

Homelessness and Health Engagement Report



March - June 2015

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Executive Summary

- The majority of patients spoken to who were homeless or classed as 'long term unemployed' were white British males aged between 30–50 years of age
- Of the 43 service users engaged with, 34 confirmed they were homeless or sofa surfing and 21 stated they also lived with a mental health condition
- Several service users engaged with had used more than one healthcare provider
- Patients are generally very happy with the service provided by the Vallance Centre and Urban Village Medical Practices, with patients reporting high levels of satisfaction with the GPs they are registered with
- Low levels of satisfaction were reported from service users who had used Manchester Mental Health and Social Care Trust services in the city. Whilst some service users had experienced named mental health workers others stated there is no consistency with accessing the same psychiatrist or mental health nurse. Service users shared their experiences of seeing several different mental health professionals involved in their care in a short time period of a few months
- There is a lack of awareness and information about the opening times of some health facilities and timings of services – improved information would lead to a more informed patient experience
- Some patients shared positive health outcomes in terms of being rehoused and following interventions from the drug recovery teams maintaining drug free health
- Patients felt that by accessing the two medical practices named they received care that met their individual needs or if appropriate were referred to the most suitable service
- Patients felt they were treated differently in a hospital setting once staff were informed that they were drug dependent or homeless

Foreword

Nationally, the average age of death for a homeless person is 47 and even lower for homeless women, at just 43. Research shows that homeless people experience a high incidence of 'tri-morbidity'; a toxic mix of physical health, mental health and substance misuse issues. This results in homeless people attending Accident & Emergency departments up to six times as often as the general population, being admitted four times as often, and once admitted, staying three times as long in hospital, as they are much sicker.

As a result, acute services are four times and unscheduled hospital costs are eight times those of general patients. Access to and experiences of health services, including primary care is generally poor for this cohort of patients, resulting in lack of continuity of care and perpetuating the cycle.

As a provider of health services to homeless people for over 20 years, Urban Village Medical Practice has strived to ensure optimal and timely access to appropriate primary care and more recently, secondary care through the mpath hospital in reach service.

However, we know that a high level of unmet needs still remain and therefore we welcome the work that Manchester CCGs are undertaking to explore the issues surrounding health and homelessness across Manchester.

Dr Gerry O' Shea

Senior Partner

Urban Village Medical Practice

1. Background

North, South and Central Manchester Clinical Commissioning Groups are committed to listening to the patient, carer and public voice. The views, thoughts and experiences of the population are vital in shaping health services in Manchester.

The three Manchester Clinical Commissioning Groups aim to engage with as many people as possible throughout Manchester to ensure that the services that are commissioned represent the needs of the local communities.

This approach is in line with NHS England's [5 year vision](#) and the ambition to achieve a patient led NHS by putting patients at the heart of everything we do.

By engaging with patients, carers and the public we can ensure that decisions about services and patient care are made in partnership with clinicians and patients.

As part of our 2015/2016 community engagement programme we have developed a community of interest approach. Communities of interest are people who share a common interest, identity or life factor. This approach also addresses the Equality and Diversity strategy, ensuring that the nine protected characteristics are engaged with.

Nine Protected Characteristics

- Age
- Marriage and Civil Partnerships
- Sexual Orientation
- Gender Reassignment
- Sex (female and male)
- Race, including nationality and ethnic origin
- Disability
- Pregnancy and Maternity
- Religion and Belief

Communities of Interest

- Carers
- Homelessness
- Socially Isolated
- Long Term unemployed
- Asylum Seekers and Refugees
- Military Veterans
- Mental Health
- Migrants
- Long-term conditions
- Ex-offenders

Please note the community of interest list is not an exclusive one and additional communities can and will be added.

