

'Out in the Cold': Listening to people experiencing rough sleeping in Shropshire, about access to Health and Social Care services

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About Healthwatch

Healthwatch Shropshire is your local health and social care champion.

If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.



We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire, Telford and Wrekin Integrated Care Board, Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire, Telford and Wrekin

We are not experts in health and social care. The engagement methods we use include surveys, focus groups and just a call for people to share their experiences of a particular service or issue with us over the phone, by email, through our website or when we meet them face-to-face.

We are very grateful to all those who took the time to share their experiences with us.

If you have an experience to share about the issues raised in the report please do not hesitate to get in touch, [Share your views | Healthwatch Shropshire](#)

Executive Summary

'Rough sleeping is one of the most visible [types of homelessness](#). Rough sleeping includes sleeping outside or in places that aren't designed for people to live in, including cars, doorways and abandoned buildings.'

[Rough sleeping | Crisis UK | Together we will end homelessness](#)

People experiencing rough sleeping face some of the most significant barriers to accessing health and social care services. National evidence consistently shows poorer health outcomes, higher mortality rates and increased reliance on emergency services.

Between October 2025 and February 2026, Healthwatch Shropshire carried out engagement with individuals experiencing rough sleeping in Shrewsbury, primarily at the [Shrewsbury Ark Day Centre](#). This report includes what we heard from people with lived experience, support workers, volunteers and healthcare professionals,

The on-site GP service at the Shrewsbury Ark emerges as a critical lifeline, enabling access that would otherwise be unobtainable for many. The experiences shared underline the need for coordinated system-wide improvements to ensure that people who are most at risk are able to receive timely, appropriate and compassionate healthcare, which, if delivered correctly could reduce the overall burden of this vulnerable community on the NHS.

Key themes identified include:

- Difficulty accessing GP services
- Challenges managing medication
- Poor hospital discharge experiences
- Mental health and addiction challenges
- Difficult transitions from prison back into the community

- The importance of trusted community/non-statutory support, e.g. charities
- Additional burden that people experiencing rough sleeping can place on emergency services if they are not supported

Summary of findings

- Primary care would be inaccessible to people experiencing rough sleeping in Shrewsbury and the local area without the Ark's GP clinic.
- Homelessness adds a significant, burden on NHS emergency services.
- Increased use of digital technology and online systems across the NHS impacts people experiencing rough sleeping and widens health inequalities.
- Hospital discharge processes are often unsafe for people sleeping rough.
- Lack of continuity around medication—especially for mental health conditions and people withdrawing from substance misuse drives crisis escalation.
- Neurodiversity, addiction and trauma-informed approaches are essential but often missing in mainstream settings.
- Transitions from prison back into the community consistently leaves people without GP access, medication continuity, or support.
- The Ark provides essential coordination, reminders, safe relationships, and practical support that enables access to healthcare.

Context



Healthwatch Shropshire are aware that people experiencing homelessness face significantly worse health outcomes compared to the general population. Barriers such as lack of stable accommodation, digital exclusion and stigma contribute to the difficulties they face in accessing services.

We recognise that there are thousands of people in the county who are homeless, residing in B&Bs, temporary accommodation or sofa surfing etc. However, this report focuses on the experiences of individuals experiencing rough sleeping in Shropshire.

National Context

Homelessness in England has increased in recent years. According to UK Government statistics, [4,793 people](#)¹ were recorded sleeping rough on a single night in Autumn 2025.

Homeless Link's [Unhealthy State of Homelessness 2025](#)² report into the experiences of 727 people found:

¹ [Rough sleeping and child homelessness - Shelter England](#)

² [Unhealthy State of Homelessness 2025.pdf](#) – Full report

- Life expectancy for people experiencing rough sleeping is between 42–47 years
- 81% reported at least one physical health condition
- Over half attended A&E in the previous year
- More than one-third had been admitted to hospital

People experiencing homelessness are estimated to use emergency services four times more frequently than the general population.

