



Homeless Health Community of Practice – summary report

Supporting inclusion health groups with GP registrations and access – September 15 2021

November 2021

Overview

On 15 September 2021, Healthy London Partnership convened a Homeless Health Community of Practice event focusing on GP registrations and access to primary care for inclusion health groups, including people experiencing homelessness.

Presenters explored the day-to-day barriers to general practice (GP) registrations and how they can be overcome to support entry into primary care services. Additional presentations on no recourse to public funds (NRPF) were shared, as well as examples of good practice recommended by homeless health peer advocates, details of the Doctor's of the World Safe Surgeries initiative and the experience of a Safe Surgery in London.

This event was attended by a range of attendees including ICS representatives, GPs, practice managers, reception and clinical staff, as well as other colleagues from other organisations supporting inclusion health groups.

GP Patient Registration Standard Operating Principles for Primary Medical Care

Jasmin Malik, Clinical Lead for Homeless Health at North Central London and Co-clinical lead for the homeless health programme at HLP opened the session by outlining the [GP Patient Registration Standard Operating Principles \(SOPs\) for Primary Medical Care](#).

The GP Patient Registration Standard Operating Principles for Primary Medical Care were updated in February 2021 to clarify the rights of patients and responsibilities of providers in registrations for a GP practice, particularly in relation to people without ID or documentation. The updates aimed to reduce the risk of worsening health inequalities for specific populations such as asylum seekers or people experiencing homelessness.

There was discussion around aspects of the guidance which can lead to confusion among practices, if taken in isolation from the surrounding text, and result in staff

advising that documentation is required to register patients (4.9.4, 4.9.5). It was noted that Section 4.9.8 of the SOPs states ‘there is no requirement under the regulations to produce identity or residence information, the patient must be registered on application unless the practice has reasonable grounds to decline’.

Additionally, 4.9.9 states that ‘where necessary, a practice (e.g. homeless patients), may use the practice address to register them if they wish.’ In cases of suspected patient fraud among practice reception staff, there is still a duty to register and treat the patient but to hand over the matter to the NHS Counter Fraud Authority.

Additional resources on primary care such as the [Care Quality Commission](#) website were also highlighted, particularly sections on expected standards of care and examples of good practice for caring for patients who are homeless. [British Medical Association](#) guidance on the patient registration process, [Pathway](#) guidance for commissioners and service providers on homeless and inclusion health standards, as well as [Primary Care Support England](#) guidance, were also shared. It was highlighted that despite recommendations on the website, there are ongoing barriers at Primary Care Support England that can result in delayed registrations, at times being up to six months.

Discussions acknowledged the day-to-day pressures on GP practices and reception staff, noting concerns of increased demand with sudden influxes of new patient registrations. Others suggested registrations from inclusion health groups would be relatively low and advocated for focusing on the needs of the patient and making services more accessible, given their likelihood of encountering barriers in the past.

GP mystery shopping findings

Dr Aaminah Verity, North Lewisham PCN GP Fellow for Health Inequalities and Pathway Fellow presented on a pilot [study](#) undertaken in North Lewisham, exploring the impact of total triage and remote-by-default consulting on vulnerable patient groups.

The study consisted of interviews with key stakeholders providing support to vulnerable patients including people experiencing homelessness, and feedback from Healthwatch BAME patient forums, a survey of GP practices in Lewisham and a mystery shopper exercise of 10 practices across North Lewisham PCN, all undertaken during May 2020 following a noticeable decline in complex and vulnerable patients presenting. It was felt that total triage and remote-by default consulting led to a worsening of health inequalities and existing barriers, as well as new barriers such as digital exclusion, closed doors and unclear or inconsistent messaging on site causing confusion where language was also a barrier for some patients.

Following the study, recommendations included developing an inclusive triage system with a direct face to face option; clear, consistent messaging about how to access GP services; interpreter access and working with advocates to reduce

waiting time for a call and; continuity and face-to-face care where possible, as well as flexibility on appointment length.

