with financial problems. Ten identified a need for help in enabling refugees to adjust better to living in this country, for example, on ways of overcoming their feelings of isolation.

In general, although some general practitioners had developed links with voluntary services, overall there appeared to a lack of targeted statutory services. This may in part be a result of limited access to information about services. Further evaluation of the provision of services would help to resolve this point.

With increasing numbers of refugees, a coordinated approach to providing a service for members of refugee populations will be essential.[1] The best method of service delivery remains open to discussion. Greater dissemination of skills, rather than simple reliance on expert centres, may be important in providing comprehensive care for these patients.[2]

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Health care for homeless people

Sir,

The homeless population is not a single homogeneous social group, rather it may have subdivisions of people with varying health problems and needs. One such subdivision is the temporary homeless population living in bed and breakfast accommodation prior to permanent rehousing. This group appear to be high users of services provided by the secondary care sector. The bed and breakfast homeless population accounted for 8% of all emergency admissions to an inner London teaching hospital[1] and an estimated 7500 unplanned acute hospital admissions annually in London.[2] These high levels of utilization have raised concerns about access to primary care available for the temporary homeless population. Using data from the North West Thames Regional Health Authority health and lifestyle survey[3] an analysis was undertaken of the use of general practitioner services by those living in bed and breakfast accommodation and compared with that of residents in the area as a whole (not all respondents answered every question).

Of the sample, 54.1% had been in their hotel for less than three months and 23.3% had been there for over six months. Overall, 92.9% of the 319 subjects were registered with a general practitioner; 44.6% had been registered for less than one year and 18.2% lived more than five miles away from the surgery.

One quarter of the 319 subjects (26.7%) had consulted their general practitioner within the 14 days before interview; this consultation rate was approximately double that reported by the resident population (that is, excluding the homeless) (13.0% of 528 subjects). Virtually all the homeless people in bed and breakfast accommodation (85.2%) had consulted their general practitioner within the last year. Six per cent had seen a nurse in the previous 14 days and 4.2% had seen a health visitor (for the regional population the rates were 3.1% and 1.2%, respectively). Of the 319 homeless subjects 42 (13.2%) had visited a casualty department in the previous three months. Of these, only one was not registered with a general practitioner and 38 had consulted a general practitioner during the same period that they had attended a casualty department.

In London, there are concentrations of homeless people living in hostels and temporary bed and breakfast hotels. It is widely assumed that homeless people use secondary care services (especially casualty departments) because they are not registered with a general practitioner. For the homeless population in bed and breakfast accommodation in this survey, rates of general practitioner registration were high (93%). Several factors may account for this. First, the official homeless population are more settled than the more transient, roofless population. Secondly, within north west Thames region there are several innovative schemes which aim specifically to provide primary care to homeless people in hotels, for example, the Bayswater families doctors practice. This practice probably accounts for the observation that almost half of the sample had been registered with their general practitioner for less than one year.

Access to primary care is not simply a matter of registration with the general practitioner. Another factor is proximity of the practice. Homeless people from all over London may be placed in bed and breakfast hotels within north west Thames region. This may account for the finding that a high percentage of homeless people were registered with a general practitioner who was not local. This may also reflect the reluctance of many homeless people to change their general practitioner when they are placed in temporary accommodation: changing general practitioner may be a tacit admission that their stay is not going to be temporary. One study found that the mean length of stay in bed and breakfast accommodation was 13 months.[4]

Over a quarter of the sample of homeless people had consulted the general practitioner within the last 14 days. Of those who had visited a casualty department, almost all had consulted with their general practitioner over the same period. This would suggest that casualty departments are not simply being used by homeless people as a substitute for primary care.

Rates of long-term health problems and mental health problems among those in bed and breakfast accommodation are at least twice those for regional residents.[3] Given the high rate of mental and physical morbidity it may be that homeless people are under-users of services rather than over-users.

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Citizens' advice bureaux

Sir,

With recent changes to community care, and general practitioners' relatively poor knowledge of social security benefits, it has been suggested that providing citizens' advice in general practice would satisfy many unmet needs.[1] A recent study in Birmingham concluded that citizens' advice bureau sessions in general practice were an effective way of providing advice on life problems and securing proper payment of benefits, particularly to patients with health problems.[2]

Sandwell Family Health Services Authority and our local citizens' advice bureau have operated a pilot scheme of