Barriers to accessing primary care, e.g. GP and dental services, include:

- Lack of personal ID (e.g. photo ID - passport, driver's licence)
- No fixed address
- Digital exclusion (e.g. no access to internet, mobile phones, laptops etc)
- Complex needs (e.g. Mental health conditions such as Post Traumatic Stress Disorder PTSD, and neurodiversity such as autism and ADHD)
- Chaotic lifestyles (e.g. drug and alcohol dependence, no safe storage for medication or fixed place to stay)

'Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.'³ NHS England

[NHS England guidance](#) states that proof of address is not required for GP registration, however research indicates inconsistent implementation.

Shropshire Context

Local data on homelessness and healthcare access in Shropshire is limited. However, local services, both in the charity sector and local authority, report increasing complexity of needs amongst people experiencing homelessness or rough sleeping.

Healthwatch Shropshire conducted engagement at The Shrewsbury Ark Day Centre, who at the time of writing this report have approximately 30 individuals accessing their support services, approximately 18 of them are regularly rough sleeping.

³ [NHS_ENGLAND_PATIENT_REGISTRATION.pdf](#) p.6

About The Shrewsbury Ark

The Shrewsbury Ark (The Ark) is a day centre located in Shrewsbury town centre supporting men and women experiencing homelessness and vulnerability.

The Ark is funded entirely through donations and charitable funding and receives no local or central government funding.

The Ark refers to the people accessing its services as "clients".

According to The Ark's inhouse data at the time of writing this report:

- Up to 95% of clients can be experiencing rough sleeping
- Over 60% have spent time in prison

The centre is open Monday to Friday 9am–2pm and provides:

- Showers and laundry
- Hot meals
- Charging facilities for electrical devices
- Mental health support
- Addiction support
- Tenancy readiness support (budgeting, cooking, cleaning etc)

A GP clinic is delivered on site for two hours every Thursday morning, along with many other meetings with services and agencies from both the public and voluntary sectors, who provide drug and alcohol, mental health, dental and podiatry services, as well as legal, housing and benefits advice.



What we did

Between October 2025 and February 2026 Healthwatch Shropshire spent time in The Shrewsbury Ark Day Centre (the Ark), building trust and familiarity with clients in order to conduct one to one interviews with:

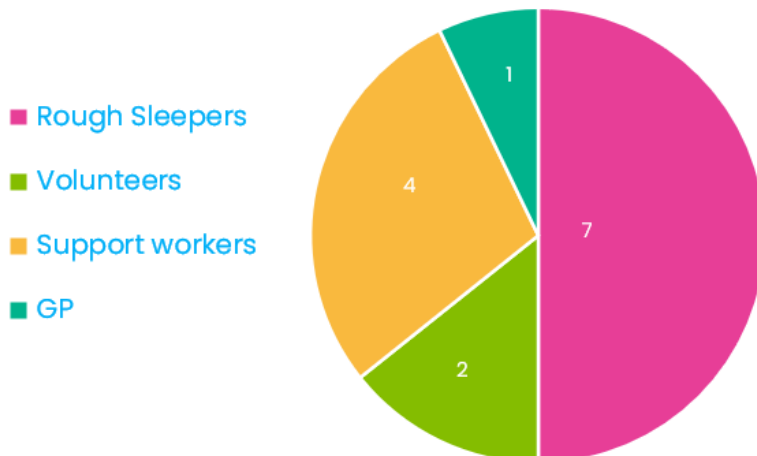
- Individuals experiencing rough sleeping (for the purposes of this report referred to as 'Ark clients')
- Shrewsbury Ark Support workers
- Volunteers
- Health Care Professionals (GP)



Who we heard from

We spoke to fourteen people. Seven of which were experiencing rough sleeping, five were male and one female, they were aged 31 - 63 years old.