2. Community of Interest Overview

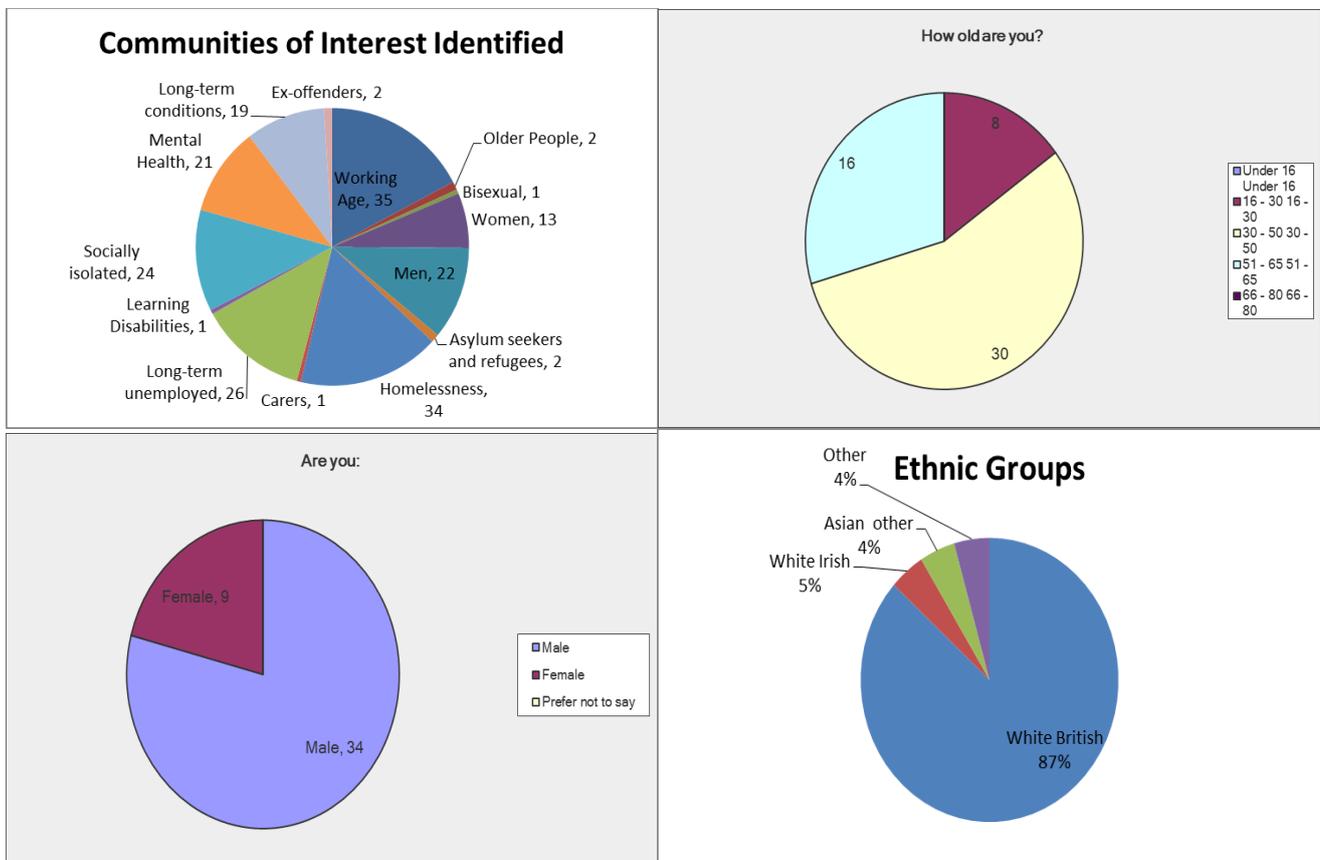
The Communications and Engagement team have been engaging with people in Manchester who may be homeless, sofa surfing or residing in a hostel.

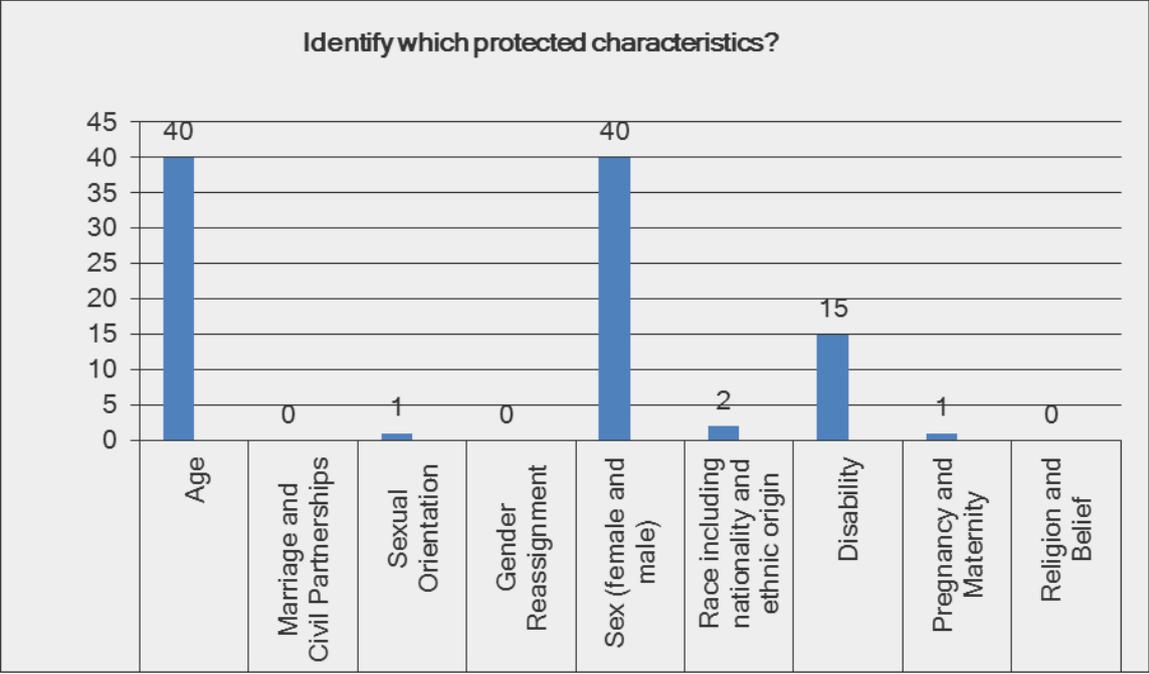
These patients attend the [Vallance Centre Medical Practice](#) and [Urban Village Medical Practice](#) to access NHS services for their healthcare needs. The two practices provide a dedicated service specifically for homeless people, or those patients with no fixed address to enable them to access primary healthcare in the first instance.

