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Introduction

The Hastings Homeless Service undertook its annual Service User Survey during September 2013.

Revisions were made to the questionnaire format used in the 2012 survey, through consultation with the following stakeholders:

- Clients – via the Service User Focus Group;
- Representatives of partner agencies – through the Hastings Homeless Service Working Party group;
- The Homeless Service volunteer team – at a team meeting.

The 2013 questionnaire format can be found in the Appendix.

Respondents were selected at random by the interviewer within Seaview Project's day-centre area or Hope Kitchen’s dining area. 21 clients were interviewed, using the revised questionnaire template.

Clients were interviewed at Seaview by Tilly Grove, the Homeless Service’s volunteer administrative assistant, and at Hope Kitchen by Markie Barratt, Sussex Homeless Service Manager. Tilly and Markie, being less well known to clients, were selected to conduct interviews, in order to minimise bias.

Conquest Hospital clients are sent a different questionnaire for service evaluation: results of this form part of our annual report for the Big Lottery Fund and will be summarised in the Hastings Homeless Service’s End of Year Report.
Survey Responses

Frequency of access:

Respondents were asked how many times they had attended St John Ambulance Homeless Service (SJAHS) clinics at Seaview and/or Hope Kitchen: ‘Never’, ‘Once’, ‘Several Times’, or ‘Many’.

All 21 clients had previously accessed SJAHS clinics. 18 clients (86%) had attended ‘Several’ or ‘Many’ times. The remaining 3 clients (14%) had accessed the clinic once each.

Clients were also asked which service(s) they had accessed (more than one service could be indicated): see results in Table 1 below.

All 21 clients interviewed had consulted a nurse at SJAHS clinics.

Significantly, the dental nurse service had been accessed by as many clients as had podiatry. This service is provided every 2 months, in conjunction with SJAHS, by Deana Stanley-Jackson, a dental nurse working for local NHS services, and always has a high uptake.

The value of general and social support and giving clients time to be actively listened to is something we hold in high regard as an essential aspect of service provision, as we aim to deliver a genuinely holistic service – so it is affirming to see that this has been recognised by clients, with 14 (67%) identifying this as something they have benefitted from at clinics.

<table>
<thead>
<tr>
<th>Nurse</th>
<th>Podiatrist</th>
<th>Nurse prescribing</th>
<th>Gen. support / social issues / listening</th>
<th>Mental health</th>
<th>Dental nurse</th>
<th>Stop smoking support</th>
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<tbody>
<tr>
<td>Nos. of clients:</td>
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<td>8</td>
<td>13</td>
<td>14</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

*Table 1: Nos. of clients interviewed who had accessed each of the specified SJAHS services*
Comments on specific services:

Respondents were asked to comment on these services. All responses are listed below:

Nurse clinic:
- “Since about 2004”
- “Pretty good – helped me out”
- “He’s a good nurse – helps me a lot”
- “Good nurse”
- “They’re good”
- “For a pregnancy test”
- “Foot trouble”
- “I went to see the nurse as my shoulder was hurting and he said I should take painkillers”

Podiatrist (foot care):
- “Once”
- “All the time”
- “No – they’re always too busy”
- “Keep missing her”
- “Very good”
- “Once”

Nurse prescribing:
- “I get my meds here”
- “Nicotine replacement”

General support / social issues / listening:
- “About going to the dentist”
- “Good listener”
- “Used to come everyday – could get away from my violent partner”
- “They advised me to go to my GP”
- “With birth certificate”

Mental health support:
- “Occasionally – mental health team ring here to reach me”
Dental nurse:

- “Briefly – have dentures”
- “Once”

Stop smoking support:

- “For a while, yeah”
- “Tried”
- “Tried”

While most of the above comments were generally positive about all aspects of the service, the following observation needs to be made:

There have been some problems with clients accessing our podiatry service due to high demand, as reflected in two of the above comments. Sue Rains, our podiatrist, is contracted to provide a 3-hour clinic on a Thursday. This over-runs most weeks, with clients sometimes being turned away and being asked to return the following week.

For a few months we were able to provide an extra podiatry clinic each Monday, covered alternate weeks by two volunteer podiatrists, but they have now both unfortunately left due to other work commitments.

At present, there is no other podiatry provision, but Sue continues to endeavour to provide an appropriate and effective service by prioritising street homeless individuals, new clients and others in particular need.
**Appropriateness of treatment:**

We asked clients to ‘Fully agree’, ‘Agree’, ‘Disagree’ or ‘Completely disagree’ with the following statement: “The nurse or podiatrist dealt with the health problems I was experiencing”.

