

Homeless – Access to Health Care

The purpose of this report is to present the findings of engagement with homeless people and service providers to understand their health needs which was undertaken for 12 weeks between June and September 2017. The findings will be used to inform the future commissioning of Health Care Services for the homeless people of northern Staffordshire.

Definition

The term 'homelessness' is often considered to apply only to people 'sleeping rough'. However, most statistics on homelessness relate to the statutorily homeless, i.e. those households which meet specific criteria of priority need set out in legislation, and to whom a homelessness duty has been accepted by a local authority.

The Homelessness Act 2002 extended the 1996 Act to identify 'priority need groups' which includes households with dependent children or a pregnant woman and people who are vulnerable in some way e.g. because of mental illness or physical disability. In 2002 an Order made under the 1996 Act extended the priority need categories to include applicants:

- aged 16 or 17
- aged 18 to 20 who were previously in care
- vulnerable as a result of time spent in care, in custody, or in HM Forces
- vulnerable as a result of having to flee their home because of violence or the threat of violence

Stereotypes Busted

The profile of homeless people has changed and much more frequently includes younger people from the armed forces or those leaving care. Changes in drug taking habits have changed and the typical stereotype of a homeless alcohol abuser found on a park bench has been replaced by an increase in reported domestic abuse reporting and a lack of employment opportunities serve to increase the problem. Not so much 'rough sleepers' but sofa surfers and those in temporary accommodation are classed as 'homeless' as they are unable to afford housing, are in debt and unable to get a mortgage.

This can be demonstrated by the facts that between 2009-2017:-

- Homelessness has increased by 40% to an estimated 280,000
- National funding for homelessness has been cut nationally by 69%
- There has been a 50% increase in people living in temporary accommodation
- Rough sleeping estimates at the annual autumn count suggest a 50% increase.

Changing Legislation

The Homelessness Reduction Act 2017, which will be enacted in April 2018 will place additional statutory duties on local authorities to prevent and relieve homelessness. This will coincide with a national increase in funding of 20% to £918m

NHS Providers will have to ensure that those discharged from hospital are not put at risk of homelessness. There will be a new duty on Local Authorities to undertake an assessment and support plan which will include physical and mental health.

Engagement Methodology

Traditionally used methods of engagement such as online surveys and focus groups would not have reached the target cohort, instead the CCGs visited temporary accommodation and outreach services in order to gather the views of customers and providers.

| Date | Organisation | Method | Homeless/vulnerable People | Staff |
|------------|---|------------------------------------|----------------------------|-----------|
| 9 June 17 | Salvation Army Hostel, Vale St, Stoke | Informal group meeting | 5 | 4 |
| 20 July 17 | Brighter Futures – 90 Hope Street | Informal group meeting | 3 | 1 |
| 24 July 17 | Open Doors – St Mark's Church, Shelton | Chatted to people having breakfast | 7 | 2 |
| 26 July 17 | Voices of Stoke | Visits with service coordinators | 2 | 4 |
| 31 July 17 | YMCA, Hanley | Meeting | - | 2 |
| 9 Aug 17 | Arch Housing, Pointon House, Newcastle Under Lyme | Informal group meeting | 4 | 2 |
| 10 Aug 17 | - | Encounter in street | 1 | - |
| 14 Aug 17 | Stoke Recovery Service | Focus group | 13 | - |
| 31 Aug 17 | Voices of Stoke | Visits with service coordinators | 2 | 1 |
| 11 Sep 17 | Brighter Futures - Furlong Court | Drop in/ focus group | 2 | 0 |
| | | | 37 | 16 |

Summary of themes

The most significant gaps in service provision fall into the following themes:-

- Mental Health
- Prevention – health screening
- Sexual Health
- Dressings and management of Long Term Conditions
- Diet and wellness advice
- Drug and alcohol services

The needs identified in the thematic analysis were derived from the following summary of comments:-

On-site health care

The lack of on-site health care was highlighted; the loss of the matron at the Salvation Army hostel and ending of funding of the district nurses at Open Doors were mentioned frequently. The support given in the past by matrons wasn't restricted to on site health care, but examples were given of matrons supporting people at GP appointments, writing letters and liaising with other services. Having a matron or nurse on site on a regular basis in the past had meant that the homeless could drop in without an appointment and could have wounds dressed regularly.

