



Manchester LINK Homeless Campaign Report on Mystery Shopping GP Surgeries

Executive Summary:

Manchester Local Involvement Network (LINK) is an independent monitor of local health and social care services, providing a voice for service users and enabling them to shape the future of the services received. LINKs have been set up by the Department of Health and given certain statutory powers which means that they can request information and make recommendations of statutory agencies (such as NHS Trusts, Primary Care Trusts and Adult Social Care) and expect a response within twenty working days. There is a LINK for each local authority area and it reflects the specific needs and communities in that area. Further information about the Manchester LINK can be found in the Appendix.

This report details a mystery shopping activity which was carried out by trained service users and Manchester LINK Support staff on behalf of the Manchester LINK. The aim of the activity was to test out whether patients may have difficulty registering at a practice if they advised that they were, or were perceived to be homeless – either with no fixed address or living in a hostel (emergency accommodation).

The reason that the Manchester LINK decided to look at this was because, in a consultation of service users, people said that when they tried to register at certain GP surgeries in Manchester, they were told either that lists were full, or that the surgery was not taking on people from the hostel they were staying in. Service users felt that when they were turned away, it was because they were perceived to be homeless and that a certain stigma applied. They were also not treated equally, fairly or with the level of dignity and respect that they deserved.

The report provides the reasons for undertaking the task, explains the methodology used, and goes on to give the findings from each visit, before analysing the results.

Fifteen GP surgeries were randomly selected from over 150 surgeries in Manchester, with the help of the GP Commissioning Manager from NHS Manchester. Each surgery was visited four times each, by different service users. In two of the four visits, they presented as having 'no fixed abode', in the other two visits they presented as living in a hostel within the catchment area for that surgery.

The most significant finding was that only 34% of the visits resulted in a successful registration. Very few GP receptionists were aware of what to do when confronted with someone wishing to register as a temporary patient. Also, on no occasion that someone was told they could not register were they offered a 'letter of refusal'. Obviously this is of concern and the Manchester LINK would like to see improvements made.

NHS Manchester has been written to with a set of recommendations, in which the Manchester LINK asks for the following changes to be implemented:

- 1) GPs / receptionists do not seem to be aware of their contractual obligations with regards to registering temporary patients and this should be reinforced and;
- 2) GPs / receptionists do not seem to be aware of the 'letter of refusal' – what it is, or how it should be offered, and the Manchester LINK feels that this also needs to be revisited with GPs;
- 3) Information that is given on the NHS Manchester website needs to be kept up to date and accurate;
- 4) GP managers and staff should be encouraged to use the Manchester LINK 'Staff training DVD' to increase awareness around homelessness issues;
- 5) A flexible approach should be taken to issues over producing ID as this can be difficult for someone who is living on the streets or emergency accommodation;
- 6) A leaflet should be produced about patients' rights to register with a GP.

Whilst the Manchester LINK feels that this activity on its own is valuable as a tool to highlight the way that homeless people are treated and perceived, it is felt that this could be part of a bigger piece of work that the Primary Care Trust picks up. This could look at how GP practices and the PCT work alongside the third sector, engaging with Homeless Agencies and service users to see how the services can be improved for the future, specifically with this client group.



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Methods and Materials

Background - How this work came about

As part of its engagement work, the Manchester LINK held an event at Piccadilly Gardens in October 2008, called the 'Big Tent Event'. The main focus of the event was a 'question time', where the audience could put questions about health and social care services to professionals on a panel. A homeless man called 'Wayne' grabbed the microphone and put forward some questions and points about services for homeless people, which he felt were less than adequate. This put 'homelessness' onto the Manchester LINK agenda.

The elected Steering Group of the Manchester LINK did some further research into homeless services and decided to make it part of their workplan, setting up a campaign 'Getting involved: make a change - better services for homeless people'. It decided on four pieces of work which are detailed below under the heading 'The Homeless Campaign'.

The Homeless Campaign

The Manchester LINK has been carrying out a campaign around homelessness. It carried out a consultation of service users, and the findings were taken to the Manchester LINK 'Homeless Task Group' – which was made up of service users, workers from third sector agencies and some of the statutory agencies, along with elected LINK Steering Group members.

The Task Group decided on four pieces of work to come out of the consultation to:

1. Improve access to dentistry services for homeless people
2. Improve hospital discharge
3. Produce a DVD, to be used as a staff training resource, to improve people's awareness of the issues affecting homeless people
4. Improve the registration process at GP's for homeless people

This report details the mystery shopping activity which was done regarding point 4 (above), to gather evidence about what happens when homeless people try to register as new patients at GP surgeries in Manchester.

The Manchester LINK was told in its consultation activity with homeless people that some people had problems when trying to register with a doctor as a new patient. If they said that they had 'no fixed abode' or lived in a certain hostel (emergency or supported accommodation) – both of these being categories within homelessness, some GP surgeries said they would not treat them or that their lists were full.

It was agreed by the Task Group that a mystery shopping activity would be carried out to test out whether, if GP lists were not full, they would register patients either with no fixed abode or living in emergency hostel accommodation.

Some quotes from our consultation:

[What could be improved?]

- easier registration [with GPs - if you live in certain accommodation some surgeries wont take you]
- Being turned away
- If you live in Victoria House the GPs wont let you register (they've had trouble with people from the hostel previously so wont take anyone on). If you live there you can only register with Dr O'Sheas even though you don't live near by.

What the statistic say

Official Government statistics say that Manchester has just 7 rough sleepers, whereas, Lifeline, a Manchester based charity, has counted nearly 50 on a single night. 6 times more than officially recognised. [From Roughly Sleeping; A Report by Grant Shapps MP- see www.shapps.com/reports - [Ref 1].

As well as rough sleepers, the concept of 'homelessness' also covers people that:

- 1) Live in emergency accommodation, such as direct access hostels and night shelters. There are many different hostels available in Manchester, providing varying levels of support, mostly funded by Manchester Supporting People, part of Manchester City Council.
- 2) Sofa surf – this means the person does not have their own permanent address; instead they stay temporarily on friends' sofas or floors.

"More people are becoming homeless "sofa surfers", moving from one friend's floor to another. Vulnerable young women are often the most likely to join the ranks of the "hidden homeless", according to a report by the charity Crisis.

Crisis estimates that 400,000 people in Britain are living on friends' floors, squats, hostels or bed and breakfast accommodation because of delays in helping them secure a permanent roof over their head.

One-in-three sofa surfers had mental health problems, one in four had a drug addiction and a fifth were alcoholics, the charity's report found.

