

<b>REPORT TO:</b>	<b>York Overview and Scrutiny Committee</b>
<b>REPORT FROM:</b>	<b>John Keith, Head of Primary Care Governance</b>
<b>REPORT DATE:</b>	<b>12 June 2012</b>
<b>REPORT STATUS:</b>	<b>Draft</b>
<b>Ref</b>	
<b>REPORT SUBJECT:</b>	<b>Re-provision of the Travellers and Homeless Medical Service</b>

## **PURPOSE**

The purpose of this report is to provide information to the York Overview and Scrutiny Committee about a proposed change to the current delivery of the Personal Medical Service (PMS) Homeless Service in York.

## **BACKGROUND**

The York Homeless Service was set up in April 2000 as a PMS contracted service with the aim to ‘reduce health inequalities by providing effective, accessible and responsive primary health care services to homeless or traveller clients who are not registered with a local GP or who have difficulty accessing health care services’.

The service has evolved to deliver care to patients who are homeless within the York area, but deals particularly with homeless patients who in addition experience chaotic lifestyles and have problems with drugs, alcohol and mental health problems.

Historically the service was managed under the Provider part of NHS North Yorkshire and York. At the time community services were transferred to other providers under the Transforming Community Services (TCS) agenda, the PMS homeless service was put out to tender.



An initial bid by a GP practice in York to host the service failed to progress and therefore the service in 2011/12 transferred as an interim measure to the Primary Care Directorate of NHS NYY.

During the time the Primary Care Directorate has managed the service, there has been a full service review to determine if the service in its current form is safe, effective and meeting the needs of the population.

The outcome of this review found that whilst the service did deliver the health care needs to its registered population, there are a number of short falls, particularly in relation to the resilience of the current service delivery model.

The most recent guidance provided by the Department of Health suggest that services for the traveller or homeless population is most appropriately provided through a combination of outreach, nurse-led clinics and registration within a primary medical GP services.

To reduce social exclusion, it was therefore proposed that the NHS commissions a more supportive and flexible service within the community, rather than a specialist provider with the aim to tackle marginalisation of travellers and homeless people.

NHS North Yorkshire and York undertook a service review, considering three possible models of care:

1. The service to be tendered to a General Practice to deliver the full service.
2. To separately commission the specialist clinical input for patients with drug or alcohol misuse from the current team of two nurses working from within the mental health services currently aligned with the PMS service; and in addition commission 'enhanced' general medical care from General Practice, which would support through a 'local enhanced service' to deliver general medical services tailored to better meet the needs of the homeless / travellers community.
3. To decommission any bespoke service for the homeless or travellers but to better signpost patients to A&E and the Walk-in Centre services and to local GP surgeries for their registration.

Following discussion with the Vale of York Clinical Commissioning Group the preferred option was to commission the service as described in option two above.

This choice was informed by a number of assessments of the current service including:

- An impact assessment of the service in relation to the current stakeholders of the service, which looked at what impact any potential change would have on the delivery of their services. (Appendix 1)
- An equity and diversity impact assessment of any change to the service. (Appendix 2)
- A review of the registered patient population of the service looking at the top 10% of attendees of the service, which has looked at how often they attend, and for what reason, and what is their primary health care issue (Appendix 3)
- A patient survey which has gathered the opinions from the current patient population. (Appendix 4)

A copy of these reports are attached in the form of Appendices.

## **ACTION**

The York Overview and Scrutiny Committee are asked to note the process undertaken to date by NHS North Yorkshire and York to review the travellers and homeless service in York.

The York Overview and Scrutiny Committee are invited to comment on the findings and on the conclusion that the PCT will:

- Commission the specialist clinical input for patients with drug or alcohol misuse from the current team of two nurses working from within the mental health services currently aligned with the PMS service;

and

- Commission 'enhanced' general medical care from General practice, which would support through a 'local enhanced service' to deliver general medical services tailored to better meet the needs of the homeless / travellers community.