Homeless comments

"No proactive help or advice, health help, mental health, STIs, Hep screening, contraception are not all in one place and not on site."

"My foot needs treating/cleaning daily and now having to do that myself in the hostel – conditions not hygienic and communal washing facilities. Get lots of infections. I'm very aware of the smell from my foot. I can't eat in the canteen because other residents don't like the bad meat smell."

Staff comments

"Relationship was positive with the nurse coming in – it helped wellbeing and residents used to wait until the nurse came if it wasn't urgent."

"Matrons were invaluable. When we had a matron, Voices staff could just ring them up for advice or take a customer up to see them."

GPs and GP practices

Many of the homeless interviewed won't use their GPs because of the difficulties in booking appointments, the challenge of getting to appointments, the attitude of GPs and practice staff and the lack of provision of consistent care which addresses all of the health issues that individuals have.

The most common observation by both the homeless and the staff working with them was that many GPs and their staff have a patronising attitude towards the homeless and addicts. They don't take their concerns seriously, don't make any allowance for their conditions and don't have the time to help with all health issues. People found it difficult to get appointments, many could only get appointments if they were accompanied by a member of staff/advocate, and they were kept waiting if they did turn up.

Homeless comments

"I want to take control of my health and life. Now working with Dr ... on my meds but he doesn't help with my foot or mental health issues."

"GPs don't always acknowledge infections/illnesses and don't treat them."

"I want to have a GP who knows and understands my issues, don't want to keep telling my story, I'm in recovery and don't like to keep going over things that make me feel uncomfortable with people I don't know."

Staff comments

"GPs need to have more flexibility. These people aren't always going to get to appointments at fixed times."

“GPs speak to customers appallingly, so that they just won’t go.”

“The most difficult thing is getting people help when they need it. Sometimes if staff ring, they’ll manage to get an appointment. Customers can’t always communicate their problem.”

3 Mental Health

Most, if not all of the homeless interviewed had mental health issues. There were a number of examples of people who said that they weren’t getting access to the support they need, either for ongoing care or in a crisis.

Homeless comments

“Not getting help I need with my mental health which is getting worse. Go to Greenfields but not enough support, used to get face to face meetings.”

“I rang the Crisis team and was on hold for about half an hour, so put the phone down and rang the Samaritans – they were brilliant.”

“Lifeline were brilliant, they explained my medicines, but now they’ve lost their funding.”

“Access team at Harplands is difficult to access.”

Staff comments

“Police Mental Health triage nurses not great.”

“Very difficult to get a Mental Health Assessment.”

“Harplands have discharged patients when not appropriate - Individual discharged from Harplands, slept rough, suicidal, back to Salvation Army and now back in hospital.”

4 A&E services

Some reports of homeless people being treated poorly by A&E staff or being turned away, but also of not being fully treated.

Homeless comments

“A&E were so rude, they sent me home when I’d been sent there by my doctor with seizures.”

“I’ve been taken into hospital via A&E about 9 times so far this year and just bandaged up and sent home with antibiotics even though I tell them that only IV antibiotics work on me. With my health history I’m discharged from hospital with just one week’s supply of meds because I was a heroin addict in the past. Lost all 5 toes on one foot. Each time discharged without being fully better. All this money being spent on me and all the time and effort wasted. Wouldn’t it be better to get my foot completely better and then I wouldn’t need to go to A&E? This would save the NHS a lot of money in the long term and I could sort my life out. I say this to the Podiatry specialist every time I go in. I’ve made a joke about having my leg cut off but that’s what will happen in the long term.”

