

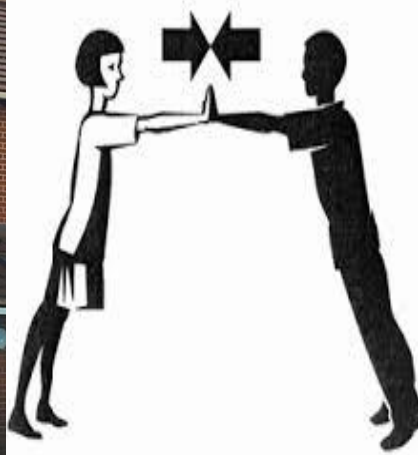
# Primary Care Outreach: Experiences of GP joining the Street Outreach Team in Oxford

Kate Smith

Luther Street Medical Centre, Oxford

With thanks to Oxford Street Population Outreach Team  
(St Mungo's)

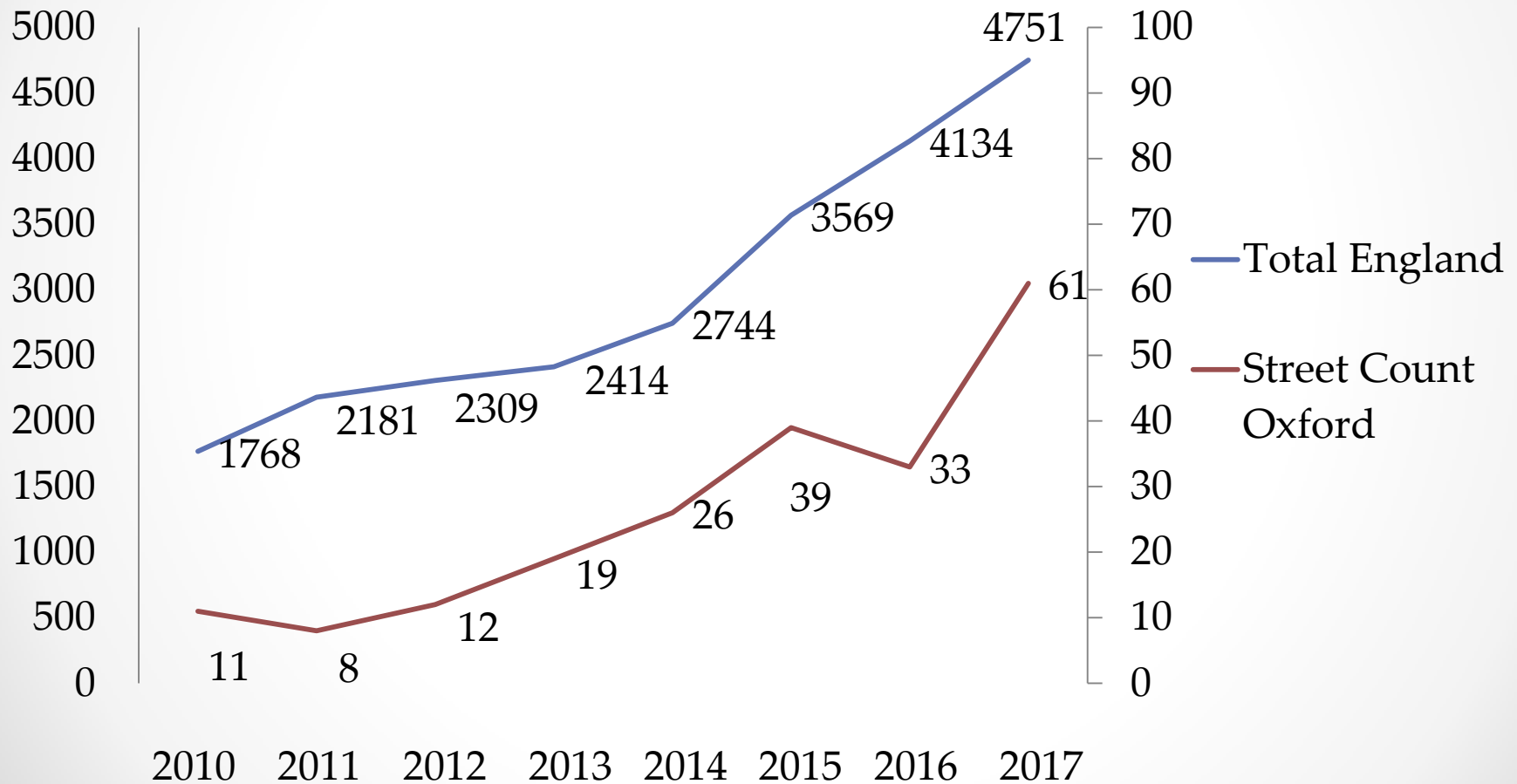
# Bridging Services



Luther Street Medical  
Centre

Oxford Street Population Outreach  
Team

# Homelessness in Oxford



# Comparing areas

## Rough sleeping rate per 1000 households

City of London 7.08

Westminster 1.78

Brighton and Hove 1.37

Camden 1.14

Bedford 1.08

Luton 1.06

**Oxford 1.02**

Southend-on-sea 0.91

Eastbourne 0.86

Thanet 0.72

## Total numbers/estimate of rough sleepers

Westminster 217

Camden 127

Manchester 94

Luton 87

Newnham 76

Southend-on-sea 76

Cornwall 68

Redbridge 65

**Oxford 61**

# Outline of pilot

- Previous ad hoc visits with Outreach when clinical need raised
- Team discussion at Strategy Meeting led to offer of accompanying Outreach.
- 12 month pilot agreed for GP to go out with Outreach team April 2016-2017
- Pro bono for the duration of the pilot
- Sessions arranged each month according to the Outreach shift diary.
- Mixture of on foot or by car covering different areas of the city.
- Some targeted visits either due to ongoing work with the Outreach team, need to verify, or because of health concerns being raised by Outreach



# Case 1

- 24 year old woman
- Sleeping out with partner in central Oxford
- IV drug use, concern raised by Outreach about leg swelling
- After several visits to build rapport, finally agreed to register
- Referred same day, reviewed and confirmed DVT: started medication