It is the first time that research has been conducted into the lives of people who are not part of official homeless statistics but have no permanent address of their own" [The Independent – Tuesday 4th November 2003 – Ref 2]

Although this article was written in 2003, it is felt the same levels of homelessness still exist and the issues are still current.

Homelessness is a big issue in Manchester and the numbers of people being affected by the issues told to the Manchester LINK during its consultation of service users are significant.

Methodology

Mystery Shopping is “The use of individuals acting as potential ‘customers’ in order to experience and measure the ‘customer’ service in a detailed and objective way”.

When becoming a mystery shopper, the aim of the activity is to measure findings against a known set or sets of standards. In this case, the Manchester LINK was measuring:

- 1) Whether a GP surgery would register a patient either
 - a) if they tried to register as a temporary patient, or
 - b) stated that they were living in a hostel in the catchment area for a longer period than 72 hours.
- 2) If a ‘patient’ was refused registration, whether they were offered
 - i) information on an alternative – such as a walk in centre, other GP surgery in the area, NHS Manchester telephone number and / or
 - ii) a letter of refusal

The standards are set out in the contracts between GPs and NHS Manchester (the commissioning body).

What the standards from the GP contracts say:

“Under the new General Medical Services contract regulations patients who have no fixed abode may be classed as *‘Temporary Residents’ in such circumstances;*

- The Contractor may if its list of patients is *open* accept a person as a *temporary resident* provided it is satisfied that the person is –
 - 1.1. Temporarily resident away from his normal place of residence and is not being provided with *essential services* under any other arrangement in the locality where he is temporarily residing; or
 - 1.2. Moving from place to place and not for the time being resident in any place.
- Refusals of applications for inclusion in the list of patients or for acceptance as temporary resident:
 - 17(3) A contractor which refuses an application...shall, within 14 days of its decision, notify the applicant...in writing of the refusal and the reason for it

This has been taken from the NHS (GMS Contracts) Regs 2004 SI 291) [Ref 3]. Further information about these standards is given under ‘Appendix D’, taken from ‘Standard General medical Services Contract’ [Ref 4].

Service user / volunteer recruitment

Service users and volunteers were recruited to participate via a range of consultation activities such as service user forums, drop ins, and residents meetings in hostels. The piece of work was also advertised across different homeless projects and in the Manchester LINK newsletter. A total of 20 service users were initially recruited to take part in the mystery shopper training. However, due to changing priorities and the sometimes chaotic lives of homeless service users, this number dropped considerably. By the time the training had been

completed and the visits to GP surgeries planned, only four service users were active.

It is recognised that working with homeless service users (seen as a 'hard to reach group') can be more challenging due to the sometimes chaotic lives that they lead. Some of the issues that we had on keeping homeless service users on board was: they had differing priorities – sometime someone could not attend a training session or GP visit because they had to: meet with their support worker, go on a course as part of their agreement within their supported accommodation or look after their children. Also, for those that were rough sleeping, it was hard to get them to book in visits in advance as it was difficult for them to keep diaries and stay on top of time keeping. We found that we needed to be flexible and work to each individual's specific needs. For example, one service user needed a phone call the day before a GP visit to remind her, and then again on the morning of the visit to ensure that she was still available.

We also realised that we had to provide real incentives to keep the service users engaged through the process.

What was in it for the Service User?

Incentives were given to keep the service users on board. These included: taking them for a meal after each of the two training sessions, giving them a £5 Tesco voucher after each GP visit (the use of vouchers does not affect welfare benefits), and giving each participant a certificate to say that they had completed the Mystery Shopping training.

At a recent event, a service user mentioned that the certificate meant more than the other rewards as it was an acknowledgement of their input into the piece of work.

Another service user gave her reason for being involved as "wanting to give back" and "improve services for other people" having been through the system herself and now being in a stable situation.

The Training

The Manchester LINK paid for an external trainer to train the service users to become mystery shoppers. It took part over two half day training sessions – it was felt that one whole day would be too long and taxing, and it would be easier for people to make arrangements such as childcare if it was only half day sessions.

The training described what mystery shopping is, looked at the issue and set of standards to measure against, and involved the service users producing both the scripts for the visits, and the recording sheets (see appendix A and B).

Approval gained from NHS Manchester and the LMC

Lydia Hurford-Cato, a member of the Manchester LINK support team leading on this piece of work, wrote to NHS Manchester and met with Carol Paton from the LMC and also Gail Henshaw from the GP Commissioning department of the PCT. All parties were consulted on the methodology proposed by the Manchester LINK and felt that this would be a very useful exercise (see Appendix A - 'script' and Appendix B - 'recording sheet').

A sub-group of the homelessness campaign who had been on the Mystery Shopping training course met to agree on the script and this was checked and approved at meetings with the Primary Care Trust (PCT) and Local Medical Committee (LMC).

How the surgeries were selected

There are 104 surgeries in Manchester, and whilst it would have been ideal to test each surgery, with the resources and time scale available this was not possible. It was decided to select a sample of surgeries from across the city. Fifteen GP surgeries were randomly selected. During the meeting with Carol Pantan, it was checked to ensure:

- a) waiting lists were not closed in these surgeries
- b) the hostel (to be used as a 'homeless address' for the purposes of the registration) fell in the catchment area of the surgery in question

It was agreed to make the research more robust, it would be preferable to visit each surgery more than once. This would discount any issues such as different receptionists being on duty on different shifts. Each surgery was therefore visited four times on four different occasions by different service users. The shopper presented themselves as having 'No Fixed Abode' (temporary patient) on two occasions and as living in a hostel in the catchment area on the other two occasions.

How the visits took place

A member of the Manchester LINK support staff met with the volunteer / service user before each visit and ran through the script and recording sheet with them. This was to ensure that they were familiar with the methodology and processes to be used.

The volunteer / service user attempted to register as a new patient following the agreed script (Appendix A). In order to avoid taking the receptionists' time and to keep this exercise as ethical as possible, the volunteer made excuses and left before any personal details were shared or appointments booked, (see attached script). This methodology was agreed in conversations with the PCT and LMC as detailed above.

The date and the time of each visit was noted so that, if needed, the PCT could check retrospectively whether the GP had recorded that their waiting lists were full at that time.

Immediately after each visit, the Manchester LINK support staff helped the volunteer to write up the results from the visit in the recording sheet (see Appendix B). Also see attached table for summary of findings (Appendix C).

As well as recording against the measurable outcomes (quantitative), additional notes were taken so that the service users could record the more subjective experiences (qualitative). For example, at S1 Surgery, it was noted “Generally helpful and non-judgemental although I felt she had noted that I was from a hostel and was trying to be helpful to accommodate me and possible additional needs”).