15 clients fully agreed; 6 agreed: totalling 100%.

They were then asked to comment on this. Comments given illustrate the range of services we provide, from general healthcare and health promotion to general social support, and reflect the non-judgmental, empathic ethos of the service. All responses are detailed below:

- “Really good at sorting things out”
- “Really good”
- “100%”
- “On the whole – although, Roger needs someone else on his level”
- “They are limited – have the willingness, but not the resources”
- “I’m diabetic (so they’re not exactly going to cure it), but they’re good”
- “I always talk about everything – home, relationships, money”
- “It’s ongoing, but yeah”
- “All of them”
- “Fantastically – very polite, helpful”
- “Sometimes they can’t do everything … but if it’s serious, they get you a taxi to hospital”
- “Very fully”
- “I saw them about smoking – I failed, but that’s down to me”
- “Just very good. In these times very nice to get such support without feeling that you’re grovelling, begging. ‘No guilt.’”
- “It was helpful as he confirmed it was a muscular problem”

**Changes to lifestyle:**

Clients were asked, from a selection of specific areas (see Table 2), to identify any changes to their lifestyle as a result of the Service. The responses (clients could tick more than one area) are tabled below:

<table>
<thead>
<tr>
<th></th>
<th>Eating habits</th>
<th>Smoking</th>
<th>Looking after feet</th>
<th>Accessing other services</th>
<th>Other</th>
<th>Total</th>
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<td>Nos. of clients:</td>
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<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>11</td>
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*Table 2: Changes to lifestyle, as identified by clients interviewed*
‘Other’ areas were specified by clients as follows:

1. “Yes” (no specification)
2. “I check my weight, which I need to do”
3. “See GP more – especially because SJA offer advocacy”
4. “Teeth; getting thyroid checked”
5. “Changed the way I thought”
6. “Less drug use”

These 11 responses from 21 vulnerable clients represent an incredibly positive reflection of both the supportive, health-promotion-oriented approach of the Homeless Service and the resilience and motivation of individual clients.

Comments on these responses were invited. All comments are listed below:

- “I just wouldn’t have thought” (re: getting thyroid checked)
- “I’ve got a 9 week old son – had to make changes”
- “It’s much better” (no specification)
- “Had trench foot”
- “No – but that’s my choice”
- “Helped to keep me on the level I’m on”
Health improvements:

Clients were asked: “Have any areas of your health improved as a result of the Service? If so, what areas?”

15 clients (a significant 71%) gave a positive response.

The most common theme in these responses was foot health, with 5 out of 15 identifying this as an area of improvement.

All responses are given below:

- “Teeth”
- “Yeah” (no specification)
- “Can read my blood pressure right away, so can sort it out if needed”
- “Keep my wounds dressed”
- “Got new teeth!”
- “Some have, some haven’t” (no specification)
- “I stopped getting sunburnt!” (received sun cream)
- “Yeah” (no specification)
- “Feet are better”
- “Yeah – my blisters from walking”
- “Yeah – feet look a lot better, tidier”
- “Feet (trench foot) – weight loss – drinking”
- “Yeah – I had TB (but not been given the all clear)”
- “Feet. Also accessing things that require ID now that I have a birth cert”
- “I always try to keep myself fit – I use the gym area at Seaview”
Accessing the Homeless Service instead of GP:

In response to being asked whether they had accessed the Homeless Service instead of their GP for health care and advice over the last year, 14 clients (67%) confirmed that they had.

Homeless Service provision is designed, on the one hand, to enable marginalised individuals to engage with mainstream healthcare, and on the other hand to reduce unnecessary use or over-use of GP services, particularly for minor ailments and advice, by providing accessible, nurse-led drop-in clinics.

Clients were asked: “If yes, how many times?” Answers were as follows:

- “Over 6 times a year”
- “I go more to SJA than I do to GP”
- “A lot!”
- “Always”
- “Most of the time”
- “Quite a few – here and Hope Kitchen”
- “Three or four”
- “A few”
- “Three”
- “Twice”
- “Once”

At the end of July, Carisbrooke Surgery and Warrior Square Surgery (at which many of our clients are registered) suffered severe water damage following a fire in the sheltered accommodation above their premises at Marlborough House, leaving the two practices being able only to offer very limited services at alternative emergency premises in locations some distance from Central St Leonards.

This in turn led to increased uptake of our service, particularly with clients requesting repeat prescriptions for medications and items they would normally receive from their GP. Some of these requests we were able to meet and some required our advocacy to their surgery.