As well as the above engagement we also spoke and listened to people who attended the Welcome Centre which is situated in the centre of Cheetham Hill and is provided by the [Wai Yin Society](#). It provides English classes, IT classes, work clubs, welfare advice, free lunches and food parcels, including distribution of food to the most in need.

In addition to this the centre also provides arts and craft classes and job search support to the local residents in Cheetham Hill and Crumpsall areas. The centre provides support for local people of all ages, some of whom are long term unemployed, patients experiencing mental health conditions, recovering drug and alcohol users, to name but a few.

During March until June 2015 a total of 43 service users were asked about their experiences of using NHS health and wellbeing services. Patients' ages range from 16-65 years of age. The pie charts below illustrate the breakdown of ages and shows that the majority of patients spoken to were males between 30–50 years of age.

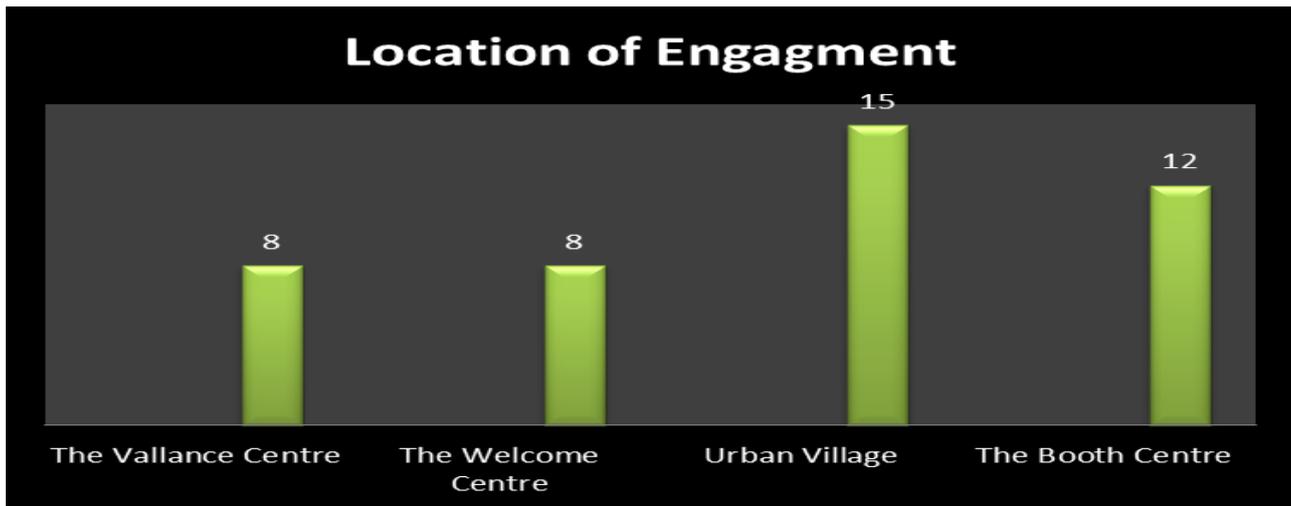




3. Event Details

Name of event: Community Engagement
Venue: The Vallance Centre Medical Practice
Urban Village Medical Practice
Booth Centre and the Welcome Centre
Attendance figures: 43 service users
Communication channels used: Face to face interviews

The breakdown of patients engaged with between each centre is as follows:-



3.1 Aims

The aim of the community engagement was to listen to service user experiences of using NHS services. Service users were asked to identify what works well, and what doesn't work well and what could be improved.

In addition to this we wanted to understand the barriers people are experiencing in accessing healthcare services. Patients were asked about the most appropriate contact method that should be used to keep in touch with this group.

Manchester CCGs are working hard to ensure that patients and carers are able to access healthcare that meets their individual needs whilst keeping them informed of healthcare and well-being services that are available to them.

3.2 Approach

Deborah Grimshaw, Communications and Engagement Manager undertook face to face interviews with service users and the public in healthcare settings and at a local support group. Service users were offered the opportunity to talk about their experiences of using NHS services in a relaxed and informal setting.

