

In England, thousands of people experience rough sleeping on any given night, while many more live in temporary accommodation or insecure housing. Homelessness is associated with some of the poorest health outcomes in society, with people experiencing homelessness facing significantly reduced life expectancy and disproportionately high rates of long-term physical and mental health conditions. Around 80% report a physical health condition. Around 70% report mental health needs. High levels of substance misuse and multimorbidity are common. Average age of death for people experiencing homelessness is approximately 45 years for men and 43 years for women in the UK. This in itself provides a compelling call to action. However, in the context of rapidly evolving thinking about digital transformation and system integration this makes it even more complex. In this guest blog, Sarah Bundy explains why...

Beyond the Revolving Door- Healthcare, Poor Pathways, and Digital Inclusion for the Homeless population.

Imagine trying to manage a health condition when you don't have a reliable front door, let alone a place to plug in a phone or a smart device. Most of us take this for granted.

Over the last few years or so access to the NHS means tapping an app, receiving a text reminder, or dropping into our local GP surgery. It's seamless or at least, it's supposed to be. But if you're living on the streets or staying in temporary accommodation, that same system feels less like a safety net and more like a maze with locked doors.

The relationship between homelessness and healthcare in the UK is broken. We've built a modern, digital-first health service that accidentally leaves the most vulnerable behind. Why do so many unhoused people end up in A&E, why digital exclusion makes it worse, and what practical steps can we take like getting smartphones into the right hands, and how this can actually change the narrative.

Why A&E Has Become the Default GP Surgery

Here's a staggering stat: people experiencing homelessness use Accident & Emergency services **up to 60 times more** than the general population. People experiencing homelessness are more likely to go to A&E, need emergency hospital treatment and stay in hospital for longer. They often get help only when their condition has become serious, making it harder and more costly to treat. In simple terms, the people who need healthcare most often find it hardest to get help early.

Why? Because the front door to primary care is often slammed shut.

Officially, NHS guidelines state you don't need a permanent address or photo ID to register with a GP. But in reality, administrative hurdles at the GP surgery reception

desks stop people in their tracks every day. Without access to a GP, routine prevention vanishes. A minor chest infection or an untreated wound doesn't get caught early it festers until it becomes a full-blown emergency.

Then comes the **"revolving door"** of hospital discharge. A patient gets treated in A&E, stabilised, and then discharged straight back onto the freezing street with a box of meds they have nowhere to store safely. Within days, their condition deteriorates, and they're back in an ambulance. It's a heartbreaking cycle that costs the NHS millions while failing the patient entirely. Specialist homeless discharge schemes show that better discharge planning, housing support and follow-up care can reduce return visits to hospital and improve people's health. This shows that joined-up support is better for patients and can also save money.

Homelessness is not only a housing problem; it is also a wider public health issue. Poor housing, poverty, trauma, social isolation and digital exclusion can all affect a person's health and make it harder to get help. Improving healthcare for people experiencing homelessness is not just about changing health services. It also means tackling the wider problems that lead to poor health and put extra pressure on the whole system.

The Unintended Cost of Going Digital

Over the last few years, the NHS has transformed digitally. The NHS App, online triage portals, and SMS appointment reminders have made life easier for millions. But for someone experiencing homelessness, this shift creates a whole new layer of exclusion. Digital exclusion is still a major problem across the UK. People experiencing homelessness are less likely to have reliable internet access, a working device, or the skills needed to use online services. As more health services move online, there is a risk that people who already struggle to access healthcare will be left even further behind.

Digital health tools assume three big things:

1. You own a working smartphone.
2. You can afford mobile data.
3. You have a safe place to charge your battery every night.

When healthcare access relies on two-factor authentication, email confirmations, or app notifications, not having a phone means you are effectively locked out of care.

The Missing Link: Unlocking the NHS Number

Did you know that every single person born in the UK or registered with the health service has a unique **NHS Number** from day one? It's a ready-made digital passport for health care.

The problem isn't a lack of data; it's a lack of **interoperability**, which means different IT systems being able to share information. Although things have improved in recent years, NHS and social care systems still do not work well enough together. Better links between these systems could reduce repeated work, prevent some hospital admissions, improve how medicines are managed and make hospital discharge safer. It could also mean people do not have to repeat traumatic experiences every time they use a new service.

Right now, if a person experiencing homelessness moves between a shelter, a mental health trust, a local GP, and an A&E department, most of those systems often operate in isolated silos. Their medical history can get lost at every stop.

By enabling secure, cross-agency interoperability built around the NHS Number:

Frontline workers and paramedics could instantly view vital medical history, allergies, or care plans on the spot.

Hospital discharge teams could flag that a patient has an active NHS number linked to a local housing team, ensuring they aren't released without support.

Patients wouldn't have to repeat their trauma or fill out new registration forms every time they access a different service.

How Can We Make Digital Tools Actually Work for Everyone?

If we want digital health tools to bridge the gap instead of widening it, we need to design them for real-world conditions:

Low-Data & Offline Access: Health apps shouldn't require high-speed 5G to function. Essential health records and appointment details should save offline so they're accessible even when data runs out.

Zero-Rating NHS Sites: The government and network providers should make accessing essential NHS websites and apps completely free, consuming zero mobile data credit.

Smarter Login Protocols: We need to move away from requiring a fixed phone number or permanent address for verification, allowing trusted charities or community hubs to help verify patient identities instead.

The Smartphone as a Lifeline: Getting Hardware to the Streets

A smartphone isn't a luxury anymore; it's a basic key to modern society and healthcare. Getting tech into the hands of the homeless population requires direct, practical strategies:

Tech Recycling Programs: Instead of letting old phones gather dust, tech donation schemes could refurbish and pre-load them with essential health apps, distributing them directly through frontline charities and hospital discharge teams.

Free Data Bundles: Initiatives like the Good Things Foundation's National Data Bank are already providing free SIM cards to those in data poverty. Pairing these SIMs with hospital discharge plans ensures patients don't leave the ward without a way to stay connected.

Charging Stations & Digital Champions: A phone is useless with a dead battery. Homeless shelters, day centers, and outreach vans need secure charging lockers alongside "Digital Champions" volunteers or staff who can help people navigate apps, recover passwords, and manage their care online.

The Bottom Line

The question is not whether we can afford to improve healthcare for people experiencing homelessness, but whether we can afford not to. When someone cannot register with a GP, leaves hospital without support or is unable to use online services, their health may get worse and they may need emergency care. By designing services for people who face the biggest barriers, we can build a health system that works better for everyone

Healthcare should be a right for everyone, no matter where they sleep tonight.

By Sarah Bundy