

Changing minds, challenging staff

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- Homeless patients are an extreme example of the revolving door problem^{1,2}
- Homeless Healthcare Teams (HHTs) can help
- Changed attitudes in hospitals with HHTs
- Progress in Bath Hospital

¹Luckenski S, Maguire N, Aldridge R et al. Lancet. 2017; 391: 266-280

²Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. Lancet. 2014; 384:1529-40

Extreme poor health

‘Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis’¹

- Socially excluded populations experience extreme health inequalities across wide range of health conditions
- Disproportionately higher rates of disease, injury and premature mortality
- Causes: Individual factors and structural factors such as absence of low cost housing and income inequality
- Mortality rates 8 x higher for men and 12 x higher for women

¹Luckenski S, Maguire N, Aldridge R et al. Lancet. 2017; 391: 241-250

What works?

‘What works in inclusion health: overview of effective interventions for marginalised and excluded populations’¹

- **Direct** - interventions directly affecting health (pharmacology, counselling, screening, prevention)
- **Indirect** - wider determinants of health (housing, social support, employment, crime, training and education and attitudes)
- **Recommendations** - integration between specialties, such as alcohol liaison and housing providers
- **Recommendations** - introduce national targets for the health of homeless and financial targets

¹Luckenski S, Maguire N, Aldridge R et al. Lancet. 2017; 391: 266-280

Staff knowledge and attitudes

- Positive staff attitudes:
 - reduce re-admission rates¹
 - improve overall efficiency of hospital discharge²
 - facilitate integration between primary and secondary care services³
 - reduce health inequalities³

¹ Queen's Nursing Institute. Hospital discharge for people who are homeless. 2014

² World institute for healthcare improvement. Care Coordination Model: Better Care at Lower Cost for People with Multiple Health and Social Needs. 2011.

³ Luckenski S, Maguire N, Aldridge R et al. Lancet. Nov 2017; 391: 266-280

A multi-centre study of hospital staff attitudes towards homeless patients

Aim:

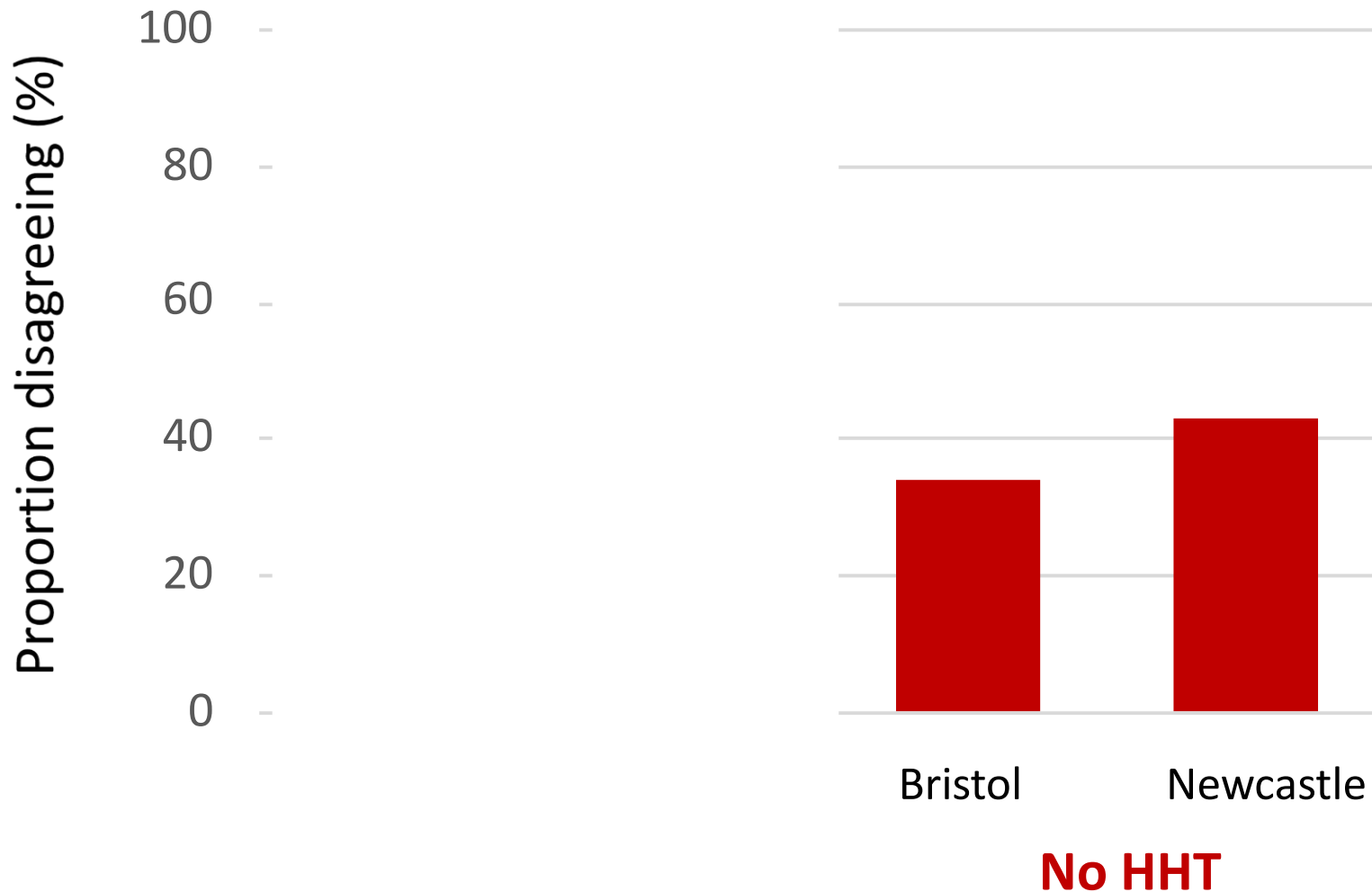
To assess impact of HHTs on hospital staff attitudes and knowledge