Who We Spoke To



What people told us

1. Access to GP services

 "I see the GP from Riverside here, it's so easy for me to pop in here – it's a brilliant service." Ark Client, White male, 63



People experiencing rough sleeping in Shrewsbury rely heavily on the **Riverside Medical Practice** GP clinic held weekly at the Ark.

"When they come to us, we encourage them to sign up to Riverside Medical practice and then they can see one of the doctors in our clinical room here every Thursday morning. It's been a godsend." Ark Support Worker

Many clients at the Ark report **significant difficulties accessing GP services** in the community due to:

- Not having a phone
- Having no fixed address
- Difficulty using online systems (including NHS App) due to lack of access to mobile phones/laptops, lack of education and mental health issues

"If we aren't there, they struggle to access... 'total triage'⁴ means being available on the phone, sending photos etc. and they struggle with this."
GP



"I don't know about the NHS app – I'd rather deal face to face." Ark Client, White male, 33

"I just can't face going through it all again each time with another person, it's so confusing." Ark Client, White male, 31

We heard of several clients being placed on the **Special Allocation Scheme (SAS)**² after behavioural incidents linked to stress, lack of sleep, neurodiversity, withdrawal, or mental health conditions from living on the streets.

"We've had a few more difficult clients in here that have then been banned from surgeries. Trying to get through on the Special Allocations number for surgeries is very difficult, very difficult." Ark Support Worker


Missed appointments commonly result from lack of phones, sleep, reminders, or transport.

"They're not able to get down to the GP. They miss appointments. They don't get appointments. They don't have phones." Ark Manager


⁴ [Total Triage Model - Modern General Practice - High Glades Medical Centre](#)

² [If you are a patient assigned to the Special Allocation Scheme - NHS England Digital](#)

2. Hospital experiences and discharge

 “Once you’re fit and well, they just tell you you're free to go and you just walk back out onto the streets.” Ark Client, White male, 37

A&E staff generally treated clients **fairly and kindly**, but long waits and overstimulating environments, including places with lots of people and noise, were common barriers.

 “I’ve used both Shrewsbury and Telford hospital A&Es and it’s just a long wait generally. But it was good once I’d been seen.” Ark Client, White male, 63

We heard several examples of **unsafe or inappropriate discharge** directly to the streets, including individuals still in hospital gowns.

“Being discharged from hospital with dressed wounds onto the streets should be illegal. How are they meant to keep clean?” Ark Volunteer

Lack of communication between hospitals and housing teams can prevent safe discharge planning.

People described receiving excellent emergency treatment, but continuity of care breaks down once they are discharged.

 “Hardest part of discharge was no ID — so they wouldn’t release [medical] papers...” Ark Client, White male, 31

3. Medication and treatment challenges



“I’ve got to take about eleven [tablets] each day and I’m not sure how I’m going to keep them safe... I just have to carry them round in my bag so they don’t get nicked.” Ark Client, White female, 38

High levels of medication need for conditions including: epilepsy, mental health, substance use, infection recovery, were reported by staff and clients.

Many told us they struggle with:

- Storing medication safely
- Managing multiple medicines with different instructions
- Risk of theft (particularly in tents)

“Taking medication is also a real issue for these guys – multiple times per day... they’re carrying it around with them. It’s really difficult.” Ark Support Worker

Loss of medication leads to delays in treatment plans and doctors unable to write a new prescription.



“Everything is awful for me at the moment, I just want to go back to prison where I will get three meals a day and back on my meds. They’re for my mental health and I haven’t had them for weeks.” Ark Client, White male, mid 30s

We heard of prescriptions (generally called “scripts” when referring to regular medication given to recovering addicts) disrupted by arrest, prison release, missed pharmacy appointments, or mobility/transport issues.