To improve GP access, focus groups with administrative representatives across Lewisham PCN were convened to understand reasons for not registering patients with a lack of ID or proof of address. Feedback included concerns about patient fraud and the additional time and workload pressures caused by PCSE queries on registrations.

Other improvement work included community engagement via local organisations, working with a Community Link Worker, an audit on PCN guidelines on the practice's booking and triage system, and working with Doctors of the World to deliver an adapted Safe Surgeries training for administrative staff.

Considerations for people with no recourse to public funds

Henry St Clair Miller from Islington Council/NRPF Network shared considerations for people with no [recourse to public funds](#) (NRPF) – a condition where a person's immigration status prevents them from accessing public funds such as benefits and support from housing departments including homelessness assistance.

It was noted that individuals with NRPF status can access some, but not all, health and care services provided by the NHS and Social Services, and that there was a need for service providers to recognise which services are available in order to prevent a person from being wrongly discriminated and prevented from accessing services they are entitled to.

The presentation highlighted support options available for people with NRPF and at risk of homelessness including Social Services to prevent vulnerable people and children from being destitute and homeless. Additional support is provided by Voluntary Community Sector (VCS) agencies. During public health emergencies such as the Covid-19 pandemic, local authorities can also determine whether any assistance can be provided on public health grounds to people at risk of rough sleeping.

Suggested next steps included identifying patients who have NRPF or outstanding immigration issues and offering immigration advice early on, making referrals to Adult Social Care early on and providing supporting information and evidence, establishing referral pathways with local authorities in the area as well as establishing local signposting lists for advice on immigration, housing, welfare rights, asylum support, VCS services and Home Office voluntary return support.

Learning from patient voice and experience from Groundswell's Homeless Health Peer Advocacy (HHPA) service

John Driscoll, Care Navigator at Groundswell presented on the Homeless Health Peer Advocacy (HHPA) service and how it helps to support people experiencing homelessness with GP registrations and accessing healthcare.

Health Peer Advocates can accompany clients to health appointments or to register at a GP practice to liaise with practice managers or reception staff and clarify why a person's registration is delayed or refused.

Groundswell also make resources including the ['My right to healthcare'](#) cards available for services to order for free. The cards are made available in settings including hostels and day centres to support clients wanting to register at a practice by showing they are not required to provide ID, immigration status or proof of a fixed address to register.

Discussions highlighted the importance of health advocates and learning from people with lived experience of homelessness to remove the daily barriers which prevent people from registering and accessing primary care services.

When considering examples of good practice for initiating contact, peer advocates played an important role in building trust and taking time to understand their clients concerns. Other suggestions to support registrations included using the practice address to register people without a fixed address and having a policy to not require identification.

Flexible, longer appointments were also suggested to better meet the needs of vulnerable clients although the pressures on mainstream practices were noted as a possible blocker to this. An additional challenge of digital exclusion was noted where some clients have unreliable phone numbers making it difficult to arrange appointments.

Doctors of the World Safe Surgeries initiative

Emmanuel Serrano, Policy and Advocacy at [Doctors of the World UK, part of the Médecins du Monde network](#) outlined common barriers to healthcare for migrants including lack of knowledge regarding the NHS, administrative difficulties including lack of ID or proof of address, immigration status checks, accessibility barriers such as language, digital and transportation, unaffordable charges for secondary healthcare, and fear of being reported to the Home Office.

Recognising these barriers and the rate of refused registrations for individuals with migrant status, the [Safe Surgeries initiative](#) was launched to work with GP practices to take steps to tackle the barriers to healthcare faced by migrants and excluded groups.

The initiative is approved by CQC, Royal College of General Practitioners, Royal College of Nursing and acknowledged as an evidence-based intervention to tackle health inequalities in the NHS Long Term Plan. Currently there are around 420 Safe Surgeries in the UK with around 240 across London boroughs.

