

# GP Access for people of No Fixed Abode

March 2022

Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common, Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440 | Registered charity: 1153506

Email: [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk) | Telephone: 0808 168 9669

Please contact Healthwatch Norfolk if you require an easy read; large print or a translated copy of this report.

## Contents

Who we are and what we do .....	2
Summary .....	3
1. Why we looked at this .....	6
2. How we did this.....	7
3. What we found out.....	9
4. What this means.....	20
5. Recommendations.....	21
6. References .....	23
7. Appendix.....	24



## 1. Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.



## Summary

### Why we looked at this

This report was initiated due to the recent replacement of City Reach Health Services in Norwich, which had been responsible for providing healthcare to a range of vulnerable patients, including those who did not have a fixed address. City Reach was replaced with the Vulnerable Adult Service (VAS) in April 2020. The aim of this change was to enhance access for vulnerable adults, and to enable them to access mainstream NHS primary care in the same way as everyone else.

We wanted to make sure that primary care services for such groups are accessible and responsive under the new model of care.

Our aims were to;

- Engage with professionals, surgeries, and people of No Fixed Abode
- Establish whether GP services are easily accessible to people of No Fixed Abode

### How we did this

We engaged with professionals and organisations working with people of no fixed abode, surgeries across the county, and people who had recently been of no fixed abode.

We approached professionals working closely with people of no fixed abode first, after this we contacted healthcare providers to ask them how someone without a fixed address could register at their practice. Most importantly we finished by speaking to those directly impacted through a series of conversations.

### Staff Survey

The staff survey received a total of 22 responses. Responses to this clearly indicated that from a professional's perspective people of No Fixed Abode received a different experience to other patients. This indication was across all questions asked, with most responses to each question falling into the mixed experience category.



Both the positive and negative responses were in a minority. While it is a good outcome that the negative was comparatively minimal, this was also the case for positive responses.

Patients who are of No Fixed Abode have a right to experiencing the same treatment and access to care as any other patient. Based on the responses from professionals, this is not currently the case.

### Calling surgeries

In total 20 GP surgeries across Norfolk were called, 10 of which were based in Norwich. The further 10 surgeries covered the rest of the county, selected from each CCG area.

Surgeries were asked how someone would register with their practice if they did not have a fixed abode, and the response was then logged.

One (5%) stated that someone would need to use the Vulnerable Adult Service. This response was logged as “would not register”, as no option for registration at their surgery was offered.

Thirteen (65%) surgeries confirmed that someone of No Fixed Abode would be able to register with them.

Six (30%) surgeries said someone would be able to register, but conditionally. Conditions varied, but most included needing a care-of address.

Of the 13 surgeries that confirmed they would be able to register, 7 were initially unsure. Those answering the call had to go and find out further information before being able to answer the question.

### Interviews

We spoke to seven residents at a hostel, using a simple series of prompts to guide the conversation.

Of all those spoken to, none of the interviewees expressed any strong concerns about their ability to access GP services, with all of them able to access the GP if they wanted to.

### Recommendations



As a primary recommendation, we would recommend that all surgeries across Norfolk ensure the following:

- That they have a process in place for people without a fixed address to register, taking into consideration potential lack of access to technology such as computers or mobile phones. The following suggestions from the CQC website should be considered: “Homeless patients are entitled to register with a GP using a temporary address. This may be a friend’s address or a day centre. They can also use the practice address to register.” (CQC, 2021)
- That all staff are made fully aware of this process and reminded that everyone has a right to access primary care services, regardless of their living circumstances. “There is no contractual duty to seek evidence of identity, immigration status or proof of address. Practices should not refuse registration on the grounds that a patient is unable to produce such evidence.” (BMA, 2020)

As a further recommendation, we would encourage the possibility of expanding the Vulnerable Adult Service over a wider geographic area. At present it only covers Norwich. This was recently highlighted in September’s *Health Overview and Scrutiny Committee*, where the committee were presented with a report on the service developments of the VAS. In the meeting minutes, the chairman concluded that “It would be desirable to have a consistent vulnerable adults’ primary care service across Norfolk and Waveney”. (Norfolk County Council, 2021) It would be good to see this model applied across the county given that homelessness is not an exclusively metro issue and exists within smaller urban and rural areas.



## 1. Why we looked at this

Healthwatch Norfolk wanted to understand the experience of patients with no fixed abode (NFA), their ability to access GP services, and what barriers they may face when it comes to accessing healthcare provision. We were especially interested in whether patients with no fixed abode are able to sign up to a new surgery.

This work was conducted across Norfolk, with a primary focus on Norwich.

Various Healthwatch organisations have conducted work regarding access to healthcare for people who are NFA, with mixed results.

A Healthwatch Norfolk report exploring Homeless people's access to health and social care, produced in 2015 stated that of those asked "Do you feel you are able to access the services you want or need to? Twenty-two people (25%) said 'no' and 66 people (75%) said 'yes'" (Healthwatch Norfolk, 2015).

In 2016, staff at Healthwatch Stoke-on-Trent carried out a similar project where they discovered that 47.8% of surgeries in their area would not take a NFA patient when asked (Healthwatch Stoke, 2018).

Healthwatch Croydon's 2018 report "The Experiences of Homeless People using Health Services in Croydon" found that "25% said registration was not that easy, or not easy at all" (Healthwatch, 2018).

Although figures across different investigations vary, those that find themselves in a vulnerable situation such as not having a fixed address have the same right to healthcare as others.

We initiated this piece of work in part due to the recent replacement of City Reach Health Services in Norwich, which had been responsible for providing healthcare to a range of vulnerable patients, including those who did not have a fixed address. City Reach, which operated from "Under 1 Roof", was replaced with the Vulnerable Adult Service (VAS) in April 2020. The aim of this change was to enhance access for vulnerable adults, and to enable them to access mainstream NHS primary care in the same way as everyone else. This is why we chose to have a primary focus on Norwich practices.

As a local Healthwatch we wanted to make sure that primary care services for such groups are accessible and responsive under the new model of care.

### Aims and objectives

- To engage with professionals, surgeries, and people of No Fixed Abode.
- To establish whether GP services are easily accessible to people of No Fixed Abode



## 2. How we did this

To gather the relevant information, we set out to engage with professionals and organisations working with people of no fixed abode, surgeries across the county, and people who were currently, or had previously been, of no fixed abode.

We approached professionals working closely with people of no fixed abode first to gauge how much of an issue GP access for homeless people is in different parts of the county. After this we contacted healthcare providers to ask them how someone without a fixed address could register at their practice. Most importantly we finished by speaking to those directly impacted through a series of conversations.

### 2.1. Gathering information from professionals working with people of No Fixed Abode

We designed a survey to circulate amongst professionals working with this demographic. The survey was online and was comprised of closed ended questions with space for further comment. The survey was sent to organisations working with people of No Fixed Abode across Norfolk and was open from February-September 21.

When designing the survey, we worked alongside a senior staff member of St Martin's Housing Trust to ensure content and phrasing produced the best response from frontline staff. Having the insight of someone who had a working knowledge of the systems and services available for people was helpful for us in making sure we were specific with our questions.

For example, it was important to specify within our survey that we were not asking about people's ability to access the Vulnerable Adult Service, but mainstream GP services.

### 2.2. Gathering information from surgeries

Healthwatch Norfolk phoned a selection of GP surgeries from the across the county to try and gauge the response to someone without a fixed address wanting to register with them. Due to current strains on GP services from COVID-19 we did not conduct this as a mystery shopper exercise, and staff making phone calls were clear about calling from Healthwatch Norfolk.

It should be noted that results from these phone calls may have been affected by this and are not necessarily a reflection of the response someone who is of no fixed abode would have received.





When called, surgeries were asked how someone of no fixed abode would register with the practice, the responses were then logged. The full phone script can be viewed in the Appendix (6.2).