“I’ve been on a script and when I got picked up by the Police in October they didn’t pick my script up for me, so I woke up on the Wednesday thinking it was Tuesday and by the Friday they’d cancelled my script because I hadn’t gone in for it... so I did the bare rattle⁵ and I still think I’m rattling now because the methadone is in your bones.” Ark Client, White male, age 63

Whilst [NICE guidelines](#) stress that people experiencing homelessness have the same right to NHS treatment and prescriptions as anyone else, staff reported that certain medications, especially [ADHD](#) treatments, cannot be prescribed to people experiencing rough sleeping, creating a major treatment gap.

“There are safety restraints with a lot of meds.... For example, ADHD medication. it’s quite a controlled substance. It could be sold on. So, they can’t prescribe it unless you’re in accommodation. They literally won’t prescribe it to rough sleepers... it’s a massive barrier.”
Ark Support worker

4. Mental health, neurodiversity and addiction

“Probably 75% of clients are neurodiverse. Mental health, neurodiversity and addiction – they overlap... self-care drops. Medical care becomes bottom priority.” Former Police Officer/Ark Support Worker

⁵ In this context the person is describing the symptoms of drug withdrawal

Very high levels of neurodiversity are reported among the homeless population. According to support staff at the Ark approximately **75% of current clients** have a diagnoses or are awaiting one.

ADHD, autism, brain injuries, depression and anxiety (both undiagnosed and diagnosed) were commonly reported.



"I've got ADHD, Alcohol addiction and mental health issues so I struggle to remember things." Ark Client, White male, 37

Many behaviours perceived as disruptive in GP surgeries are rooted in trauma responses and self-protection.

"Most people who have experienced rough sleeping have ongoing mental health issues and trauma that stays with them for life." Ark Volunteer

"One long-term client been put into the SAS system and the way he has been treated is criminal. He has very poor mental health and whilst he may be in the wrong in terms of what he believes is wrong with him there must be a better, kinder way of dealing with his concerns. They just seem to block him from all services and it's very distressing to see." Ark Volunteer

"Most people who've experienced rough sleeping will have a number of shared experiences, such as trauma, mental health issues, neurodiversity and addiction. They often have very little personal support and the chaos of rough sleeping makes attending appointments, sticking to treatment plans and even entering places like hospitals and waiting rooms really difficult." Ark Support Worker

Clients often deteriorate rapidly when mental health medication runs out.

"It's so difficult for them when their lives are total chaos and they're not getting any sleep which plays havoc with your ability to function on a daily basis. We help them to remember their meds and their medical appointments when they're in here." Support worker

5. Transitions from prison into the community




"When I was let out, I didn't know if I had a doctor anymore and I didn't know what to do." Ark Client, White male, 36

Many people experiencing rough sleeping are stuck in a cycle:



Many of the clients we spoke to had been in prison, often repeatedly. A lack of continuity of care for ongoing conditions was described, made worse by being released to insecure housing. (Across health and social care continuity of care means that an individual is cared for by a consistent team of professionals who know them and are familiar with their needs.)

 "I've been in and out of prison since November last year and it's been a struggle with my bad knee because I've been asking for a scan every time, but it's taken all year to get it. I did have an X-ray booked for when I'd just come out of jail, but I couldn't get to it, I didn't have transport. I went to Stoke because I got put in a class 2 property⁶ because I came out early on tag⁷ and when that finished, I got kicked out of the house and came back to Shrewsbury, so I've been all over the place." Ark Client, White male, 33

Most leave prison without being registered with a GP, and with only up to seven days of medication.

 "I haven't had any medication since then... I didn't know what to do about my PIP⁸... I am struggling to be honest." Ark Client, White male, 36

"Coming out of prison – they don't get linked with a GP... they're given a week's medication." Ark Support Worker

Behavioural issues linked to untreated ADHD, autism, or withdrawal contribute to people being taken off GP patient lists.