Staff comments

A homeless man went from Salvation Army to A&E – they dragged him out.”

“1 customer has been turned away from A&E on many occasions.”

“A&E staff, paramedics and GPs need awareness training to break down stereotypes.”

Details of feedback

| Themes | Service Users | Staff |
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| <p>GP practices</p> | <ul style="list-style-type: none"> • Patronise service users • Keep waiting for hours when have set appointment time (can be 2 hour wait) • One practice has just one hour slot once a week and has bodyguard • Practices won't tolerate swearing • GPs don't always acknowledge infections/illnesses and don't treat them • Know that you can register with a doctor when you have no fixed abode • Know that you can get support letters from GP – but many wouldn't • Went to GP after abortion – wasn't helpful just gave a self-help number • People judge me on my past not on my future. I'm trying to sort something out. I've even thought about changing my name to be my mum's name so that I'm not judged. • GP and manager at practice keep threatening that I'll have to go to Derby because no one will take me on because of what they are going to put on my record. • GP wouldn't dress my leg – open sore – he said it wasn't his job. • I want to take control of my health and life. Now working with Dr Aw at Phoenix on meds but he doesn't help with my foot or mental health issues. • My foot needs treating/cleaning daily and now having to do that myself in the hostel – conditions not hygienic and communal washing facilities. Get lots of infections. I'm very aware of the smell from | <ul style="list-style-type: none"> • Service users registered at a variety of GP practices – staff using own cars to take to appointments as short term solution, but longer term will have to use taxis which will be more strain on resources • Salvation Army (SA) is often short staffed, and if one member of staff needs to accompany individual to a GP appointment, that can take 3 hours out of day, as GPs keep them waiting so long • When service user calls practice they refuse to make appointments unless guarantee that the individual will be accompanied (5 Towns – SA manager has tried to meet with the Practice Manager. 3 people have been banned from the surgery and told to go to Phoenix Centre. • Some GPs very patronising, suggested that the individual was pretending • Our customers are prejudged. Their dignity is not being met. • At one Practice – treatment of customers is awful. It's a hostile environment, and no review period. Only one session on Tuesday afternoons. • GPs need to have more flexibility. These people aren't always going to get to appointments at fixed times. • Need more afternoon appointments. • GPs speak to customers appallingly, so that they just won't go. • Service coordinators have to accompany customers to appointments. • No recent examples of people not being able to get registered. |