### 2.3. Speaking to those directly effected

To gather the views of people who are currently living, or have lived, under these circumstances we conducted a series of informal interviews with residents of a St Martin's Housing Trust hostel.

We wanted to ensure that the lived experiences of the people who are directly affected were properly captured and used to complement the quantitative data gathered.

Instead of surveying as many people as possible, we chose to interview a smaller sample size to gather more in-depth insight. In total we spoke to seven residents at the hostel. Conversation prompts can be found (Appendix 6.3\_) and full transcripts (Appendix 6.4). Each participant was offered a £10 shopping voucher for their involvement.

### 2.4. Limitations

There are a few limitations within this piece of work that are worth noting.

- Calls to GPs were made by Healthwatch Norfolk staff, who were clear about where they were calling from. As a 'mystery shopper' approach was not used, the answers we were provided may not truly reflect the experience of someone who is No Fixed Abode. Additionally, staff may have a particular phone manner, and knowledge of navigating healthcare settings that may have also affected the response.
- Interviews with people who have been of No Fixed Abode were limited to residents at a St Martin's Hostel. As such, views were not necessarily representative of those currently living on the street. The number of conversations was also relatively low, so provide a much more subjective and experiential perspective as opposed to large amounts of data.



### 3. What we found out

#### 3.1. Staff Survey

Professionals were asked for their views on aspects of people's experiences of using GP services

Most of the feedback from professionals came from those working in Norwich. A much smaller portion of feedback came from professionals in King's Lynn and Great Yarmouth. In total we received 22 responses.

##### 3.1.1. Registering with a GP

Fifteen (68%) participants felt that people of No Fixed Abode have some difficulty registering with a GP, and 3 (13%) felt they were unable to register at all. This means that only 4 (18%) felt they were able to register with ease.

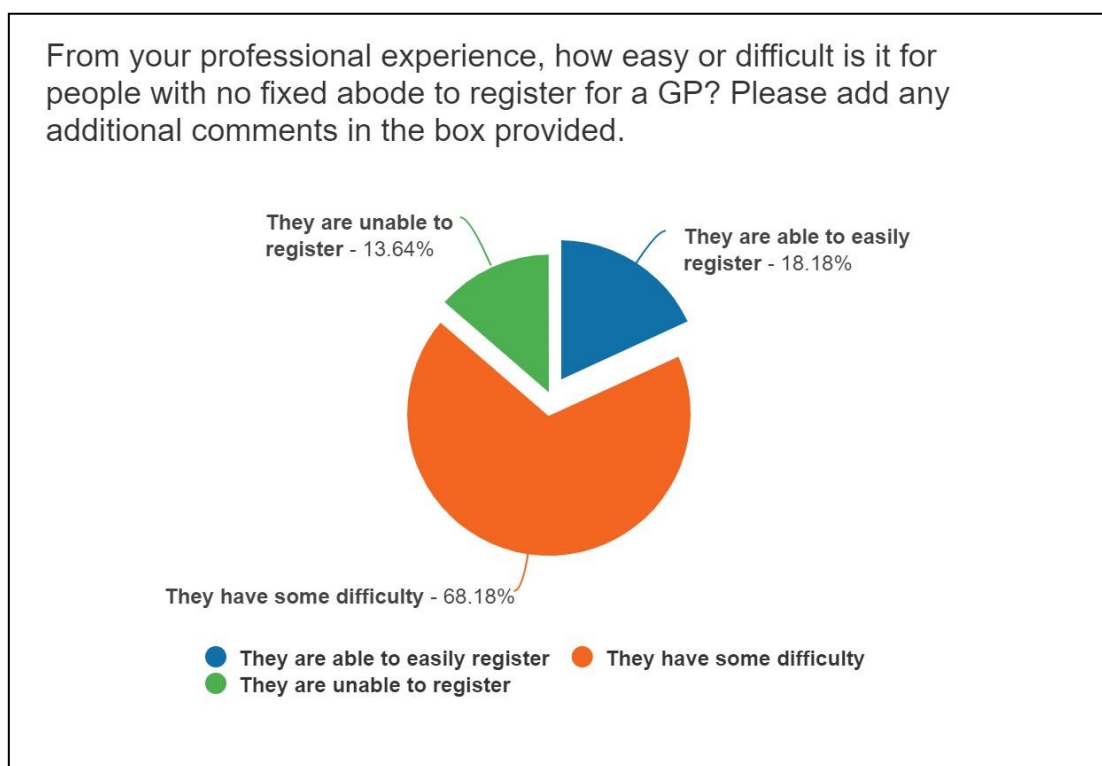


Figure 1. A graph showing how easy or difficult it is to register with a GP

Issues listed included lack of address, lack of ID, inability to use any service other than Vulnerable Adult Service (VAS) or being unable to provide historic medical information. *“I have found the difficulty to be having no forms of ID can cause some problems”*

Staff felt that for people who are No Fixed Abode registration *“can be extremely difficult to complete, VAS seems to be only option for health care.”*



Another respondent stated that not being “able to give details of NHS number or previous GP, particularly for people from out of area has slowed the process to having access to vital medication”

A smaller portion of feedback came from professionals in King’s Lynn and Great Yarmouth which indicated that professionals felt there was good provision.

- “We are lucky to have access to a surgery who have the Homeless Contract for the area which means access to this is excellent with most of the usual barriers removed.” - **Great Yarmouth**
- “I find it easy to register someone, but I use St James Medical Practice, Kings Lynn they are amazing at helping.” - **King’s Lynn**

### 3.1.2. Making an appointment to see the GP

Sixteen (72%) respondents felt that people had some difficulty, 3 (13%) felt that they were unable to, and 3 (13%) felt they were able to get appointments easily.



Figure 2. A graph showing how easy or difficult it is to make an appointment

Comments indicated that most barriers to accessing appointments result from a lack of resources on the part of the person who is No Fixed Abode, such as “no

access to internet or phones”. Six of the 12 comments left by respondents listed this as the primary barrier.

The importance of various agencies and support organisations is also highlighted, who “advocate on their behalf”. Due to lack of access to phones making appointments “is at times impossible without outreach staff support”. This is something which also featured in the conversations we had with service users.

### 3.1.3. Treatment from staff when attending the GP

Seven (31%) of the respondents felt that people were treated with dignity and respect, as any other patient would be treated. This number is considerably higher than the positive responses to the previous questions.

“I have not heard of any of my residents to have had a bad experience”

However, 12 (54%) still felt that treatment could be mixed, and a further 3 (13%) felt they were not treated the same as other patients.