## Appendix One

<b>REPORT TO:</b>	<b>York Overview and Scrutiny Committee</b>
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<b>REPORT SUBJECT:</b>	<b>Re-provision of the Travellers and Homeless Medical Service - Impact Assessment</b>

### PURPOSE

The purpose of this report is to provide information to the York Overview and Scrutiny Committee about a proposed change to the current delivery of the PMS Homeless Service in York.

### BACKGROUND

NHS North Yorkshire and York undertook a service review, considering three possible models of care:

1. The service to be tendered to a General Practice to deliver the full service.
2. To separately commission the specialist clinical input for patients with drug or alcohol misuse from the current team of two nurses working from within the mental health services currently aligned with the PMS service; and in addition commission 'enhanced' general medical care from General Practice, which would support through a 'local enhanced service' to deliver general medical services tailored to better meet the needs of the homeless / travellers community.
3. To decommission any bespoke service for the homeless or travellers but to better signpost patients to A&E and the Walk-in Centre services and to local GP surgeries for their registration.

As it is envisaged that this would have some impact on the current stakeholders who currently either access the service or refer in to the service, an impact assessment was undertaken to look at four main areas:

1. What service is provided to patients by the Stakeholder?
2. How does the Stakeholder relate to the homeless service?
3. What would be the perceived impact of the new service delivery model have on the Stakeholders service?
4. What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service?

The different stakeholders that were approached as part of this assessment were:

- The Salvation Army
- The Probation Service in York
- The Homeless and Travellers Hostel based in Ordnance Lane York
- The Substance Misuse Liaison Service
- Foundation UK based in York
- The Arclight Centre in York
- The Peasholme Centre in York
- The Assertive Outreach Team (AOT) in York
- The Independent Domestic Abuse Service (IDAS) service in York

A semi structured interview was held with each stakeholder and comments collated

(see table below)

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
The Salvation Army	This service currently runs a drop-in service for the Homeless people in the City of York area; they also are the Crisis intervention team for the City of York. They work in collaboration with the PMS Homeless service.	Currently when patients present at the service they will refer to the PMS homeless service if / when a GP is required. The service also contacts the PMS homeless service for advice for the on-going management of the patients.	The service suggested that it would not have any major impacts on the service they currently provide to the Homeless population if the delivery is as describe in option two.	They stated that they would see a benefit if the service was available from GP practices in different areas of the city.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
			The biggest potential issue would be for the Patients if they were to be excluded or barred from the GP practices for poor / violent behaviour.	
The Probation Service	This service currently gives supervision to people who are newly released from Prison	The service currently has links to the PMS homeless service for the Homeless patients that are registered with them.	The service expressed a concern about the continuation of the Mental health services that work in-conjunction with the PMS homeless service,	Good communication during the Transitional period, so the service is not lost. To have a single point of access to the service.



Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
		The service currently refers their clients to the PMS Homeless service for their health care needs; they also meet via a shared care arrangement to discuss the patients.	if the PMS homeless service was no longer functioning as a discrete unit.	
The Homeless and Travellers Hostel based in Ordnance Lane	This service is currently a Hostel for the Homeless population in the City of York area; they also link in to the traveller population.	Most of the clients of the service are registered with the PMS Homeless service to receive their health care needs.	The service suggested that there could still be a problem with the Travellers population accessing the GP surgeries for their healthcare,	The service felt that the aspect of the “drop-in” was good for the current patient population.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
		<p>The service refers to the PMS service, but does also refer patients to the local GP practice, but has experienced problems with this in the Past.</p> <p>The service also links in to the local Health Visitor service.</p>	<p>due to lack of relationship between them and the practice.</p>	<p>They felt that there is a need to have good communication with a single point of contact.</p> <p>They did feel that any change to the service could increase the stress for the patients.</p>