⁶ Supported accommodation for prison leavers

⁷ Electronic ankle monitor used after release from prison

⁸ [Personal Independence Payment \(PIP\): What PIP is for - GOV.UK](https://www.gov.uk/guidance/personal-independence-payment-PIP-what-PIP-is-for)

"He's now been banned from his GP... he's on the SAS⁹ scheme... we've been trying for weeks to get hold of them." Ark Support worker

6. Barriers caused by lack of technology

Having no phone or internet access means people experiencing rough sleeping are unable to book appointments, receive appointment reminders, take and make medical related calls, use the NHS app or digitally manage and order medication.



"I don't even have a phone, and I can't do forms or online stuff... I'm basically struggling." Ark Client, White male, 36



"I've been told I've got a psychiatrist appointment in 2 weeks – I haven't a clue what day it is today, no phone, no chance of remembering." Ark Client, White male, 36

If you have no ID it is difficult to access hospital discharge notes, register with a GP, or engage with services.

Having No fixed address means delayed letters, missed referrals, confusion in follow-up systems.

⁹ [Special Allocation Scheme](#) – provides GP care for patients unable to use a regular GP practice.



“I worry that I’m missing out on letters.” Ark client, White male, 33

Digital triage systems and **virtual wards** requiring telephones, access to the internet, photos, mobile phone apps, email or online forms are major barriers to accessing health and social care services.

“Total triage replies asking for photos... they struggle with this.” GP

“I had a friend who was recently discharged to the virtual ward for ongoing care after he suffered sepsis and it got me thinking – how would a homeless person access that brilliant service? Well, they wouldn’t be able to, would they?” Ark Volunteer

7. Positive impact of the on-site GP Services at the Ark

“It’s been a godsend... clients really went downhill when we lost its funding.” Ark Support Worker

The weekly clinic run by Riverside GPs at the Ark is viewed as *essential* and has:

- Increased access to primary care services
- Reduced crises as people can receive care at the right time
- Enabled medication monitoring



GP and Ark Support Worker

- Built trust between clients and medical professionals.



“It’s so easy for me to pop in here – it’s a brilliant service.” Ark client, White male, 63



“There’s always someone here in my corner.” Ark Client, White male, 37

When funding lapsed for six months and the GP service could not continue at the Shrewsbury Ark Day Centre, staff reported a “marked decline” in clients’ health.

8. The additional burden homelessness places on the NHS

People experiencing homelessness in Shropshire frequently reach NHS services in crisis, often because they cannot access or navigate primary care (e.g. getting a GP appointment, being seen by a dentist), manage their health independently, or safely store medication. This results in higher-intensity, higher-cost NHS use, including emergency call-outs, A&E attendance, avoidable admissions, repeat visits, and complex discharge arrangements that often fail—leading to further emergency presentations.

The evidence clearly shows that homelessness converts manageable health needs into emergency-level NHS demand, at considerably greater cost to both the system and individuals.

- **Increased A&E attendance and crisis-led healthcare use**

"If A&E is their only option they will generally only go when they are in absolute crisis." GP



"I had a funny turn... you took me to A&E... within an hour I had been seen by a doctor who gave me a prescription." Ark Client, White female, 38

- **Avoidable emergency admissions due to deterioration**



"My hand... turned septic... I collapsed outside hospital and was admitted with septic shock." Ark Client, White male, 31



"I've been in hospitals a lot with head injuries... seizures... it's always a long process because they're so busy." Ark Client, White male, 37

"When they're remembering their meds you see a marked improvement ...but it's so difficult... when they aren't, it all deteriorates." Ark Support worker

- **High number of 999 calls and use of emergency ambulance services**

"Mostly our guys access healthcare through emergency ambulance calls — because things weren't picked up sooner — or no access at all." Ark Support worker



“They wanted to get me an ambulance, but I refused... I collapsed outside hospital and was admitted.” Ark client, White male, 31

- **Unsafe or incomplete discharges leading to repeat attendance**



“Once you’re fit and well... you just walk back out onto the streets. No accommodation offered, no hotel... no social worker comes to see you.” Ark Client, White male, 37

“We’ve had people turn up in hospital gowns with cannulas still in their arms.” Ark Support Worker

- **Access to medication impacting on independence and wellbeing**

Medication gets stolen, lost, or stopped due to lack of safe storage, missed appointments, and pharmacy barriers. This creates avoidable deterioration, leading to A&E.