3.3 Evaluation

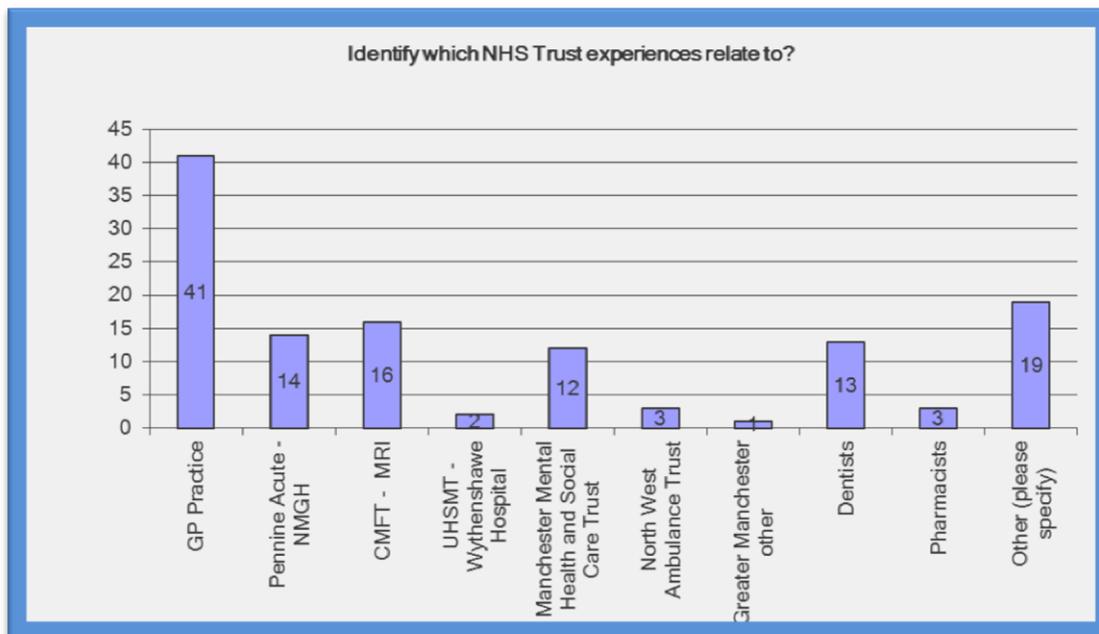
Staff within the GP practices and patients were informed of why the engagement was taking place and staff expressed positive comments that the Clinical Commissioning Groups were undertaking this work.

Service users were enthusiastic about having the opportunity to talk about their healthcare experience, however most were initially reluctant, until prompted to share what they thought would improve the quality of their healthcare experience.

Most service users engaged with were appreciative of the information provided in relation to the 'minor ailment scheme' and the information provided about health and wellbeing services throughout Manchester, including The Sanctuary, Zest, NHS 111, and pharmacy advice.

4. Themes

Service users that provided feedback about their experience of using NHS services have frequently used more than one NHS service.



The bar chart above shows the different healthcare services being accessed. Of the 43 service users spoken to who declared themselves as 'homeless', 21 of those also stated they lived with a mental health condition.

Service users accessing services at the Urban Village Medical Practice (UVMP) provided the following feedback:-

- *"The drug support workers are helpful - I use talking therapies and medication which has helped me to not use drugs and alcohol."*
- *Service user spoke very highly about his support key worker, 'Rick'. He told me "he had helped him get a flat so he is no longer homeless, he regularly keeps in touch with him by visiting him and telephoning him"*
- *Service user found out about the drop centre at Urban Village through the Outreach service. He said "Steven and Rachel are really understanding and provide advice and support. You have to be in Manchester for six months before you can get a place to live. I'm embarrassed to be homeless but Steven and Rachel told me about this service, I can get registered with a GP, they give me a sick note and I can use the address as a 'Care Of' address so that I can claim benefits. This is one step closer to me getting my own place."*
- *"Urban Village and MRI staff have got me somewhere to live so I am not homeless now, I have a one bed roomed flat in Blackley"*

