

APPENDIX 11

General Practice and the Single Homeless

The homeless have much greater health need than the general population, and suffer poor health outcomes. 80% of them are registered with a general practice compared to 98% of the rest of the population, and they make greater use of the hospital services, particularly Accident and Emergency departments,

For general practitioners, homeless patients present a challenge for a number of reasons, sometimes related to their mobility, sometimes related to the complexity of their health problems and often because of a combination of the two. They also frequently have a chaotic lifestyle, which can lead to problems balancing their needs against the needs of other patients.

One obstacle to providing good care is that the NHS recommends that practices ask patients to present documentation such as a driving licence or utility bill when they register. The main purpose of this is to prevent people dishonestly acquiring controlled drugs, but it is difficult for people who do not have documents of this nature to access health care. Most GPs support the British Medical Association's opposition to this policy, and we may be able to change it.

It is almost impossible for a GP to sort out properly a patient who has a number of long term conditions, quite possibly complicated by mental health problems, or misuse of drugs or alcohol, in a standard 10 – 15 minute consultation without access to the patient's medical records. The introduction of electronic transfer of records will alleviate this problem to a degree, but it will still remain difficult for a practitioner to digest complicated notes in the time available.

It is very rare to receive any information when a prisoner is released. This is unsatisfactory for the patient, and unsatisfactory for the community as ex-prisoners sometimes falsely claim to be on psychotropic medication.

72% of homeless people have a mental health problem, 52% use illegal drugs and 20% drink alcohol in harmful amounts. Many GPs do not have any great experience of managing drug problems, and access to substance misuse services can be slow. The introduction of the IAPT (Improving Access to Psychological Treatment) service has improved mental health care, and we remain grateful to voluntary organisations for their support of particular client groups.

Lack of support at home is undoubtedly a reason why the homeless are admitted to hospital more frequently and for longer than the population at large.

We are fortunate in Southampton to have the Homeless Healthcare Team, which is better geared up to care for the homeless and have greater expertise to meet their needs than the ordinary practices.

Providing care for the homeless is a challenge, and we need to ensure that their care is as commensurate with their needs as it is for the rest of the population.