This includes epilepsy medication, antidepressants, antibiotics, ADHD medication and methadone.



“I’ve got a huge bag here of meds... I’m not sure how I’m going to keep them safe... they always get nicked.” Ark Client, White female, 38

- **Burden from unaddressed mental health issues leading to crisis**

People experiencing rough sleeping often experience

- Emergency mental health assessments
- A&E attendances after self-neglect, collapse, or incidents
- Behavioural crises interpreted as aggression, contributing to service exclusion, which in turn drives more crisis use of A&E and police support

Key findings

1. Traditional GP access models do not meet the needs of people experiencing homelessness

Interviews strongly highlight that appointment-based, phone-based and digital triage systems create barriers to people accessing timely healthcare.



Many people do not have a phone, internet access, or the ability to navigate complex online forms. Total triage systems requiring photos or use of the NHS app are especially inaccessible for people experiencing rough sleeping and other types of homelessness.

Those people we spoke to highlighted that the on-site GP clinic at the Shrewsbury Ark Day Centre is the only effective access point for many clients.

2. Medication continuity is a critical weak point

People frequently lose medications through theft, chaotic living environments, or inconsistent access to pharmacies. Missing even two days of a methadone script leads to cancellation, withdrawal, and relapse. ADHD and some controlled medications cannot be prescribed to rough sleepers at all, leaving untreated neurodiversity that

directly contributes to behavioural issues, crisis presentations, and exclusion from services.

3. Hospital discharge processes are often unsafe

Clients of the Ark described being discharged:

- directly to the street
- without medication
- without a discharge letter
- without communication between hospital and housing teams

This leads to rapid deterioration and repeat contact with emergency services, which could be prevented through coordinated, trauma-informed discharge planning.

4. Prison release leaves people without a GP or access to the medication they need

Most people interviewed left prison without being registered with a GP and with only a few days of medication. Many experienced withdrawal, unmanaged neurodiversity or mental health conditions, and difficulty navigating re-registration systems – all of which increase the risk of crisis, homelessness recurrence, and re-offending.

5. Neurodiversity, addiction and trauma are extremely common in the rough sleeping community

An estimated 75% of Ark clients are neurodiverse, according to staff. Behaviour sometimes perceived as aggressive is usually a trauma response, exacerbated by stress, substance abuse, lack of medication, or communication challenges. Mainstream healthcare services frequently misinterpret these behaviours or are unable to manage them often due to lack of time or the public nature of their settings.

6. Homelessness adds a significant, avoidable burden on NHS

This results in:

- Higher A&E attendance
- More ambulance callouts
- More emergency admissions

- Longer, repeated hospital stays
- Unsafe discharges leading to further re-attendance
- Increased resource use due to medication loss and treatment disruption
- Pressure on mental health crisis pathways
- Repeat cycles of crisis for the same individuals

Recommendations:

1. The service provided by Riverside Medical Practice and other agencies regularly visiting the Shrewsbury Ark to be recognised as good practice and extended.

This is an excellent example of a multi-agency team approach to providing services and support to people and the staff working with them day-to-day. In this case the team includes RESET, Shropshire Recovery Partnership, Shropshire Council Rough Sleepers team, social workers, Police and housing officers.

2. Health Clinics to be provided where they can be accessed easily by people experiencing homelessness and rough sleeping

The example above should be rolled out across Shropshire to ensure that grassroots charities and day centres working with the homeless have dedicated healthcare clinics on site every week. This would drastically reduce barriers to healthcare for this high-risk group of people.