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| | <p>my foot. I can't eat in the canteen because other residents don't like the bad meat smell.</p> <ul style="list-style-type: none"> • I was with Dr but he kicked me out when I was in hospital. • All at Open Doors registered with GPs. One man with serious condition had problems getting an appointment quickly. Went there in person at 8.30 everyday but still couldn't get an appointment for 3 weeks. • Difficult to get registered with a GP without ID • Difficult to get an appointment quickly • My practice wrote me off when I missed a psychiatric appointment • Dr is brilliant – sorted everything out for me • I've got a GP but there are about half a dozen and I never see my own GP, so have to tell the same story over and over again • I have to have a member of staff go with me to doctors appointments as I forget what I've gone for and forget what they tell me • You don't feel as if you're being taken seriously if you go by yourself, so need to take someone with you • Doctors say to go up to A&E • Nurse appointments at GPs are better. Nurses have a better approach than GPs. Nurses have got more time for you and they look at you instead of at their computer screen • Receptionist is the first barrier. It takes years to be a GP – takes about 10 minutes to be a receptionist • Customer takes twice/day meds and often forgets to take them – he suffers side effects but finds it difficult to get a meds review with GP. • He self medicates for pain relief. | <ul style="list-style-type: none"> • Most GPs won't go out and visit people in their 'homes'. Willowbank have a good doctor who does go out to see customers. • Customer's follow up treatment for care to foot is at Shelton Primary Care Centre but he needs to get there at specific times to get foot treated – they're not flexible on times. • Customer used to be with GPs at the Hanley walk in centre. Now managed to transfer him to Shelton but the practice says that no patient records have been sent on to them so they don't know what medication he's on. • All customers are registered with GPs and dentists when first arrive, if not already registered. • Customer discharged from Harplands without ID – struggle to get benefits, GP without ID, took ages to get prescription. It's frustrating for us as professionals to support people get over these barriers • The most difficult thing is getting people help when they need it. Sometimes if staff ring, they'll manage to get an appointment. Customers can't always communicate their problem. • Customers can't get to surgeries to wait at 8.30 or call then • We have users who also don't want to change from Dr Scott's practice • We'd like GPs and their staff to understand clients, be more approachable and be more flexible on appointment times and on when you can make an appointment • Concerns raised again about staff having to give customers lifts in own vehicles to GP appointments. • Wait times are too long. |
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| | <ul style="list-style-type: none">• Feels he is discriminated against because of his lifestyle.• 2nd customer suffers from leg ulcers which need daily dressing. He visits Shelton surgery but very infrequently. He is admitted to A&E approx. every 3 weeks when the wound becomes infected. There are never any follow up appointments made so he is in a revolving cycle• Both said they felt stereotyping prevents them from being seen.• Not able to book advance appointments at the GP, I have to go in or ring early in the morning to get an appointment and I can't do this. If I could book in advance I would keep my appointment, I never see my GP because I can't get in.• I have to ring for an appointment at 8am, when I was homeless I didn't have a phone most of the time and when I did I rarely had credit, also nowhere to charge battery. It was difficult to get there in the morning too because I never knew where I was going to be sleeping so I really struggled to get appointments.• My GP phone system is shocking, I am always in a queue for the phone to be answered and run out of credit.• I don't see the same GP, there is no consistency, I have to keep telling my story every time I go in, I dread it every time.• I can book an appointment in advance but it is so far ahead that I am not ill anymore by the time it comes around.• Wasn't able to register with a GP so was always directed to the walk-in centre and only ever got to see a nurse. | |
