitals and A&E longer, and leads to people being less able to support themselves and their families. If we are to tackle health inequalities and homelessness, local authorities and health services must work together, through homelessness strategies and the Priorities and Planning Framework, to provide services that are appropriate and accessible.

Personal Medical Services and Homelessness

Personal Medical Services (PMS) schemes are locally negotiated alternatives to General Medical Services (GMS). They offer opportunities to provide new services to groups experiencing difficulty accessing GMS. PMS is implemented through contractual arrangements with the Primary Care Trusts to provide core primary care medical services to locally agreed priority groups, such as homeless people. By agreeing such priorities, schemes can target these groups to bring about improvements in their health and well being.

86 PMS schemes around the country focus on homelessness and successfully provide primary medical services for this group. Having identified the needs of local homeless populations, a range of health care professionals have taken advantage of PMS flexibility to develop different organisational models, and to negotiate contracts that best serve their

needs. This not only addresses gaps in delivery, inadequacies of existing services and inaccessible or inappropriate provision, but, by paying GPs for the services and care provided, also remedies the traditional disincentives in the GMS system that work against treating disadvantaged groups.

Examples of PMS schemes working with homeless people

The Homeless Advocacy Project (HAP), Manchester

The Homeless Advocacy Project was originally established in 1997 as part of the 'Seizing the Opportunity Strategy' to provide primary healthcare services for homeless people. In 2000 it became a PMS pilot to provide the opportunity for mainstream funding through Manchester Health Authority, and subsequently, North Manchester PCT. The project is linked to a GP surgery and registers all patients as permanent, using the HAP address if necessary. It provides comprehensive on-site care, secondary care referral options and full out-of-hours cover.

Due to the high prevalence of substance misuse amongst the client group, the project also provides specialist drug and alcohol support and treatments, and both drugs and alcohol clinics are run weekly. Other specialist services include on-site mental health workers, a welfare rights professional and access to social workers. The project also works more widely than simply treating the symptoms of patients who turn up. Part of the HAP team devises holistic treatment plans to enable patients to make an informed choice on their health and lifestyle, and outreach support workers engage with homeless people in day centres and on the streets. Furthermore, the surgery offers discharge-planning services with hospitals and prisons to maintain continuity of care and has links with agencies providing education and social activities.

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The Clock Tower Surgery, Exeter

The Clock Tower Surgery PMS Pilot was established in Exeter to provide primary care services for the high levels of homeless people in the city. It is a second wave, surgery-based service; run by a GP/nurse team with the diversity of skills necessary to match the wide range of client group needs. A number of outreach clinics have also been set up in hostels across the city. The pilot offers specialised services including the screening, treatment and, where possible, vaccination of diseases such as chlamydia (42% take-up) and Hepatitis C (75%), the provision of on-site drug services via specialised GP training and the reintegration of homeless people into mainstream services.

Due to the high levels of prejudice, low self-esteem and depression suffered by the local homelessness population, a full-time Community Psychiatric Nurse is also employed to evaluate the prevalence of mental illness and stress related conditions. This has resulted in a 76% drop in non-referred presentations to psychiatric support facilities.

Establishing PMS has eliminated previous business and bureaucratic pressures and has minimised the deterrent to access for both patient and provider that these often caused. Each new patient now receives a comprehensive assessment, and treatment or referral is initiated accordingly. This has resulted in an 84% reduction in inappropriate A&E in-hours attendances.

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HEALTH E1 Homeless Medical Centre, Tower Hamlets PMS, London

Opened in September 2000 as a first wave PMS Pilot for rough sleepers and those living in hostels, this nurse-led scheme operates as a sister practice to a larger General Medical Service. The full-time nurse practitioner, salaried GP and two Registered Mental Health Nurses (RMNs) now provide comprehensive primary healthcare to both Tower Hamlets' homeless population (who permanently register) and, as a one off, to those passing through. To ensure maximum access, they run walk-in clinics every weekday morning and offer appointments three afternoons per week. Since the pilot was established, it has registered and treated 1950 patients. The current client group size is 1200 with most being male, aged between 25 and 55. 32% have no fixed abode.

The Tower Hamlets client group displays a high level of heroin misuse and the pilot therefore runs an extremely strict and highly successful methadone prescription programme, which regularly prescribed to 80 patients in the last quarter. It has recently been granted extra funding from the PCT for a further permanent RMN drugs worker to extend this provision, and is looking at the possibility of increasing GP support and providing a psychologist and a hepatic nurse on a sessional basis. Another important aim of the practice is to improve access for homeless people to related services. To achieve this, they have developed very strong working links with local hostels, agencies offering housing, benefit and legal advice and drugs and alcohol services. They are also looking to develop work on preventative healthcare and patient health awareness.

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The Leicester Homeless Primary Health Care Service

In March 2000 the Leicester PMS Pilot was set-up on an entirely outreach basis, to deal with the insufficiency of two existing half-day GP clinics. The service is now offered to single homeless people at eight city sites: two day centres, where a GP or Specialist Nurse Practitioner see patients every week-day on an open access basis; five direct access hostels, offering an appointment system for residents; and a similarly-run night shelter. A full range of primary care services can be provided at each venue including consultations, physical examinations and the necessary treatment, referral to secondary/tertiary care, minor surgery, vaccinations, drugs treatment courses, maternity care, cervical cytology and contraceptive services. The pilot also offers extensive advice and promotes health self-awareness.

The outreach set-up enables the scheme to provide access to significantly more homeless people than one permanent centre. This is intended to reduce inappropriate A&E presentations and to increase the identification of high-risk individuals, who need on-going resettlement support to prevent recurring homelessness.

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Please let us know of any other good practice PMS schemes of which you are aware, or of any themes or examples that should be covered in future health and homelessness information sheets, at hmd.comms@odpm.gsi.gov.uk or call 020 7944 3504.

The next information sheet will be on **health visitors**.

Printed in Great Britain August 2003
Product code 03HMD01524