Comment:

Initially when we carried out the visits, when mystery shopper was told yes but ‘come back in 4 weeks’ we accepted this as successful registration. However, when reviewing this it was agreed by the sub-group of the homelessness campaign that this was in fact an unsuccessful registration. If a homeless patient presents at a GP surgery then it is possible that they require immediate medical attention.

Analysis of findings

The findings have been analysed by Nick Harris, who is doing his Masters Degree on homelessness and has been working in a voluntary capacity with the Manchester LINK on the homeless campaign. See pages 10, 11 and 12.

Presenting findings to the GP surgeries

The Manchester LINK will also share the findings of each individual surgery with it’s’ surgery manager, together with a summary of our recommendations, how NHS Manchester has replied, along with what the Manchester LINK plans to do further on this activity.

Use of codes for surgeries

As it is not our intention to ‘name and shame’, we have codified the surgery names in the report (which is available to organisations, groups and members of the public on request). When we write to each surgery, we will provide a copy of this report, together with specific findings for their surgery.

ANALYSIS OF FINDINGS

Surgery	Able to register	Accommodation Status				If 'no' reason given		'Yes' with issue	Alternative offered
		Hostel	Hostel	NFA	NFA	1-2	3-4		
S1	0 out of 4	No	No	No	No		Come back Wednesday (Hostel*2), we don't do that anymore (temporary residents), go to the MRI (NFA).		Walk-in centre (MRI)
C5	4 out of 4	Yes [%]	Yes	Yes	Yes			[%] Offered walk-in as alternative as not requiring prescribed medication.	
C6	0 out of 4	No	No	No	No		Sent to other surgery and out of catchment when in Hostel.		Dr. O'Sheas (Urban Village Medical Practice), MRI, City Health Centre.
C1	2 out of 4	Yes	No	No	Yes [^]		Don't take on temp patients (NFA); Do not take on patients from particular hostel.	[^] If staying with friends then need to be in catchment.	Try different surgery
N1	3 out of 4	No	Yes	Yes	Yes	Told to come back with NHS card			
N2	4 out of 4	Yes ^{\$}	Yes	Yes	Yes			^{\$} Wanted address to see if closer surgery	
S4	0 out of 4	No	No	No	No		Friends would have to be registered with surgery (NFA), not taking on patients as doctor down (Hostel), not registering new patients till April (Hostel), not taking on new patients (NFA).		Try different surgery/MRI, Offered letter of refusal (NFA)
C3	1 out of 4	No	Yes	No	No		Friends would have to be registered with surgery (NFA), only if in area for 6 months (NFA), not taking on temporary residents come back when permanent (Hostel).		

Surgery	Able to register	Accommodation Status				If no' reason given		'Yes' with issue	Alternative offered
		Hostel	Hostel	NFA	NFA	1-2	3-4		
S3	0 out of 4	No	No	No	No		G.P. down (Hostel), no other information (Hostel), not taking on patients (NFA), list completely full (NFA).		Phoned another surgery (Hostel), directed to another surgery.
C2	3 out of 4	Yes	Yes	No	Yes	Ran out of forms			
C4	2 out of 4	Yes	Yes	No	No		Do not take temporary patients		MRI
N4	0 out of 4	No	No	No	No		Registration booked, 4 week wait (no explanation why).		MRI
S2	0 out of 4	No	No	No	No		Come back at another date as doctor away/ill.		Phone FSHA (NFA)
N3	0 out of 4	No	No	No	No		Wanted permanent address (NFA), required I.D., but if not found try G.P. down road (but why would they be different; Hostel), Only register on a Thursday (Hostel), pointed in the direction of another surgery (NFA).		Try different surgery

Basics stats:

Out of 56 visits, (19/56=) 34% of attempts at registering were 'successful'

Out of 28 visits by Hostel residents (11/28=) 39% of attempts were 'successful'.

Out of 28 presenting as NFA (8/28=) 29% of attempts were 'successful'.

When registration could not occur only one surgery on one occasion offered a 'letter of refusal'.

Issues over GP surgeries visited

* S4

When we visited the [medical centre] we were in fact attempting to visit S4.

However, Carol Panton from the LMC questioned us on this as it appears that there are two GP practices within the same medical centre.

On speaking to the participants, it would seem that two of the visits were carried out at the reception hatch for the [S4a and two were done at the hatch for S4b].

** N3

When discussing findings from the visit to N3, we realised that the visits had taken place in two different surgeries.

Two visits had taken place at N3a (highlighted in pink) – with two more taking place at N3b.

This should be taken into account when reading the findings.

Also, this does highlight that there are issues over signage for these surgeries which should be looked into.



The conclusions

Trends re findings from GP visits

As you will see from the information regarded from our visits to GP surgeries, a number of trends arise in the findings. These are:

Temporary patients

Surgeries stating they are unable to register temporary patients and referring the potential patient on to other GP surgeries or walk-in centres

Surgeries not taking on temporary patients at all as they “don’t do that any more”

Of the surgeries that said they would register temporary patients, there seemed to be a common theme that the person you were temporarily living with needed to be registered with that surgery

Receptionists not understanding the definition of ‘temporary patient’ [can only register as temporary patient if in the area for at least 6 months] [can only register if staying for over a month]

Documentation

Issues over documentation – if someone is living in a hostel or has ‘no fixed abode’, they will not always have the required I.D as paperwork is often lost during what can be a very traumatic time in a person’s life.

One surgery – C4 – was very helpful with this and suggested a workable alternative.

C2 had run out of registration forms

Not registering at the time / specific times for registering

Several GP surgeries stated that, although their lists were not full, there was a waiting list to register [not registering til April], [come back in two weeks as GP off sick].

Some surgeries stated specific days for registration [come back Monday]; [only register on Wednesdays]

Not registering patients as the practice manager was away

Appointments being fully booked for the next four weeks

Letter of refusal

This was only offered on one occasion where registration was refused.



12th April 2010

Nick Gomm
NHS Manchester
Parkway 3
Parkway Business Centre,
Princess Road, Manchester,
M14 7LU

Dear Nick Gomm

Re: Recommendations from Mystery Shopping GP Surgeries

As you will be aware from previous correspondence, the LINK has been carrying out an activity to gather evidence about what happens when a homeless person tries to register as a new patient.

This is because during LINK consultation activity, we were told that some people have had problems when trying to register as a new patient with a doctor. If they say that they have 'no fixed abode' or live in certain hostels, some GP surgeries have said they will not treat them or that their lists are full when they are not.