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| | <ul style="list-style-type: none">• The GP's at the walk-in centre refused to give me an appointment as I was not registered.• Now we are able to register at the walk-in centre if we are homeless but that is a recent change.• Can't get an appointment with my GP and when I do it's always at a time or on a day when I struggle.• You can't get an appointment at a time you want one only when it is convenient for them.• They don't treat us like they treat other people, even speak to you different• I have to go to Middleport because that's where homeless people have to go now, it used to be Hanley at the walk-in• Don't understand what it's like for us• I used to get dead embarrassed sitting in the waiting room, it's like I know I stink but you don't have to look at me like that, even the staff, you can see them talking about you• I am only able to discuss one issue at a time with my GP, when I was homeless I always had a list of things to talk to him about but had to decide which issue was most important, I often went without my medication as I had to prioritise another issue.• When I was in rehab I used a GP near there that was really good, and understood all of my issues, now I have been resettled I am out of the catchment area so can no longer go there. It's really hard to find a doctor I'm comfortable with, I think allowances should be made in some situations.• GP's don't give me enough time, I feel rushed and it makes me really anxious.• When you are homeless or an addict it can be really | |
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| | <p>hard to get to appointments on time, there should be other options for people who struggle with this kind of thing.</p> <ul style="list-style-type: none">• I booked a memory test which takes 40 minutes, the doctor was running really late and said he could only give me 10 minutes, I was there early. The memory test has been rebooked 3 or 4 times and has been changed every time by the surgery. My key worker came with me on the last appointment and spoke for me, another appointment has now been arranged. I still haven't had the test done.• My GP doesn't have time for me because I'm an addict• Stigma of being an addict definitely affects the care I receive negatively• "White Coat Syndrome" – I feel anxiety just thinking about going to my GP• I have to get my ADHD meds from Greenfields because my GP won't prescribe them to me, this causes me so many problems every time I need my prescription. I often go for periods without medication because I can't get through to Greenfields.• Professionals show discrimination because of my substance misuse and where I'm living – Gingerbread, when I gave this as my address at the doctors when I first registered the receptionist was very rude and abrupt with me, it has put me off going back there but I'm new to the area and don't know any other GP's I can go to. (JH NOTE: SRS staff will support client to address this and register elsewhere if required.)• Feeling discriminated against by my GP and the other staff there stops me from going and also taking my child. (JH NOTE: SRS staff will support client to address this and register elsewhere if | |
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| | <p>required.)</p> <ul style="list-style-type: none"> • I feel too rushed by my GP, it makes me feel stigmatised. • Doctor is the last person I want to see when I'm ill, it makes me feel more ill to go there. When I speak to my GP about my anxiety and depression he assumes I just want pills and I'm not really ill, I can't get the help that I need | |
| <p>On site health care</p> | <ul style="list-style-type: none"> • Matrons were understanding but need to be able to prescribe – not to be told to go to GP to get a prescription • No proactive help or advice health help, mental health, STIs, Hep screening, contraception are not all in one place and not on site • Nurses come in to see people with mobility needs who have problems accessing services – don't know how often. • Up to residents to register with a GP – staff don't do it for them. • Staff don't volunteer help – you have to ask – sometimes you need prompting about your own health – health doesn't matter as much as a roof over your head. • Nurses used to come and could help all the volunteer staff who aren't medically trained if someone's collapsed or needs help. • I used to see the matron every other day • GP surgery that is close to where I was rough sleeping, often had to walk a long distance to get appointment when homeless. • A place near to where people sleep rough that they | <ul style="list-style-type: none"> • Salvation Army: Lack of matron is putting a strain on staff • Relationship was positive with the nurse coming in – it helped wellbeing and residents used to wait until the nurse came if it wasn't urgent • Male resident with very bad infection used to engage with the matron – now he's in hospital • Much easier with services coming in as service users can't be bothered to go off site • MIND support onsite now • Not enough staff to take people to have dressings changed. • District nurses used to come in to SA to do dressings – were intimidated • Nurse comes in to do Sexual Health Day clinic • Stoke City Council get it and are trying to get services in • Opportunity for health screening • Need weekly assessment of the healthcare needs of individuals • At Lifehouse in Cardiff there is a full time NHS nurse prescriber, Mon to Friday who helps with de-toxing, and long term rehab and talk about mental health etc too. • In Nottingham doctor used to go in and do a Doctor |