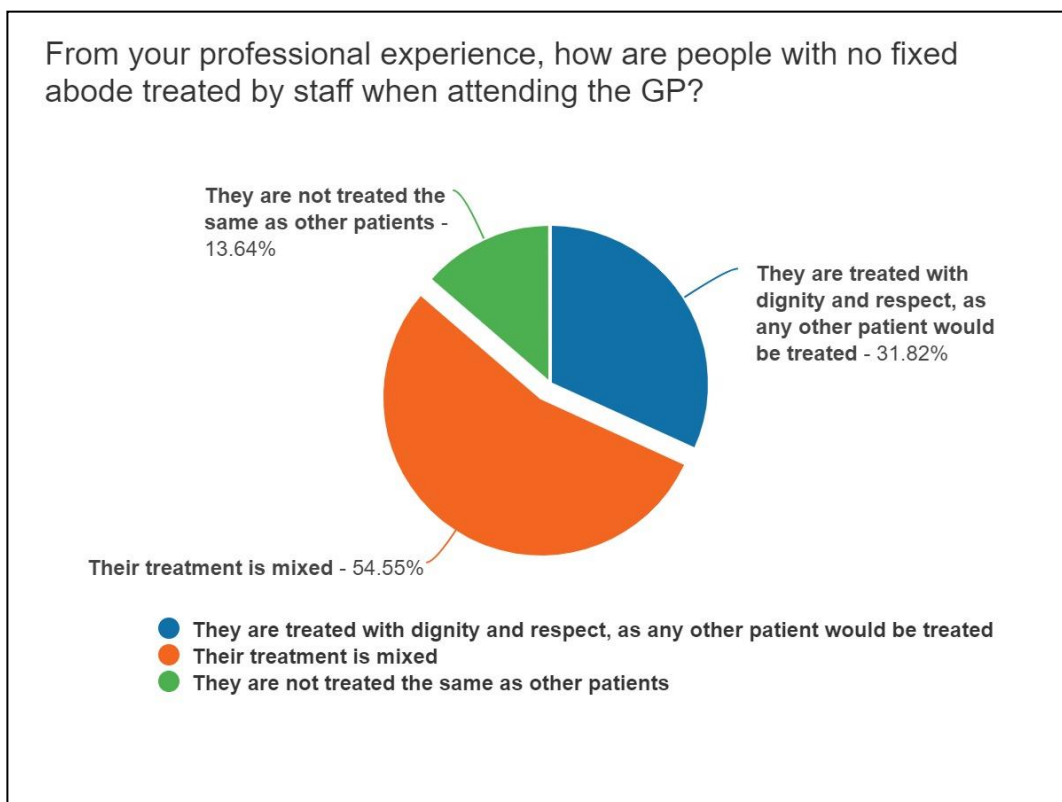


Figure 3. A graph showing how people of No Fixed Abode are treated by staff

One respondent felt that treatment could depend “on their history, if there is any history of drug or alcohol use this can mean a negative effect on their



treatment”. This was echoed by another’s feeling that “*Sometimes stigma will effect treatment by staff*”.

Others indicated that the manner they were treated was not always respectful. One person felt that sometimes people could be “*given an attitude*” which can then make it “*difficult to re-engage them with medical services*”. It was also commented that staff could be “*Rude*” and that because people “*often have no ID*” the surgery “*won’t see them until they have some*”.

Finally, it was highlighted that “*not knowing and understanding the client group puts pressure on both the surgery and the client*” and as a result there is a “*need for training*”.

### 3.1.4. Treatment from the public when attending the GP

The responses to this question indicated that most respondents felt that people’s treatment by other patients was either mixed or negative.

Fourteen (66%) selected that treatment was mixed, and a further 5 (23%) selected that they were not treated the same as other patients. This left only 2 (9%) that felt that people are treated with respect.

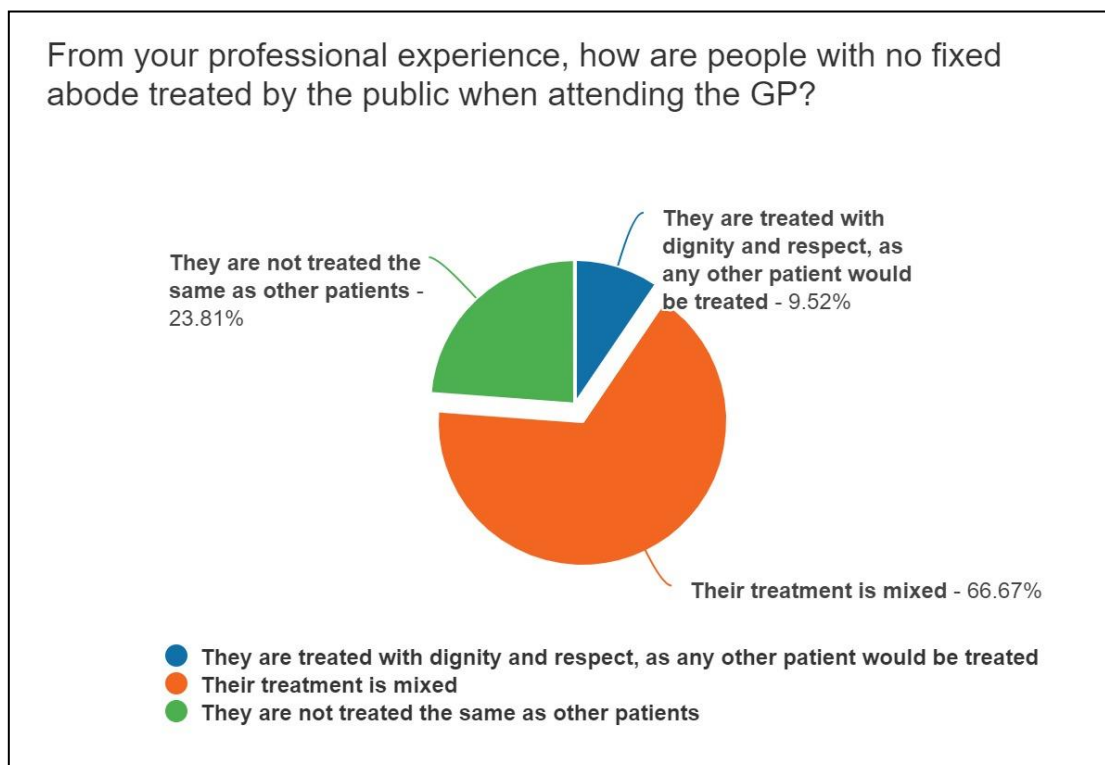


Figure 4. A graph showing how people with NFA are treated by the public

Staff answering this question felt that “*there is still stigma*” for being No Fixed Abode, and that people “*are judged and stared at*”. In some instances, people can “*have rude comments directly towards them.*”

### 3.1.5. Staff Survey Summary

Responses to the staff survey clearly indicate that from a professional’s perspective people of No Fixed Abode received a different experience to other patients. This indication was across all questions asked, with the majority of responses to each question falling into the mixed experience category.

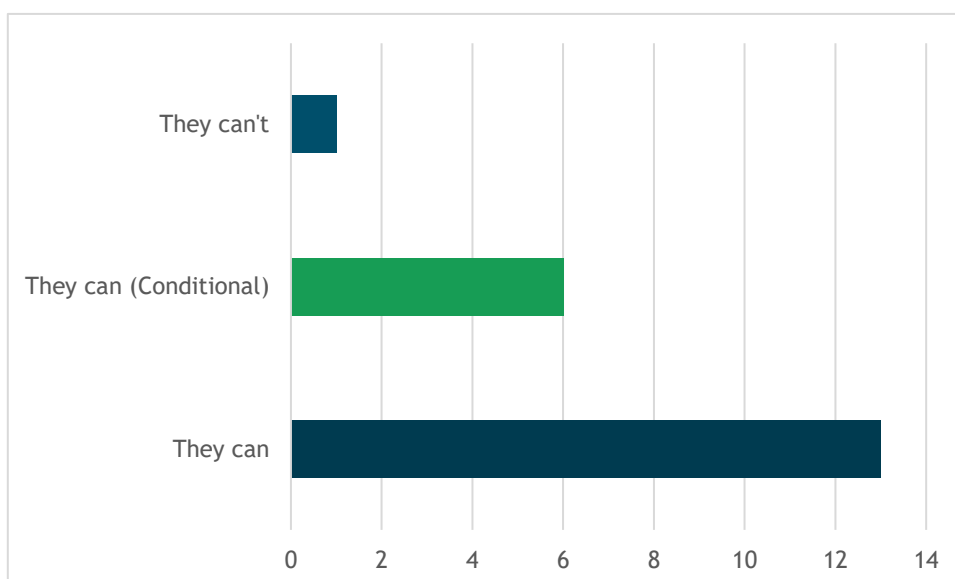
Both the positive and negative responses were in a minority. While it is a good outcome that the negative was comparatively minimal, this was also the case for positive responses.

