

Hearing the Homeless



‘Hearing the Homeless’

1. Introduction

As part of a ‘Hearing the Homeless’ Project Healthwatch Cheshire West was commissioned by NHS West Cheshire Clinical Commissioning Group in January 2016 to facilitate feedback from patients associated with a specialist GP Practice - St Werburgh’s.

The Project aimed to give homeless people and other seldom heard groups a chance to use the **Friends and Family Test** to improve primary care services.

- 1.1 **Healthwatch Cheshire West** (HWCW) is an independent organisation whose role as a statutory watchdog is to ensure that local health and social care services, and local decision makers, put the experiences of people at the heart of their care. Further information on Healthwatch Cheshire West can be found at <http://www.healthwatchcwac.org.uk>
- 1.2 **West Cheshire Clinical Commissioning Group** (WCCCG) are responsible for commissioning or “buying” healthcare for the people of West Cheshire: that is, making sure that they use their budget of around £300 million to ensure the best possible healthcare for the West Cheshire population. Further information on West Cheshire CCG can be found at <https://www.westcheshireccg.nhs.uk/>
- 1.3 **St Werburgh’s GP Practice** is based in the City of Chester and specifically provides services for homeless people across West Cheshire. Further information on St Werburghs GP Practice can be found at <http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=42461>
- 1.4 **Friends and Family Test**

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

In the 'Friends and family test in GP practices - summary of the guidance' (NHS link) document the Friends and Family Test is described as:

'The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices. The FFT on its own does not provide results that can be used to directly compare practices - there are other robust mechanisms for that, such as national GP Patient Survey and outcomes measures - but, for each practice, it can inform current and prospective patients about the experiences of those who use the practice's services, and help mark progress over time.'

2. The need for the Project

WCCCG were aware that St Werburgh's GP Practice struggled to implement the FFT due to the wording being inappropriate for their population. Patients who attend the Practice may be isolated from their family and are not often surrounded by a large friendship group. Therefore, although the Friends and Family Test ethos is relevant, the question as it currently stands was at risk of causing upset to these patients. There was also an identified need to reach out to patients and the community who may not be literate, or for whom English is not their first language e.g. people from the traveller population.

In commissioning HWCW to undertake feedback activities with patients who accessed the service (or those who were eligible to access the service), WCCCG were seeking to clarify and overcome the barriers to engaging with patients and to determine methods for implementing an alternative feedback mechanism in the spirit of the Friends and Family ethos.

Although the Practice had struggled to implement the Friends and Family Test WCCCG recognised that:

'The Practice is staffed by a dedicated team who are always looking to improve the quality of care provided to their patients.'

Along this vein, they have been working very hard to gain patient feedback to improve their services and ensure any service delivery or redesign is in line with patient needs. Due to their person centred approach, they have previously designed their own patient surveys in order to gather this feedback. Comments received back to the Practice were overwhelmingly positive, for example:

"It is wonderful to be treated as a human being in this Practice"

“out there it is hard but here is a place where I can come and its safe”

“would change? nuffin!”

3. Our approach

Healthwatch Cheshire West:

- Worked alongside WCCCG to deliver the engagement element of the Project
- Established and built upon links with organisations currently working to support homeless people in West Cheshire
- Recruited a team of volunteers from HWCW to undertake this specific piece of work
- Gathered views of people who are homeless/rough sleepers (or have experience of such) on their awareness of St Werburgh’s GP Practice and its use
- Highlighted questions regarding Friends and Family Test by administering the WCCCG developed questionnaire
- Shared findings with project stakeholders to add to evidence base
- Highlighted key issues
- Supported the development and design of initiatives
- Produced and presented a report.

4. Methodology (How we did it)

- 4.1** HWCW staff member met with WCCCG Head of Patient Experience in January 2016 to discuss the Hearing the Homeless Project and agree on an approach to delivery and timescales. It was agreed at this meeting that HWCW would progress the engagement plan based around volunteers administering a questionnaire that WCCCG would develop.
- 4.2** In order to ensure as wide engagement as possible from homeless people HWCW undertook a desk-based exercise to establish who was providing key support for homeless people within Cheshire West. An approach was then made to a number of organisations to gain further insight in to what experience or interactions those organisations had, and to look at ways for effective engagement ensuring there wasn’t any duplication of activity.

