

General Practice based Pharmacist collaborative clinical care for adults who are homeless

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Homeless Health Service



Pharmacist-collaborative support

Key points

- **Low-threshold**
- **More time to listen**
- **Support patients to navigate the health care system**
- **Physical Long Term Condition management**

Glasgow's Hunter Street Homeless Services

General Practice; Mental Health Team;
Occupational Therapy Team; Addiction
Team; Families Health Care Team; Health
Nurses Team; Sexual Health Nurse, Dental
Health Support Worker, Podiatrist,
Dieticians, and **General Practice based
clinical pharmacist Independent Prescribers**

How Clinical Pharmacists reach patients

- **General Practice within Homelessness Health Service:**
 - **Drop in (room next to Dr Williamson)**
 - **Scheduled appointments**
- **Outreach:**
 - **In Hostels with GP (joint consultation with Dr Spencer and wee Izzie)**
 - **On the street with Simon Community street team**
- **Hospital discharge liaison**
- **Link with Community Pharmacy colleagues**

Plan

- 1. Patient – pharmacist consultation**
2. Summary of pharmacist led changes in past year
3. Characteristics of patients registered with Glasgow's Homeless Practice
4. Progress towards a randomised controlled trial of GP based pharmacist intervention



1. Eddie – Pharmacist consultation

First consultation

+/- Fitba ice breaker then...

How is your general health?

“Struggling”... Ears; Skin; Teeth; Veins; BBVs

*Nutrition...”Hostel food’s bogging and they’ve reduced
ma f***ing Ensures”*

Lungs

What do you get up to day to day?

“Nothing”

1. Patient – Pharmacist consultation

How's your medicines for mental health?

- *“Not seen psychiatrist for 6 months”*
- Needs repeat Rx for Olanzapine and Mirtazepine, asking for monthly supply not weekly
- Weight, BP, bloods overdue.

How's your drug use?

Injecting 4 -5 x £10 bags/day; on 70ml Methadone

What matters most to you the noo?

- Grandfather died, no dark clothes for funeral...
- Old landlord chasing for £1200...
- Brother saw him begging in Glasgow Central...



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2. Summary of pharmacist-led changes in past year

