**Prevention of Homelessness Duties Consultation**

**RCGP Scotland response**

**March 2022**

The Royal College of General Practitioners Scotland (RCGP Scotland) is the membership body for GPs in Scotland. We exist to foster, promote and maintain the highest standard of patient care and represent approximately 5,000 GP members across Scotland. We welcome the opportunity to respond to this consultation.

General Practitioners (GP)

**Q18. Do you agree with the proposal that GP practices are required to refer to local authorities where there is a risk of homelessness identified?**

☐Strongly Agree

☐Agree

☐Disagree

☒Strongly Disagree

Please say why

RCGP Scotland is wholly supportive of the aim of preventing homelessness and recognises that a shared public responsibility should exist to help ensure that those at risk of homelessness are able to access the support that they require.

We are, however, concerned about how the proposed statutory duty on GP practices to refer to the local authority where a risk of homelessness is identified will work in practise. Our concerns around this proposal centre on the following key themes:

* A lack of clarity around what indicators would be used to identify when a person is at risk of homelessness. Without this necessary clarity and accompanying guidance, this proposal would be impossible to implement well. We recognise that developing this clarity and guidance will in itself be extremely difficult, such is the nature of this challenge.
* The proposals as outlined within the consultation do not make clear whether the statutory duty would be placed on GP practices or GPs themselves. It is important to determine who would hold the risk in this scenario. Ordinarily GPs are delivering General Medical Services on behalf of the Health Boards. Each GP practice delivers care to a registered list of patients. The spirit and intention of the nGMS contract is to enable general practitioners to carry out the ‘Expert Medical Generalist’ role and caring for those patients with the most complex health needs and frail patients. The intention is that a bolstered multidisciplinary team (MDT) (mostly employed by Health Boards) will provide other care and support to patients with a range of issues. While we recognise that progress towards implementing the Contract has slowed, partly as a result of the COVID-19 pandemic, the spirit of the Contract remains the direction of travel for primary

care and general practice in Scotland. It is therefore the case that many patients who may have an emergent risk of homelessness would likely be interacting with other members of a wider team, rather than with a GP. For those practices with access to Community Link Workers (CLWs) for instance, it is often the case that patients presenting with housing issues would be directed to CLWs for further support. The deployment of CLWs in primary care settings allows assessment of a broad range of social issues and has improved access to advice around housing support and onward referral where appropriate. We do not feel that the proposal as outlined in the consultation reflects the current and future direction of travel for general practice and primary care service delivery.

* We are concerned that the introduction of a requirement of this nature could threaten the patient-doctor relationship. Currently, GPs are guided by the relevant General Medical Council (GMC) guidance and engage in joint-decision making with their patient to determine the best course of action for an individual patient. The introduction of a requirement for GPs to refer to external services may have the unintended consequence of patients being reluctant to disclose relevant information to their GP and could ultimately erode trust in this relationship. Erosion of the patient-doctor relationship could threaten the health of patients.

As we will describe in answer to question nineteen, we believe that there are areas of the current arrangements (essentially improving the voluntary referral process that is in place) which could be strengthened. If adequately resourced, we believe that such an arrangement would provide greater support to those at risk of homelessness than the proposals outlined in the consultation.

**Q19. Are there any additional approaches that could be adopted by GP practices to better identify and respond to housing need?**

GPs and their teams are well placed to help identify and respond to patients who may be in housing need. As described in response to question eighteen, GPs currently engage in relevant discussions with their patients around housing issues in line with GMC guidance. We do however recognise that more can and should be done to support and protect those at risk of homelessness and would suggest the following approaches:

* Improved interfaces between GP practices and local community organisations would help to bolster relationships and improve knowledge within the practice of the services that are available to help patients with their housing needs at a local level. While practices strive to develop effective relationships and links with local services, time is often a prohibitive factor. GPs and their teams are currently managing extremely high workloads as general practice continues to deal with both the immediate and secondary impacts of the COVID pandemic, such as longer waiting times for treatments and services. Unlike in other parts of the health service, GPs and their teams do not have access to protected learning time (PLT) to enable them to learn and develop together. This has a detrimental impact on the wellbeing of GPs and their teams and also makes it more difficult to carry out important activities, such as building relationships with local organisations.
* Community Link Workers provide non-clinical interventions and support to patients and are well placed to help identify and respond to housing need. In 2016, the Scottish Government committed to recruiting 250 Community Link Workers to work in primary care by the end of the parliament (2021) with the stated purpose, “[to improve patient health and well-being and tackle health inequalities and by doing so reduce pressures on general practice](https://www.gov.scot/publications/improving-general-practice-sustainability-group-2019-report/pages/11/).” As of March 2021, only 218 CLWs were in post across Scotland and some regions had no CLWs in post.

RCGP Scotland is supportive of the rollout of CLWs and has called for every practice in Scotland to have access to a CLW, with priority given to those practices located in areas with the highest levels of social deprivation. We believe that an enhanced rollout of CLWs would help practices more effectively identify and respond to housing need.
* The new approach of in-house welfare advisors being trialled through Welfare Advice and Health Partnerships appears to improve the support available for people experiencing financial issues, while leaving GPs to focus on clinical care. We await publication of the evaluation by the Improvement Service in collaboration with the Scottish Public Health Network.
* We recognise that practice websites are utilised not only to provide information about the practice and other services but also as a source of health information on topics relevant to patients. This content is typically available to any person with internet access, not just the registered population. Some practices now have website content that is checked and verified by NHS Inform. We are only aware of a small amount of information about housing issues being hosted on practice websites, or the NHS Inform website. A current approach is for such pages to provide links to sites maintained by organisations with the relevant remit and knowledge.
* One recent shift is towards electronic communication. Some patients seek advice on specific topics by submitting details via a web browser using a computer or smartphone. This can allow the practice to rapidly communicate information back to a patient, for example to direct them to a webpage that contains relevant information as a starting point.
* We recognise that practice receptionists (or care navigators) have a key role to play in signposting patients to appropriate services and as such, in identifying relevant needs (including housing needs). Given their unique role as often first point of contact with the practice, we would be supportive of the development of enhanced guidance or training around identifying housing need. However, as described above, PLT remains a barrier to embedding new guidance and training across the practice team.