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| | <p>can go when they are ill without an appointment.</p> <ul style="list-style-type: none"> • A walk-in when need to rather than appointment based service, often struggle to get to the location of an appointment or remember it if it is booked too far in advance. • Anywhere that is close enough for me to get to when I am ill. • A drop-in surgery at places I am comfortable with like churches or homeless services or drug services • I now have a GP I can go to which is better for me than the walk in centre. • Community matron was brilliant and could be seen quickly anywhere. | <p>Day each week</p> <ul style="list-style-type: none"> • Open Doors Used to have 2 nurses who came every Monday and changed dressings etc. This funding was ended so no longer have any nurses on site. • It would be brilliant to have a nurse back on site and also a mental health nurse on site would be brilliant. • Most customers have MH needs. Number of people with bad wounds/sores that need dressing. • Community matron used to go up to Phoenix with customer as an advocate and explain to the doctor what he needed. • Matrons were invaluable. When we had a matron, Voices staff could just ring them up for advice or take a customer up to see them. • Community matrons used to still support customers once they were housed/settled, which is when often you got the full measure of how ill customers were. • Matron wrote supporting letter which helped get a man accommodation. • Over the last couple of days I've had feedback from the team and external stakeholders that district nursing support for two specific patients/customers is problematic. But, it seems likely that others would be affected by the issue too. This is, I understand via staff at the hostel, that the district nurses are not visiting the Salvation Army as they don't feel comfortable with the setting. Of course, this is inevitably second hand information but in one case the patient's condition appears to have deteriorated. Certainly, from the staff I was speaking to today, the combination of appointments, drop-ins, and responsive call-outs at key venues as practiced by the previous community matron service is being sorely missed • No healthcare on site (Arch Housing – Pointon |
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| | | <p>House)</p> <ul style="list-style-type: none"> • There used to be the nurse at the Salvation Army and she had a drop in session on a Thursday morning and she would liaise with other agencies for people. |
| <p>Mental Health</p> | <ul style="list-style-type: none"> • All 4 service users had mental health conditions • Not everyone wants to do 'group work' sessions re mental health issues • Needs to be recognised that mental health is a normal part of life – there needs to be more help with mental support. • No problem with general appointments – but the mental health side is the problem. • Not getting help I need with my mental health which is getting worse. Go to Greenfields but not enough support, used to get face to face meetings. • I rang the Crisis team and was on hold for about half an hour, so put the phone down and rang the Samaritans – they were brilliant • Lifeline were brilliant, they explained my medicines, but now they've lost their funding • One Recovery helped me when I was homeless • Mental health services say unless you do something about drugs and alcohol, we can't help • Mental health issues make it difficult to keep appointments. • Access team at Harplands is difficult to access | <ul style="list-style-type: none"> • Police Mental Health triage nurses not great • Very difficult to get a Mental Health Assessment • Harplands have discharged patients when not appropriate • Individual discharged from Harplands, slept rough, suicidal, back to SA and now back in hospital • Most people using Open Doors have mental health issues. • Most Voices customers have mental health issues • One Recovery now only has time for 1 to1 appointments every 3weeks, in between there are meetings at the hub and group work, no time for complex clinics |
| <p>A&E and other services</p> | <ul style="list-style-type: none"> • Have used walk in centre in Hanley • Have woken up in A&E but wouldn't go there with a problem • Turned away from A&E because of poor hygiene. • If I get taken to hospital I think it must be because I'm dying. • I've been taken into hospital via A&E about 9 times | <ul style="list-style-type: none"> • Alcohol/drug dependant customers don't like using A&E because of the long wait which means they can't get the alcohol/drugs during that time. One man kept leaving A&E and went back 'home' to have a drink and then went back up to A&E • Security at the hospital is over the top – they follow customers around. |