- Service user was referred to Margaret (Mental Health Support worker) who he said "has been very helpful, she helps me to sort out things that are going on in my life at the moment. I only had to wait one week to be put in touch with her"
- Service user felt the drop in centre on a Wednesday afternoon works well, and that the staff are alright, and he receives the right care. He said "It would be better if I could come more often". He felt that "the waiting times at the drop in centre are not good"
- "I know Dr O'Shea and it's convenient for me that I can come whenever I need. Dr Jackson will help me, and the drug support service does help"
- Service user said you get seen straight away but only uses the GP service on a Wednesday afternoon at the drop-in. They would like to use the dental facility, but there is a waiting list so hasn't bothered being added to it
- Service user felt the appointment system at Urban Village is fine, but stated that the tannoy system has recently been changed which makes it very difficult for patients to hear their name being called.
- "The drop in centre works well but it's the queuing system and waiting that is a problem, they could do with a token system or number system, a system that would be fairer. The staff are really nice and helpful"
- Service user was referred to drop in centre in Urban Village through the City Centre project. They stated "it is useful to be able to drop in on a Wednesday afternoon but I would prefer if you were able to drop on any day". "The waiting is a problem and the not knowing how long you will be waiting. People would rather be told straight you're going to have to wait and give us accurate times so you know how long you will be waiting"
- Service user was given information about Urban Village through the probation service, but they didn't give him the right information about what services were available and the times that Urban Village can be used by homeless people. He found the GP to be very helpful and had signposted him to mental health services. He is currently waiting for an appointment to use the Alcohol Support Worker however he has been waiting 7 weeks and still has no appointment
- Service user attends Urban Village every two weeks. Services are alright but it's slow and you have to wait around. It would be better if you could attend in the mornings
- Service user wasn't happy that he had waited over an hour for the surgery to open, also he said that the tannoy system within Urban Village surgery is very difficult to hear, they used to put your name on a television screen but this no longer happens
- Service user said he had been sat in the reception at Urban Village for over one hour, he said he wasn't told the surgery wasn't open until 2.30pm. He had found out about Urban Village drop in centre through his recent hospital admission to MRI where he was an inpatient as a result of a collapsed lung

**All the above comments are the views and interpretations of the service users – it should be noted that not all the professions of the people named are correct, but are the understanding of the people sharing their experiences and opinions.*

In addition to this UVMP and their partner organisations, whilst providing support and guidance to service users to access housing facilities are unable to influence this in any way.

Summary:

The above feedback demonstrated that service users felt the Urban Village Medical Practice is a useful resource for them to access. Service users liked the staff and felt they are friendly and supportive with many stating that they had been referred on to a more appropriate service such as a mental health nurse.

Service users felt the drug recovery programme helped to support them, with some people stating that they are now drug free and have been assisted in securing a permanent place to live.

Service users stated they knew who their doctor and support workers are by name. Some people asked whether GPs could register them on the streets, rather than the service users having to carry all their bedding, which can become heavy if it is wet quite some distance. Some service users felt optimistic about their future opportunities in securing a place to live as a result of using the practice as a care of address.

What could be improved:

- Service users would like to be able to access the service on a drop-in basis more often than a Wednesday afternoon
- The waiting system frustrates some service users – with the suggestion of a token number system which patients believe would be fairer
- More information about waiting times would make service users feel more at ease
- The tannoy system isn't very loud and some service users expressed their concern that they find it difficult to hear their name being called
- Information to be produced to inform support centres and the probation service of the opening times of the medical practices and the healthcare services available to access
- Consider how homeless members of the public can register with a GP or access a healthcare check without having to walk long distances with all their belongings

Feedback and update from Urban Village Medical Practice:-

- The tannoy system within the practice has recently been turned off after a few weeks of use following feedback received from patients. The practice are using a display screen to publicise the patients name, along with the receptionists/and or GPs who announce the patients name and regularly have to go outside to locate patients
- The dentist offers drop in appointments for homeless patients every Tuesday and patients are informed of this at registration
- The practice offer three sessions of GP/Nurse sessions dedicated for homeless people. Patients can also attend during opening hours and also use the mainstream appointment slots
- The perception of the 'un-fair' (as perceived by patients) appointment system is concerning to the practice who report that they work very hard to keep patients informed of waiting times. They explain to patients that there are eleven different people that can be accessed at the practice and patients are often waiting for different facilities which can lead to the perception that they are being seen quicker than other patients who have been waiting longer
- With reference to the lack of support felt by homeless people who are being discharged from hospital the practice are currently in their second year of their hospital in-reach service and work with frequent attenders (The Manchester pathway), following a successful first year with good outcome figures. This involves staff from

the practice visiting homeless people who are inpatients at Manchester Royal Infirmary and ensuring that they are discharged with a package of care, housing and engagement with primary care services which should reduce their re-attendance in the secondary care healthcare setting.

- Alcohol and drug support workers are available for patients to access five days a week.
- The Alcohol worker offers two drop in sessions and one appointment based session a week at the practice with one of these on a Wednesday afternoon.

The Vallance Centre Medical Practice

Eight of the service users spoken to had utilised the facilities at the Vallance Centre. The following are some of their comments relating to their experiences of using this medical practice:-