It was agreed that a mystery shopping activity would be carried out to test this out and gather evidence. The LINK paid for a trainer to train up a group of service users to become mystery shoppers. LINK staff wrote to the PCT and met with Carol Paton from the Local Medical Committee and Gail Henshaw from the GP Commissioning department of the PCT. All parties were happy with the methodology proposed by the LINK and felt that this would be a very useful exercise (see attached 'script' and recording sheet).

This activity involved visiting 15 randomly selected GP surgeries across Manchester. Each surgery was visited four times each – twice with the volunteer presenting with 'No Fixed Abode' (as a temporary patient), and twice as living in a hostel in the catchment area.

Each visit involved the volunteer / service user attempting to register as a new patient following the script. As you will see from the attached script, before any personal details were shared or appointments booked, the volunteer made excuses and left so as not to take up too much of the receptionists' time and keep this exercise as ethical as possible. This was agreed as methodology in conversations with the PCT and LMC.

Immediately after each visit, the LINK support staff helped the volunteer to write up the results from the visit. The findings have been analysed by Nick Harris, who is doing his Masters Degree on homelessness and has been working in a voluntary capacity with the LINK on the homeless campaign.

We attach a set of recommendations (pages 3 & 4) based on these findings, and in accordance with the LINK statutory powers, would like a response from you within 20 working days. (A full report detailing the findings, methodology and analysis is attached to this letter for your reference).

If you state that actions are to be carried out, please provide a timescale of when these actions will take place.

We also feel that it would be appropriate to share the findings of each individual surgery with the surgery manager. However, we feel that it would be better to share the findings once we know what your actions are likely to be, so that we can include the outline in our letter to them.

We intend to share this report, together with your response, to anyone within the LINK membership that would like a copy. **We will be handing out a version of this report at our event on 26th April so if you could get a reply to us before then we would appreciate it.**

As it is not our intention to 'name and shame', we intend to codify the surgery names in any reports published. If you have any specific requirements regarding this, please let us know as soon as possible so that we can make arrangements ahead of production of reports for our event on 26th April 2010.

If you have any questions, or anything in this report requires clarification, please contact me on 0161 214 3909.

Yours sincerely

Lydia Hurford-Cato
On behalf of
The Manchester LINK

Recommendations:

1) The LINK feels that a lot of the issues that arose during the visits can be dealt with through mandatory 'refresher' training, which should be offered to Surgery Managers and / or Reception staff.

a) Temporary patients

Based on the findings, the LINK feels that GP Managers and staff should be reminded of their contractual obligations regarding temporary patients. This should include: what a temporary patient is (e.g. a person residing in the area for more than 24 hours and less than 12 weeks) and how their temporary address is evidenced (see also recommendation (2) 'documentation').

b) Letters of refusal

The LINK suggests that GP Managers and staff should be given refresher training on letters of refusal – we understand that this is a fairly recent addition to the GP contracts and do not feel that staff are fully aware of these changes.

2) Documentation:

[Surgery c4] displayed a flexible approach to paperwork in order to meet the needs of the client. In one visit, the receptionist stated that if it was difficult to bring in formal ID [passport, medical card, proof of address such as utility bill], then to get a photograph taken in a photo booth, clip this to the hostels headed paper, and get a statement from the hostel manager or support worker with their signature and contact details.

This flexibility should be encouraged as a model of 'best practice'.

3) NHS Manchester – information given on the website

Some surgeries have specific days of the weeks or times for registering patients. This is not detailed on NHS Manchester website, and we would recommend that this information is added.

For some patients, any hurdle to accessing services may prevent a successful registration and future engagement with services.

4) Training around issues of homelessness

We recommend that GP managers and staff are encouraged to use the LINK 'Staff training DVD' to increase awareness around homelessness issues.

This DVD will be available from 26th April when it will be screened at the Manchester LINK event 'Improving Access for Homeless People'.

There is also potential for LINK to get service user involvement in training around homeless issues and we are willing to work with you on looking at this as a bigger piece of work.

5) Information

We suggest that the PCT produces a leaflet about a patient's rights, to be displayed within each GP surgery. This would include details of: letter of refusal, registering as a temporary or permanent patient, requirements over producing ID, what to do if you are not able to register at a specific surgery straight away (e.g. PCT helpline number), alternative routes to treatment but with registration at a specific surgery encouraged.

The LINK is happy to help with the production and service user consultation of such a leaflet.

Overall

The LINK intends to carry out a review of the actions agreed, and to see if the services have improved. This review will tie in with timelines that you give and we are happy to meet with you to discuss this further, if required.

Re: Recommendations & Report of Findings from Mystery Shopper Activity

Dear Colleague,

NHS Manchester is committed to providing high quality healthcare for all of Manchester's diverse communities. We welcome the LINK report and note its findings with interest. Naturally we are concerned that only 34% of the visits resulted in a successful registration and we too would like to see improvement. We are conscious however, that we cannot know how many of these unsuccessful registrations were attributable to staff attitudes towards homeless patients, as opposed to administrative or methodological constraints.

As you may know, we commission a specialist homelessness drop-in service from the Urban Village Practice and whilst this service is very highly regarded amongst professionals and service users, we acknowledge that it alone cannot meet the needs of Manchester's wider homeless population. In light of this, NHS Manchester is leading a subgroup of the Multi-Agency Homelessness Forum, working with partners and stakeholders to develop a Homeless Health Strategy for Manchester. The strategy will address many of the issues highlighted here as well as associated concerns such as hospital discharge, information sharing and the role of the voluntary and community sector.

The report contains five specific recommendations, each of which is addressed below:

- 1. The LINK feels that a lot of the issues that arose during the visits can be dealt with through mandatory 'refresher' training, which should be offered to Surgery Managers and/or Reception staff (refers to temporary registration and letters of refusal).** Equality and Diversity Training is mandatory, provided to all PCT staff on commencement of post. The training is also available to GP practice staff and has been run as a bespoke course for GP staff in the past. We will use the Service User Network DVD to support our Equality and Diversity training from now on. In addition to this, the Primary Care Commissioning team will include an article about temporary registration and letters of refusal in a forthcoming issue of its GP newsletter, which goes out to all practices in the city. Health Champions in homeless service provision / accommodation have also been proposed, although this is at an early stage. They could act as advocates when registering patients and liaise with local GP practice/s to ensure compliance and effective information sharing.
- 2. Documentation: [a GP practice] displayed a flexible approach to paperwork in order to meet the needs of the client. In one visit, the receptionist stated that if it was difficult to bring in formal ID [passport, medical card, proof of address such as utility bill], then to get a photograph taken in a photo booth, clip this to the hostels headed paper, and get a statement from the hostel manager or support worker with their signature and contact details. This flexibility should be encouraged as a model of 'best practice'.** Whilst this approach is clearly flexible and accessible, we do not agree that it represents a model of best practice as it includes none of the checks and balances that would prevent fraudulent or multiple registrations - a significant issue for the NHS. We have to ensure that our systems are robust



and secure as well as open and accessible. Instead, we recommend that there should be a Manchester-wide standard for GP registration and that the process should be as simple and convenient as possible. To this end, we propose to set up a working group including representatives from the Local Medical Committee, NHS Manchester (Primary Care Commissioning, Public Health and Engagement teams), the Urban Village Practice and the LINK to develop a proposal for a universal GP registration process that meets the needs of patients, practices and the NHS. It is also worth noting that the national Summary Care Records programme requires evidence of identity and 'activity in the community' before patients can access their records.