This would align with the [Neighbourhood Health Framework](#) which is a key component of the UK Government's 10 Year Health Plan, aiming to shift care from hospitals to community services. This framework is designed to support integrated care boards

(ICBs) and local authorities in delivering more accessible, integrated, and preventative care.

This person-centred approach would also contribute to local and national targets to reduce visits to A&E and hospital admissions.

3. Recognition of rough sleeping as leading to health inequalities

The findings from this engagement report highlight that individuals who have experienced prolonged rough sleeping share common life experiences, health conditions, and systemic barriers that significantly affect their ability to access and engage with health and social care services. These include high levels of trauma, neurodiversity, mental health challenges, prison experience, chronic physical conditions, addiction, and repeated disruption to care, often compounded by unstable accommodation and lack of continuity between services.

To better support this population, Healthwatch Shropshire recommends the introduction of a **“Rough Sleeping Experience” identifier or code** within health and social care records. Similar to existing identifiers used for other groups with distinct needs (Army Veterans, Care leavers etc), this code would recognise individuals who have experienced prolonged rough sleeping at any point in their lives.

This identifier would support health and social care professionals to:

- Adopt trauma-informed and flexible approaches to care
- Adjust appointment systems and communication methods
- Improve medication management and prescribing practices
- Strengthen hospital discharge planning
- Improve continuity of care across services
- Reduce inappropriate service exclusion

Recognising rough sleeping as a significant life experience and health determinant would enable services to better tailor support, reduce crisis-driven care, and improve outcomes for individuals, while also reducing avoidable demand on NHS and social care services.

Shrewsbury Ark Response

The Director of the Ark said:

“Shrewsbury Ark welcomes this report and is grateful to Healthwatch Shropshire for taking the time to listen to people with direct experience of homelessness and rough sleeping.

The findings reflect what we see every day at the Ark. The current system is simply not set up to support people who are homeless. Too often, people are expected to jump through hoops before they can access the help they need, whether that is healthcare, medication, appointments, benefits, housing or wider support. For someone living on the streets, often with trauma, poor mental health, addiction, neurodiversity, no phone, no ID and no safe place to sleep, those hoops can become impossible barriers.

We need to move towards a system that provides basic accommodation first, followed by the wrap-around support needed to help people stabilise and move forward. This is not only better for the individual, because it provides person-centred support in a safer and more realistic way, but it is also a significantly more cost-effective way of supporting vulnerable members of society. When people are left to deteriorate on the streets, the result is greater pressure on A&E, ambulance services, hospitals, mental health crisis teams, the police, prisons and local authorities.

Bringing healthcare and support into trusted community settings like the Ark makes a real difference. People are more likely to engage when they feel safe, when they are treated with dignity, and when services understand the reality of their lives. We hope this report helps partners across health, housing, local government and the voluntary sector work together towards a more compassionate, practical and effective system.”

Riverside Medical Practice Response

Salaried GP, Riverside Medical Practice said:

"I'm delighted that the reintroduction of our clinic has made such a difference to so many people. There is clearly a way to go - our patients do not fit the usual referral pathways and we have to adapt around them to support them with their healthcare. I can see, through this report, clear further needs, particularly around neurodiversity and prescribing.

Our clinics are busy and we struggle to see everyone that wants to be seen, and to give them all the time their complex needs demand. I hope this clinic can continue to remain in place, or we can increase the time we can spend there so we can see more people."

Marden Medical Practice Response (SAS)

"Marden Medical Practice provides the Special Allocation Scheme (SAS) service within Shropshire, supporting a small number of patients with highly complex needs, including those who have previously been removed from mainstream GP services following incidents involving aggression, abuse, or risks to staff, patients, or the wider public.

We recognise and acknowledge the experiences reflected within this report and the significant challenges faced by individuals experiencing homelessness, including barriers related to mental health, neurodiversity, addiction, trauma, and digital exclusion. These challenges are clearly evidenced throughout the report and are an important consideration for all healthcare providers.