People within the organisations were keen to hear about the work of HWCW and specifically this project; all were keen to assist with the project and to build and establish relationships and links for future working.

Contacts were made with:

- **St Werburgh's GP Practice**

Staff member met with the Practice Nurse at St Werburgh's to introduce HWCW and further explain our role. She was aware of the project from its inception and welcomed the visit. Along with determining the best method of approach our volunteers should adopt to patients accessing the Practice, it also provided the opportunity to view the reception area to see where volunteers would be working and to gain the necessary assurance that this would be a safe environment.

- **Harold Tomlins Centre** - drop in service within Chester City for homeless run by CATH, Chester Aid to the Homeless.

A visit was arranged by HWCW staff member to introduce the work. They met with the Manager of the Centre who was very receptive to the Project and agreed to host the volunteers. It was also suggested that the Centre's own volunteers would also administer the questionnaire over a two week period to ensure maximum coverage.

- **Richmond Court** - provides accommodation by referral for homeless people.

Contact with Richmond Court was recommended by the Harold Tomlins Centre Manager. On visiting it was agreed that hosting volunteers would not be appropriate due to the range of different people who accessed the housing support and their privacy and confidentiality. They did however offer to administer the questionnaire on our behalf.

- **Street Pastors** - Volunteers from a range of churches carrying out night patrol over weekends.

In addition to people who identified as homeless HWCW staff member also wanted to engage with people who were rough sleeping to gain their views as part of the Project. The Street Pastors have a Night Pastors scheme that goes on to the streets between 10pm and 3am to offer outreach and support to those sleeping rough. The HWCW staff member met with them and explained the Project. They have a very soft approach to people and were initially reticent about how people would be questioned - understandably they didn't want people sleeping rough to be suspicious about the Project's motives that may then impact on the Pastors' relationships. Once they were assured about both the Project and the approach HWCW were taking to deliver the engagement they were happy to have the HWCW staff member along in an observation role. This meant that the staff member could observe their interactions and could also ask questions if appropriate.

- **SHARE Cafe** - centre and café offering a pay it forward scheme to help homeless people and to finance building accommodation, and **UNITY Centre**

- a multicultural centre.

Both of these organisations were involved in discussions about the Project. There was an initial idea to hold a winter food event as a further method of engaging with homeless people. Both were happy to assist, but this activity was not undertaken as sufficient numbers of people were engaged through other contacts and methods.

4.3 HWCW Volunteers

Key to the successful delivery of the engagement was the manner by which questionnaires were delivered: a less formal more relaxed approach needed to be adopted to avoid any suspicion that the Project was in any way threatening or detrimental to people. This was echoed by staff and volunteers we spoke with from the organisations that offered support to homeless people.

HWCW's staff member took the approach of advertising the opportunity to volunteer for the Project via the volunteer newsletter and by email stating that they would be working on a CCG project that was exploring the Friends and Family Test with homeless people around the Chester area. Three volunteers responded with an interest. All were experienced volunteers with HWCW and their strong communication skills made them ideally suited to the task.

HWCW staff member met with them to further explain the aims of the Project and their role in working in St Werburgh's GP Practice reception area to administer the questionnaire.

4.4 Questionnaire

WCCCG developed the following questionnaire regarding St Werburgh's and the Friends and Family Test for HWCW to administer:

- Do you know about St Werburgh's practice?
- Have you been there?
- St Werburgh's GP Practice gives everyone who has just seen the doctor a card. Have you ever filled in one of these?
- What do you think about the wording of the question? Can you think of a better way of:
 - Wording the question to suit you?
 - You can see that the GP Practice uses cards. Is this the best way?
 - Are there better ways for you to tell the surgery how good or not your care was?
 - Is there anything you would like to tell us about the FFT?

4.4.1 During the two week period of engagement the questionnaires were delivered at:

- St Werburgh's GP Practice by HWCW volunteers attending the Practice at peak times i.e. 9.30 am - 12.00 pm. Reception staff introduced the HWCW volunteers who then explained the purpose of the questionnaire and sat with individuals, reading each question and explaining it when required.
- Harold Tomlins Centre. Again HWCW volunteers accessed the Centre at peak times - 9:30 am - 11.00 am and sat in the common area where there is a small café. Staff at the Centre introduced the volunteers to people and again sat with them to support their understanding and completion of the questionnaire.