Patients who are of No Fixed Abode have a right to experiencing the same treatment and access to care as any other patient. Based on the responses from professionals, this is not currently the case.

## 3.2. Calls to GP Surgeries

Healthwatch Norfolk called GP surgeries across the county, with a particular emphasis on Norwich practices. We chose to have a leaning toward this area due to it being the largest urban area in the county, as well as the area in which the Vulnerable Adult Service replaced City Reach. In total 20 were called, 10 of which were based in Norwich.

Surgeries were asked how someone would register with their practice if they did not have a fixed abode, and the response was then logged.



*Figure 5. A graph showing responses from GP practices about registration*

The response was generally positive. Of all surgeries contacted only one (5%) stated that someone would need to use the Vulnerable Adult Service when asked about registration for No Fixed Abode. This response was logged in our feedback as “would not register”, as no option for registration at their surgery was offered.

Thirteen (65%) surgeries answered by confirming that someone of No Fixed Abode would be able to register with them, with some having specific sections on their registration forms.

A further 6 (30%) surgeries stated that someone of No Fixed Abode would be able to register, but conditionally. Conditions varied, but most included needing a care-of address.

While it is a generally positive outcome that most surgeries were able to register someone, it should be noted that of the 13 surgeries that confirmed they would be able to register 7 were initially unsure. Those answering the call had to go and find out further information before being able to answer the question. In these circumstances, although the person attempting to register would ultimately be able to, they would have received a different experience to other patients.

The primary issue from this exercise was that several surgeries responded by saying they would not be able to register someone without a care of address. As stated on the Care Quality Commission Website “Homeless patients are entitled to register with a GP using a temporary address. This may be a friend's address or a day centre. They can also use the practice address to register.” (CQC, 2021)

### **3.3. Interviews**

The final part of our information gathering for this project involved speaking to residents staying at one of St Martins Housing Trust's hostels. Here we spoke to seven residents at the hostel, using a simple series of prompts to guide the conversation. Conversations took place one to one at the hostel.

Below are two edited versions of these conversations that highlighted people's experiences. Participant names have been changed to maintain anonymity. Full and unedited transcripts for all the conversations can be read in the Appendix (6.4).



## Will's Experience

***Healthwatch - Can you tell me a bit about your current living situation?***

**Will** - I was homeless for a couple of months and then I came here, I've been here around 4 months or so now. I love it here, I'd stay here if I could. I started going to hostels when I was 17, I've been homeless for 15 years plus in my life.

For the last 10 years I've been in secure tenancies, but then relationship breakdown so I left. I woke up one morning and my ex told me to leave. I was in a tent a couple of hours later. My depression bounced right back, which I've had since I was a kid. Now I have a new girlfriend and my depression is getting better.

***Healthwatch - And are you registered with a GP?***

**Will** - VAS, vulnerable adult service. I'm registered there. I can make appointments like my normal Dr's. I can just make a phone call.

***Healthwatch - Have you always been in Norwich during your time being homeless?***

**Will** - Always in Norwich, but I never started seeing Dr's until I was in my late 20's, I never saw them when I was a kid, I hate Dr's. And I never get ill, I haven't been ill for many, many, years so I have no need. And Doctors, I don't get them, they freak me out sometimes.





***Healthwatch - When you got registered with VAS...***

**Will** - Oh awesome, it's awesome.

***Healthwatch - Did the staff here help you do that?***

**Will** - No, the arc. Someone from pathways that helps at the arc, they helped me a lot. They were really worried about my mental health and did everything they could. Staff here (Hostel) really help me as well.

***Healthwatch - And when you go to VAS, is it the same as seeing a regular GP?***

**Will** - It's the same, but they're more understanding, more specialized in people like me and homeless people. They're a lot better than normal doctors, I hate normal doctors. I don't think they (normal doctors) understand it as well as VAS. I feel like VAS really do understand a lot more.

***Healthwatch - And do you feel listened to?***

**Will** - Yeah listened to, they understand what I mean.

***Healthwatch - Have there ever been times when you've been in hostels or on the street where you've used different surgeries and you feel like you've been treated differently?***

**Will** - I never saw doctors until my late twenties. Only the last 3 or 4 years I've been seeing doctors, but the rest of my life I haven't. They don't understand me and get me, I just really don't like them.

***Healthwatch - Do you feel that they treat you differently to how they treat you at VAS?***

**Will** - Oh yeah for sure. I did have a good one once, but then they move on and then you get a new one and you have to explain and get an understanding and understand one another. Every time they move you've got to do it again, I really don't like that. It's why I don't like them.

***Healthwatch - So you've got a bit more consistency at VAS then? Do you get to see the same person each time?***

**Will** - Yeah. There are a couple of doctors. But the one that's been ringing me recently has been the same the last two or three times.

***Healthwatch - Is that important to you?***

**Will** - Having the same one, yeah.



Will's experience highlighted the importance of support services to him, but also the importance of primary care services being understanding of his circumstances. It was very positive to see how highly he spoke of the Vulnerable Adult Service and how much he felt it met his needs.

### Ben's Experience

***Healthwatch - Could you tell me your living situation?***

**Ben** - I was street homeless, and then staying on my friend's couch, then I was made street homeless again. Then I moved to safe place to stay for a weekend and came to the hostel about 8 weeks ago.

***Healthwatch - Are you registered with a GP?***

**Ben** - Yeah, Norwich combined practices. I've been there a matter of weeks, like 3 weeks.

***Healthwatch - How did you go about getting registered?***

**Ben** - It was quite easy, my key worker did it all for me online, then I got a text message to confirm it was me.

***Healthwatch - Before being registered there did you have a GP?***

**Ben** - Yeah, I was at Anglia medical practice.

***Healthwatch - When you were sofa surfing did you have a GP then?***

**Ben** - Yeah same people, but they did say that I wasn't within their catchment so could I find somewhere else. They were very polite about it. They gave me a bit of time to find somewhere new, and I was getting my prescription from them still. Then when I moved here, I switched over.

***Healthwatch - Whenever you've needed to register it's always been pretty smooth going then?***

**Ben** - Yeah pretty smooth going. I know other people have problems. The only issue I've had is that my weekly medications weren't ready but that was when I was at a previous surgery. Now I'm at a different surgery they're more on the ball.

***Healthwatch - When you go and see the Dr what is your experience like?***

**Ben** - It's okay, it's a little bit daunting. It depends what ailment I've gone there for. It's not my favorite place.



***Healthwatch - Do you feel listened to and treated with respect?***

**Ben** - I do yeah, and I think that's because I show respect. The doctors are all good, like most medical people.

***Healthwatch - You mentioned (before recording started) that you were struggling with the district nurse, do you want to talk about that?***

**Ben** - I'd like the district nurses to come and dress my foot, but they ask me to come to the surgery, which either means walking or getting a taxi. I don't get mobility benefits for my foot so it's coming out my other money. They seem to have an aversion to coming out to deal with it. I do have a lawsuit against the NHS because over a month ago I ended up being admitted and they did an emergency operation to drain fluid off my chest and took some of my sternum away. I was in intensive care for four days. That was unnecessary because they turned me away so many times.

***Healthwatch - Who was that?***

**Ben** - Norfolk and Norwich. But maybe it's because I'm claiming compensation that they (district nurses) won't come out to see me here, maybe I'm being paranoid though.

I need to get my passport to apply for my pictures from the hospital, my MRI scans. Once I have them I can take them to my solicitor and then he can carry on proceedings. It's not personal with anyone, it's just the system let me down.

Hopefully, I can get some BUPA care and get this piece of loose bone in my leg looked at.

***Healthwatch - So won't they remove it then?***

**Ben** - No they say it's more complicated than that. But they misdiagnosed me, first they said I had deep vein thrombosis, then they said I had a river of plasma and then after 3 inpatient appointments they said it was a piece of bone. I said I know it is I told you that. It's what's giving me infections.

