



Manchester LINK

HOMELESSNESS

Report on Mystery Shopping GP surgeries

Why did we look at hospital discharge?

Lydia Hurford-Cato from the Manchester LINK Support Organisation went out and spoke to people at different groups and organisations that work around homelessness. She spoke with workers and service users / clients to find out what they thought about health and social care services in Manchester.

One thing she was told about was that sometimes, homeless people have problems trying to register with a new GP surgery.

If they say they are homeless, or that they are living in a hostel, the GP surgery does

not want to register them. They might either say that they don't take people from that hostel, or that their lists are full.

A suggestion was made to do a 'Mystery Shopper' activity. This means going into a doctor's surgery and seeing what happens if you tell the receptionist that you have 'No Fixed Abode' or live in a hostel nearby.

A copy of the full report on this is available on request.



What is the LINK doing about Registering at GP surgeries?

The LINK held an event on 5th October 2009

Notes from the workshop

Lydia from the LINK has been told that sometimes people are not taken on as new patients if they are seen as homeless. However, in the contracts that GPs have with the Primary Care Trust, this is not allowed.

The LINK will train a group of service users how to be a mystery shopper. Once people are trained, they will go into GP surgeries and find out what happens if they try to register as a new patient. Lydia will help people to write up what happened when they went into the GP surgery and said they were homeless. A report will be sent to the Primary Care Trust telling them how the GP surgeries are working with homeless people.

Andrew Rea, who is a trainer from Greenfield, held two workshop sessions at the LINK event. He explained what mystery shopping is, and why the LINK have decided to use it.

Training will take place on 17th and 24th November. Participants who

complete both sessions will receive a certificate.

The workshops

Two workshops were held at the event on 5th October. Andrew Rea from Greenfield Training explained that when looking at mystery shopping you need to consider a series of questions - 'What' - is mystery shopping? 'Why' - are we doing this activity? 'How' - will we feed back the information gathered?

What is mystery shopping?

It is a way of gathering evidence to see how well a service is performing, and if it is meeting its customers needs. Mystery shopping is more commonly known to be used by high street shops.



Why Mystery Shopping?

This activity will give us specific evidence, it is factual, real and the experiences actually happened. If we just take 'case studies' from service users these will be filtered depending on what state the person was in at that time, their expectations of the service and so on.

Mystery shopping takes those elements out of it and provides a snap shot of a given services at a given time and given location.

It provides evidence as a starting point and as a part of a bigger process.

The LINK homelessness campaign can use the information gathered to improve services and give feedback to the statutory service providers.

Andrew explained that for mystery shopping to be carried out properly it needs to be ethical. As the work is being done to report to the Primary Care Trust, it is better to build good relations with them, and be as informative with them about the processes being used as possible.

Andrew mentioned that the mystery shopping is only one way of capturing information for this piece of work.

We can also ask the service providers about what happens; we can

ask service users - however this can be problematic as people will be recalling the information through a series of filters (see above).

Lydia advised that she has already had discussions with the Primary Care Trust who hold the contracts with GP surgeries, to explain that mystery shopping will be carried out.

She has also written a letter asking if any specific protocols need to be followed. In the letter she has asked about what information is in the contracts with the GPs and asked what is stated about how they should work with 'homeless' people.

How to mystery shop?

Andrew explained that there will be two half day training sessions for any 'service users' involved in this activity. This training will:

- provide background to mystery shopping,
- plan what will actually happen during the visits,
- design a recording sheet to be completed after each visit,
- build confidence and
- carry out some practice mystery shopping activity (for example setting a task in going to a local shop and mystery shopping them on

It was felt that:

- ⇒ The activity should be carried out at each surgery being studied at different times of the day and days of the week.
- ⇒ A letter should be sent to each GP surgery to be involved, explaining about the LINK statutory powers and asking what the surgery's policy is around taking on patients that are homeless (e.g. with no fixed abode, in temporary accommodation or sofa surfers).

Someone asked about which people would be included within 'homelessness'. Would it be people with no fixed abode or living in hostels? Would it include people who are 'sofa-surfing' (these are people with no address of their own. They sleep on different friends' sofas for short periods of time and then move on to somewhere else). Andrew said this would be decided within the training sessions.

People in the workshop mentioned that some GP surgeries work well with homeless people. It was agreed that these should be included in the mystery shopping activity to give a good contrast with those who are known to work less well.

People in the workshop asked whether information would be

collected on whether you were treated differently if you were a man, woman, black, white and so on. Andrew said that for this particular project would not be comparing different experiences. However, the activity may raise other information anecdotally and it would have to be decided how this would be used.

A form will be produced within the training to record what information service users need to look for during their visit to the GP surgery. This report will be completed with support from LINK staff if needed, and be used to feed back to the Primary Care Trust (NHS Manchester) at the end of the activity.

It was mentioned that a telephone mystery shopping could also be done as part of this activity. If the LINK were to arrange a telephone survey we would need to include a way of recording whether an answer phone message was being used or if the phone line was engaged. There might be information that was captured through this activity that was not specific to what we are looking for. This could still be reported back to the Primary Care Trust if it was felt to be significant.

Someone asked what happens if the GP surgeries don't change as a result of the findings? Andrew replied that it would be the Primary Care Trust who would decide how to take action. They are the ones that have the contracts with the GP surgeries. If the surgeries do not do what their contracts state, the PCT can decide not to renew their contract.