In addition the HWCW staff member had introduced himself to people outside of the Centre on his introductory visit and had been able to administer a number of questionnaires on that occasion.

The staff at the Centre also went on to administer questionnaires throughout the two week engagement period on behalf of HWCW to ensure maximum coverage.

- Richmond Court's staff administered the questionnaire over a two week period as this was deemed the most appropriate method for the setting.
- Street Pastors - HWCW administered the questionnaire during their observation on the night patrol.

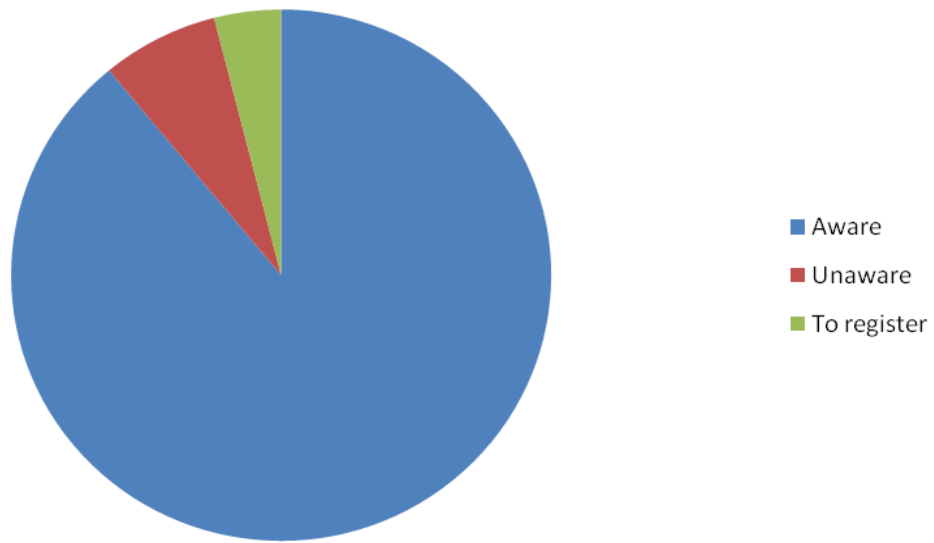
All of the questionnaires were paper based and once completed they were returned to the HWCW staff member for analysis. All findings are listed in this report.

5. Results

In total the questionnaire was administered to 61 people over a two week period. The breakdown number of responses by location:

| Location | Number of responses |
|-------------------------------|---------------------|
| St Werburgh's | 14 |
| Harold Tomlins Centre | 17 |
| Outside Harold Tomlins Centre | 8 |
| Richmond Court | 13 |
| On patrol with Street Pastors | 9 |

St Werburgh's - local knowledge



The graph shows that almost 93% of those that engaged with the survey had awareness of or had used the services provided by St Werburgh's GP Practice. 7% stated that they had not heard of the Practice and so had no awareness.

Breakdown of all participants who presented themselves as homeless/rough sleeping or have experienced one or the other in the last 12 months:

| GENDER | PERCENTAGE | Age 18-25 | Age 25-35 | Age 35+ |
|--------|------------|-----------|-----------|---------|
| Male | 85% | 4 | 40 | 8 |
| Female | 15% | 0 | 7 | 2 |

During the Night Patrol a total of 9 people were engaged on the night of 18th/19th March 2016.

| GENDER | Number Engaged | Age | Somewhere to go | Sleeping Rough |
|--------|----------------|-------|-----------------|----------------|
| Male | 7 | 25-35 | 4 | 3 |
| Female | 2 | 25-35 | 0 | 2 |

6. Question answers

Out of the 61 people engaged throughout the process, 54 people had attended the practice at some time or knew about the Practice. All questions contained in the questionnaire were put to those that took part. Below are the associated comments/quotes received:

Question: St Werbergh's GP Practice gives everyone who has just seen the doctor a card. Have you ever filled in one of these?

We were aware from the bid that the Practice had not been handing out the FFT cards and therefore the negative majority of replies from participants was expected.