I really need the district nurse to come out and see me. I'm not messing about, it's very bad. All I've got is a carrier bag covering it, it's a joke. What they're saying is, because I've got mobility to go and collect my prescription, which I have to do by law or by CGL rules (Change Grow Live - drug and alcohol support service) three times a week, because I'm not house bound completely, they won't come. When I keep walking on it (my foot) it puts me back a couple of weeks, it's agony, the pain is something else.



Much like Will, and several other participants (see below), Ben greatly benefited from support services when it came to accessing healthcare. His experiences of GP services were generally positive, he felt treated with respect and was able to access services with relative ease.

Although this piece of work set out to explore people's experiences of accessing GP services, it's important to recognise that patients themselves often don't see things in such a compartmentalised way. As such, it felt significant to highlight the experiences Will has had with District Nursing and the hospital. As a result of his requirements in accessing substance support services, his treatment would appear to differ from someone who could otherwise expect to receive treatment at home.

### Importance of support services

As with both of the above experiences, a common theme that emerged in several of the conversations demonstrated the importance of support services to people. Many of those spoken to were either engaging, or had previously engaged, with services that supported their access to healthcare.

- Getting registered - "It was quite easy, my key worker did it all for me online, then I got a text message to confirm it was me."
- Without support from men's craft "I'd still be on a waiting list. I don't think I'd have even had an assessment." "They helped push things forward for mental health support. A lot of people I know have waited about a year after their assessment to get support, but my men's craft woman was able to push it forward."
- "Someone from pathways that helps at the arc, they helped me a lot (to register with VAS). They were really worried about my mental health and did everything they could. Staff here (Hostel) really help me as well."
- "When I was with The Hub, they registered me with the doctors."

### **3.4. Interview Summary**

Of all those spoken to, none of the interviewees expressed any strong concerns about their ability to access GP services, with all able to access the GP if they wanted to. Interestingly, this did not quite align with the views expressed by the staff survey, most of whom work for the same organisation that operate the hostel.

The majority of staff felt that those they worked with had different experiences from other patients when it came to registering with the GP, accessing appointments, and how they were treated by the GP.



There are various reasons why this might be the case;

- The sample of people spoken to at the hostel was smaller than the number of respondents of the survey, which only allowed for a limited range of experiences.
- As noted, several of those spoken to indicated the importance of support services when accessing healthcare. This could explain why staff, who provide this support, perceive there to be a greater difference in treatment in people with NFA than the individuals themselves.
- Those finding themselves in a circumstance of No Fixed Abode may not view accessing GP services as a priority when faced with the distressing and challenging situation of being homeless. This is purely speculative.

#### 4. What this means

Information gathering for this investigation was approached from several different angles. The aim of this was to ensure that there was a good representation of experiences and views from different perspectives.

Generally speaking, the findings of this work did not present any major issues. However, there are some minor changes that would benefit those with No Fixed Abode, which are highlighted in the recommendation section.

Interestingly, the primary concerns raised regarding access to GP services came from professionals working closely with people of No Fixed Abode.

Both the positive and negative responses were in a minority and while it is a good outcome that the negative was comparatively minimal, this was also the case for positive responses. This indicates that there is likely some improvement that needs to take place.

Responses from surgeries themselves produced some concerns. Only one failed to provide a means of registration for No Fixed Abode patients. Even in this instance the staff member provided an alternative means of accessing health care, advising to contact the Vulnerable Adult Service. However, a further 6 stated that they were only able to offer care on a conditional basis, 4 of these being the requirement for a care-of address.

The main finding of note from speaking to surgeries was that of the 13 surgeries that confirmed they would be able to register someone, 7 were initially unsure of whether they could or what the process would be. This would result in a different experience of healthcare for someone without a fixed abode, and an area that needs to be improved on.



Of all the elements of information gathering for this work, the interviews with residents at the St Martin's Hostel yielded the most positive results. Everyone spoken to was able to access GP services as and when they felt they needed it, in some cases with support from hostel staff or other services. The services put in place to support those of No Fixed Abode seem to work well for those using them. However, as we only spoke to those accessing services we can't be sure of the experiences of those that are not. One of the interesting aspects of these conversations was the difference in issues reported when compared to the staff survey.

In all, this was a largely positive exploration into the accessibility of primary care services for such groups under the new model of care. The findings did not reflect the same level of issues presented in similar pieces of work conducted in other places and at earlier dates. With that said, it is important to recognise the limitations placed on this piece of work by COVID-19 and small sample sizes.

## 5. Recommendations

The primary issue that was encountered during this investigation was the uncertainty of surgery staff when asked about the registration process for those without a fixed abode. While this was not a big problem, because they were able to go and check, it will still impact the experience of those attempting to register, especially if they are uncertain with navigating the healthcare system.

As a primary recommendation, we would recommend that all surgeries across the Norfolk ensure the following:

- That they have a process in place for people without a fixed address to register, taking into consideration potential lack of access to technology such as computers or mobile phones. The following suggestions from the CQC website should be considered: "Homeless patients are entitled to register with a GP using a temporary address. This may be a friend's address or a day centre. They can also use the practice address to register." (CQC, 2021)
- That all staff are made fully aware of this process and reminded that everyone has a right to access primary care services, regardless of their living circumstances. "There is no contractual duty to seek evidence of identity, immigration status or proof of address. Practices should not refuse registration on the grounds that a patient is unable to produce such evidence." (BMA, 2020)



As a further recommendation, we would encourage the possibility of expanding the Vulnerable Adult Service over a wider geographic area. At present it only covers Norwich. This was recently highlighted in Septembers *Health Overview and Scrutiny Committee*, where the committee were presented with a report on the service developments of the VAS. In the meeting minutes, the chairman concluded that “It would be desirable to have a consistent vulnerable adults’ primary care service across Norfolk and Waveney”. (Norfolk County Council, 2021)



## References

- BMA (2020, September 7) *Patient Registration* Retrieved from <https://www.bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/patient-registration>
- CQC (2021, April 28) *GP Mythbuster 29: Looking after homeless patients in General Practice* Retrieved from <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-29-looking-after-homeless-patients-general-practice>
- Healthwatch (2018) *The experiences of homeless people using health services in Croydon* Retrieved from <https://www.healthwatch.co.uk/reports-library/experiences-homeless-people-using-health-services-croydon>
- Healthwatch Norfolk (2015) *Homeless people's access to health and social care services* Retrieved from <https://www.patientlibrary.net/cgi-bin/downloadhw.cgi?file=81297;gen=xQoJtXrhsPBnHYzFvniRth2iJJkIkULog16@x06NK9x7WPQdFR>
- Healthwatch Stoke (2016) *Gatekeepers: Access to Primary Care for those with Multiple Needs* Retrieved from [https://issuu.com/voicesofstoke/docs/gatekeepers\\_voices\\_and\\_hw\\_stoke\\_rep](https://issuu.com/voicesofstoke/docs/gatekeepers_voices_and_hw_stoke_rep)
- Norfolk County Council (2021, September 2) *NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH* Retrieved from <https://norfolkcc.cmis.uk.com/norfolkcc/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=3PBYYCfvQj1PO68yV5%2bdrywuk2Mmxj7VvOpwSHuPdRr8cflGxlakvA%3d%3d&rUzwRPf%2bZ3zd4E7lkn8Lyw%3d%3d=pwRE6AGJFLHEALTHWATCHNORFOLKlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFfIUHealthwatchNorfolk3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFfIUHealthwatchNorfolk3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPlIEJYlotS%2bYGoBi5oIA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jjsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d>





## 6. Appendix

### 6.1. Survey

1. If you would like to see a copy of the final report when it is published please leave your email here:

2. What is the focus of your organisation?

Housing

Primary Care

Secondary Care

Mental Health

Addiction

Food Provision

Other (please specify):

3. In what capacity do you work in your organisation?

Professional

Voluntary

4. Do you work directly with people who are currently, or have previously been of no fixed abode?

Currently



Previously

Both

5. From your professional experience, how easy or difficult is it for people with no fixed abode to register for a GP? Please add any additional comments in the box provided.