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
The Peasholme Centre	<p>This service is a resettlement service for the Homeless population of the York area.</p> <p>The service is a 22 bed unit and supports the people until they move on to other housing projects.</p>	<p>This service currently refers their clients to the PMS homeless service for their GP care, and sometimes host clinics ran by some of the Healthcare professionals in the PMS Homeless service.</p>	<p>The service suggested that the new delivery plan could have some impact on the method the patients are currently referred for their health care.</p>	<p>Communication needs to be maintained.</p> <p>If any clinics to be held in the building to consider that space is limited.</p> <p>To still have a method of direct referral to the Mental Health services.</p>

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			They did see the current service as a key link to obtaining Mental health service for the patients in their care, and suggested that this could alter if patients placed in standard GP.	To have directly responsible people in the GP practices concerned.  To have a briefing to the different agencies concerned.
The Assertive Outreach Team (AOT)	This service works with the Homeless population, mainly with mental health problems, also the patients with the most complex problems / needs, a	This service links in with the PMS homeless service to support the patients with any of their current issues.	The service did raise an issue about the current level of continuity of care the patients currently get,	To ensure that the level of communication is maintained.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
	lot of the patients have problems with access to services.	There is also a lot of joint working between the two services.	and if this is still to be continued with the new delivery plans. They also raised concerns that it may not be seen as a “one stop” shop. There also needs to be flexibility built in to the delivery plan.	
The Independent Domestic Abuse Service (IDAS)	This service supports people with complex needs for stability	The service current works with the PMS homeless service to ensure that the clients have access to medical services such as a GP.	The service could not foresee any major issues resulting from the proposed service delivery plan.	The service felt it is useful to have a named GP in the practice as a point of contact.

Stakeholder	What is the service that the Stakeholder providers for the	Which part of the Homeless service does the Stakeholder access	What would be the perceived impact a new service delivery model have on the Stakeholders service	What other things does the Stakeholder think should be considered to enable more patients to access a Homeless service.
	<p>The main people the service works with are people who are experiencing domestic violence. The service normally receives about 1000 referrals a year, of which they work with about 50% of these.</p>			<p>The service felt that a communication program would be required between all staff and other organisations.</p>

## Appendix Two

### Full equalities impact assessment

Department: **Primary Care / Medical Directorate**

Piece of work being assessed:

**PMS Homeless Service**

Aims of this piece of work: **To re-commission the current service**

Name of lead person:

**Dr David Geddes  
Medical Director  
and Director of  
primary Care**

Other partners/stakeholders involved:

- The Salvation Army
- The Probation Service in York
- The Homeless and Travellers Hostel based in Ordnance Lane York
- The Substance Misuse Liaison service
- Foundation UK based in York
- The Arclight Centre in York
- The Peasholme Centre in York
- The Assertive Outreach Team (AOT) in York
- The Independent Domestic Abuse Service (IDAS) service in York

Date of assessment:

**23 April 2012**

Who is intended to benefit from this piece of work?

**The registered patients with the PMS for Travellers and Homeless, plus other potential homeless people based in the York area.**

<b>Single Equality Scheme strand</b>	<b>An impact assessment completed which looked at the impact any change in the service delivery may have with the current stakeholders.</b>	<b>Is there likely to be a differential impact?</b>
<b>Gender (incl Gender reassignment, pregnancy and breastfeeding)</b>	At present there is no expected impact on the service delivery with regards to all aspects to Gender.	No
<b>Race</b>	At present, there is no expected impact on the service delivery with regards to all aspects to Race.	No
<b>Disability</b>	At present, there is no expected impact on the service delivery with regards to all aspects to Disability.	No



<b>Sexual orientation</b>	At present, there is no expected impact on the service delivery with regards to all aspects to the sexual orientation of the patients.	No
<b>Age</b>	At present, there is no expected impact on the service delivery with regards to all aspects to the age of the patients.	No
<b>Religion/belief</b>	At present, there is no expected impact on the service delivery with regards to all aspects to Religion or belief.	No
<b>Human Rights</b>	It is not envisaged that this piece of work adversely impact on anyone's human rights	No
<b>Marriage and Civil Partnership</b>	It is not envisaged that this piece of work likely to discriminate on the grounds of marriage and civil partnership.	