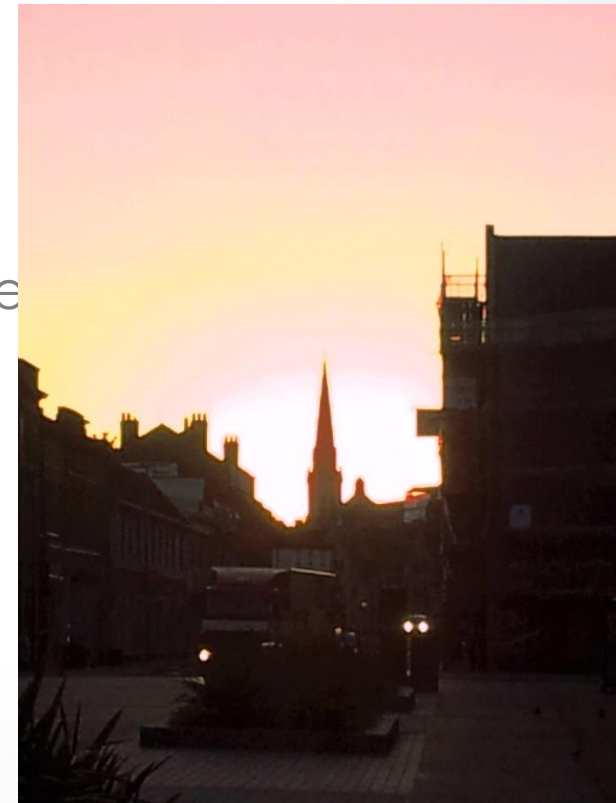


# Case 2

Oxford Health  
NHS Foundation Trust

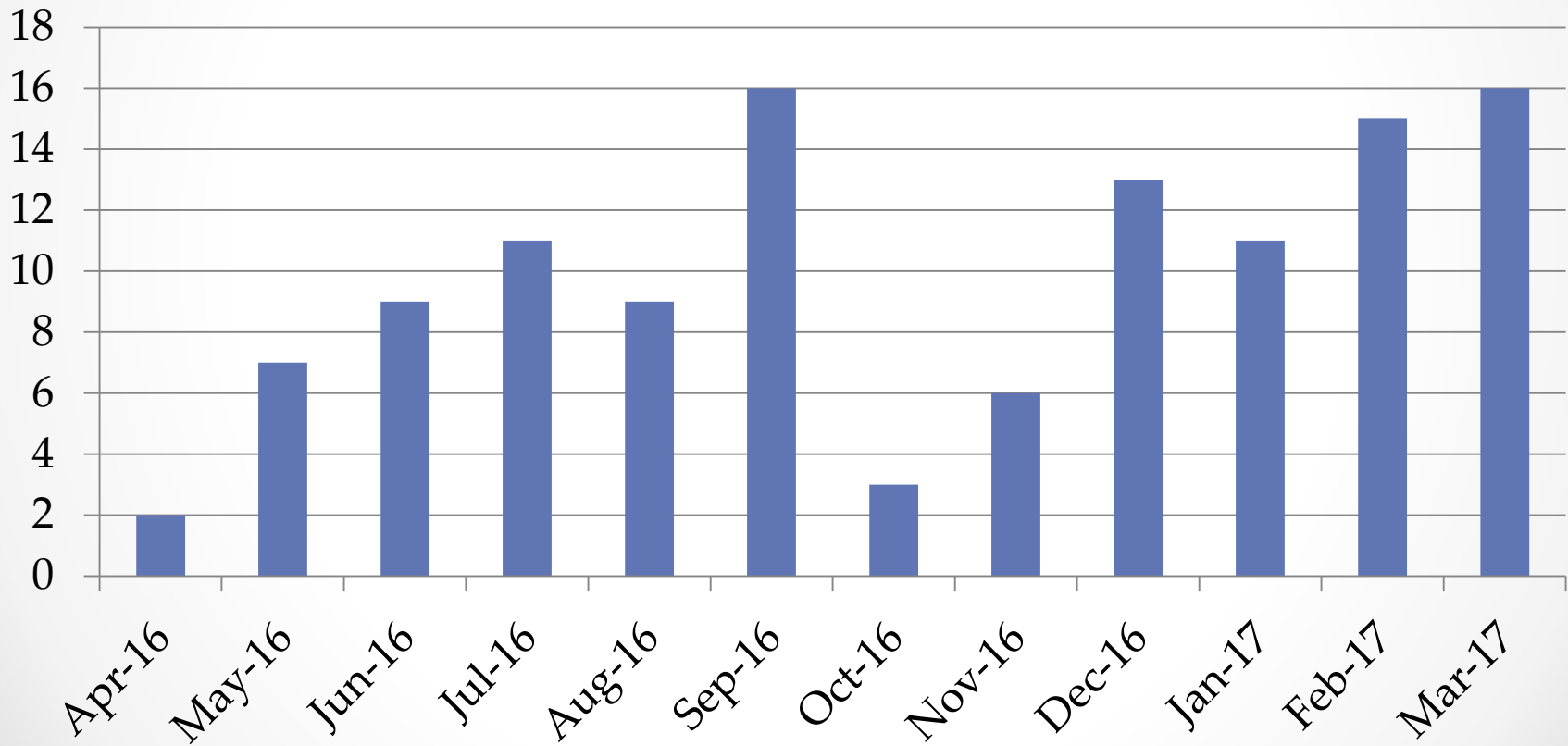


- 48 old lady rough sleeping in unusual locations
- Suspicious of services, not engaging at all. Photographing workers when they attempted contact, and posting paranoid ideas on social media
- Contact from the public giving details of family, enabling us to contact family for collateral history, and details of previous admissions
- MHA convened on the street, and having established the need for a more appropriate place of assessment, conveyed to hospital. Admitted under S3 MHA
- Agreed to register with GP in UK for the first time
- Medication started, has improved self-care
- Is returning to country of origin with plan in place for ongoing care