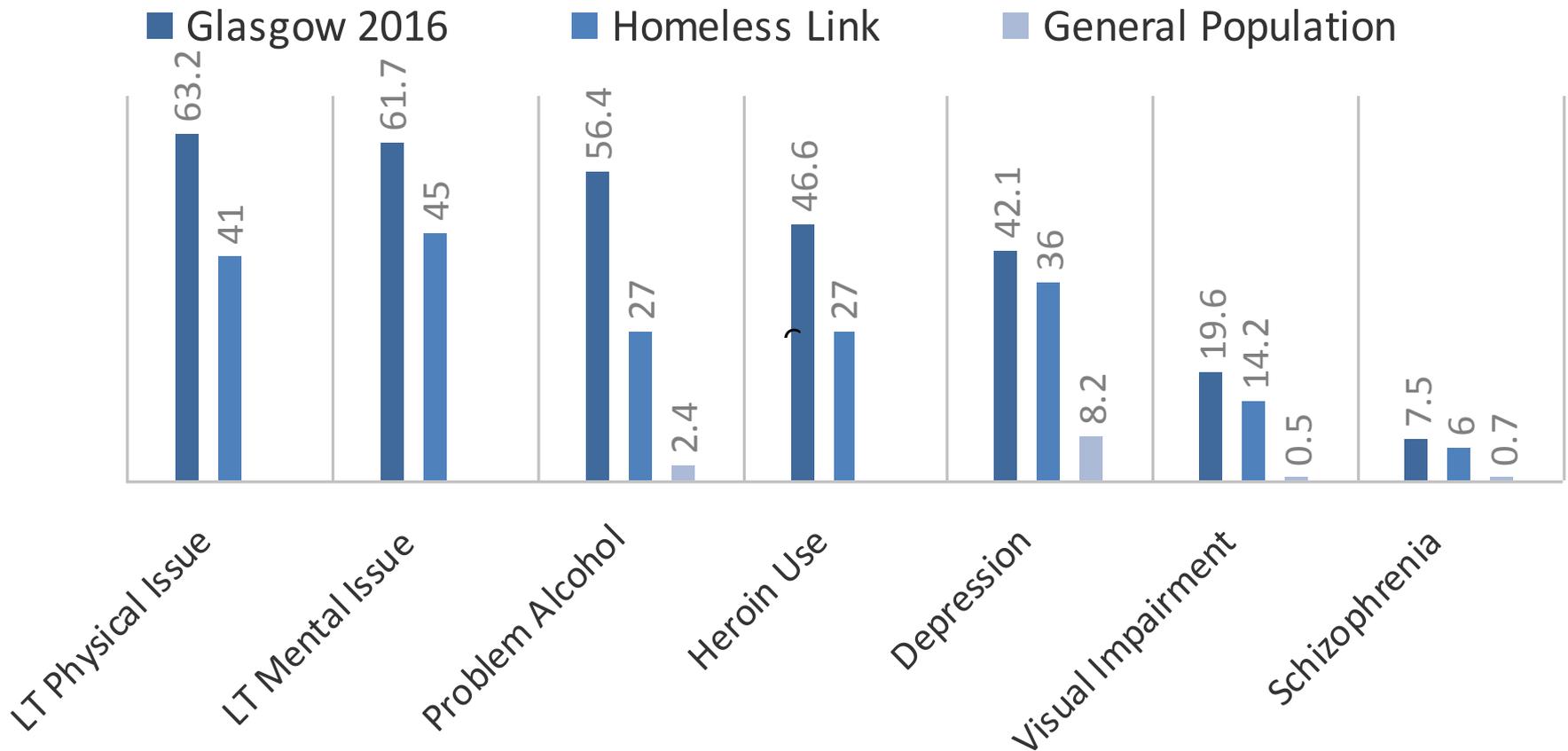
Pharmacist intervention	Patients n=124 (%)
Initiation of new medicine	53 (42.7)
Existing medicine stopped	10 (8.1)
Dose changed	33 (26.6)
Formulation changed	8 (6.5)
Contact community pharmacy to arrange supervised/other dispensing	11 (8.9)
Tests undertaken or arranged	37 (29.8)
New diagnosis made during consultation	5 (4.0)
Referrals to specialist clinics	34 (27.4)
Social prescribing	3 (2.4)
Wound care / ambulance case	4 (3.2)
Inhaler technique and demonstration	16 (12.9)

3. Characteristics of Glasgow's registered homeless population

Diagnosis	Leicester 2003	Leicester 2009	Glasgow 2014/15
Depression	26	29.7	42
Schizophrenia	2.8	2.2	7.5
Fractures	8.3	28.6	37
Heroin dependence	37	28	47
Benzo dependence	2.7	1.7	23
Alcohol dependence	20	29	56
Asthma	14	16	6
COPD	2	1.7	3
Smoking	10	78	84
Hep C	7.4	11.3	24.8
HIV/AIDS	0.1	0.5	3.8

3. Characteristics of Glasgow's registered homeless population

Long Term Conditions (% prevalence)