3. NHS Manchester – information given on the website Some surgeries have specific days of the weeks or times for registering patients. This is not detailed on NHS Manchester website, and we would recommend that this information is added. The GP practice information on our website is actually from the national NHS Choices website - we don't hold any of this information on our own content system. The information on NHS Choices is supplied by the practices themselves. We don't know how many practices choose to schedule new registration sessions in this way, but we agree that it is important information to add to the NHS Choices website. We will include an item in the GP newsletter to remind practices to ensure that their online information is up-to-date and includes any information on how to register. Health Champions in homeless service provision have also been proposed, they could act as advocates when registering patients and liaise with local GP practice/s.

4. Training around issues of homelessness. We recommend that GP managers and staff are encouraged to use the LINK 'Staff training DVD' to increase awareness around homelessness issues. As noted above (*see item 1 above*), mandatory Equality and Diversity Training is provided to all PCT staff on commencement of post and is available to GP staff. We will use the Service User Network DVD to support our Equality and Diversity training from now on. We will also offer copies of the DVD to practices and encourage them to use it, however we cannot make it mandatory. Uptake is at the discretion of each practice and will also depend on the length of the DVD and practices allowing sufficient 'protected learning time' for staff. We will also encourage acute trusts to use the DVD in their training too.

5. Information: We suggest that the PCT produces a leaflet about a patient's rights, to be displayed within each GP surgery. This would include details of: letter of refusal, registering as a temporary or permanent patient, requirements over producing ID, what to do if you are not able to register at a specific surgery straight away (e.g. PCT helpline number), alternative routes to treatment but with registration at a specific surgery encouraged. We agree that a leaflet that includes these items is needed, not just for homeless patients, but for everyone. We think it makes sense to include details of the proposed universal registration standard (*see item 2 above*), so a leaflet like this would seem like a natural product of that project.

We welcome further review by LINK, however the appropriate time to assess the effectiveness of these measures is not yet clear. LINK members will be included in the development of both the Homeless Health strategy and the universal GP registration standard. We anticipate that both of these projects will have a significant impact on access to healthcare for homeless patients, so we would recommend that LINK consider reviewing the impact of this work once both of these projects have had sufficient time to take effect.

Regards,

A handwritten signature in black ink, appearing to be 'John', written over a light blue horizontal line.



Where the Manchester LINK goes from here

With regards to the response from Manchester NHS, the Manchester LINK intends the following:

1. Refresher training to Surgery Managers and / or Reception staff

NHS Manchester has agreed to use the Manchester LINK staff training DVD to support their Equality and Diversity training for new staff. They will also put an article about temporary registration and letters of refusal in the forth coming issue of its GP newsletter which goes out to all practices in the city.

The Manchester LINK is also in conversations with NHS Manchester about producing a training pack to accompany the DVD. We have discussed getting homeless service users to deliver the training and these discussions will continue.

The Manchester LINK has been invited to present the findings from the Mystery Shopping activity at the Local Medical Committee in May. The committee is made up of GPs from across Manchester. We will look to see how we can work together to improve matters in GP registration for the future.

2. Documentation – a flexible approach to paperwork / ID

NHS Manchester feels that using a flexible approach to paperwork does not support the checks and balances required to prevent fraudulent or multiple registrations.

At the Manchester LINK event held on 26th April, a GP and member of the LMC advised us that there have been ongoing issues over specified identification, and that this is more a requirement from the Primary Care Trust than from the GPs themselves. The Manchester LINK intends to start discussions with the LMC at their meeting in May to see how this can be taken forward.

3. Information on the website

NHS Manchester advised us that this information is downloaded onto their website directly from the NHS Choices website. They have agreed to include an item on the GP newsletter to remind practices to ensure that their online information is up to date and includes any information about how to register.

This is also something that the Manchester LINK can take up in discussions with the LMC (see above).

4. Training around this issues of homelessness

NHS Manchester's response - as detailed in item 1 (above)

Manchester LINK wants to encourage statutory agencies to use existing community groups and organisations to deliver specific aspects of training. In this case, to use groups of homeless service users to deliver training on what it is like being homeless and some of the issues involved

5. Information – producing a leaflet about a patient's rights

NHS Manchester agrees that such a leaflet would be useful across the board and not just for homeless people.

Manchester LINK will continue to have discussions with NHS Manchester to see how this can progress.

APPENDICES

- Appendix A - Script
- Appendix B - Recording Sheet
- Appendix C -Table of findings
- Notes to accompany table of results
- Appendix D Exert from 'Standard General medical Services Contract'
- Appendix E References
- Appendix F About the Manchester LINK



Script for visits to GP surgeries

The first part will be greeting the receptionist and saying that you like to become registered at the surgery. They will ask you a series of questions which we have tried to script for. If it looks like the receptionist wants to take your details to register you, you will have to use the 'get out' – 'oh sorry, I didn't realise what the time was, I have to go, I will come back later'

At any point when going through the questions being asked by the receptionist (which should follow the layout of the script) you might be told that there are no places to register you at the G.P. If this happens go straight to question 4.

1. Say you would like to register as a patient and either say
 - a. 'I have recently moved into a nearby hostel'
 - b. Or 'I would like to register as a temporary resident – (you have been living in the area for over 24 hours if asked).'
 - i. You will be told which one to say for each G.P. visit.

2. You will probably be asked if you are registered at another doctor in the area
 - say you have moved from, for example, Liverpool (somewhere outside of Manchester).

3. You may be asked if you are a drug user/ are 'scripted'.

Answer no.

4. Ask – 'What do I do now?'

See if you are then offered: a letter without asking, or any other information (e.g. PCT helpline number, alternate GP surgery in the area).

5. If they have not already offered it to you:

Ask – 'Can I get a refusal letter?'