This turn of events is reflected in some of the responses in Box 1 to the questions: “Any comments? E.g. why did you use this service instead of a GP?”

As in previous years’ client surveys, accessibility and approachability are key themes in the comments given. Barriers to accessing healthcare experienced by the general population, such as difficult appointment systems and GPs’ time constraints (which can make doctors appear unapproachable), are magnified several times for vulnerable and homeless people.

The Homeless Service’s aim is to bridge the gap, providing accessible, approachable, supportive and holistic healthcare services, while also offering advocacy to GP surgeries, by letters, phone calls, and accompanying clients to appointments.

The comments in Box 1 suggest that we are achieving that aim.
- “Roger talks to me at my own level; seeing GP is like talking to a robot – frightens me. GP doesn’t understand me – once suggested getting painkillers over the counter, which I can’t afford”
- “Rather come here than walk up there”
- “It’s on my doorstep, I come in Seaview all the time”
- “SJA is more helpful than my own Doctors!”
- “I don’t like my GP”
- “SJA are wonderful people, great to get on with, have good conversations. I trust them more than any Doctor”
- “It’s so hard to get a Doctor’s appointment”
- “Mine got burnt down”
- “I come into Seaview most days”
- “I feel more comfortable here than at GP”
- “Don’t have to make an appointment”
- “GP went up in flames!”
- “My GP told me I was pregnant – but I wasn’t”
- “There was no point in bothering my GP”

Box 1: All responses to the questions:
“Any comments? E.g. why did you use this service instead of a GP?”
Accessing the Homeless Service instead of A&E:

6 clients (28%) confirmed that they had accessed the Homeless Service instead of Accident & Emergency in the last year.

When asked how many times, responses were as follows:

- “Quite a few”
- “Once”
- “Three or four”
- “Four or five times”

Clients were then asked for any comments (e.g. why did you use this service instead of A&E?).

Responses were as follows:

- “For the sake of time; also don’t like going to hospital all the time”
- “I’m always here”
- “I was here anyway”
- “Don’t like hospitals”
- “Just more comfortable here”
- “It’s there – and I just seem to talk out to Roger”

Many Homeless Service clients will avoid A&E at all costs because of waiting times, hospital location, anxieties and previous negative experiences of hospitals. Some may over-use or misuse A&E, but are less likely to do so since the establishing of the NHS Walk-in Centre at Station Plaza in 2010.

The Homeless Service reduces unnecessary A&E attendance for some, while encouraging A&E attendance for others, offering transport, advocacy and support where needed – but most importantly meets the health needs of many who would not otherwise access any help for acute problems or injuries.
Advocacy and help to access other services:

Clients were then asked whether SJAHS had helped them to access any other services (e.g. by giving information, making a referral, or accompanying them to an appointment). They were given a range of specific services or areas to identify.

A third of clients said that they had been assisted to access services at their GP surgery, and a significant number recognised that the SJAHS team had provided effective advocacy or signposting to a range of other services: see Table 3.

<table>
<thead>
<tr>
<th>Nos. of clients:</th>
<th>GP</th>
<th>Mental Health</th>
<th>Dentist</th>
<th>Housing</th>
<th>Substance Misuse Service</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nos.</td>
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<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
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</table>

Table 3: Services clients were helped to access

Comments on these responses were invited. All comments given are listed below:

- “Roger accompanied me to GP”
- “I’ve not asked – I’m sure they would”
- “Home Works”
- “Have also reported my concerns re: friends (who should be on disability, have depression, suffering abuse) to Roger, who noted it and made referrals”
- “Helped with having birth certificate”
What have you found most useful or helpful about the Service?

All 21 clients (100%) gave a response to the above question. Responses were as follows:

- “Can confide one to one; won’t get told off – he accepts what I have to say; Roger listens”
- “It’s pretty good … Accessibility”
- “It’s on my doorstep, and I know Roger from church”
- “Good for people who haven’t got places to go; good service”
- “The advice that they give – talk about how to get a doctor, etc”
- “That he’s there, he listens, he tries to help”
- “That they understand”
- “That they’re here when needed – it’s easier than seeing a Doctor”
- “Nice personalities, nice atmosphere”
- “They’re always there. When you can’t get to Doctors, they’re here”
- “Just being able to talk to someone, and have someone see my feet – if they didn’t, they’d be a state!”
- “Can walk straight in – wouldn’t want to go to Doctors”
- “Podiatrist has been helpful. Just talking about health”
- “Just really helpful – whatever you ask, they try their hardest to help”
- “Just being able to talk”
- “The way Roger is understanding”
- “The way they explain things – I’m dyslexic”
- “The advice”
- “That it’s here”
- “Just general supportiveness and knowledge of healthcare issues”
- “Already covered”

Once again, accessibility, approachability and being listened to are key themes that clients appreciate (alongside effective health care and advice), and which many identify as being missing from GP services.