- *Service user said “the support from Sonia & Sue (drug workers) is great, they make appointments for you and help you make sure you stick to them”*
- *“I like what they do for you, there is a vast difference here in that they listen to you and refer you on if you need help. The staff are brilliant”*
- *“When you ring for an appointment between 8.00am and 8.30am in the morning sometimes the line is engaged and you can't get an appointment until the next day, also NHS phone numbers don't always register on your phone as a number when someone rings you so most people won't answer the phone if the number isn't displayed”*
- *“I was in jail when I found out about the Vallance Centre, if you are a drug user the jail point you in the direction of the Vallance Centre. I come once a fortnight and see Sue, the drug worker and the doctor. What's good about here is that everything is in the one place, I can see Sue and the doctor at the same time. If I have a problem I can ring Sue for advice and support. All the support is here for you, you just need to access it”*
- *Service user stated “the doctors are decent, they are good and they refer you to the right services that you need. The receptionists are always helpful and the care and treatment provided by Dr Cunningham is great”*
- *Service user stated “the staff are nice people who care more than others I have dealt with. They provide help and support to me, even trying to sort out problems with my sick note and trying to arrange with the job centre to find somewhere closer to drop it off as I've got mobility issues at the moment”. The service user would not have been able to do this himself as the phone number provided is chargeable and he doesn't have any money to make phone calls or access to a telephone.*

Summary:

The qualitative feedback above demonstrated that the service users engaged felt supported by the staff, drug workers and doctors at the Vallance Centre Medical Practice. They are listened to and obtain the help and care that they feel they need. The receptionists are helpful and accommodating.

Areas for improvement

- Consider some flexibility for homeless patients telephoning who have been unable to get through between 8am–8.30am for an appointment; this will prevent those patients who may be inclined, to access other healthcare resources.
- Consider how homeless people can register with a GP or access a healthcare check without having to walk long distances with all their belongings.
- Feedback to be provided to the job centre for consideration of a freephone telephone line

Manchester Royal Infirmary (MRI)

The qualitative feedback from the ten patients who had experience of using the Manchester Royal Infirmary hospital suggests that if patients are drug users then they are not always treated with dignity and respect with the following feedback supporting this theme:-

- *"I would rather die than go into the MRI, they water down your methadone, they look down on you and I don't like the way they treat me"*
- *"Treatment at Manchester Royal Infirmary was horrible, when the staff found out I had overdosed and was a drug user they treated me as though it was self-inflicted"*
- *"In A&E you can wait 3 hours to be seen and as soon as they find out you are on Methadone they are a bit snotty with you, but once you go to a ward they are ok"*
- *"The doctors and staff don't talk to each other and a lot of the time the doctors make decisions about you and don't involve you. The food is dreadful. I was four hours late for my morphine and I was in agony. They discharged me from hospital with nowhere to live, no follow up appointments, and no support. They will do anything they can to avoid giving you medication as they think you want to get high."*
- *"They keep you waiting for your medication. In other words giving you methadone is a not a priority for them"*
- *Patient states that when he was in hospital (MRI) they should have been more determined to get him to remain an inpatient, he said he didn't know what day it was but if he had he would have stayed an extra day, rather than discharging himself. He believes that better communication between the patient and doctor at the MRI would have made a difference.*

Three patients who had attended the Manchester Royal Infirmary (MRI) provided the following positive feedback:-

- *"Treatment at the MRI was fair, if you are nice to them then they are nice you. They helped me and they take you as you are". Patient also provided feedback that when discharged from hospital, no advice was provided about his condition and a year later a letter was received advising patient not to eat dairy products"*
- *Patient says that her treatment in the MRI was very good; she was "treated like a human being, treated like everyone else, instead of categorising me as a junkie"*
- *"Treatment at the MRI was brilliant, the staff were really nice, and they listen to your needs and try to help"*
- *Patient has recently been an inpatient at the MRI and said that "the nurses were good, they were very caring, he says he was treated with dignity and respect"*

Summary:

The qualitative feedback above indicated that some of the patients feel that they are treated differently once it is identified that they are drug users; however there is also feedback that contradicts this.

One patient also stated that decisions were made about his care without involving him, this contravenes the NICE quality standard guidance for patient experience in adult NHS services - Statement 6: Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.

In addition to this, four patients also felt as though they were treated differently due to their drug addiction and the feedback provided does not meet Statement 1: Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty of the NICE standards for Patient Experience in Adult NHS Services.

North Manchester General Hospital (NMGH)

Ten patients engaged with had experience of using NMGH, the following are some of the comments expressed about their experiences:-

- *Patient had a bad experience and said “as soon as I went in they took my methadone off me, they lost my medicine. I had to go out onto the streets and buy street drugs; I had pneumonia at the time. North Manchester General Hospital is like an old mausoleum and the staff were very rude and treated me badly because I was a drug user”*
- *Patient said “my treatment at North Manchester General Hospital was wicked. The way they helped me, stopped the voices in my head, stopped the depression, the nurses were caring”*
- *Patient says “when I was admitted to North Manchester General Hospital Park House as soon as they found out I was a drug addict then they tried to stop me having any medication. Some of the doctors treat you differently when they know you are a drug addict. If you go into A&E they just want rid of you, they don't address your problems they just think you are there for a warm bed and drugs. I was discharged onto the streets with no support at all”*

Summary

Feedback above suggested that dependant on who is providing the treatment to the patient will depend on the attitude/care provided. However patients should feel reassured when accessing healthcare facilities that they will receive the right care and not be discharged with no support in place. The feedback about is supported by the report issued by the The Queen’s Nursing Institute ‘What Community Nurses Say About Hospital Discharge for People who are Homeless’. The report confirms that there is poor communication with no forward planning and patient are subsequently patients are discharged to no fixed abode, along with no support to manage their condition. [Click here](#) to read the full report.