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| | <p>so far this year and just bandaged up and sent home with antibiotics even though I tell them that only IV antibiotics work on me. With my health history I'm discharged from hospital with just one week's supply of meds because I was a heroin addict in the past. Lost all 5 toes on one foot. Each time discharged without being fully better. All this money being spent on me and all the time and effort wasted. Wouldn't it be better to get my foot completely better and then I wouldn't need to go to A&E? This would save the NHS a lot of money in the long term and I could sort my life out. I say this to the Podiatry specialist every time I go in. I've made a joke about having my leg cut off but that's what will happen in the long term.</p> <ul style="list-style-type: none"> • Not able to access services after early intervention ended – what happens next? Too long waiting for letters. • A&E were so rude, they sent me home when I'd been sent there by my doctor with seizures • Triage nurse was very rude • I speak to my pharmacist a lot – he's really good • When I need help I call 111 – they usually say to go to A&E • 111 made me an appointment at Hanley Walk In • 5 hour wait at Haywood • One customer suffered from epilepsy and experiences frequent seizures. He is admitted to hospital regularly. His concern was that he is discharged and left to find his own way back to the Hostel. No patient transfer is ever arranged. • Walk in centre does not provide dressings and send customer to A&E | <ul style="list-style-type: none"> • Homeless man went from SA to A&E – they dragged him out • 1 customer has been turned away from A&E on many occasions • Adult Safeguarding – a waste of time – never offer help, need more support from Social Services • I've tried to get the Reablement team to go into the Salvation Army hostel. • We recommend using 111 to try and get an out of hours appointment |
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| | <ul style="list-style-type: none">• Greenfields - Unable to book an appointment in advance so have to keep ringing, the phone rarely gets answered. I often go days without meds because I can't get through to make an appointment. <p>Could manage my healthcare better if:</p> <ul style="list-style-type: none">• Not to be judged because of my past• To have consistency with the people that I see at my doctors• To have better communication with my GP• To be able to get an appointment without all the stress that it causes• To be able to discuss my concerns with my GP without feeling that I am being a nuisance and taking up loads of time.• To have a GP who knows and understands my issues, don't want to keep telling my story, I'm in recovery and don't like to keep going over things that make me feel uncomfortable with people I don't know. <p>Would prefer healthcare:</p> <ul style="list-style-type: none">• Somewhere close to me, I can't travel far because I have kids• I don't mind where I go as long as I have a good GP• Local to me, within walking distance <p>If have a problem:</p> <ul style="list-style-type: none">• Ring GP• Depend what it is, walk-in centre, GP, pharmacy, self-medicate• Talk to my key worker (SRS).• Wait and see what happens, if it gets worse I would go see my GP. | |
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| | <ul style="list-style-type: none"> • Try to get in with the nurse <p>What has worked well in the past:</p> <ul style="list-style-type: none"> • A GP who doesn't discriminate against me because of my past. • Booking appointments in advance. • Seeing the same people and building a relationship with them. | |
| <p>Attitude of health care professionals and staff</p> | <ul style="list-style-type: none"> • They look down their noses at us • We're being judged everywhere • Women want to talk to women (many women have been abused in past by men and don't trust them) • Criticism because I'm homeless – being homeless doesn't mean I can't look after a child – just need support and more places for fathers to get this. • I've been treated like a monkey | <ul style="list-style-type: none"> • Quite a lot of residents have physical needs • Patronising attitude and stereotyping by healthcare professionals • Shocking behaviour by some paramedics towards service users – called 'scum' / I've got better things to do treating proper people(female paramedic) • A&E staff, paramedics and GPs need awareness training to break down stereotypes • Empathy given to elderly but not to the vulnerable • Some service users could be case studies – eg ex professional sportsman • Customers won't have anything to do with paramedics because of their attitude. |
| <p>Independent supported living</p> | | <ul style="list-style-type: none"> • Organisations like Arch are asking for evidence that customers have living/cooking skills before they'll consider finding them housing. Trying to organise for people at SA to learn/demonstrate these skills. • Drove long term SA customer to Maple Court as had been told that although he was only 40, he could have accommodation. Just as got there we were told he couldn't have accommodation. Caused terrible frustration and still waiting for explanation from Social Worker about why this was cancelled. • Big shortage of accommodation for people to move into from hostels. There is nowhere for them to go. Hostels should be a short term solution, shouldn't |

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| | | have people staying nearly 2 years. |
| Maternity Services | <ul style="list-style-type: none"> • Maternity appointments made but service user didn't go to them | • |
| Family Planning Centres | <ul style="list-style-type: none"> • Opening hours not broad enough • Staff attitude – not understanding sensitive issues – should be a nice comfortable place where you can open up. | • |
| Women/Abortion clinic | <ul style="list-style-type: none"> • Wasn't useful, friendly or sympathetic. • Staff didn't explain enough or listen. • Explanation when given was too harsh – 'you will have a dead baby inside you after the medication' • No support given afterwards • I don't get regular smear test | • |
| Dentists | | <ul style="list-style-type: none"> • Not many customers access dentists. • All customers are registered with GPs and dentists when first arrive, if not already registered. |
| What would make it better | <ul style="list-style-type: none"> • More signs • More leaflets/information • Faster response times – can spend 9/10 months waiting for responses • Symptom checker put back on the internet – it has been taken off and it was very useful | • |