

NIHR Greater Manchester PSTRC

Plain English Publication Summary

Publication: [Remote primary care during the COVID-19 pandemic for people experiencing homelessness: a qualitative study](#)

Publication details (Vancouver format)

Howells KA, Amp M, Burrows M, Brown J, Brennan R, Dickinson J, Jackson S, Yeung WL, Ashcroft D, Campbell S, Blakeman T. Remote primary care during the COVID-19 pandemic for people experiencing homelessness: a qualitative study. British Journal of General Practice. 2022 Mar 1

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

The move to telephone consultations with doctors and nurses drew attention to the difficulties experienced by people experiencing homelessness when trying to access healthcare. These barriers include practical problems, such as no access to a phone or money to pay for a phone call, but also others factors, such as not believing that consultations over the phone work as well as face-to-face. This resulted in people experiencing homelessness having to seek help from support workers and clinicians working in the community either to provide them with, or help them to make, a primary care appointment.

The findings show the importance of fixing practical and technology barriers, as well as supporting communication and choice of consultation. We argue that consultations should not always be remote, but instead the type of doctor or nurse appointment should consider both the medical (such as illnesses) and social factors that contribute to someone's health.

What did you do?

We asked people experiencing homelessness to take part in an interview over the phone about their experiences of accessing healthcare during the COVID-19 pandemic. We asked 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 interviewed people working in GP practices and hostels about their experiences of providing this care and any problems or benefits they encountered in providing care over the phone instead of face-to-face.

Why did you conduct this research?

Although people experiencing homelessness may have more complicated 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 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 wanted to evaluate the impact of these changes on people experiencing homelessness and the people who provide their healthcare and support. This would help us find out if telephone consultations had improved access to and delivery of care, or had made it harder.

What was known before your paper was published?

Previous work has 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 followed an action research model, which means our findings were fed back to the GPs and nurses we worked with to help them evaluate the changes to their services. This resulted in one GP practice setting up a separate phone line for people experiencing homelessness so it was quicker for them to make an appointment. Also, face-to-face care is now offered to people experiencing homelessness to ensure they have a choice regarding how they speak to their doctor or nurse.

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 has helped to improve our understanding of what people experiencing homelessness think is safe and quality healthcare. It has also helped us understand the different ways doctors, nurses and support workers can adapt services to make accessing care easier for people experiencing homelessness. The paper highlights that telephone consultations can be good for some people experiencing homelessness, but not everyone, and these differences should be taken into account when possible.