If you are asked for further details to personalise a letter of refusal for example, use the 'get out'.

Regardless of the response of asking the final question, at this point you should leave; say thanks and make you exit (even if you feel that the receptionist has been unhelpful).

(Note: a GP only has to provide a letter of refusal within 14 days)



Mystery Shopper Visit – Recording Sheet

Date: _____ Time: _____

GP Surgery Name: _____

Address: _____

Your Name : _____

1a. Did you say you had 'no fixed abode' or were from a hostel?

1b. if you said hostel, which one did you say? _____

(addr) _____

1c. Did they say they would register you? Yes No Other

Comments: _____

1d. If they said no:

⇒ Did they offer you a letter of refusal? Yes No

⇒ If they didn't offer you a letter did they offer you anything else?

(E.g. tell you who to phone or suggest another GP surgery?)

⇒ Did you ask for a letter of refusal? Yes No

What did they say? _____

2a. Did they ask you if you are prescribed certain drugs?

(E.g. subutex, methadone etc) Yes No

You said no – did they say anything else about this? _____

TABLE OF FINDINGS

GP Surgery	NFA or Hostel N /H	Which hostel	Did they say you would register you? Y/N	If no		Did you ask for a letter of refusal? Y / N	If yes What did they say?	Did they ask if you were prescribed drugs? Y / N	Did they say anything else about this?	Comments re way you were treated / you weren't expecting
				Did they offer letter of refusal? Y / N	Did they offer you anything else?					
C4	H	Birch Lane	Y			N		N		See notes overleaf
C1	H	Man Foyer	Yes			Yes		No		All straight forward
N3	H	Step N Stones	N*	N*	See notes overleaf	Y	Not applicable	N		See notes overleaf
N4	H	Step N Stones	N*	N	N	N		N		See notes
C3	H	Birch Lane	N*	N	See notes overleaf	N (didn't seem appropriate)		N		See notes overleaf
C4	H	Birch Lane	Yes			N		N		See overleaf
S1	H	Creative Support	Yes*		Walk in centre	N		N		Only register on a Wednesday
S2	H	Creative Support	No*	N		N		N		GP off sick, call back to register in two weeks
S4	N		See notes	N	See notes	N		N		See notes
S3	N		N	N	Walk in centre or Chorlton health centre	N (didn't seem appropriate)		N		See notes
N2	H	Woodward Court	?	N	Suggested other surgery	N		N		See notes
N1	H	Woodward Court	Y		N	N		N		
C!	H	Manc Foyer	N	N	N	N		N		See notes
C2	H	Manc Foyer	Y			N		N		See notes

GP Surgery	NFA or Hostel N /H	Which hostel	Did they say you would register you? Y/N	If no		Did you ask for a letter of refusal? Y / N	If yes What did they say?	Did they ask if you were prescribed drugs? Y / N	Did they say anything else about this?	Comments re way you were treated / you weren't expecting
				Did they offer letter of refusal? Y / N	Did they offer you anything else?					
S3	H	Nacro	N	N	N	N		N		See notes
S4	H	Nacro	N	N	N	N		N		See notes
S1	N		N	N	N	N		N		
C4	N		N	N	Told to go to MRI	N		N		See notes
S2	N		N	N	Phone FSHA to get list of GPs	N		N		See notes
N3	N		N	N	Pointed to other surgery in area	N		N		See notes
C6	N		N	N	Walk in	N		N		See notes
C5	N		Y*		N			N		See notes
S4	N		N	Y	Try [other surgery]	N		N		See notes
N2	N		Y					Y		See notes
N1	N		Y					N		See notes
N3	N		N	N		Y	See notes	N		See notes
N4	N		N	N	Details of walk in centres	N		N		See notes
C2	N		N	N		N		N		See notes
S3	N		N*	N		N		N		See notes
S2	H	Creative Support	N	N	N	N		N		See notes
N3	H	Step N Stones	N	N	N	N		N		See notes

GP Surgery	NFA or Hostel N /H	Which hostel	Did they say you would register you? Y/N	If no		Did you ask for a letter of refusal? Y / N	If yes What did they say?	Did they ask if you were prescribed drugs? Y / N	Did they say anything else about this?	Comments re way you were treated Comments you weren't expecting
				Did they offer letter of refusal? Y / N	Did they offer you anything else?					
C2	H	Manc Foyer	Y			N		N		See notes
S3	H	Nacro	N	N	Called another surgery & gave tel. no.	N		N		See notes
S1	N		N	N	Told to go to walk in centre	N		N		See notes
C1	N		N	N	[other surgery]	N		N		See notes
N2	N		Y		Gave forms	N		N		See notes
C3	N		N	N	No	N		N		See notes
C2	N		Y	N	Gave forms	N		N		See notes
C4	N		N	N	Walk in at MRI	N		N		See notes
N1	N		Y		Gave forms	N		N		See notes
S2	N		N	N	Come back Monday	N		N		See notes
S4	H	Nacro	N	N	Not registering til April	N		N		See notes
N4	H	Step N Stones	N	N	N	N		N		See notes
N2	H	Woodward Court	Y		N	N		N		See notes
N1	H	Woodward Court	N	N	Told to return with NHS card	N		N		See notes
C6	N		N	N		N		N		See notes
C5	N		Y		Offered walk in centre	N		N		See notes
C6	N		N	N	Suggested walk in centre	N		N		See notes

GP Surgery	NFA or Hostel N /H	Which hostel	Did they say you would register you? Y/N	If no		Did you ask for a letter of refusal? Y / N	If yes What did they say?	Did they ask if you were prescribed drugs? Y / N	Did they say anything else about this?	Comments re way you were treated Comments you weren't expecting
				Did they offer letter of refusal? Y / N	Did they offer you anything else?					
C6	H	Woodward Court	N	N	Go to Dr O'Sheas	N		N		See notes
S1	H	Creative Support	N	N	Come back on Wednesday	N		N		See notes
C4	H	Birch Lane	N*	N	Bring back proof of address	N		N	Asked to fill in alcohol consumption	See notes
C3	H	Birch Lane	Y					N		See notes
C1	N		N*	N	See notes			N		See notes

NOTES TO ACCOMPANY TABLE OF FINDINGS

N3 25.01.10

[X] she had just arrived in the hostel within last 24 hours, was going to be there at least temporary for three or more weeks. Staff said if temporary would need proof of ID – handed her a sheet to go and read through and hand back. She explained she had no bills for that address as she had only just arrived at the hostel They said they would not be able to register her. She asked what if she was going to stay there longer – they said there were 5 more GPs in the area which were taking on patients.