Is there anything you have found unhelpful? If so, what?

In response to the above questions, most clients answered ‘no’. The few other comments were:

1. “Should be open on Wednesdays”
2. “They won’t go against another colleague (medical professional)”
3. “Found it unhelpful where the board was placed – but they moved it”

A response is given to each comment in turn:
1. To date we have declined to provide a service 5 days / week at Seaview: due to service capacity; because the Homeless Service is not an emergency service; and because clients can access immediate healthcare if needed at the Station Plaza Walk-in Centre on a Wednesday.

However, whether to add a Wednesday clinic to our service at Seaview remains a legitimate question and will be re-considered by the Sussex Homeless Service and Homeless Service Working Party in response to the above comment.

2. The comment that Homeless Service team members “won’t go against another colleague” is from a service user who from time to time complains to us about treatment from professionals of other agencies.

In these instances, unless there are serious allegations or the client is asking us to take action on their behalf, the appropriate, professional response for us to take is simply to listen impartially, hence the above comment.

3. This comment follows a suggestion by a client at the Service User Focus Group and, as indicated by the comment, was swiftly taken up: the board on which clients write their names to see the nurse or podiatrist was moved from the treatment-room door further towards the main day-centre area, to improve accessibility and awareness of the service.

**Has anything made it difficult for you to access the Service? If so, what?**

The majority of clients responded ‘no’ to the above questions. All other responses were as follows:

1. “Too many time wasters/abusers of the system”
2. “Not being able to get in there on Wednesdays!
3. “Not really – only when it’s packed solid”
4. “I have to be home at a certain time”
5. “No – once here, you get seen”
6. “Not knowing it was here”

The first comment is clearly the personal opinion of a service user and not necessarily one that we would concur with, although as commented earlier, the Podiatry service is over-subscribed, requiring ongoing efforts to prioritise effectively, and this may be reflected in Comments 3 and 4 as well.

The question of Wednesday service provision has been addressed above.

Comment 6 suggests a need for renewed efforts to raise awareness of the Homeless Service: this issue is dealt with in Summary and Conclusions.
**Service development:**

Clients were asked whether they could think of any other services we should be providing or other ways the service could be improved.

All responses are listed below:

- “Home service – especially a dental service for people at home, one to one; would be prepared to pay for the transport”
- “Bigger room”
- “They do it all here!”
- “Could probably promote hygiene better…”
- “Nothing at all”
- “No - they’re doing a good job”
- “Help with Housing”
- “Not off the top of my head”
- “No! Doing more than enough!”
- “No”

A “home service”, especially a dental service, is outside Homeless Service provision.

A “bigger room” is unfortunately not a realistic option, although the Homeless Service team would also agree with this ideal! The existing treatment-room, although a little small, is adequate for our needs.

“Could probably promote hygiene better…” It is assumed that this comment refers to personal hygiene. Promotion of personal hygiene is addressed sensitively as required on an individual basis, for example when poor hygiene is relevant to a specific health condition or personal infection control.

“Help with Housing”: While we do provide some housing advice and advocacy, we are essentially a healthcare, not housing, service, as our clients all seem to understand.

**Any other comments:**

When asked if they had any other comments, clients gave the following responses:

- “Sometimes run out of scripts”
- “They’ve done me a world of good”
- “Roger rings my doctor up for me”
- “He’s just a really good nurse”
- “They’re just good”
- “It’s just really good – I have a good relationship with Roger and Sue”
- “Just glad it’s there – didn’t realise it was”
- “Just want to put a good word in”
- “Doing a lovely job”
- “Thoroughly good service”
These general comments indicate considerable appreciation for the service.

The first comment “Sometimes run out of scripts” refers to a significant period of time earlier in the year, during the NHS transition from Primary Care Trusts to Clinical Commissioning groups, when ordering of prescriptions pads was delayed, and nurse prescribing was unfortunately not available. This is no longer an issue.

Invitation to join Service User Focus Group and Working Party:

Finally, clients were asked if they would be interested in joining the Service User Focus Group and/or the Homeless Service Working Party: both fora being an opportunity to represent service user views and to contribute to service development.

