

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

**Managers of hostels and housing projects for
homeless people without specialist homeless
health teams**

To be completed by the 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 which will be available for downloading from the internet. Your service will not be named in the inventory, but it might be possible to identify homelessness organisations or projects in areas with only a few services. Please indicate in the section at the end of this questionnaire if there is anything you do not wish to be made public

Name of your project:

Address:

.....

.....

Organisation:

Date completed:

Completed by:

Email address / contact phone number:

.....

PROJECT FACILITIES AND RESIDENTS

1 When did your project open?

2 How would you best describe your project ...

Emergency / first-stage hostel

Second-stage (transitional) accommodation

Combination of emergency and second-stage accommodation

Other (*describe*)

.....

.....

3 Is the project for ... men women both

4 Number of beds in the project

5 Age restrictions for residents

minimum age (years) no minimum age restriction

maximum age (years) no maximum age restriction

6 Maximum length of stay No stipulated length

ACCESS TO PRIMARY HEALTH CARE SERVICES

7 a. Do your residents use a medical centre or GP practice for health care?

Yes, one GP practice Yes, more than one GP practice No

IF YES continue IF NO go to Q. 8

b. Please can you give the name and address of the main GP practice that they use

Name of GP practice	Address

c. Approximately how many of your residents use this GP service?

.....

d. What type of registration does the GP practice provide to your residents?

(please tick all that apply)

Permanent registration Temporary registration No registration DK

Other

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e. Can you give details of any special services or particular arrangements that this GP practice provides your residents, such as a drop-in clinic specifically for them?

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8 a. Do any GPs regularly visit or run clinics at your project? Yes No

IF YES: b. How often?

c. Which medical centre or surgery are they from?

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.....

9 a. Do any primary health care nurses regularly visit or run clinics at your project?

Yes No

IF YES: b. How often?

c. Which medical centre or surgery are they from?

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.....

10 Where else do your residents go to access primary health care?

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.....
.....

11 a. Do your residents experience difficulties in accessing primary health care services?

Yes, a lot of the time Yes, sometimes No

IF SOMETIMES OR A LOT OF THE TIME,

b. What are the difficulties?

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.....

12 a. Do you believe that the primary health care needs of your residents are being met?

Yes Partly No

IF PARTLY or NO,

b. What needs are not being met and why?

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13 What [other] problems, if any, do you have in obtaining primary health care for your residents?

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14 In what ways could primary health care services for your residents be improved?

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15 Are there any other comments that you want to make about the health care needs of your residents or their access to health care services

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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.

Question	Do not make public		Question	Do not make public		Question	Do not make public
1			7d			11a	
2			7e			11b	
3			8a			12a	
4			8b			12b	
5			8c			13	
6			9a			14	
7a			9b			15	
7b			9c				
7c			10				

Thank you very much for taking the time to complete this questionnaire. It is much appreciated.

Please return to ... contact details of research team

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