Safe Surgeries follow the below principles:

- Don't insist on proof of address
- Don't insist on ID
- Never ask about immigration status
- Keep information safe
- Use an interpreter
- Display Posters
- Empower frontline staff

GP practices which are registered as Safe Surgeries are provided supporting resources including translated posters, templates, policy notes and toolkits. All staff within a GP practice are also offered the Safe Surgeries training on the guidance around GP registrations.

Additionally, over the course of the Covid-19 pandemic, Safe Surgeries have helped offer vaccine access to people with migrant status.

Practices can sign up at <https://linktr.ee/safesurgeries>.

The experience of a London GP practice which has become a Safe Surgery

Dr Elaine Morsman presented on The Corner Surgery, a GP practice in Denmark Hill, Lambeth which is a Safe Surgery. The practice does not require ID or immigration status at the point of registration and provides translator services to patients for all appointments – telephone and face to face – where language is a barrier.

As an established Safe Surgery, a quality improvement project was conducted to further engage with staff within the practice including the practice manager and reception staff, including:

- Assessment of staff knowledge and values
- Policy review
- Training
- Implement policy changes
- Reassess staff knowledge and values
- Share findings!

Following a policy and practice review, actions included reviewing the Practice Registration Policy, creating a registration flowchart, reviewing the new patient

questionnaire and displaying posters to communicate the registration process and policy with patients.

After undertaking Safe Surgeries training, staff were reassessed for knowledge of NHS England policies, as well as their own values, noting changes and increases in knowledge of the registration guidance around requirements of documentation and confidentiality obligations. A positive change in attitudes towards vulnerable patients was also noted.

Within the practice reception area, posters are visible to communicate the practice's Safe Surgery status and reception television screens display accessible health information such as resources on Covid vaccinations.

Summary of Barriers

Based on the presentations shared and discussions had, below is a list of the key barriers/challenges that remain to improving access to primary care services for vulnerable inclusion health groups:

- Confusion amongst practice staff regarding GP registration for individuals who do not have the appropriate documentation, as well as concerns regarding patient fraud.
- Delays in processing registrations at Primary Care Support England.
- Length of time required for administration teams to process registration can take many hours/days over several months
- Clarity and awareness regarding what services are available for individuals with NRPF
- Lack of face-to-face appointments that are flexible and longer than standard appointments.
- Accessibility – digital exclusion, language, transportation, costs, fear of being reported to Home Office

Key takeaways

Over the course of the event, presentations and discussions highlighted examples of good practice, including:

- Training practice managers and reception staff on registration guidance around documentation requirements and confidential obligations.
- Facilitating an open door policy to engage with vulnerable patients.
- Offering flexibility in appointment length and providing translation services where language is a barrier.
- Learning from lived experience and peer advocacy to build trust with inclusion health groups including people experiencing homelessness.

Next steps

A Homeless Primary Care Task and Finish Group has been convened to bring key partners together at the city level, to oversee the citywide primary care workstream, including:

- To develop primary care commissioning and close the gap in GP registration for homeless and inclusion health groups
- To develop minimum standards for homeless health care provision for mainstream GP practices, GP practices that have LCSs in place and specialist GP practices
- To align community mental health, primary care and addiction services to better support people experiencing homelessness

The Group will:

- provide leadership and governance, which adds value to local delivery, and supports further development of equitable and high-quality primary care services for people experiencing homelessness in London.
- advise on and promote quality and sustainable improvements in primary care services that:
 - provides person centred trauma informed care
 - contributes to prevention of homelessness and deterioration in both physical and mental health
 - provides a measurable reduction in health inequalities and improved outcomes for the homeless population.
- consult with stakeholders where needed to ensure that outcomes are cohesive and aligned with other relevant workstreams supporting the homelessness and primary care agenda across London.
- share information/data and showcase examples of good practice in London.