Recovery: Nursing homeless people

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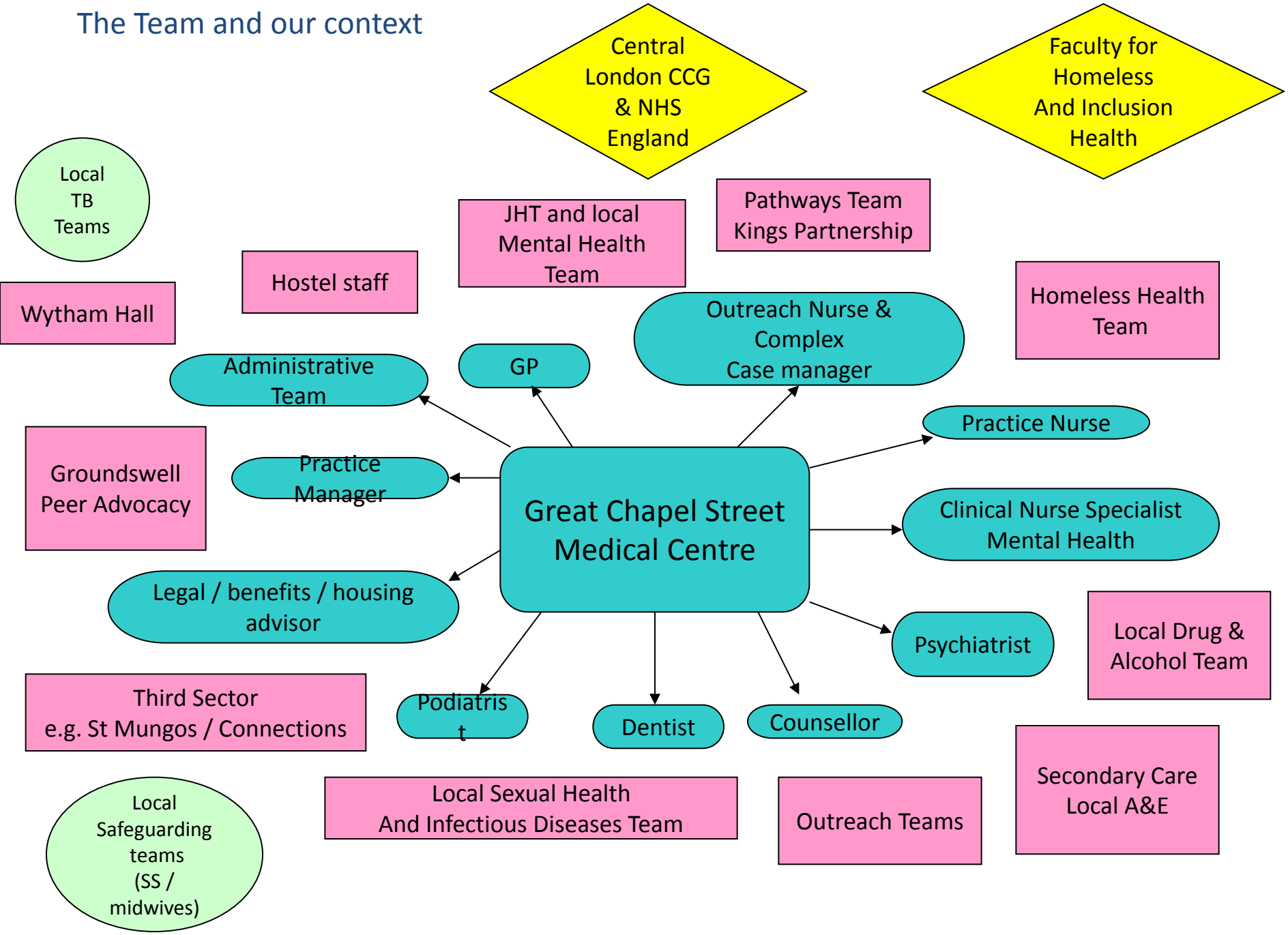
No no's!