They are able to easily register

They have some difficulty

They are unable to register

Further comments

6. From your professional experience, how easy or difficult is it for people with no fixed abode to make an appointment to see a GP? (Here we are asking about regular GP appointments, and not the Vulnerable Adult Service)

They are able to easily make an appointment

They have some difficulty

They are unable to get appointments

Further comments

7. From your professional experience, how are people with no fixed abode treated by staff when attending the GP?

They are treated with dignity and respect, as any other patient would be treated



- Their treatment is mixed
- They are not treated the same as other patients

Further comments

8. From your professional experience, how are people with no fixed abode treated by the public when attending the GP?

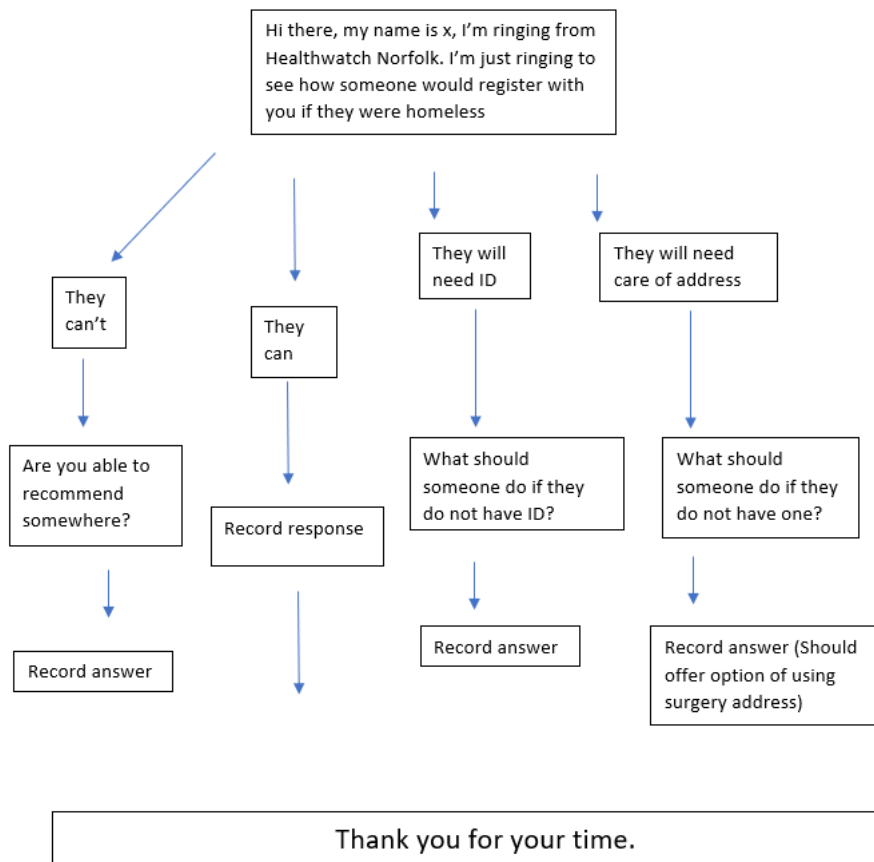
- They are treated with dignity and respect, as any other patient would be treated
- Their treatment is mixed
- They are not treated the same as other patients

Further comments

9. Please include any additional comments and reflections that you feel may be relevant to this topic.



## 6.2. Phone Script



## 6.3. Discussion Prompts

### Briefly explain piece of work

- I work for Healthwatch Norfolk, we talk to people to make sure health services work well for them.
- Today I'm doing a piece of work to collect people's experiences of using the GP/Dr if they are homeless or don't have a fixed address.
- I'm going to record our conversation so I can write up some notes afterwards, but you'll be kept anonymous.

### Circumstances

- If you're happy to, could you briefly explain your current living situation?
- Are you registered with a Dr's?
- Have you had any experience trying to register for the Dr? Did they ask for ID, Proof of address, were you able to register as a patient on not through the VAS



## Describing experience

- Could you describe to me a time you have used the Dr's? Think about what the experience was like from the moment you walked in the door until the moment you left?
- How did you feel walking in? How did the reception staff greet you? Were they friendly, did they speak to you with respect?
- How was your experience with the Dr?
  - Did you feel listened to?
  - Did you feel treated with respect?
  - Was there anything that made your experience good?
  - Was there anything that made your experience bad?

## 6.4. Interview transcripts

### Interview 1

**HEALTHWATCH NORFOLK - *Could you explain your current living situation?***

P1 - I live here (at hostel) for the foreseeable future. Possibly I'll get back with my partner. I've been here about 9 weeks.

**HEALTHWATCH NORFOLK - *Are you currently registered with a GP?***

P1 - I am.

**HEALTHWATCH NORFOLK - *And is that from before coming to the hostel?***

P1 - Yes, they do think that I'm still at my old address.

**HEALTHWATCH NORFOLK - *I take it there's a reason you've decided not to tell them your new address?***

P1 - yeah, I really get on with my Dr

**HEALTHWATCH NORFOLK - *And is it not particularly close to here then?***

P1 - I'm probably still within the catchment.

**HEALTHWATCH NORFOLK - *Would you be concerned that if you told them that you'd moved that you might be treated differently?***

P1 - Yeah. because I get on really well with my doctor, and my medication is quite high medication, but I'm scared if I go to a different doctor, they'll change my medical because it took a long while to get it balanced.



**HEALTHWATCH NORFOLK - *Do you think being in a hostel and people in your situation are looked at differently by doctors and healthcare services?***

P1 - I don't really know, I've not had experience of that, but I've not been in this situation before. My idea of homelessness was totally different before, than what it is now. I'd just imagine it was someone in a shop doorway or something.

## **Interview 2**

**HEALTHWATCH NORFOLK - *Could you briefly explain your current living situation?***

P2 - I live in the hostel. I've been here since I was released from prison 5 months ago. When I came out, I was at a mates for a month and then I got a space here. Normally I'd have got a job, but I haven't been able to because of my leg. (P2 is using crutches)

**HEALTHWATCH NORFOLK - *What have you done to it?***

P2 - I haven't done anything to it, I have [unclear] in my knee. It's from prison, you only get out your cell 40 minutes a day, and for a lot of it we could Healthwatch Norfolk't even get out of our cell because of covid.

**HEALTHWATCH NORFOLK - *Are you currently registered with a Dr's?***

P2 - Yeah, St Stephen's Gate Medical Practice.

**HEALTHWATCH NORFOLK - *Is that pre-prison?***

P2 - Yeah it was.

**HEALTHWATCH NORFOLK - *how do you find accessing the GP? If you need to make an appointment, how is it?***

P2 - They've got 24, 000 patients (*Actual figure 18,000*) at the surgery, but they're actually really good.

**HEALTHWATCH NORFOLK - *Have you noticed any difference in the way that you're treated, or the way people speak to you since you've moved in here?***

P2 - like I say, they deal with so many people, it's just the next one, they haven't got time to treat me differently.

**HEALTHWATCH NORFOLK - *When you go to the Dr do you feel listened to and treated with respect?***

P2 - 50/50. That's not with the surgery, that's with individuals.



