

Plain English Publication Summary

Publication: [Exploring the experiences of changes to support access to primary health care services and the impact on the quality and safety of care for homeless people during the COVID-19 pandemic: a study protocol for a qualitative mixed methods approach](#)

Publication details (Vancouver format)

Howells K, Burrows M, Amp M, Brennan R, Yeung WL, Jackson S, Dickinson J, Draper J, Campbell S, Ashcroft D, Blakeman T, Sanders C. Exploring the experiences of changes to support access to primary health care services and the impact on the quality and safety of care for homeless people during the COVID-19 pandemic: a study protocol for a qualitative mixed methods approach. International Journal for Equity in Health. 2021 Dec;20(1):1-9.

What are the most important findings/conclusions in this paper? Why are they important?

This paper reports no research findings or conclusions but explains what we intend to do and why the research is important. The research is important as people experiencing homelessness have less access to quality and safe healthcare than the general public. Although some primary care providers have changed their services to consider the needs of those experiencing homelessness (such as drop-in clinics that do not require an appointment) these services stopped during the COVID-19 pandemic because of social distancing. As people experiencing homelessness may not have access to a phone or the internet, we want to look at the impact of these changes and whether it affects how easily they can access healthcare.

What did you do?

We plan to invite people experiencing homelessness to take part in an interview over the phone about their experiences of accessing healthcare since the COVID-19 pandemic. We will ask questions about how they found out how to make an appointment, how they made this appointment and what they think of speaking to their GP or nurse on the phone rather than face-to-face.

We also plan to interview people working in GP practices and hostels about their experiences of providing this care. This part of the study will also involve some GPs and nurses keeping an audio diary of their experiences over a 6 month period so we can compare changes to how they deliver care over time.

Why did you conduct this research?

Although people experiencing homelessness may have more complex healthcare needs than the general public, they are less likely to have access to healthcare. To improve access to healthcare, some areas have specialist homeless GP practices that offer drop-in appointments and outreach care to make this access easier. But, at the beginning of the pandemic, these services closed and all patients were told they could only have a telephone consultation. We want to evaluate the impact of these changes on people experiencing homelessness who may not have access to a phone or other digital devices.

What was known before your paper was published?

Our previous work showed that people experiencing homelessness are more likely to experience stigma and discrimination when accessing healthcare services. The organisation of care, such as non-flexible appointment systems, can exclude them from accessing care. This is because they may find it hard to keep an appointment time or they may not have access to practical resources, such as a telephone or money, to make this appointment. Research also shows that face-to-face care is important for people experiencing homelessness, who often find it difficult to trust doctors because of previous bad experiences.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

We are following an action research model which means our findings are fed back to the GPs and nurses we work with to help them evaluate the changes to their services. Guidance will be developed with our primary care research partners and we also aim to publish our research findings in a paper.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

This study will help to improve our understanding of what people experiencing homelessness think is safe and quality healthcare. We will also look at whether digital or remote consultations via a telephone help to improve access to healthcare or make it harder.