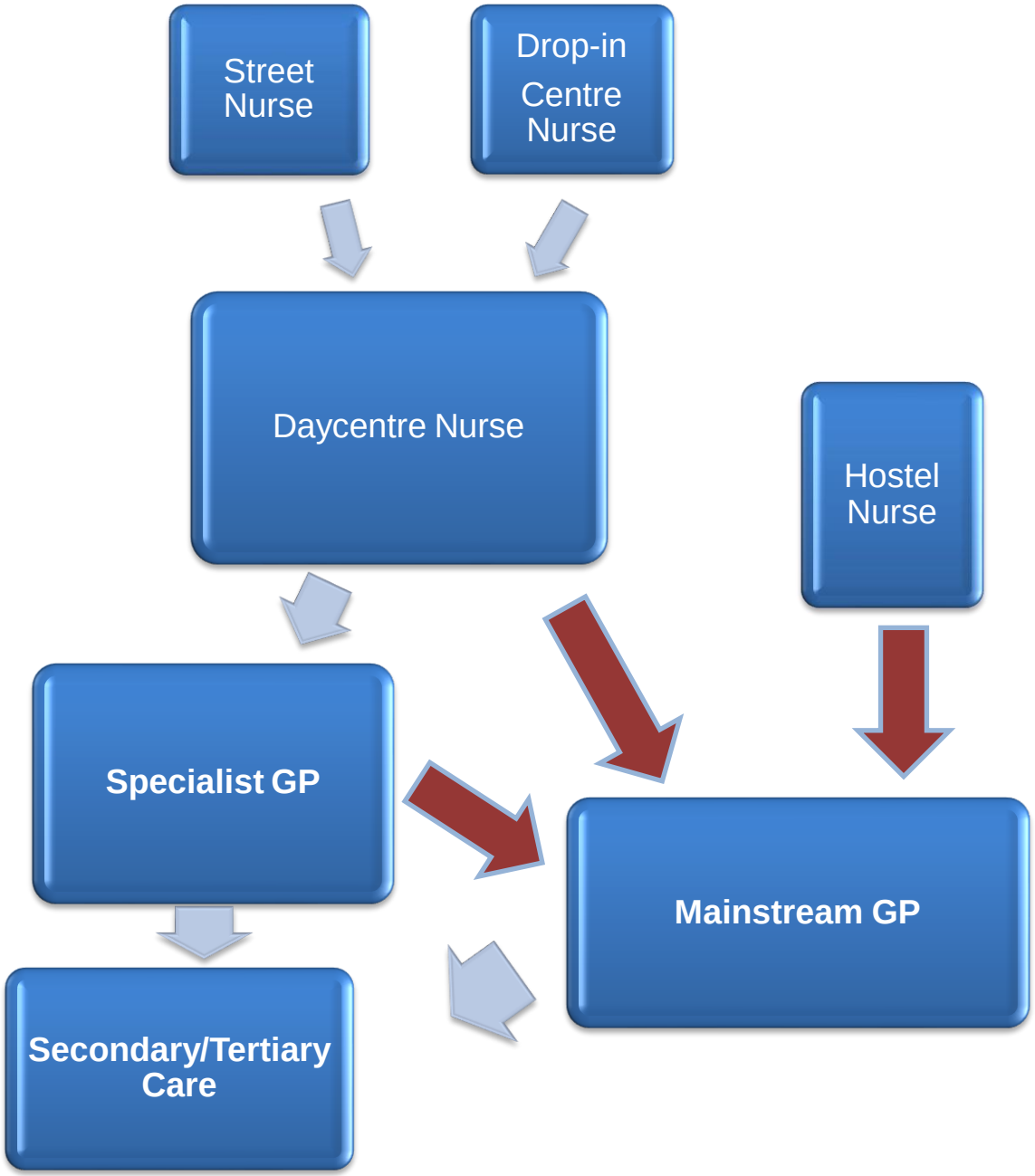
"The friend had been here and there, and had been played about from hand to hand, and had come back as she went. At first it was too early for the boy to be received into the proper refuge, and at last it was too late. One official sent her to another, and the other sent her back again to the first, and so backward and forward, until it appeared to me as if both must have been appointed for their skill in evading their duties instead of performing them"