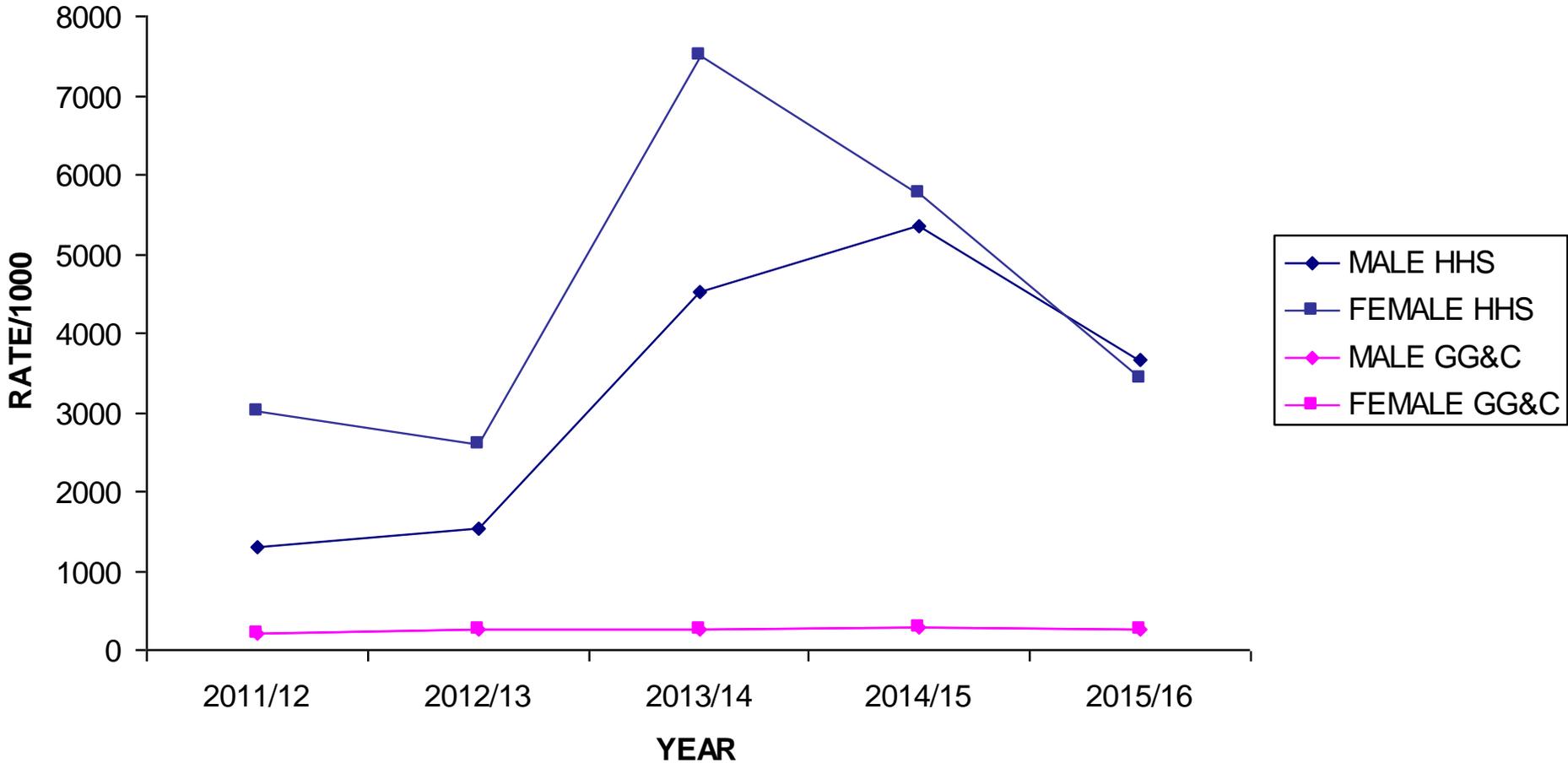


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85

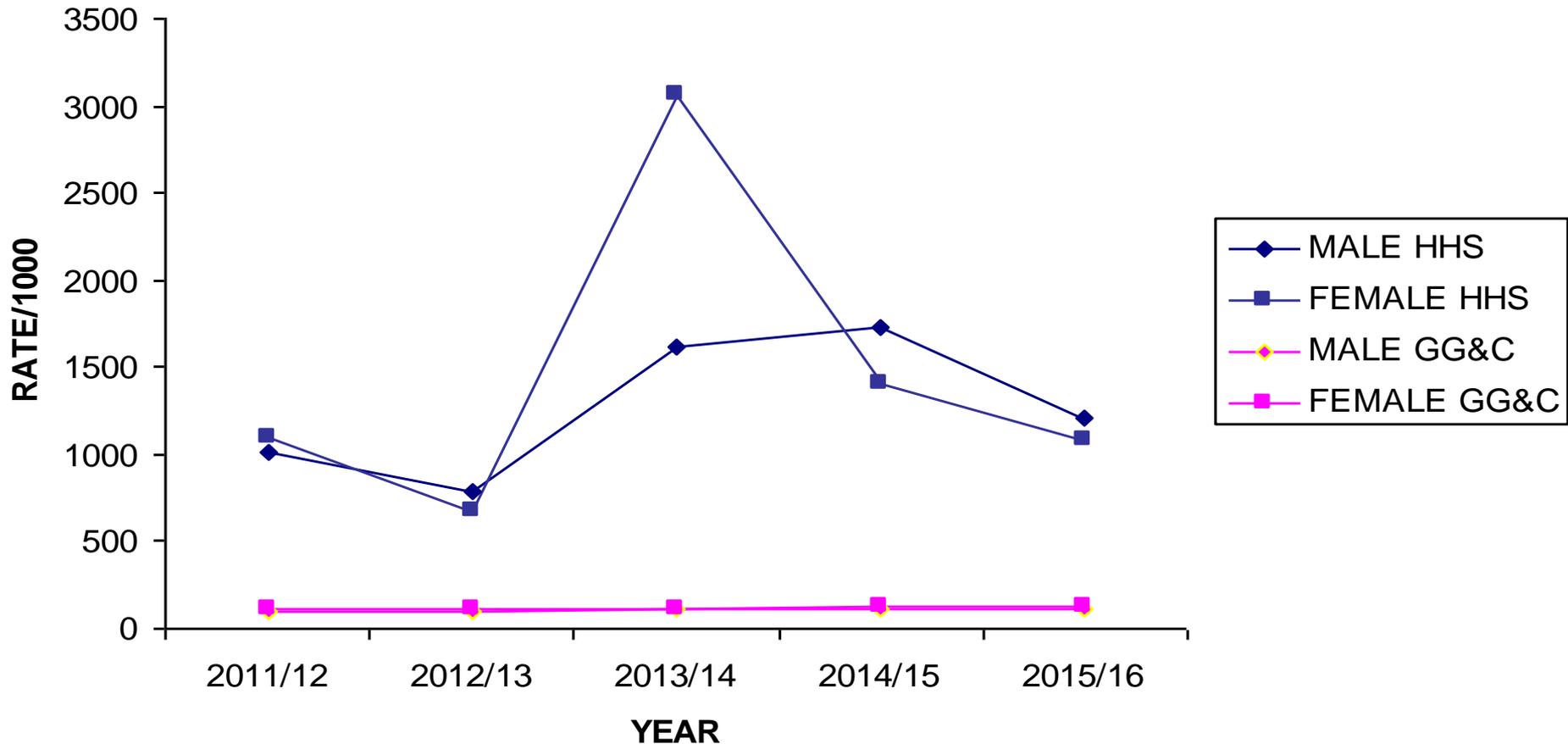
3. Consequences of characteristics of Glasgow's homeless population

A&E or Minor Injury attendances



3. Consequences of characteristics of Glasgow's homeless population

Emergency admissions



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4. **How can we buck the status quo?**
 - **Progress towards a Randomised Controlled Trial of GP-based pharmacist intervention**

4. Progress towards a RCT of GP-based pharmacist intervention

Pre-requisites for hefty funding application?