Methods:

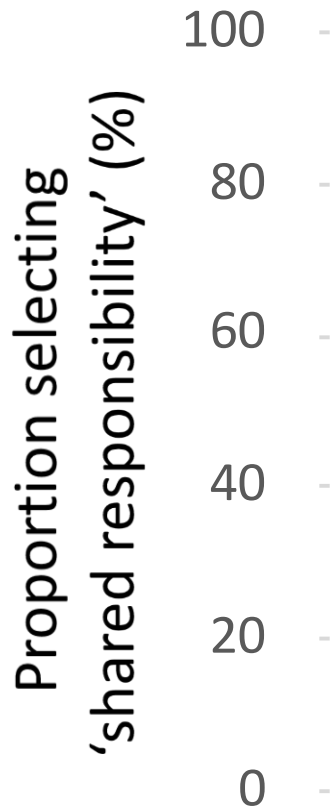
Online questionnaire across 4 hospitals:

- Two with HHTs (Brighton and Gloucester, 117 responses)
- Two without (Bristol and Newcastle, 156 responses)

Q: “Should patients be discharged back to the street?”



Q: “Who is responsible for managing the discharge of homeless patients?”



Quotes from staff in HHT and non-HHT hospitals

“Anyone who has no fixed abode: rough sleeping, sofa-surfing, hostel-dweller or any form of temporary accommodation that they feel they cannot call home”

Q: “How would you define a homeless person?”

“Rough sleeper”

“There is a collective responsibility between discharge co-ordinators, the council, medical/surgical team, nurses, housing authorities, social workers and the homeless healthcare team. Everyone has a role to play.”

Q: “Who is responsible for managing the discharge needs of inpatients?”

“Don’t know”

“In an ideal world, yes, but it’s complicated. With the strain on the NHS we have to focus first on restoring health, particularly in acute settings. But we need to work with council/social services and refer people appropriately”

Q: “Should the hospital address a patients lack of housing?”

“No”

“Yes”

Summary

- Homeless patients are an extreme example of the revolving door problem
- HHTs can help:
 - Reduce re-admission rates
 - Facilitate successful discharge
 - Integration with community support
- Changed attitudes in hospitals with HHTs
- Lessons learnt can be applied to Bath

Improving hospital services

- **Meeting with integrated discharge service** - need for change
- **Presentation to CCGs** - data from RUH HHT pilot study
- **Collaboration with Julian House** - funding for a RUH housing officer
- **Data collection** - homeless population across region

Buy-in from staff:

Teaching sessions to challenge attitudes

- **Why is inclusion health an important issue? -**
extreme poor health in excluded groups
- **What makes a difference to care for the homeless? -** national, local and individual level
- **What can hospital staff do? -** how to refer, who to contact, how to support and be advocates

Buy-in from staff: Brainstorming ideas

- Challenging prejudice on the wards
- Posters on wards of how to refer
- Homeless discharge packs
- Clothes collection boxes in Doctor's mess
- Special admission clerking proforma

Conclusion

- Both our projects showed benefits of HHTs on homeless discharges and staff attitudes
- To establish an HHT in Bath we need:
 - a clear vision
 - integrated discharge service
 - buy-in from CCGs
 - collaboration with Julian House
 - educating staff and challenging attitudes