Support Service feedback

- *Patient used to attend Glen House which he says is now the Booth Centre, but he states that there is no advertising of what is on offer at the Booth Centre. Patient said that when it was Glen House they used to offer cooking, acupuncture, pain management alternatives which he said “he loved it, got me off the drugs”*
- *One patient reported that he uses quite a few support groups including Pure Innovation, who have provided support, including cooking services which he has found to be really helpful in helping him to feel valued and useful*
- *Another patient stated that “I used to go to the Booth Centre but you are able to drink there which I don't like as I am trying not to drink alcohol. Also now you have to do an activity so you can have a free lunch. There are no courses that I want to do. At the Welcome Centre I volunteer and do the washing up it makes me feel useful, they text me and thank me. I need help to lose weight but I don't know who to contact, I feel depressed and am not sleeping well, I'm lonely as I live on my own”*

Summary

Patients like to use support service facilities, which need to be tailored to their individual needs to make them feel useful and valued. Patients are unaware of what services are available and would benefit from an advertising campaign through their GP surgeries to inform them of what is available.

Mental Health Services feedback

- *Patient stated “when you ring Rawnsley Unit, no-one answers the phone, if you leave a message no-one rings you back. Also the waiting lists are long; it takes over three months to get an appointment. In fourteen months I have seen eight different psychiatrists. They say they will do something and then they don't do it. I was supposed to get some new medication that they said would take six months, I have now been waiting fourteen months and still haven't got it”*
- *Patient has had three different mental health nurses in four months*
- *Patient feels that he would benefit from counselling therapy and has tried to access this through his GP; however he was only given one appointment and then was discharged – with no explanation why. Patient also feels that Mindfulness and Cognitive Behavioural therapies help him to maintain good mental health, and would benefit from being able to access these types of therapy once a week.*

Summary:

The qualitative feedback from the 21 patients engaged with who had used the mental health services showed that there is minimal consistency within the mental health teams that they are referred to.

Patients regularly reported that they have several mental health staff responsible for their wellbeing within a short period of time.

Concern was also raised about the difficulties in being able to contact some units by telephone.

[Click here](#) to read the full Crisis report regarding mental health and the homeless.



4.2 Strengths and Opportunities

What is working well?

- Many homeless citizens use several support services such as Barnabus, Lifeline and the Booth Centre for food and to have a shower
- Patients access healthcare facilities tailored to their individual needs
- Patients are aware of who is providing their care and know them by name
- High levels of satisfaction are reported in patients experiences with outreach and the mental health service staff at Urban Village
- High levels of satisfaction with the care and treatment provided at The Vallance Centre by the doctors and drug support team
- Patients report high levels of satisfaction from the outreach workers who frequently go the extra mile to ensure that patients meet appointments and follow up treatment

What doesn't work so well?

- Some patients feel as though they are judged and treated differently because they are homeless or drug users when using some hospital services
- The tannoy system at Urban Village Medical Practice is not loud enough
- Some patients are unhappy with the appointment system at Urban Village and would prefer a token or number system that would be fairer
- Some patients are unaware of what social support services are available
- Patients express concern at not being able to contact mental health units by telephone and no return calls made
- A number of patients reported being discharged from hospital inpatient facilities with no support or advice for their medical condition. These patients were also discharged back onto the streets

**please refer to feedback and update received from Urban Village Medical Practice on pages 10, 11 and 12*

5. Findings

The following are the best methods to keep in touch with patients who are homeless, living in a hostel or sofa surfing:

- Through reception at Urban Village/the Vallance Centre when picking up your prescription - a leaflet or useful information could be attached
- Probation service
- Local hostels
- Promote health and wellbeing services through local support services such as Lifeline, Barnabus, the Booth centre and Cornerstones

6. Recommendations

The following suggested improvements or recommendations were received from service users and patients who are currently or have previously used healthcare facilities at the above named services:

- Improved information (including opening times) about the services available should be provided to the Probation and Prison services
- Longer prescriptions (more than six days)
- More support for homeless people when leaving hospital
- GP practices throughout Manchester could promote homeless support facilities
- Staff within hospitals to treat patients as a human beings and not be judgemental
- There is a lack of [CODA](#) support groups in Manchester for patients managing mental health conditions
- More information is required about the availability of listening services
- Help with practical support for form filling, benefit advice, bank accounts would be beneficial patients living with some mental health conditions
- Access to physical activity would benefit patients at the Welcome Centre
- NHS telephone numbers do not display on patient telephone display e.g. caller id withheld or no number available when using 1471 recall facility – causing anxiety and distress for some patients
- The job centre telephone number is a chargeable telephone number – this excludes homeless people from being able to access this service in relation to benefits, or sick note referrals. Service users are often reliant on the goodwill of public service staff
- Patients who are allocated housing when receiving treatment at the above medical practices find that they can no longer access these services due to location boundaries – a review of this system would improve patient experience as patients report that they have established a rapport with the GPs and don't want to change surgery
- Homeless people would benefit from health checks whilst out on the streets, rather than having to carry their belongings long distances to access healthcare
- Help and support to live a healthier life
- The patients perception of the service users that we spoke to advise that the booking in system at Urban Village is unfair and suggested that a token system or number system would be fairer
- More information about potential waiting times at Urban Village would benefit patients and lead to a better patient experience
- Increased availability of drop in centres throughout the Manchester area would enable more homeless people to access the services more often

6. Action Plan

Key Theme	Action/Recommendation	How linked to CCG 5 year strategy?	Lead	Time to be completed by	Resources
Increasing drop in facilities to enable more homeless people to access healthcare services	Consider using the health bus to enable more homeless people to access health checks at a variety of locations e.g. The Booth Centre, Cornerstones and Barnabus	Manchester's Joint Health and wellbeing strategy:- <ul style="list-style-type: none"> ✓ Educating, informing and involving the community in improving their own health and wellbeing ✓ Moving more health provision into the community ✓ Providing the best treatment we can to people in the right place and at the right time 	CCGs in partnership with Manchester City Council and Public Health Manchester	April 2016	
Raise awareness of availability of times and locations of drop in centres and support centre facilities for homeless people and socially isolated	Review information already available and update where applicable. If new information is required design and create up to date information including centres that can provide support of form filling etc. and engage with homeless people to ensure the literature meets the needs of the target audience	<ul style="list-style-type: none"> ✓ Educating, informing and involving the community in improving their own health and wellbeing 	CCGs in partnership with existing providers of services, voluntary and community groups and Manchester City Council	On-going	

Share good patient experiences with other service users to inspire confidence and optimism for the future	Create patient stories of patient's experiences that have resulted in accommodation being secured and independent, drug or alcohol free living.	<ul style="list-style-type: none"> ✓ Educating, informing and involving the community in improving their own health and wellbeing ✓ Improving people's mental health and wellbeing ✓ Bringing people into employment and leading productive lives 	CCG in partnership with existing providers of services	Mar 2016	
Share feedback comments with providers to consider the patients recommendations	Share report of homelessness engagement with all GP practices across Manchester, Vallance Centre, Urban Village, North Manchester General Hospital, Manchester Royal Infirmary and the Welcome Centre.	Living Longer Living Better programme – One Team development	CCG in partnership with GP practices, Urban Village, Vallance Centre, CMFT, MMHSCT, PAHT UHSM	October 2015	
Service users of mental health facilities have raised concern that there is no continuity of healthcare professionals providing consistent care	Share report with Citywide commissioning team and request that a review is undertaken of continuity of healthcare professionals visited by mental health service users	Manchester's Joint Health & wellbeing strategy:- <ul style="list-style-type: none"> ✓ Improving people's mental health and wellbeing 	CCGs in partnership with MMHSCT and Manchester City Council	October 2015	
NHS telephone	CCG to work with partner		CCGs in	March 2016	

numbers do not display on patient telephone displays	organisations to see if this issue can be resolved by either using an answerphone message if available or simple message of who the caller i.d was		partnership with local hospitals		
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7. Acknowledgements

Thanks are provided to the following personnel for providing approval to visit their premises and engage with patients along with providing a valuable insight into their experiences of treating homeless patients:

- Emma Hicklin, mPath service and UVMP Homeless Service Manager and staff at the Urban Village Medical Practice
- Dr Cunningham and the Drug Recovery team, Vallance Centre Medical Practice
- Mark Greenwood, his team and the Volunteers, Welcome Centre, Cheetham Hill, Manchester
- Amanda Croome and her team at the Booth Centre, Manchester
- All patients who kindly shared their experiences

8. References

[Manchester Joint Health and Wellbeing Board strategy](#)

[CODA](#)

[Mental Ill Health in the Adult Single Homeless Population - A review of the literature](#)

9. Next Steps

Further engagement will take place with people who have previously been homeless and have utilised the support facilities and healthcare providers to integrate back into society.

By listening to these service users we will be able to establish what facilities are most utilised and valuable in supporting service users to take responsibility for their health and wellbeing but also establish what makes a good and informed patient experience.

Following the feedback from UVMP further engagement around the support offered and experiences of homeless people who are discharged from a hospital setting should take place over the coming months, the feedback gathered will help in the evaluation of the Manchester pathway (MPATH).

The CCG will continue to strengthen its links to the city-wide Homelessness Forum which is hosted by Manchester City Council. This report will be updated as new feedback is gathered.