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<b>REPORT SUBJECT:</b>	<b>Analysis of profile of patients at the PMS Homeless Service</b>

## PURPOSE

The purpose of this report is to provide information to the York Overview and Scrutiny Committee about a proposed change to the current delivery of the PMS Homeless Service in York.

## BACKGROUND

The York Homeless Service was set up in April 2000 as a personal medical service (PMS) contracted service with the aim to 'reduce health inequalities by providing effective, accessible and responsive primary health care services to homeless or Traveller clients who are not registered with a local GP or who have difficulty accessing health care services'

The service has evolved to deliver care to patients who are homeless within the York area, but deals particularly with homeless patients who in addition experience chaotic lifestyles and have problems with drugs, alcohol and mental health problems.

The current registered patient list has remained relatively stable and was analysed to look at the total attendances over the last year. The service currently has 201 patients registered of which a total of 168 patients attended the service between the dates of June 2011 and May 2012. During this time, there were a total of 7153 attendances, which give an average of 28.5 attendances per day between the GP, Practice Nurse, the Drug and Alcohol Nurse and the Dual Diagnosis nurse, or on average 7 attendances per practitioner per day.

The demographics for the registered population are as follows:

<b>Age Groups</b>	<b>0-9</b>	<b>10-19</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-99</b>	<b>100+</b>
<b>Males</b>	1	2	22	47	48	27	4	2	0	0	0
<b>Females</b>	0	2	12	15	12	5	4	0	0	1	0

Seventeen patients (8% of the registered population) attended 2194 times within the year, equating to about 30% of the total attendances for the service in the year.

Each of the high user patients have an average of 95 attendances for the year with a range between 95 to 202. A lot of these patients had evidence of multiple attendances on the same day with some of the patients attending for up to 4 appointments in the same day.

The patient's demographics of the extremely high user group is:

Age – range between 22 to 52 with an average age of 36 years.

Sex – there was 9 females and 8 males

The patients were attending for various different long term medical conditions, the main being:

<b>Long Term Condition</b>	<b>No of Patients</b>
Coronary Heart Disease	3
Diabetes	2
Chronic Obstructive Pulmonary Disease	4
Asthma	22
Mental Health	24

**Appendix Four**

**General Practice Assessment Questionnaire\***

*Eight surveys were completed out of over 200 registered patients.*

<b>Q1</b>	Very helpful	Fairly helpful	Not very helpful	Not at all helpful	Don't know
<b>How helpful do you find the receptionists at your GP practice?</b>	8/8				

<b>Q2</b>	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know/ Haven't tried
<b>How easy is it to get through to someone at your GP practice on the phone?</b>	2/8	1/8	2/8		3/8

<b>Q3</b>	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know/ Haven't tried
<b>How easy is it to speak to a doctor or nurse on the phone at your GP practice?</b>	2/8	3/8			3/8

<b>Q4</b>	Yes	No	Don't know/ Haven't tried
<b>If you need to see a GP urgently, can you normally get seen on the same day?</b>	5/8	1/8	2/8

<b>Q5</b>	Important	Not Important
<b>How important is it that you be able to book appointments ahead of time in your practice?</b>	7/8	1/8

<b>Q6</b>	Very easy	Fairly easy	Not very easy	Not at all easy	Don't know/ Haven't tried
<b>How easy is it to book ahead in your practice?</b>	3/8	4/8			1/8

<b>Q7</b>	In person	By phone	Online	Doesn't apply
<b>How do you normally book your appointments at your practice?(tick all that apply)</b>	5	2		1

<b>Q8</b>	In person	By phone	Online	Doesn't apply
<b>Which of the following methods would you prefer to use to book appointments at you practice? (tick all that apply)</b>	6	3		1

<b>Q9</b>	Same day or next day	2-4 days	5 days or more	I don't usually need to be seen quickly	Don't know/ Haven't tried
<b>How quickly do you usually get seen by a particular doctor?</b>	5/8	2/8		1/8	

<b>Q10</b>	Excellent	Very good	Good	Fair	Poor	Very poor	N/A
<b>How do you rate this?</b>	5/8	2/8	1/8				