A number of clients expressed an interest in both groups and these will be followed up as appropriate.
Interviewer’s Comments

Tilly Grove, who conducted the bulk of the interviews, remarked on some general observations she had made in the course of the survey, which are worth noting.

Her overwhelmingly predominant observation was the number of clients who expressed a preference to attend SJAHS clinics instead of going to their GP, not only for convenience but because they actively do not like or trust their own GPs. Tilly writes:

One client disclosed to me that she felt that her doctor simply could not understand her situation as a homeless woman (having suggested that she buy medication over the counter, instead of prescribing it to her, although she had no money) and this, unsurprisingly, made her feel alienated.

This client, along with the vast majority of those I spoke to, felt that in contrast to this, those at SJAHS had a much greater grasp of their situation, and were much more considerate. This raises questions for me as to whether there could be a deeper issue - such as in the way that GPs are dealing with homeless patients in general.

A second theme that Tilly observed was the effect that the fire at the GP surgeries at Marlborough House had on clients:

A number of them reported having come to SJAHS instead of visiting their GP because their surgery “had burnt down”. Given potential issues of transportation that could face them, it makes me wonder what they might have done if they did not have the Homeless Service, and really highlights the positive impact that it can have.

Thirdly, Tilly reports that although, as with last year, the feedback was overwhelmingly positive, with specific reference to the care received from the team, and there were very few negatives, one point that was raised a number of times was the fact that clients were not aware of the Homeless Service until they physically stepped into Seaview’s premises:

This makes me wonder whether there is opportunity for the service to advertise itself more.

Finally, Tilly notes:

I am always impressed with the number of clients willing to put their names down to join the Focus Group or Working Party. I appreciate that they may not necessarily follow up on it, but their willingness alone is something I find very encouraging. I would totally appreciate if they were simply not interested - after all, I’m taking up enough of their time in conducting the survey with them as it is, without asking them to commit to more!

These themes are explored further in Summary and Conclusions.
Summary and Conclusions

Successes

Accessibility and Quality:

As in previous years, the majority of feedback confirms that the Hastings Homeless Service is achieving its aims to provide an accessible, approachable, holistic and effective healthcare service for homeless and vulnerably housed people.

Key themes that attracted most consistent appreciation can be summarised as follows:

- Listening skills
- Approachability
- An understanding attitude
- Supportive approach
- Accessibility
- General healthcare
- Podiatry
- Willingness to help, 'to go the extra mile'
- Wide range of services offered
- Quality of service
- Quality of advice

It is regrettable to hear from clients of the contrasting poor approachability of some GPs – a theme that seems to be more prevalent in this survey than in previous years and is presumably a reflection of escalating pressures on NHS services, but perhaps also an indication of training needs within those services, to raise awareness and understanding of homelessness issues.

Health Improvement:

As in the 2012 survey, the number of significant positive changes to health and lifestyle reported by clients has been (perhaps surprisingly) significantly high.

An empathic, understanding approach is an essential pre-requisite to any effectiveness in health promotion efforts, and the team’s approachability and understanding ethos have no doubt been significant factors in this success.
Areas for Possible Action

Suggestions for changes and improvements to the service will be considered by the Sussex Homeless Service and any recommendations will be put to the Hastings Homeless Service Working Party as necessary. However, initial comments are as follows:

Wednesday clinics?

The Homeless Service continues to deliver drop-in clinics at Seaview 4 days / week (no clinic on Wednesdays) and there are no plans to extend this at present as current provision appears to meet needs adequately. In addition, the Nurse Co-ordinator is sometimes able to meet clients at Seaview by appointment outside these times for specific health needs, such as wound care.

To date we have declined to provide a service 5 days / week at Seaview: due to service capacity; because the Homeless Service is not an emergency service; and because clients can access immediate healthcare if needed at the Station Plaza Walk-in Centre 7 days / week.

However, whether to add a Wednesday clinic to our service at Seaview remains a legitimate question and will be re-considered by the Sussex Homeless Service and Homeless Service Working Party.

Access to podiatry:

Some clients have experienced difficulty in accessing our podiatry service due to high demand. The service is generally over-subscribed, with clients sometimes being turned away and being asked to return the following week.

Sue Rains, the Homeless Service Podiatrist, makes every effort to provide an appropriate and effective service by prioritising street homeless individuals, new clients and others in particular need.

Any further interventions to address this issue will be considered by the Sussex Homeless Service and Homeless Service Working Party.

