

**HEARTH study:
Delivering Primary Health Care to Homeless People**

**Mapping of primary health care services for
homeless people: specialist teams and
practices**

To be completed by the practice manager or equivalent

The information you provide in this questionnaire will be included in an inventory of specialist primary health care services for homeless people. Your service will be named in the inventory and it will be available for downloading from the internet. Please indicate in the section at the end of this questionnaire if there is anything you do not wish to be made public

Name and address of health service:

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Name of person completing the questionnaire:

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Job title:

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Email address:

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Phone number:

.....

Date of completion:

.....

TYPE OF SERVICE

1. When did your service begin?

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2. What type of arrangement best describes your service?

(tick ONE box only)

Medical centre / GP practice in the community

Mobile team that mainly operates within projects for homeless people

Other (*describe*)

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3. a. Is your service run in partnership with any other organisation(s)?

Yes No

IF YES, b. Please provide details (who with, working arrangements)

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4. a. Do you share your building with any services or organisations that are not

part of your team, such as a mental health or housing team?

Yes No

IF YES, b. Who with?

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.....
5. a. Does your team run clinics / sessions in hostels for homeless people?

Yes No

IF YES, b. Please list the hostels and their location, and how many hours per

week you are at each hostel

Name of hostel	Which town / city or London borough	Distance from your base: <i>i.e.</i> < 1 mile; 1-4 miles; or > 4 miles	Number hours per week?

Cont. over

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page

Name of hostel	Which town / city or London borough	Distance from your base: <i>i.e.</i> < 1 mile; 1-4 miles; or > 4 miles	Number hours per week?

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6. a. Does your team run clinics / sessions in day / drop-in centres for homeless

people? Yes No

IF YES, b. Please list the day / drop-in centres and their location, and how many hours per week you are at each centre

Name of centre	Which town / city or London borough	Distance from your base: i.e. < 1 mile; 1-4 miles; or > 4 miles	Number hours per week?

7. a. Do any of your staff do outreach work on the streets?

Yes No

IF YES, b. How many hours per week?

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c. Which workers do the street outreach?

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d. How far from your base does your team do street outreach (distance)?

Less than 1 mile 1-4 miles More than 4 miles

CLIENT GROUPS

8. Does your service work with the following client groups ...
(please tick ALL that apply)

Single homeless people Homeless families Rough sleepers

General population Gypsies and travellers Asylum seekers

People with no recourse to public funds

9. What other specific client groups, if any, does your service work with?

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10. a. In total how many patients are currently registered with or use your service?

Number

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b. Approximately what percentage of these are homeless and on the streets,
in hostels or in other temporary settings?

Percentage

.....

c. Approximately how many *homeless people* (on the streets, in hostels or other temporary settings) use your service in a typical week?

< 10 10-25 26-50 51-75 > 75 Don't know

STAFFING AND INTEGRATION WITH OTHER AGENCIES

11. Please list separately EACH member of staff who is employed by your service

and the number of hours they work each week. Include administration / reception staff.

Job title of worker, e.g. practice nurse 1, practice nurse 2	Number of hours per week	Job title of worker, e.g. practice nurse 1, practice nurse 2	Number of hours per week

12. Please list separately EACH person who does sessions at your service but is not employed by your service, e.g. drug or alcohol worker, housing

worker, benefits adviser, legal adviser, podiatrist, dentist, counsellor, social worker

Type of worker	Number of hours per week		Type of worker	Number of hours per week

13. Please provide details of any other organisations or services that your team

works with or refers patients to, besides those already mentioned

Type of service / worker
1.
2.
3.
4.

MANAGEMENT AND FUNDING

14. a. What is your catchment area or the areas from which your patients come?

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b. Which NHS Area team(s) cover this area?

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15. Please give details of your funding sources, in terms of approximately what

percentage of your funding comes from which source

Funding source	% of your total funding
NHS	
Local authority	
Charitable donations	
Other (<i>please specify</i>)	

16. What type of GP registration do you offer to homeless people?

(tick ALL that apply)

Permanent Temporary No registration

Other (describe)

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17. What are the opening hours of your service? Please provide separately the

number of hours that the service is open, and the number of hours that are designated for patients to be seen by a health professional

Days	Number of hours the service is open	Number of hours when patients can be seen by a health professional
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Weekend		

18. Do you offer an out of hours service to homeless people and who provides it?

Yes, your team Yes, out-of-hours team No out-of-hours service

SERVICES PROVIDED

19. Does your service provide the following ...

Services	Yes / no	Services	Yes / no
Health assessments and		Community alcohol	

screening			detox programmes	
Management of chronic health conditions			Needle exchange	
Immunisations and vaccinations			Methadone / opioid replacement therapy	
Minor surgical procedures			Smoking cessation service	
Sexual health care / treatment			Other health promotion work	
Counselling sessions			Deinfestation	
Routine blood tests				

20. a. Do you provide any services in collaboration with secondary care providers, such as intermediate/reablement care beds or ward rounds in hospitals?
 Yes No IF NO, GO TO Q. 28

IF YES, b. Please provide details of these services

Service provided	Where?	How often?

21. Please list any other services provided by your team that have not already been mentioned?

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DEVELOPMENT OF YOUR SERVICE

22. What changes, if any, have there been to your service in recent years and why?

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23. What are the strengths of your service?

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24. What are the limitations or weaknesses of your service?

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25. Please add any other comments you'd like to make about your service or the health needs of the local homeless population

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Please indicate in the boxes below any of your responses to questions that you do not wish to be made public. Information that you do not wish to be made public will remain confidential and accessible only to the research team.

Question	Do not make public		Question	Do not make public		Question	Do not make public
1			5a			7c	
2			5b			7d	
3a			6a			8	
3b			6b			9	
4a			7a			10a	
4b			7b			10b	
Question	Do not make public		Question	Do not make public		Question	Do not make public
10c			15			20b	
11			16			21	
12			17			22	
13			18			23	
14a			19			24	

14b			20a			25	
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Thank you very much for taking the time to complete this questionnaire. It is greatly appreciated.

Please return this questionnaire to ... contact details of research team

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