We had anticipated showing a card to participants at this point, however when Healthwatch Cheshire West Volunteers made attempts to obtain cards there was found to be none either at West Cheshire CCG or St Werbergh's Practice. This in itself made some engagement difficult as frustrated participants wanted to see the cards.

The following suggestions were presented by those taking part:

Provision of cards and suggestion box at St Werbergh's.

Cards to be made available at other locations such as Harold Tomlins Centre, Richmond Court.

Question: What do you think about the wording of the question?

Again without the opportunity to highlight the question cards, volunteers explained the question as "How likely are you to recommend the surgery to friends and family".

Whilst most participants understood the question, comments were received as below:

"My reading isn't the best, can we have easy cards?"

"Not everyone is good at reading, can't we have easy reads?"

As anticipated at the outset of the Project this also raised the issue that those who are homeless or rough sleeping tend to be estranged from "Family" and that maybe a card or other format should take this into consideration and adopt another phrase such as "People you know".

Question: You can see the GP Practice uses cards. Is this the best way for you?

Again the question was difficult for participants to answer as no one had experienced receiving a card, the following comments were provided:

“Offer a text service”

“Have a one stop shop that covers everything”

“Have a notice board for comments”

“Offer a 24hr service”

Question: Are there better ways for you to tell the surgery how good or not your care was?

Comments included:

“Face to face conversations are easier than the form”

“It’s easier to talk to reception or Pauline”

“Don’t change the surgery, it’s great as it is.”

Question: Is there anything you would like to tell us about the FFT?

There is no doubt that awareness of FFT needs to be significantly raised with the targeted group. Very few people had knowledge of this question and the reasoning around it. Once it was explained people still felt little need to respond. Main comments received stated:

“If it’s good I’ll tell people”

“Yeah where somewhere gives a good service it should be recognised”

“Sounds a good idea”

“Great idea”

“It sounds good that if people say what they think, the NHS will act on it and make things better”

7. Conclusion

The delivery of the Helping the Homeless Project has demonstrated the strength of good, effective partnership working. Through discussion and interaction with St Werburgh's Practice and with groups who work closely with the targeted group, Healthwatch Cheshire West (on behalf of West Cheshire CCG) has successfully engaged with a significant number of people who are (or have been) homeless, and who use (or are eligible to use) the services of St Werburgh's GP Practice.

A range of organisations have had a part to play in the design and delivery of the engagement, and in doing so have gained a better understanding of the purpose and intent of the Friends and Family Test, particularly in relation to homeless people. Links have been made and relationships strengthened and there is clearly scope for future working together as a result.

It is apparent that there is an affinity between those who access the St Werburgh's Practice and the doctors, nurses and reception staff who work there - clearly evidenced within comments and quotes. Their work and dedication is valued highly.

As anticipated at the outset, it is clear that the Friends and Family Test is in need of being adapted for its audience, suggestions from the group around an easy read card should be noted. Responding to this need during the engagement process HWCW volunteers produced and tested out a simplified version of the FFT questionnaire that used basic questions along with symbols for answering so that participants with reading/writing issues could engage and this appeared to be well received.

There is clearly a lack of knowledge within the homeless community, and those that use the practice, of the Friends and Family Test and its intent. Consideration needs to be given to an awareness raising exercise to explain the importance of the initiative and could perhaps be best undertaken as part of outreach activity between WCCCG and the Harold Tomlin Centre as the venue has a small training room facility, and also has the trust of, and reach in to, the homeless community.

Annex 1 - The Friends and Family Test

In the 'Friends and family test in GP practices - summary of the guidance' ([NHS link](#)) document the Friends and Family Test is described as:

The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices. The FFT on its own does not provide results that can be used to directly compare practices - there are other robust mechanisms for that, such as national GP Patient Survey and outcomes measures - but, for each practice, it can inform current and prospective patients about the experiences of those who use the practice's services, and help mark progress over time.