It is important, however, to provide context regarding the purpose and operation of the SAS service. The SAS is not designed around housing status or vulnerability alone. Instead, patients are allocated to the scheme based on specific behavioural risk criteria, typically following repeated or serious incidents within mainstream primary care settings. These decisions are made externally through agreed multi-agency processes and are focused on maintaining safe access to healthcare for all patients and staff.

Patients managed within the SAS often present with a combination of factors also highlighted in this report, including complex physical health needs, disrupted medication regimes, and high levels of mental health and neurodevelopmental conditions. In many cases, these underlying issues contribute both to their vulnerability and to the behaviours that have resulted in placement on the scheme.

The SAS model is therefore designed to provide:

- A structured, consistent approach to care for complex and high-risk patients
- Named clinicians and clear care plans to promote continuity
- Adjusted access arrangements to support engagement while maintaining safety
- Additional oversight and coordination for patients who struggle to access or engage with standard systems

While the report includes individual experiences of difficulty contacting or navigating the SAS service, it is important to recognise that these access arrangements are often intentionally different from standard primary care models. They are designed to balance flexibility and support with appropriate clinical governance, prescribing safety, and risk management, particularly where there is a history of challenging interactions or safeguarding concerns.

We also recognise that some of the challenges described, such as missed appointments, communication difficulties, and delays in engagement are frequently influenced by the broader barriers outlined within this report, including lack of access to phones, unstable accommodation and difficulty with structured appointment systems.

As a service, we remain fully committed to:

- Delivering safe, equitable and compassionate care to all patients, including those within the SAS

- Working collaboratively with partner organisations, including community services and voluntary sector providers such as the Ark
- Continuously reviewing and improving access arrangements where appropriate
- Supporting better understanding of the SAS model among patients, advocates, and partner agencies

We welcome the opportunity for further engagement with Healthwatch, the Ark and other stakeholders to improve mutual understanding of the service, strengthen communication pathways and support more joined-up care for this highly vulnerable and complex patient group.”

NHS Shropshire Telford and Wrekin and Shropshire Council Response

“NHS Shropshire, Telford and Wrekin Integrated Care Board and Shropshire Council would like to thank Healthwatch Shropshire for this report and for highlighting the experiences of people experiencing rough sleeping in our communities. We recognise the importance of ensuring that the voices of vulnerable and seldom-heard groups are reflected in the design and delivery of services.

The findings reinforce the impact that wider determinants such as homelessness, digital exclusion and mental health challenges can have on health outcomes and access to care. We are committed to working with partners across health, care, local authorities and the voluntary sector to reduce health inequalities and improve access to services for those who need them most.

As part of this, we routinely consider equality and health inequalities within our decision-making and commissioning processes, and will take the insight

and evidence from this report into account alongside our own engagement and involvement activity. We are supportive of the findings and recognise the need for continued collaborative action.

We look forward to continuing to work with Healthwatch Shropshire and system partners to ensure services are inclusive, accessible and responsive to the needs of all our communities, particularly those who are most vulnerable.”

Thank you

Healthwatch Shropshire extends our thanks to everyone at the Shrewsbury Ark who contributed to these interviews. We recognise the significant challenges involved in building trust and engaging with people who are experiencing homelessness, and we are deeply appreciative of the openness shown by all who shared their experiences.



These insights play an essential role in helping us and the people responsible for providing health and social care services in Shropshire to understand the barriers faced by individuals whose voices are too often unheard. Highlighting the needs of seldom-heard communities remains a core priority for Healthwatch Shropshire, and your contributions will directly inform our work to improve access to healthcare across the county.

Useful links

The following links were referenced during the project and may be useful for further information:

References


[Homeless Link \(2025\)](#)

[Streetlink](#)

[UK Government Stats \(2025\)](#)

[Shrewsbury Ark Website](#)

[Neighbourhood Health Framework](#)



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