[X] asked her for a letter of refusal and they told her to either bring the documents in or register down the road at [alternative surgery] down the road.
(See individual feedback sheet)

C3 26.01.10

[X] said he had just moved into [] hostel...they said they did not register temporary patients. He said he might be there permanently or at least long term. They told him they would not register him as a temporary patient but if he became permanent to come back and register. He would need a utility bill, passport or form of ID

No alternative was offered. He asked what to do - They suggested he go to a GP round the corner. They just didn't seem interested.

They asked if he was ill (he felt this implied was he a drinker or drug user), he said not too bad at the moment but he has just moved off the streets.

C4 – 26.01.10

When [x] said it might be difficult for him to bring in ID as he didn't have anything, the staff were really accommodating. They said if he got a photo done at a kiosk and attached it to a sheet of paper that his hostel manager put his details on they would take that as ID. She said when [] brought it back he was to speak to her as she had agreed this with him (in case any other staff weren't aware and refused him).

The receptionist was very helpful and polite and gave all the information needed. A strong contrast to [other surgery in the area]

S1 – 03.02.10

Called in just before midday (closing hours 12.45)

Receptionist was very helpful. Said they only register new patients on a Wednesday and I was too late (did she mean mornings only?)

She asked if I had my medical card and I said I was not sure with moving into the hostel suddenly and all

She gave me forms to fill in, said to bring back before next weds and make an appointment. I would need proof of my current address such as something from my landlord. I said again that I was living in a hostel and she said to get the manager to write something for me.

She said if I needed a doctor in the meantime to either go to my current GP or if that was not possible, to the walk in centre at MRI.

Generally helpful and non-judgemental although I felt she had noted that I was from a hostel and was trying to be helpful to accommodate me and possible additional needs.

S2 – 03.02.10

Receptionist said was okay to register but to call back in a few weeks as the GP is currently off sick. (No mention of what to do in meantime etc or any other information offered)

S4 – 05.02.10

Said wanted to register as a temporary patient, staying with a friend until sort out housing issues. They asked if my friend was registered with them. I said I was not sure. They will only register me as a temporary patient if she is registered with them. They suggested I could go to the walk in centre on Nell Lane.

S3 – 05.02.10

Said wanted to register as temporary patient, staying with a friend until sorted out housing issues. Said not taking on any patients at all, their lists are full. Suggested I go to [another surgery] round the corner or walk in centre on Nell Lane.

N2 – 09.02.10

[] said he wanted to register as he had recently moved into Woodward Court hostel. The receptionist asked what the address was, [] said he couldn't remember. I intervened and said I couldn't remember the address but it came up as Beswick or Clayton and we had been told that people from the hostel did register with this surgery.

The receptionist said actually there might be another surgery that is closer to the hostel.

She handed [] the registration form asked if he had his medical card. He said he was not sure, he had just moved into the hostel and before that had been living on the streets. She gave him an additional form to complete and said he would need to write down who his previous doctor was. She seemed helpful enough but could have been friendlier.

N1 – 4.30pm

Receptionist said she would register []. She handed him forms to complete and bring back. She was polite, helpful, felt at ease, non-judgemental.

C1 – 11.02.10

Receptionist said she wasn't taking on patients from Manchester Foyer. When [] asked why, the receptionist said they just didn't. [] asked again and she said maybe it's because we only have one GP and the other practice (next door?) has five GPs. As I was (saying) where I was from I felt there was an attitude from the receptionist because I was homeless (from the hostel).

C2 – 11.02.10

Receptionist was slightly unsure of which form to give []

S3 – 10.02.10

Receptionist's attitude was abrupt and unhelpful

S4 – 10.02.10

[] was told that they were not taking on patients at the moment because they were one GP down.

S1 – 10.02.10

The receptionist emphasises more than once that the closing time was in 5 minutes – [] felt he was being rushed out of the door. When [] asked to register as a temporary resident, he was told they "don't do that any more".

C4 – 10.02.10

Registration forms and details were kept on a separate table in the porch, away from reception – not useful if, as in my case, I needed to ask questions. Receptionist also said I would need proof of identity and address to register. Told [] to go to MRI GP unit and to come back and register when I had a permanent address.

S2 – 10.02.10

[] was advised to phone Manchester FSHA (236 9456) who would be able to give him a list of GPs in the area.
The receptionist said they were unable to register patients while Dr [] wasn't there. She said he would be back in two weeks time.

N3 – 10.02.10

Receptionist walked [] to the front door and literally pointed him in vague direction of other surgeries.
When [] asked about registering as a temporary resident he was told this wasn't possible as the practice manager was away – surely practice manager not needed to register new patients?

C6 – 08.02.10

{Presented as NFA, staying with a friend on Deansgate} – the receptionist was pleasant and explained that I would have to have full contact details of where I was staying if I was going to be taken on as a temporary patient. She also said that I would be able to access the walk in at Boots and gave details of how to get there.

C5 – 12.02.10

Said they would register [] but he needed to have his details to complete temporary resident's forms. (Treated as a 'yes' for registration purposes)
The staff were very courteous and helpful although when he asked if he could take a temporary residents form away with him they said it would be better to just use the walk in centre

c5 – 08.02.10

Was informed that if I didn't want to register I could use the walk in at any time
Also signage in Boots on the ground floor is confusing; it has an arrow pointing to the right on the ground floor which leads you to the cashier point when the medical centre is actually on the 2nd floor

S4 – 24.02.10

Not taking patients on at all. Told me to try [other surgery]

N2 – 24.02.10

Said [] could register as a temporary patient. One of the receptionists not at all friendly when he couldn't give her his temporary address

N1 – 24.02.10

Very friendly receptionist gave [] form to fill in and bring back. Best experience of mystery shopping for him yet.

N3 – 24.02.10

[] asked for a letter of refusal, they asked for his details to provide one but he said he had to go [leave the surgery].

N4 - 24.02.10

Gave details of walk in centres in the area (3 printed sheets)

C2 – 24.02.10

Said that [] could not register at the moment as they had run out of registration forms. They told him to try again next week. They did not offer him any alternatives such as walk in centres etc.

S3 – 24.02.10

Receptionist said they were not taking patients on and just carried on with what she was doing. No other information offered.

S2 – 02.03.10

They asked [] to call back on Friday when appointments for registering will be available. (If come back on Friday there will be appointments for next week – no forms given)

N3 – 02.03.10

They said they register people on a Thursday and I would need to bring a passport with me.

S3 – 02.03.10

Told surgery was not taking on patients as they are a GP down. The receptionist phoned [other] Surgery to find out if they are taking on patients and gave [] the phone number.