Charles Dickens; Bleak House

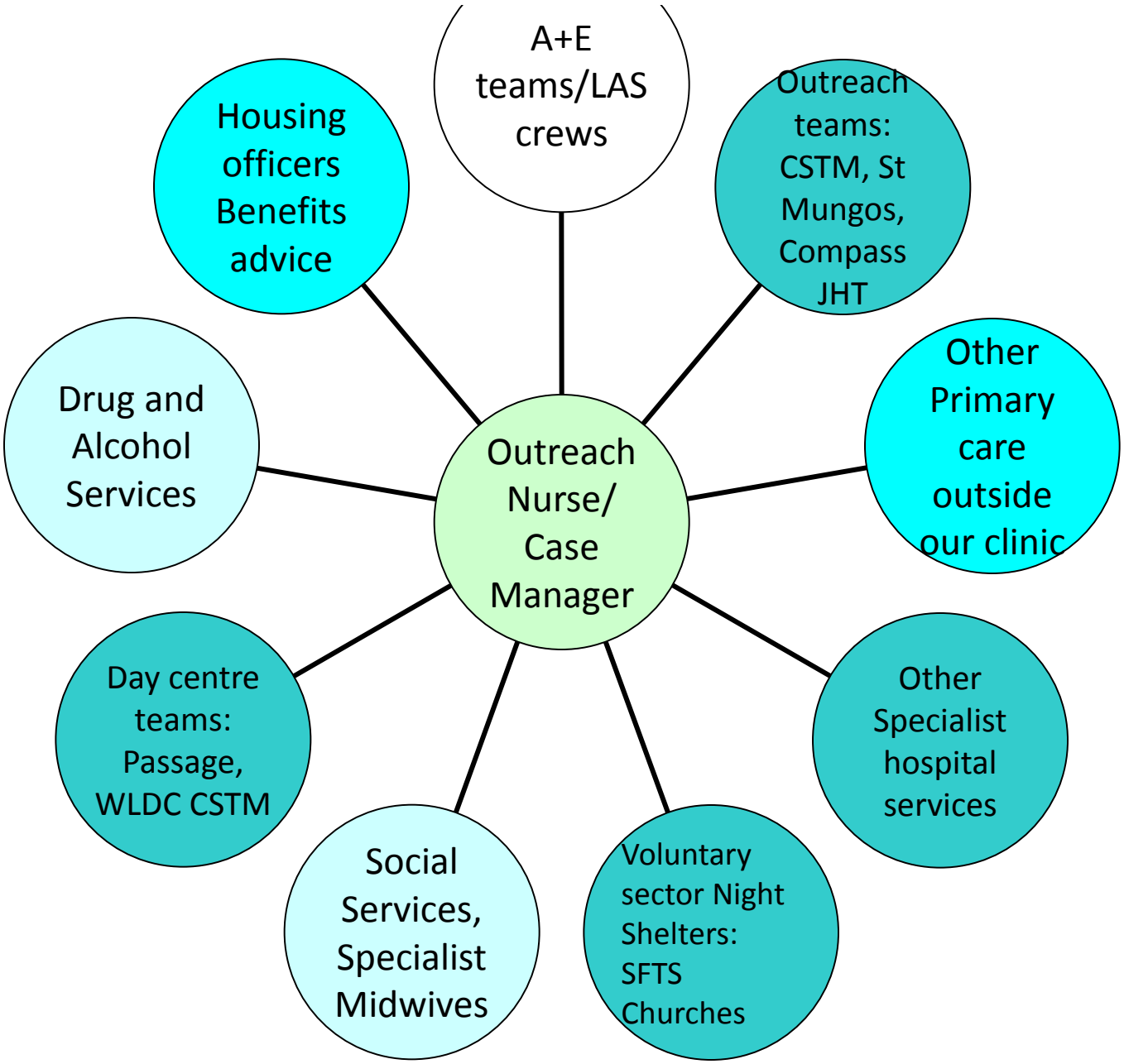
The Team and our context



Recovery Pathway



Typical teams that a nurse liaises with during Case Management of a single patient



Why do outreach?

Can be more opportunistic, gradual engagement
Often can be 'targeted' so we can case find as needed.

For example recently asked to see 7/7 overdue pregnant woman who was refusing to engage with statutory services and rough sleeping. As a result of street outreach able to engage provide basic antenatal care and facilitate managed delivery through liaison with specialist midwives.

Provides less threatening environment for people to discuss things, breaks down barriers to access:

Health Priorities

- Patients priorities often radically different than from a clinician's perspective
- Focus on their priority and then work towards clinical goals

Often high levels of risk

For example

- impulsive self harm,
- self neglect of significant physical health problem
- Harm from others

What services are available as walk in? (clinic hours for patients Mon –Fri 10-5)

- GP and Practice Nurse/Nurse Practitioner every day
- CNS Mental health/substance misuse every day
- Benefits/legal/debt/housing NRPF advice and support from our in house lawyer every day
- Psychiatrist all day Tues 2 sessions – appointment based referral via CNS
- Drop in Counselling 5 sessions per week
- Dentist Tues and Thurs appointment based but will do emergencies
- Podiatry Fri AM
- Hep C Rx bi monthly clinic with CNS
- 56 Dean St GUM/Hepatology Consultant (Chelwest)Screening monthly – last Fri of the month pm

Who are the homeless people we see ? (GCS stat)

- 20% New asylum seekers/NRPF Sub-saharan Africa. Many have left detention where care was poor/inaccessible
- 80% Entrenched Rough Sleepers/Hostel Population with ETOH/IVDU and/or Mental Health Problems
- Estimate 70% Practice population have PD
- Of the approx 15% female patients approx 5% self disclose sex work
- Approx 4% of practice population are HIV +ve

Our Principles

- Working with the patient
- Offering a comprehensive assessment and service
- Being flexible and accessible
- Having clear boundaries
- Working with partners

How we work

- Access – Walk-in and appointments
- Same-day registration, assessment and treatment
- One-stop shop
- Outreach – street and hostel clinics
- Team working
- Weekly MDT (HHT, Drug & Alcohol, Joint Homeless Team, Social services and housing, 3rd sector)
- Psychologically informed