There are a small number of mandatory requirements, as follows:

Practices must

- Provide an opportunity for people who use the practice to give anonymous feedback through the FFT.*
- Use the standard wording of the FFT question and the responses exactly, as set out below. NHS England has published advice on how feedback can be collected from people who may not be able to answer the FFT question on their own.*
- Include at least one follow up question which allows the opportunity to provide free text.*
- Submit data to NHS England each month.*
- Publish results locally.*

There are also a number of key points that practices may wish to note:

- Patients do not need to be asked to respond to the FFT question after every interaction, but they should be made aware that the opportunity is available to those that want to provide feedback through the FFT at any time.*
- Practices are responsible for the arrangements they make for local collection. They should ensure they are inclusive, but the collection methodologies they use are for local determination, to suit their local circumstances.*
- Local flexibility is permitted over the degree and frequency of promotion of the FFT, and at which touch-points in a pathway this occurs, to ensure that practices continue to hear from the full spectrum of their patient community and in sufficient volumes so as to be useful for service improvement purposes.*

- *NHS England is keen to see practices gain feedback from as many patients as possible but it is not setting a target response rate. NHS England will publish data to indicate the levels of participation in the FFT within each practice as the higher the levels of response, the more validity can be attached to the data. This will be based on practice list size.*
- *NHS England will publish the results every month.*
- *NHS England is not prescribing how the results of the FFT are to be used to improve local services but will give examples of best practice from other areas that are already using FFT to improve services.*

Annex 2 - Contacts

The below mentioned assisted greatly with this survey:

Harold Tomlins Centre for the Homeless

Chester Aid to the Homeless

01244 314834

www.cath.org.uk

info@cath.org.uk

Provides a daily drop in service for those in crisis offering food, clothing, medical and washing facility. Also provides advocacy including benefits, education training and job search.

Richmond Court

Spital Walk, Chester, CH3 5DA

01244 318360

info@fenw.co.uk

www.fenw.org.uk

Provides accommodation on referral for single people aged 18-99 with local connection to area.

Chester Street Pastors

Festival Church, Queens Street, CHESTER, CH1 3LG

07812 203132

The Street Pastors are volunteers who patrol the streets of Chester on Friday and Saturday evenings from 10pm-3am checking on the welfare of visitors and to listen and help people who are out, this includes offering advice and signposting to those in need.

Unity Centre

The Unity Centre, 17 Cuppin Street, Chester, CH1 2BN

01244 400730

A multicultural hub housing nine different community organisations.

SHARE Café Chester

22 Foregate Street, Chester, CH1 1HP

01244 348441

Located in the heart of Chester city centre is the flagship Share Shop - the first of its kind! You can donate clothes, buy a 'Suspended Coffee' for a homeless person or buy them a clothes voucher. 50% of the profit made goes to buying derelict houses which, with the help of local tradesmen are turned into homes for homeless people and families.

St Werburgh's Special GP Practice

2A George Street, CHESTER, CH1 3EQ

St Werburgh's accepts patients from the homeless population of the area.

Healthwatch Cheshire West

Sension House, Denton Drive, NORTHWICH, CW9 7LU

01606 351134

Healthwatch Cheshire West gives the whole community - adults, young people and children - a powerful voice to comment on the services they receive both locally and nationally.

Whether it's improving these services today or helping to shape them for the future, Healthwatch Cheshire West is all about local voices being able to influence the delivery and design of local services, not just for people who use them now, but for anyone who might need to in the future.

Annex 4 - Adapted version of FFT Questionnaire

Version of FFT Questionnaire adapted by HWCW Volunteers:

| | | | |
|---|-----------------------------------|----------------------------------|------------------------|
| How easy was it to get an appointment at St Werburgh's? | Very easy to make | Fairly easy | Not easy at all |
| How were you treated at the practice? | Fantastic | Fairly Well | Not very well |
| Would you recommend the practice to people you know? | Yes, I would tell everyone | Not sure, I think I might | No, I would not |
| Any suggestions or comments | | | |

Annex 5 - Direct Quotes

These comments and suggestions were received from those engaged:

“Have a notice board or comment card”

“My reading isn’t the best can we have some easy cards?”

“Face to face conversations are easier than the form”

“Not everyone is good at reading; can’t we have an easy read?”

“We need a drop in for mental health”

“Don’t change the surgery, it’s great as it is”

“There should be extra cover as when the nurse is off no one comes to Harold Tomlins”

“Offer a Text service”

“Have a one stop shop to cover everything”

“Have a suggestion box”

“Offer a 24hr service”

“Have a notice board for comments”

“It is easier to talk to reception or Pauline”

“If it’s good I will tell people”

“The reception staff are fantastic.”