**HEALTHWATCH NORFOLK - *and what triggers that then?***

P2 - For example, I was going to get the department of health involved because they were going to kick me out, but I forget what the argument was about, that's how trivial it was. And then they diHealthwatch Norfolk't kick me out because the person responsible for sacking patients diHealthwatch Norfolk't want to ...[unclear]

P2 - Oh that was it. I got a bit moody and walked out. It was about my Nitrazepam. I walked out the room and then they banned me from the surgery. My response was that it wasn't grounds, it's grounds for someone asking for help. I wasn't threatening to them I was threatening to myself. They diHealthwatch Norfolk't want to answer for what they'd said, so nothing more was said about it.

**HEALTHWATCH NORFOLK - *Was it a case that you were asking for more medication, and they weren't giving it to you?***

P2 - Yeah, basically. For years I asked for Nitrazepam, and they said, "no no no you'll fall off the scaffolding".

**HEALTHWATCH NORFOLK - *And that was pre-prison was it?***

P2 - Yeah, other than Nitrazepam, if you take that out the equation, 7 nitrazepams a week everything's fine. But because of that we don't often get on. It's a bit of a point of friction.

**HEALTHWATCH NORFOLK - *Other than the issue with the medication how are things with the Dr?***

P2 - Yeah I'm fine with the Dr, the Dr's really good actually. It's newly built, it's well built, they deal with all the patients. They get through people, it's a good surgery. Their catchment is the whole city, I was a bit nervous about telling them my new address but it's the whole city.

**Interview 3**

**HEALTHWATCH NORFOLK - *Could you tell me your living situation?***

P3 - I was street homeless, and then staying on my friend's couch, then I was made street homeless again. Then I moved to safe place to stay for a weekend and came to the hostel about 8 weeks ago.

**HEALTHWATCH NORFOLK - *Are you registered with a GP?***

P3 - Yeah, Norwich combined practices. I've been there a matter of weeks, like 3 weeks.

**HEALTHWATCH NORFOLK - *How did you go about getting registered?***



P3 - It was quite easy, my key worker did it all for me online, then I got a text message to confirm it was me.

**HEALTHWATCH NORFOLK - Before being registered there did you have a GP?**

P3 - Yeah I was at Anglia medical practice.

**HEALTHWATCH NORFOLK - When you were sofa surfing did you have a GP then?**

P3 - Yeah same people, but they did say that I wasn't within their catchment so could I find somewhere else. They were very polite about it. They gave me a bit of time to find somewhere new, and I was getting my prescription from them still. Then when I moved here I switched over.

**HEALTHWATCH NORFOLK - Whenever you've needed to register it's always been pretty smooth going then?**

P3 - Yeah pretty smooth going. I know other people have problems. The only issue I've had is that my weekly medications weren't ready but that was when I was at a previous surgery. Now I'm at a different surgery they're more on the ball.

**HEALTHWATCH NORFOLK - When you go and see the Dr what is your experience like?**

P3 - It's okay, it's a little bit daunting. It depends what ailment I've gone there for. It's not my favorite place.

**HEALTHWATCH NORFOLK - Do you feel listened to and treated with respect?**

P3 - I do yeah, and I think that's because I show respect. The doctors are all good, like most medical people.

**HEALTHWATCH NORFOLK - You mentioned (before recording started) that you were struggling with the district nurse, do you want to talk about that?**

P3 - I'd like the district nurses to come and dress my foot but they ask me to come to the surgery, which either means walking or getting a taxi. I don't get mobility benefits for my foot so it's coming out my other money. They seem to have an aversion to coming out to deal with it. I do have a lawsuit against the NHS because over a month ago I ended up being admitted and they did an emergency operation to drain fluid off my chest and took some of my sternum away. I was in intensive care for four days. That was unnecessary because they turned me away so many times.

**HEALTHWATCH NORFOLK - Who was that?**





**P3** - Norfolk and Norwich. But maybe it's because I'm claiming compensation that they (district nurses) won't come out to see me here, maybe I'm being paranoid though.

**P3** - I need to get my passport to apply for my pictures from the hospital, my MRI scans. Once I have them I can take them to my solicitor and then he can carry on proceedings. It's not personal with anyone, it's just the system let me down.

**P3** - Hopefully (once I've won the money) I can get some BUPA care and get this piece loose of bone in my leg looked at.

**HEALTHWATCH NORFOLK** - *So won't they remove it then?*

**P3** - No they say it's more complicated than that. But they misdiagnosed me, first they said I had deep vein thrombosis, then they said I had a river of plasma and then after 3 in patient appointments they said it was a piece of bone. I said I know it is I told you that. It's what's giving me infections.

**P3** - I really need the district nurse to come out and see me. I'm not messing about, it's very bad. All I've got is a carrier bag covering it, it's a joke. What they're saying is, because I've got mobility to go and collect my prescription, which I have to do by law or by CGL rules (Change Grow Live - drug and alcohol support service) three times a week, because I'm not house bound completely they won't come. When I keep walking on it (my foot) it puts me back a couple of weeks, it's agony, the pain is something else.

#### Interview 4

**HEALTHWATCH NORFOLK** - *Can you briefly explain your living situation?*

**P4** - I live at the hostel and before that I was fully street homeless for about 2 weeks, and before that I was at my parents. I haven't had a bad life, but it's gone a bit downhill in the last couple of months. I've been at the hostel about a month or two. I'm never really here, you have to be out so you don't get dragged into stuff you don't want to be dragged into.

**HEALTHWATCH NORFOLK** - *What do you get up to when you're out and about?*

**P4** - I go to my mates, we might go up to Yarmouth if we've got the money. Obviously I have meetings left, right and centre, mental health support workers and support agencies.

**HEALTHWATCH NORFOLK** - *Do you get access to that through here (the hostel)?*

**P4** - A lot of it is through here, but some of it has been through the GP for the last couple of months. I've been on the hassle to the GP to out this, this, this, and now things are slowly coming together.



**HEALTHWATCH NORFOLK - *So you're registered with a GP then?***

P4 - I am yeah

**HEALTHWATCH NORFOLK - *And were you registered with them before you found yourself homeless.?***

P4 - I was registered in Coltishall, when I went homeless I was still registered there because I was using my mums for a care of address. Every few days I'd have a mental health worker from the medical practice ring me up and see how I was getting on with my mental health. Then I got into the hostel and moved over to St Stephen's Gate medical practice. I haven't really needed a GP since I've been here.

**HEALTHWATCH NORFOLK - *How did you find transferring over GPs?***

P4 - It was all easy, it was all online. Due to covid you can't go into face to face to get forms or anything. A lot of it's all done online, if I want to get an appointment or anything I do it online. It's a lot easier for me. I don't like speaking to people face to face at new places, definitely not Dr's, police, hospital, anything like that. I'm not the sort of person that likes that, but doing it online, phone calls, I don't mind phone calls.

**HEALTHWATCH NORFOLK - *Did you get any support from the staff here to do you switch over?***

P4 - No I just did it myself.

**HEALTHWATCH NORFOLK - *Have you used any other health services while you've been here?***

P4 - No not really. The Dr's is a backboard, if I need to use them then they're there. It's mainly 80 St Stephens Gate (MH support) I've been connecting with, more mental health than actual health wise.

**HEALTHWATCH NORFOLK - *Do you feel like you're getting what you're need. I assume things became more difficult for you when you became street homeless?***

P4 - It did become more difficult, I started feeling suicidal. I'm also working with men's craft, I see someone from there every two weeks. They helped push things forward for mental health support. A lot of people I know have waited about a year after their assessment to get support, but my men's craft woman was able to push it forward.

**HEALTHWATCH NORFOLK - *Do you think you would have been able to get yourself pushed through if it haHealthwatch Norfolk't been for men's craft?***

P4 - No, I'd still be on a waiting list. I don't think I'd have even had an assessment.



## Interview 5

**HEALTHWATCH NORFOLK - *Can you tell me a bit about your current living situation?***

**P5** - I was homeless for a couple of months and then I came here, I've been here around 4 months or so now. I love it here, I'd stay here if I could. I started going to hostels when I was 17, I've been homeless for 15 years plus in my life.