# 2016-17 Statistics

## GP Outreach Contacts

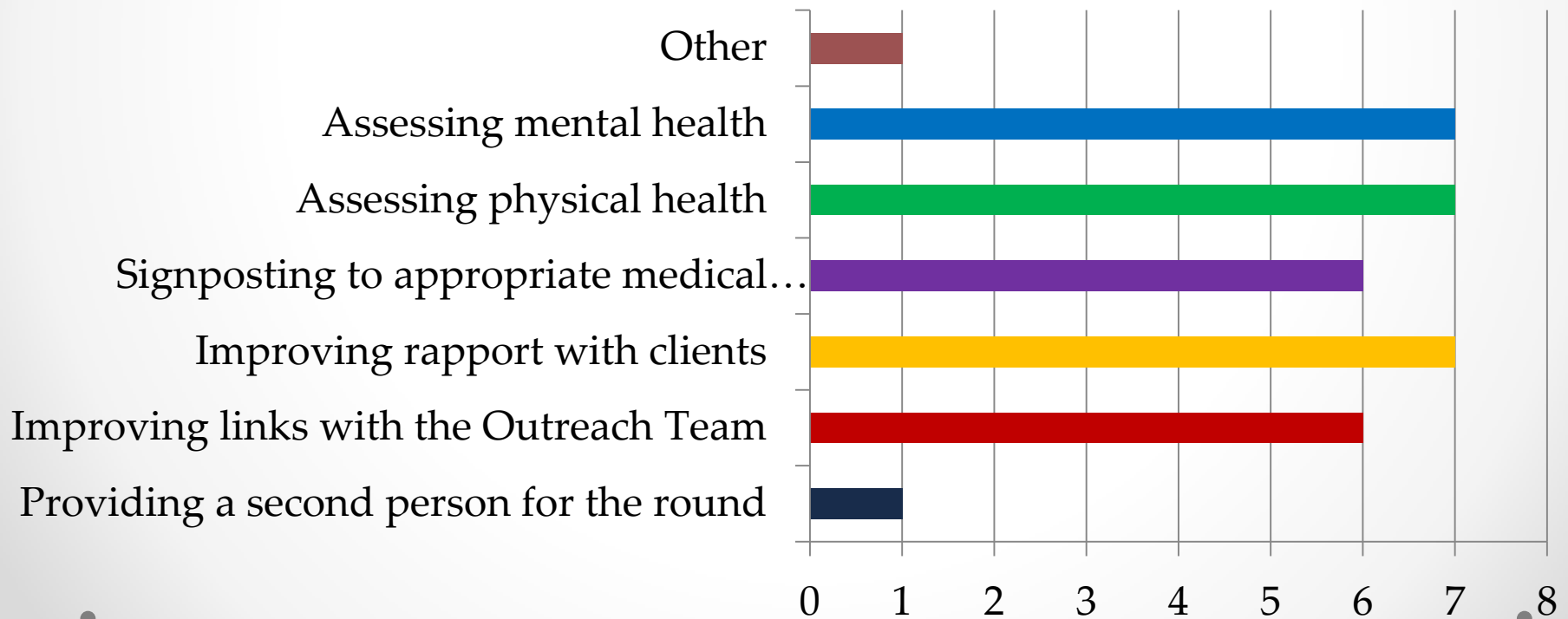




# Outreach Team Feedback

Online survey sent to members of the current Outreach team, and to people who had worked within the team during the pilot

## What do you see as the purpose of having a medical professional join the Outreach round?



# Outreach Worker Feedback

A client... who has constantly saw the Outreach team as 'The enemy' and would not engage... By going out with a medical professional it gave that person advice that they needed from a different source and one they would not dismiss. It also re-enforced what we had been saying that we was trying to help, the medical professional encourage the person to engage with us. It changed the dynamics of the relationship with outreach and them, for the positive

I think it's extremely beneficial having a medical professional accompany on outreach, encouraging clients engagement, building rapport and linking clients in with the correct services, also improving knowledge of outreach workers

Vital service offered to clients and Outreach team in general. Allows and ensures that all clients can access medical support and also gives valuable support regarding evidence gathering to enable us to support vulnerable clients

For a professional working in homelessness it has been invaluable to my learning and has enabled me to build positive relationships with some clients who in the past have not wanted to engage

# Client feedback

Clients are pleased to have GP from LSMC its a good opportunity for them to be seen and for them to have a face when they attend for there initial appointment.

Due to where specialist homeless Doctors surgery is based some clients will not access surgery. Clients have expressed gratitude that Dr has come out to them and they have been able to still access medical support.

One client in particular has stated she is more inclined to engage with LSMC/GP when encouraged by a medical professional

I think it changed the perspective that some clients had on GP's and whether or not they really care about their patients. I can't emphasise enough how valuable this service is.

# Are there any ways you think the presence of a medical professional on the Outreach round could be improved?

Would like to see the rounds with Dr increased to twice a month

More Often

More Often

It would be useful to have a medical professional more than once a month

If possible to give any treatments on the street such as flu jab

If there was scope that they could change dressings when on outreach

# My Experience

## **Positives:**

- Closer working relations between organisations
- Making a doctor more approachable for clients and staff
- Opportunity to meet hard to reach clients and facilitate engagement with health services
- Improving rapport with clients already in services
- Signposting for other health services
- Better understanding of the practicalities of the homeless network and verification process
- Fresh air and fresh perspectives

## **Challenges:**

- Early mornings (both for the clinician and for the clients)
- Finding folk across all of Oxford City with often vague site location details.
- Grappling with connections policy and local policies
- Defining the purpose and remit of healthcare outreach

# Future Plans

- Outreach to other organisations
  - Team members visiting other building-based services such as Gatehouse, Crisis Skylight
- Expanding the members of our team involved
- Reciprocal outreach from other teams (Crisis now visiting us once weekly to meet with clients in the waiting area)
- Ensuring a sustainable service
- More formal client feedback





# Thankyou for listening