Raising awareness:

It has been noted that many clients are not aware of the existence of the Hastings Homeless Service until they have physically stepped into Seaview’s premises.

Clearly there is a need to raise awareness of the Homeless Service amongst local agencies and the local general public.

There has been a delay unfortunately with re-printing our service leaflets. Once a new batch of leaflets has been obtained, there will be a renewed drive to advertise the Homeless Service amongst all local agencies, including substance misuse, housing, benefits and NHS services.

In addition, the Sussex Homeless Service is currently making wider plans to raise its profile in other ways, including use of local media.
**GP training:**

While recognising the extreme pressures on GP practices and in no way wishing to diminish those, the survey has additionally identified a possible training need for staff of local GP practices with regard to homelessness issues.

The Homeless Service already provides homelessness awareness training to staff at the Conquest Hospital and placements for nursing and podiatry students from the University of Brighton, but has not historically delivered any training to General Practitioner staff.

In response to the problems identified by clients, the Sussex Homeless Service and Homeless Service Working Party will consider approaching the local Clinical Commissioning Group to offer homelessness training to local GPs.

**Service user involvement:**

A significant number of clients expressed interest in the Service User Focus Group and Working Party.

There has been no service user representative on the Working Party group for over a year, and this response will provide renewed opportunity to encourage client involvement in both fora.

*Roger Nuttall*

*November 2013*
### St John Ambulance Homeless Service Hastings
#### Service User Feedback 2013

**Venue (please circle):**
- Seaview
- Hope Kitchen

**Date:**

1. How often have you accessed the St John Ambulance health clinics either at Seaview or Hope Kitchen? Please circle:
   - Never
   - Once
   - Several Times
   - Many times

2. Which of the following services have you used? Please tick and comment:

<table>
<thead>
<tr>
<th>Service</th>
<th>Tick</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>General nurse (health advice, wound care etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Podiatrist (foot care)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse prescribing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General support / social issues / listening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop smoking support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Please tell us whether you agree or disagree with the following statement: the nurse or podiatrist dealt with the health problems I was experiencing

   Please circle:
   - Fully agree
   - Agree
   - Not sure
   - Disagree
   - Completely disagree

**Any Comments?**
4. Have you made any changes to your lifestyle as a result of using the Service?
   If so, what areas? Please circle:
   Eating habits    Smoking       Looking after feet    Accessing other services
   Other

5. Have any areas of your health improved as a result of the Service?
   If so, what areas?

6a. Have you accessed the St John Ambulance health service *instead of a GP* in the last year?
   
   Yes / No
   
   b. If yes, how many times?

   Any comments? E.g. why did you use this service instead of a GP?

7a. Have you accessed the St John Ambulance health service *instead of A&E* in the last year?

   Yes / No
   
   b. If yes, how many times?

   Any comments? E.g. why did you use this service instead of A&E?
8. Has the St John Ambulance service helped you to access any other services? E.g. by giving you information, making a referral, or going with you to an appointment?

Please circle:

<table>
<thead>
<tr>
<th>GP</th>
<th>Mental Health</th>
<th>Dentist</th>
<th>Housing</th>
<th>Substance Misuse Services</th>
</tr>
</thead>
</table>

Other........................................................................................................................................................................

Any comments?

9. What have you found most useful or helpful about the Service?

10. Is there anything you have found unhelpful? If so, what?

11. Has anything made it difficult for you to access the Service? If so, what?

12. Are there any other services you think we should be providing or other ways we can improve our service?
13. Any other comments?

14. We are looking for clients to take part in the Service User Focus Group, which takes place every 2 months or so at Seaview and gives clients the opportunity to comment on services offered by St John Ambulance and Seaview and to help guide development of those services.

The next meeting is on: ......................... At 12:00pm (tea, coffee & biscuits provided)

Would you be interested in taking part? Yes / No

If so, please complete as many details as possible below or just turn up:

Name:

Contact Tel No.

15. We are also looking for clients to join the Hastings Homeless Service Working Party, to represent service users’ views in the development of the service.

The Working Party is a meeting between staff and volunteers of St John Ambulance, Seaview, Hope Kitchen and local NHS services. It takes place every 3 months and is held at St John Ambulance, Bohemia Road.

The next meeting is on: ......................... From 2pm to 3:30pm. A sandwich lunch will be provided.

Would you be interested in joining? Yes / No

If so, please complete as many details as possible below, and we will get back to you:

Name:

Contact Tel No.

Email:

Thank you for taking the time to complete this survey!