S1 – 26.02.10

The receptionist told [] to go to the walk in centre at MRI

C1 – 26.02.10

The receptionist told [] that they do not take on temporary patients. They told him he should try to register with [other surgery].

N2 – 26.02.10

Gave [] a 'temporary services' form and said if he filled it in he could come to see the doctor

C3 – 26.02.10

Said [] could only register as a temporary resident if he was in the area for at least 6 months – (whereas temporary residents supposed to be between 1 day and 3 months).No other help offered.

C2 – 26.02.10

Gave [] a temporary resident form and practice questionnaire

C4 – 26.02.10

The receptionist told [] that they don't take on temporary patients. They told him to go to the walk in centre at the hospital

N1 – 26.02.10

Gave [] a registration form and said he was fine to register as a temporary patient as long as he was staying for over a month.

S2 – 26.02.10

Told [] they would not register him, however, he could come back at 8.30am on the following Monday to have the forms filled in for him

S4 – 02.03.10

Told [] they are not registering patients til the first week in April. Did not offer any other information

N4 – 02.03.10

Said unable to register [] but did not offer anything else. Was told registration appointments were fully booked for next 4 weeks so would have to wait until then to be seen.

N2 – 02.03.10

Said they would register [] – receptionist was very friendly, but slow in dealing with the queue.

N1 – 02.03.10

[] was told to return with his NHS card and they would then register him.

C6 – 19.02.10

Was told they wouldn't register him, offered an alternative practice and a vaguely drawn map for Dr O'Sheas.

Although pleasant they didn't seem to have any intention of registering []. Their attitude was constant, no difference [e.g. did not change the way they spoke to him after he said he was homeless / NFA]

[] felt it was their policy not to register anyone that was homeless.

They offered an alternative GP in Ancoats (Dr O'Sheas) on a vaguely hand drawn map without [] asking for it.

C5 – 04.03.10

Very quiet in the surgery and waiting area

I asked to register as a temporary patient and was asked how long I was at the address for. I said a couple of weeks.

The receptionist asked if I needed a regular prescription – I said no. He said I could just go in as a walk in patient, no need to register. I asked to take the temporary services form and have a think about it.

C6 – 05.03.10

[] was told by the receptionist to go to the walk in centre at Piccadilly or Boots. She said if he was staying in the area any longer he could register as a permanent patient. She also said that they would accept emergency cases.

C6 – 19.03.10

They told [] that Woodward Court, Woodward St, Ancoats – is not in their catchment area and he should go to Dr O'Sheas.

S1 – 05.03.10

[] said he has just moved into a hostel down the road and the receptionist asked 'Creative Support?' [] said yes. He was told that he needed to get something with his address on and the receptionist gave him some forms. They take new patients on a Wednesday, but they didn't mention a particular time. The receptionist seemed a little off, but then she seemed a little of generally. The surgery was busy with quite a few people in the queue. They didn't ask [] if he needed immediate attention.

C4 – 05.03.10

[] was told to bring in proof that she lived in the hostel and they would register her. They asked her to fill in a form about alcohol consumption. She was told to pick up the forms from the front desk instead of them handing them to her.

C3 – 05.03.10

[] was told that when she came in with her completed forms they would decide whether she needed to book in with a doctor or nurse [for her assessment?]
There was a touch screen to book yourself in if you were of a different nationality [language?]

C1 – 05.05.10

The receptionist seemed confused with what to do when [] said he was homeless. He said that he was staying with friends but moving around. They told him he would need an address that he could get mail from (i.e. letters from GP). He said he was currently staying with a friend near Hulme Park and that he would get an address - he was given forms to complete. He was told that he would need to ring through before coming down to make sure he was in the right catchment area. He was given a telephone number to call.

The receptionist seemed very unsure on how to handle the situation.

18. Where the Contractor wishes to terminate its responsibility for a person accepted as a *temporary resident* before the end of three months or such shorter period for which it had agreed to accept him as a patient, the Contractor shall notify the patient either orally or in writing and its responsibility for that person shall cease 7 days after the date on which the notification was given.

19. At the end of three months, or on such earlier date as its responsibility for the patient has come to an end, the Contractor shall notify the PCT in writing of any person whom it accepted as a *temporary resident*.

Refusal of applications for inclusion in the list of patients or for acceptance as a *temporary resident*

20. The Contractor shall only refuse an application made under clauses [] to 19 if it has reasonable grounds for doing so which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

21. The reasonable grounds referred to in clause 20 shall, in the case of applications made under clauses [] to [] include the ground that the applicant does not live in the Contractor's *practice area*.

22. If the Contractor refuses an application made under clauses [] to 19, it shall, within 14 days of its decision, notify the applicant (or, in the case of a child or an adult who lacks capacity, the person making the application on their behalf) in writing of the refusal and the reason for it.

23. The Contractor shall keep a written record of refusals of applications made under clauses [] to [] and of the reasons for them and shall make this record available to the PCT on request.

References

- Reference 1: Roughly Sleeping; A Report by Grant Shapps MP
- Reference 2: The Independent – Tuesday 4th November 2003
- Reference 3: The NHS (GMS Contracts) Regs 2004 SI 291
- Reference 4: Standard General Medical Services contract



What is the Manchester LINK?

The Manchester LINK is a network bringing together local people, organisations and groups who want to improve health and social care services in the city.

The Manchester LINK gives everyone in the community – from individuals to voluntary groups – the chance to tell us about their experiences and how things can be improved.

Why? Because service providers have started to recognise that ‘services tend to improve if people’s views are listened to and acted upon’.

The LINK is not taking over from the groups already working in and for our community, but is a way of combining and strengthening the public’s voice.

We support people to help them get involved; bring groups and individuals together to look at issues; and, let people know how to raise issues effectively.

What does the LINK do?

The Manchester LINK is be involved with a wide range of issues and will carry out a variety of tasks and activities.

The LINK’s main job will be to:

- Find out what people want
- Investigate issues that people raise
- Use its statutory powers, when needed, to hold services to account

It has an elected Steering Group who make decisions on the workplan and anything else that arises.

It has a staff team of six who support the Steering Group and the membership to carry out pieces of work. The staff also engage with community groups and organisations to find out what issues they have around health and social care services in Manchester and feed these back to the Steering Group.

If you would like to get in touch with the Manchester LINK please:

Write to: Manchester LINK, BHA, Gaddum House,
6 Great Jackson Street, Manchester, M15 4AX

Telephone: 0161 214 3909

Email: Manchesterlink@blackheatlhagency.org.uk

Website: www.Manchesterlink.org.uk

Produced: May 2010