**HEALTHWATCH NORFOLK - *Is that on and off or continuous?***

**P5** - For the last 10 years I've been in secure tenancies, but then relationship breakdown so I left. I woke up one morning and my ex told me to leave. I was in a tent a couple of hours later. My depression bounced right back, which I've had since I was a kid. Now I have a new girlfriend and my depression is getting better.

**HEALTHWATCH NORFOLK - *And are you registered with a GP?***

**P5** - VAS, vulnerable adult service. I'm registered there.

**HEALTHWATCH NORFOLK - *Where do you have to go then if you want to see someone through VAS?***

**P5** - I can make appointments like my normal Dr's, it's opposite toys r us. I can just make a phone call.

**HEALTHWATCH NORFOLK - *Have you always been in Norwich during your time being homeless?***

**P5** - Always in Norwich, but I never started seeing Dr's until I was in my late 20's, I never saw them when I was a kid, I hate Dr's. And I never get ill, I haven't been ill for many, many, years so I have no need. And Doctors, I don't get them, they freak me out sometimes.

**HEALTHWATCH NORFOLK - *Do you remember City Reach then? Have you noticed a difference between City Reach and VAS?***

**P5** - I never used city reach, I've only been using VAS since I've been here.

**HEALTHWATCH NORFOLK - *Where were you before then?***

**P5** - Bowthorpe, where I used to live. I went to talk to Dr about my mental health and depression, and the only thing he could say is "get your arse to work and tell me have you been doing job search so I can tell the job centre", which wasn't what I was there for. I was there for my health, not getting my arse back to work. I left work because of my depression, and my ex fell ill so I stopped work to look after her.



**HEALTHWATCH NORFOLK - *When you got registered with VAS...***

P5 - Oh awesome, it's awesome.

**HEALTHWATCH NORFOLK - *Did the staff here help you do that?***

P5 - No, the arc. Someone from pathways that helps at the arc, they helped me a lot. They were really worried about my mental health, and did everything they could. Staff here (Hostel) really help me as well.

**HEALTHWATCH NORFOLK - *And when you go to VAS, is it the same as seeing a regular GP?***

P5 - It's the same, but they're more understanding, more specialized in people like me and homeless people. They're a lot better than normal doctors, I hate normal doctors. I don't think they (normal doctors) understand it as well as VAS. I feel like VAS really do understand a lot more.

**HEALTHWATCH NORFOLK - *And do you feel listened to?***

P5 - Yeah listened to, they understand what I mean.

**HEALTHWATCH NORFOLK - *Have there ever been times when you've been in hostels or on the street where you've used different surgeries and you feel like you've been treated differently?***

P5 - I never saw doctors until my late twenties. Only the last 3 or 4 years I've been seeing doctors, but the rest of my life I haven't. They don't understand me and get me, I just really don't like them.

**HEALTHWATCH NORFOLK - *Do you feel that they treat you differently to how they treat you at VAS?***

P5 - Oh yeah for sure. I did have a good one once, but then they move on and then you get a new one and you have to explain and get an understanding and understand one another. Every time they move you've got to do it again and that pisses me off, I really don't like that. It's why I don't like them.

**HEALTHWATCH NORFOLK - *So you've got a bit more consistency at VAS then? Do you get to see the same person each time?***

P5 - Yeah. There are a couple of doctors. But the one that's been ringing me recently has been the same the last two or three times.

**HEALTHWATCH NORFOLK - *Is that important to you?***

P5 - Having the same one, yeah.



## Interview 6

**HEALTHWATCH NORFOLK - *Could you tell me about your living situation?***

**P6 -** I'm in the hostel, it's temporary, and then you get a move on placement. Before here I was in the YMCA, that's another charity-based hostel. I was in prison before the YMCA.

**HEALTHWATCH NORFOLK - *Are you currently registered with a GP?***

**P6 -** I am, but I'm not sure where it is?

**HEALTHWATCH NORFOLK - *Did you get some support to register?***

**P6 -** Yeah, that's when I was with the hub, they registered me with the doctors.

**HEALTHWATCH NORFOLK - *So if you wanted to see a doctor, what would you do?***

**P6 -** I'd go and speak to staff and ask them to find out which one my GP surgery is.

**HEALTHWATCH NORFOLK - *Okay, so you haven't had to use them?***

**P6 -** No.

**HEALTHWATCH NORFOLK - *Did you not have a doctor before they helped you with that?***

**P6 -** Not in Norwich I didHealthwatch Norfolk't. I had one in Lowestoft.

**HEALTHWATCH NORFOLK - *So have you not needed to use the Dr, or you haven't known how to go about doing it?***

**P6 -** I just haven't needed to really.

**HEALTHWATCH NORFOLK - *How do you feel about not knowing which practice you're with? Is that something you'd rather know?***

**P6 -** It doesn't really bother me.

**HEALTHWATCH NORFOLK - *Do you think other people in your situation have more challenges in terms of going to see a doctor?***

**P6 -** I think they do, because obviously we're all here for a reason. I think other people find it a lot easier than people in the hostel and stuff.



## Interview 7

**HEALTHWATCH NORFOLK - *Could you tell me about your current living situation***

P7 - I've been here about 6 months, I was at mates houses and stuff before that. I had my own place before that but I got in debt and I got kicked out in the end.

**HEALTHWATCH NORFOLK - *Are you registered with a Dr's at the moment.***

P7 - I am yeah, at Bacon Road, and during corona virus they stopped doing telephones orders for medication, which I need because I'm type 1 diabetic. And they started doing it online which is easy when you're here because you can borrow the computer and stuff but if I diHealthwatch Norfolk't have wifi or lost my phone I woulHealthwatch Norfolk't be able to order any.

**HEALTHWATCH NORFOLK - *And what would you have done in that situation?***

P7 - I would probably not have had my meds and ended up in hospital.

**HEALTHWATCH NORFOLK - *When you registered at Bacon Road, was that before you were here?***

P7 - Basically, I was registered with City reach, and they changed and took me back to my previous Drs. That's why I've gone back to Bacon Road. I don't really live anywhere near there do I.

**HEALTHWATCH NORFOLK - *How was your experience with City reach, compared to your current GP?***

P7 - City reach was easier because it was a lot more central but sometimes they diHealthwatch Norfolk't have a Doctor in that day so you could be waiting days to see someone or hear back from someone, although some Doctors were quite nice.

**Healthwatch Norfolk - *When they switched you over from city reach to bacon road did they do that for you, or did they get you to do it yourself?***

P7 - They just sort of said that I was registered with Bacon Road still, and to see them.

**HEALTHWATCH NORFOLK - *Did you feel any challenges because City Reach had finished?***

P7 - I was sort of annoyed because I coulHealthwatch Norfolk't really get there.

**HEALTHWATCH NORFOLK - *Were you asked about it or did they do it for you?***



P7 - They did ask if I wanted help registering somewhere else but I just went back to the old one, I was able to get a lift there at the time, but it was annoying if I couldHealthwatch Norfolk't get a lift.

**HEALTHWATCH NORFOLK - *What would you do now if you needed to access the Dr?***

P7 - They're quite good with telephone stuff at the moment but there's the occasional thing you have to go in for. I usually wait until someone can give me a lift.

**HEALTHWATCH NORFOLK - *What if it was urgent?***

P7 - I'd get a cab, if I had the money to, or maybe a bus I suppose.

**HEALTHWATCH NORFOLK - *What's your experience like when you use your Drs?***

P7 - It's okay yeah.

**HEALTHWATCH NORFOLK - *Do you think your living situation has made using the Dr more challenging in any way?***

P7 - No, in a way they're more understanding if you weren't able to take their call or something.