<b>Q11</b>	Same day or next day	2-4 days	5 days or more	I don't usually need to be seen quickly	Don't know/ Haven't tried
<b>How quickly do you usually get seen by any doctor?</b>	4/8	2/8			2/8

<b>Q12</b>	Excellent	Very good	Good	Fair	Poor	Very poor	N/A
<b>How do you rate this?</b>	6/8	1/8	1/8				

<b>Q13</b>	Less than 5 minutes	5-10 minutes	11-20 minutes	21-30 minutes	More than 30 minutes	There was no set time for my consultation
<b>How long did you have to wait for your latest consultation to start?</b>		4/8	1/8	3/8	1/8	

<b>Q14</b>	Excellent	Very good	Good	Fair	Poor	Very poor	N/A
<b>How do you rate this?</b>	2/8	3/8		2/8	1/8		

<b>Q15</b>	Yes (go to Q17)	No	Don't know
<b>Is your GP practice currently open at times that are convenient to you?</b>	8/8		



<b>Q16</b>	<b>Before 8am</b>	<b>At lunchtime</b>	<b>After 6.30pm</b>	<b>On a Saturday</b>	<b>On a Sunday</b>	<b>None of these</b>
<b>Which of the following additional opening hours would make it easier for you to see or speak to someone?</b>						

<b>Q17</b>	<b>Yes (go to Q19)</b>	<b>No</b>	<b>There is only one doctor at my surgery (go to Q19)</b>			
<b>Is there a particular GP you usually prefer to see or speak to?</b>	7/8	1/8				
<b>Q18</b>	<b>Always of almost always</b>	<b>A lot of the time</b>	<b>Some of the time</b>	<b>Never or almost never</b>	<b>Not tried at this GP practice</b>	
<b>How often do you see or speak to the GP you prefer?</b>	6/8	1/8	1/8			

**How good was the last GP you saw at each of the following?  
(if you haven't seen a GP in your practice in the last 6 months,  
please go to Q25)**

<b>Q19-23</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>N/A</b>
<b>Giving you enough time</b>	4/8	4/8				
<b>Listening to you</b>	8/8					
<b>Explaining tests and treatments</b>	7/8	1/8				
<b>Involving you in decisions about your care</b>	7/8		1/8			
<b>Treating you with care and concern</b>	7/8	1/8				

<b>Q24</b>	<b>Yes, definitely</b>	<b>Yes, to some extent</b>	<b>No, not at all</b>	<b>Don't know/can't say</b>
<b>Did you have confidence and trust in the GP you saw or spoke to?</b>	7/8	1/8		

**How good was the last nurse you saw at each of the following?  
(if you haven't seen a nurse in your practice in the last 6 months,  
please go to Q31)**

<b>Q25-29</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very Poor</b>	<b>N/A</b>
<b>Giving you enough time</b>	6/8	2/8				
<b>Listening to you</b>	7/8	1/8				
<b>Explaining tests and treatments</b>	7/8	1/8				
<b>Involving you in decisions about your care</b>	7/8	2/8				
<b>Treating you with care and concern</b>	7/8		1/8			

<b>Q30</b>	<b>Yes, definitely</b>	<b>Yes, to some extent</b>	<b>No, not at all</b>	<b>Don't know/can't say</b>
<b>Did you have confidence and trust in the GP you saw or spoke to?</b>	8/8			

**Thinking about the care you get from your doctors and nurses overall, how well does the practice help you to:**

<b>Q31-33</b>	<b>Very well</b>	<b>Unsure</b>	<b>Not very well</b>	<b>Does not apply</b>
<b>Understanding your health problems</b>	8/8			
<b>Cope with your health problems</b>	8/8			
<b>Keep yourself healthy</b>	6/8	2/8		

<b>Q34</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very poor</b>
<b>Overall, how would you describe your experience of your GP surgery?</b>	5/8	3/8				