The LINK may decide to repeat the mystery shopping activity, say in a years time, to see if things have improved.



What's in it for the service user?

What would service users get out of being involved in the activity?

Andrew explained that there would be free training in mystery shopping. This training could be used for other purposes and other activities. It will build confidence and can be written down on a

C.V. for service users when applying for jobs. Anyone completing both sessions of the training will be given a certificate which can be used when applying for future jobs and volunteer work.

If you want to know what the LINK is doing now regarding mystery shopping, get in touch.

Copy of the letter and report to NHS Manchester is available on request

After all the evidence was collected from the Mystery Shopping visits, the findings were analysed.

A set of recommendations was then put together with a report. This was sent to NHS Manchester, who are the Primary Care Trust in Manchester.

They are responsible for the contracts with the GP surgeries and have the most influence.

A copy of the report is available on request. It is 26 pages long!

Over the next few pages we have put down some of the main points which appear in the report.

How did we get volunteers?

We asked at day centres, drop-ins and coffee mornings at hostels, if anyone wanted to get trained as a mystery shopper.

About the training

When we had enough volunteers, we held two half day training sessions. During the training, the volunteers:

- Found out what mystery shopping means
- Became trained up to be a mystery shopper
- Designed the recording sheet to capture the information
- Designed the 'script' to help them with what they would say during their visit

The volunteers were supported by LINK staff to carry out the visits over approximately three months.

About the visits

Fifteen GP surgeries were visited. These surgeries were chosen randomly from a list. Each surgery was visited four times by different volunteers. On two visits the volunteer said they lived in a hostel in the catchment area. On the other two visits they said they had 'no fixed abode' and wanted to register as a temporary patient.

The findings

Findings were recorded from each visit. They were then analysed and put into a report.

The main findings were that most receptionists / GP surgeries:

- a) Do not understand how the 'temporary patients' system should work
- b) Do not know about the 'letter of refusal'
- c) Are asking for very formal identification, which is difficult for homeless people

Recommendations

We put together a report, which we sent to NHS Manchester on 12th April. In the report, we talk about the way we carried out the visits, along with a set of recommendations. These say what we think should happen to make the services better in the future. The recommendations are shown on the next page.

Statutory Powers

The LINK is a project set up by the Department of Health. The LINK was given a set of powers which means that it should receive a response to any recommendations that it makes within 20 working days.

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

What happens next?

NHS Manchester will send us a response to our letter within 20 working days.

They will reply to our recommendations and let us know if, and what they are going to do to improve services.

We have asked them to give us a timescale for any actions they plan on carrying out. That way, we can keep an eye and look out for any changes.

We will let you know what they tell us by putting an article in our newsletter. If you do not receive our newsletter but would like to know what happens, get in touch with us. Details are given on the back page of this report.

We also plan on carrying out another mystery shopping exercise about six months after we receive their reply.

We will be able to tell if things have improved from when we carried out the first visits.

If you have any experiences of trying to register with a GP, and you would like to share them with us, get in touch—our contact details are given on the back page of this report.



Local Medical Committee

The LINK has been invited to attend the Manchester Local Medical Committee (LMC) meeting in May.

This will be to present the findings from the Mystery Shopping activity.

Manchester LMC is the representative body of Manchester GPs, so it is really positive that the LINK are being involved.

Local Medical Committee

Who or what is the LMC?

“Manchester LMC is the representative body of Manchester GPs and is funded by a levy which is paid by all GMS practices; and the majority of PMS practices; and a number of non-principals in Manchester.

On behalf of its subscribing GPs, the LMC will:-

- Liaise with PCT's on all matters affecting general practice and to act in the best interests of Manchester GPs, e.g. negotiation on Enhanced Services provided by GP practices.
 - Work with PCT's to improve the quality of health care provision in primary care.
 - Provide an opportunity for GPs to influence the development of local policies.
 - Offer support and confidential advice to GPs on
 - i Complaints procedures
 - i PCT concerns about GP Performance
 - iii Any disputes between the GP/ practice and the PCT, e.g. QOF disputes.
- Encourage personal and professional development of GPs.
 - Provide a general advisory service on all aspects of GPs' contractual obligations and signpost to appropriate organisations.
 - Act as an impartial facilitator between subscribing GP principals in the event of a partnership dispute.
 - Provide regular up-to-date information about general practice via our newsletter "What's On at the LMC" and the LMC Website at <http://www.manchesterlmc.co.uk>
 - Endeavour to provide value for money to Manchester GPs."

This information has been taken from their website:

<http://www.manchesterlmc.co.uk>

Do you know your rights to register with a GP?

The LINK has put together a leaflet about your rights to register with a GP.

It tells you:

- Where to find out about a GP in your area
- What to do if you are refused registration
- Your rights as a 'temporary resident'
- Who to call if you are having problems registering

If you would like a copy of the leaflet get in touch. We can provide multiple copies if you would like them for a project.

If you are having problems finding a GP, call PALS (Patient Advice and Liaison Service) on 0161 219 9451.

If you would like to tell us at the LINK about an experience you have had, contact us on the details given below.

Would you like to know more?

Would you like to get involved with the LINK?

If you would like to:

- Find out more about any of the pieces of work about homelessness,
- Find out more about what the LINK is or what it is doing,
- Have someone from the LINK visit your group, or
- Get involved with the LINK

Then please contact Lydia on:

☎ 0161 214 3909

✉ Email:

manchesterlink@blackhealthagency.org.uk

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