Absorb learning from:

1. Existing evidence base
2. Engaged and unengaged patients' perspectives on our existing intervention and prospect of a trial

4. Progress towards a RCT of GP-based pharmacist intervention

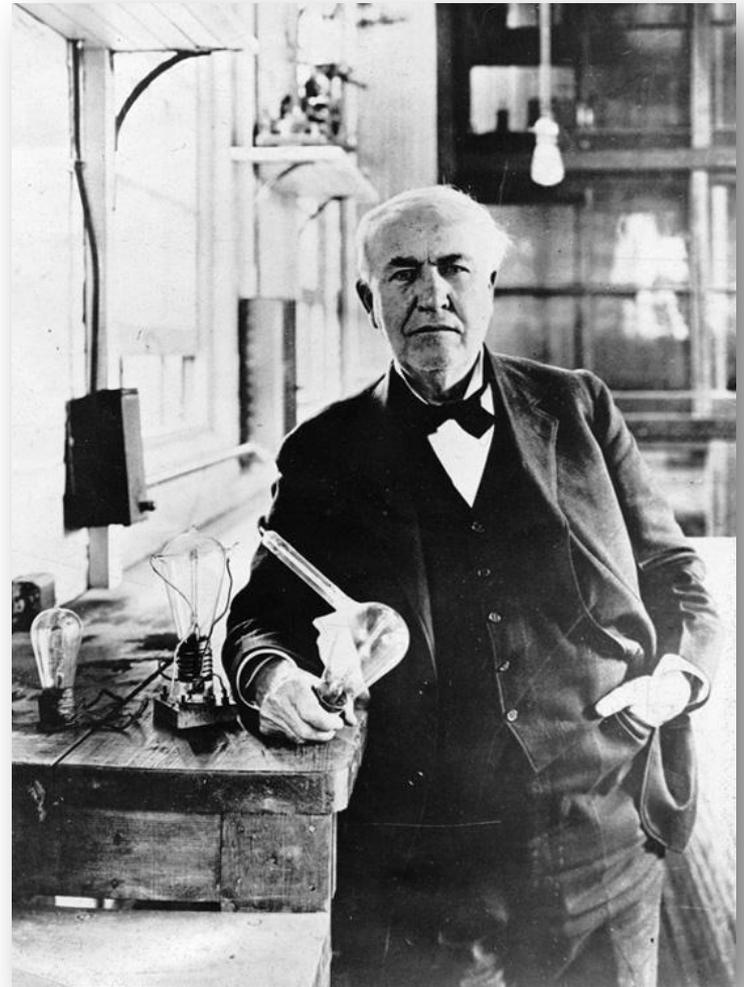
1. What is the evidence base for support for people who are homeless with physical health problems?

Systematic reviews of healthcare and housing interventions...

- Co-ordinated treatment programmes for homeless adults with mental illness or substance abuse, or monetary incentives for those with TB (Hwang 2005)**
- Abstinence dependent housing improves housing status, substance abstinence, psychiatric and health outcomes in HIV (Fitzpatrick-Lewis 2011)**

Tam Edison

“Opportunity is missed by most people because it is dressed in overalls and looks like work”



4. Progress towards a RCT of GP-based pharmacist intervention

Any evidence that pharmacists can improve physical health in adults who are homeless?

We aim to systematically identify, describe and appraise trials of interventions focusing on the management of physical long-term conditions, delivered by healthcare professionals to homeless adults.

- What are the key components of interventions?
- What outcome measures have been used and what effects have been reported?

4. Progress towards a RCT of GP-based pharmacist intervention

2. What do patients think about pharmacist input?

Qualitative evaluation of Clinical Pharmacist Input into the care of people experiencing homelessness

- assess homeless people's perceptions and (where relevant) personal experiences of clinical pharmacist input
- help shape pharmacy service and planned trial (maximise uptake, minimise dropout).

4. Progress towards a RCT of GP-based pharmacist intervention

Intervention:

- **Screen for common conditions**
- **Prescribe**
- **Onward referral (health, social)**

- **Serial consultations at patient's pace**
- **Anticipate treatment failure, disengagement and dropout**
- **Go to patient if necessary/desirable in street, clinic, hostel...**



4. Progress towards a RCT of GP-based pharmacist intervention

Outcomes:

- **A&E attendance**
- **Hospitalisation**
- **Prescribing of evidence based medicines**
- **Engagement with GP**
- **Surrogate disease markers**
- **Costs**

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