<b>Q35</b>	<b>Yes, definitely</b>	<b>Yes, probably</b>	<b>No, probably not</b>	<b>No, definitely not</b>	<b>Don't know</b>
<b>Would you recommend your GP surgery to someone who has just moved to your local area?</b>	7/8	1/8			

<b>Q36</b>	Male	Female
<b>Are you?</b>	6/8	2/8

<b>Q37</b>	Under 16	16-44	45-64	65-74	75 or over
<b>How old are you</b>		5	3		

<b>Q38</b>	Yes	No	Don't know
<b>Do you have a long standing health condition?</b>	8		

<b>Q39</b>	White	Black/Black British	Asian/Asian British	Mixed	Chinese	Other ethnic group
<b>What is your ethnic group?</b>	8					

<b>Q40</b>	Employed	Un-employed	Full time-education	Long term sickness	Looking after home /family	Retired	Other
<b>Which of the following best describes you?</b>		3		3	1		1

**Finally, please add any other comments you would like to make about your GP practice:**

*They are very helpful and understanding.*

### **Summary**

Although very few patients completed the survey, overall the practice scored very highly on the questions that related to patient satisfaction with healthcare and access (Q19 to Q35).

*\*The following limitations should be taken into consideration if utilising this data for decision making purposes:*

*The survey is designed to enable general practices to benchmark themselves against national and local scores. This information was not available when analysing the data above and does not provide a benchmark for this service.*

*GPAQ creators recommend a minimum of 50 responses for a reasonable level of data reliability.*

*This survey was designed for general practice rather than a PMS practice and while eliciting responses relating to the choice of GP etc. which are not relevant, the survey did not capture feedback on the specialist services provided.*

## PMS Service Focus Group

**Date: 1 June 2012**

**Number of Attendees: 4 Males**

### **Questions and Response Summary-**

#### **1. What do you like about the PMS Service?**

All patients present agreed that the PMS service is different from previous experiences at both the probation service and at other GP surgeries (one patient present was registered prior to moving into a hostel and told that he was now 'out of area') in that they are more tolerant and spend much more time listening to get to the root of the problem. They were also not made to feel guilty for missing an appointment like at other surgeries. It was through the PMS Service that one patient was finally diagnosed with a mental health issue after years of being 'bounced between services' and this diagnosis was a turning point in his road to recovery. All the patients present had struggled with addiction and felt that in the past their addictions had been addressed but that their other health problems had been ignored. Having their addictions and their long term health problems addressed at the same time by staff that had knowledge and experience was very important to them.

All the patients felt that Dr. Boffa and their nurse Nicky, the dual diagnosis nurse, and their involvement in their individual cases had prevented relapses by being available at short notice and by checking in with them personally if they missed an appointment. One patient found in the past that another GP surgery had just provided repeat prescriptions over the phone and was not able to tell that he was becoming progressively unwell which ultimately led to a relapse. All of the patients felt that the service had at one time prevented a relapse or hospitalisation. The patients themselves said that they realised the PMS Service must be expensive to run but that it must cost less than repeated hospitalisations. They also said when they relapsed they were more likely to lose their hostel place, become homeless and be more likely to become engaged in crime which they also felt had negative cost/social implications.

## **2. What would you do differently?**

All the patients felt that they would often have to wait a long time to be seen at the drop in clinic but felt this was because there were a lot of patients and too few staff.

## **3. Are there any health care needs that this service doesn't meet?**

It was felt that it would be nice to have a dentistry service but on the whole Dr. Boffa was very good at referring them elsewhere quickly when they needed additional services.

## **4. Is the service easy to access? Would it be better located somewhere else?**

One patient said it would be nice to have an additional service in Acomb but all agreed that it was best placed centrally at Monkgate.

## **5. What would you have done if this service was not available?**

"I would have been lost. I would not have registered with a GP. When I was unwell in the past I always ended up in A&E."

"Before my mental health problems were diagnosed here I just ended up in prison."

"A regular GP had too much structure and no consistency. I had to see who was available and nobody knew me or what my problems were."

"Without Nicky I wouldn't be here anymore."