

THE INTRODUCTION OF HOMELESS HEALTHCARE TEAMS IN HOSPITAL IMPROVES STAFF KNOWLEDGE AND ATTITUDES TOWARDS HOMELESS PATIENTS

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Introductions – Who is here?

Hospital Setting?

Primary Care?

Community Service Provider?

Positive experience of homeless patient discharge?

**Negative experience of homeless patient
discharge?**



Is homelessness the hospital's responsibility?

Do you know the policy on homeless patient discharge where you work?

Back to Basics

Estimated 4751 rough sleepers

Hard to reach population

80% one physical problem

70% mental ill-health

Co-existing drugs and/or alcohol dependence is common

Age of death

40 times less likely to be registered with a GP

5 times increased A+E attendance

4 times more likely to be admitted

Average stay is 3 times longer

Costs 8 times more than the average housed patient

£85m annual cost to the NHS

£1bn annual cost to the taxpayer

Opportunity!

‘All acute hospitals are expected to **implement formal policies** which **provide a framework** to ensure the **identification of homeless individuals as soon as they are admitted to hospital**, so that community health care and tertiary sector homelessness services are **notified prior to the patient’s discharge**’

IMPROVING HOSPITAL ADMISSION AND DISCHARGE FOR PEOPLE WHO ARE HOMELESS



CC They just came to my room, and said **“you can go now”**. I said, “no, I’m homeless, I’ve got no clothes. And basically **they kicked me out**. I didn’t want to go. I was ill, in pain, just had an operation, and they should have kept me longer, or done **more to help**.”

ANALYSIS OF THE
CURRENT PICTURE AND
RECOMMENDATIONS
FOR CHANGE March 2012





Homelessness Reduction Act 2017

Duty on public authorities in England to refer cases

Duty of public authority to refer cases to local housing authority

After section 213A of the Housing Act 1996, but before the heading after that section (general provisions), insert—

“213B Duty of public authority to refer cases in England to local housing authority

- (1) This section applies if a specified public authority considers that a person in England in relation to whom the authority exercises functions is or may be homeless or threatened with homelessness.
- (2) The specified public authority must ask the person to agree to the authority notifying a local housing authority in England of—
 - (a) the opinion mentioned in subsection (1), and
 - (b) how the person may be contacted by the local housing authority.
- (3) If the person—
 - (a) agrees to the specified public authority making the notification, and
 - (b) identifies a local housing authority in England to which the person would like the notification to be made,the specified public authority must notify that local housing authority of the matters mentioned in subsection (2) (a) and (b).
- (4) In this section “specified public authority” means a public authority specified, or of a description specified, in regulations made by the Secretary of State.
- (5) In subsection (4) “public authority” means a person (other than a local housing authority) who has functions of a public nature.”

News > Health

Medical students being urged to help in NHS hospitals as winter crisis worsens

Inexperienced undergraduates are being asked to plug labour gaps as NHS trusts struggle to cope with increased pressure

NHS England 'urgently needs 2,200 more A&E consultants'

Royal College of Emergency Medicine says hospitals must more than double current number of consultants to ensure safe care

NHS winter crisis: hospital 'felt like something out of a war zone'

Husband of a patient and locum doctor share moving experiences of severe pressures on national health service

Home > News

A&E crisis deepens with 65 hospital trusts issuing emergency alerts

Winter crisis over but wards dangerously full, NHS doctors say

News > Health

NHS nursing vacancies at record high with more than 34,000 roles advertised

NHS 'on Theresa May's doorstep' only able to fill one in every 400 nursing posts being advertised

NHS staff are being pushed to the limits. Our protest is to say enough is enough

While we struggle to uphold a crumbling service, politicians insist all is well. Thousands are expected to gather this weekend to put them right



▲ 'It feels like one uphill battle after another: axing bursaries, junior doctors' contracts, fighting the pay cap.' Photograph: Frank Augstein/AP

Project Outline

Case Study

10 point Staff Questionnaire

2013

- 7 ACU staff
- 4 A+E staff
- Total 69



Introduction of
Homelessness healthcare
team

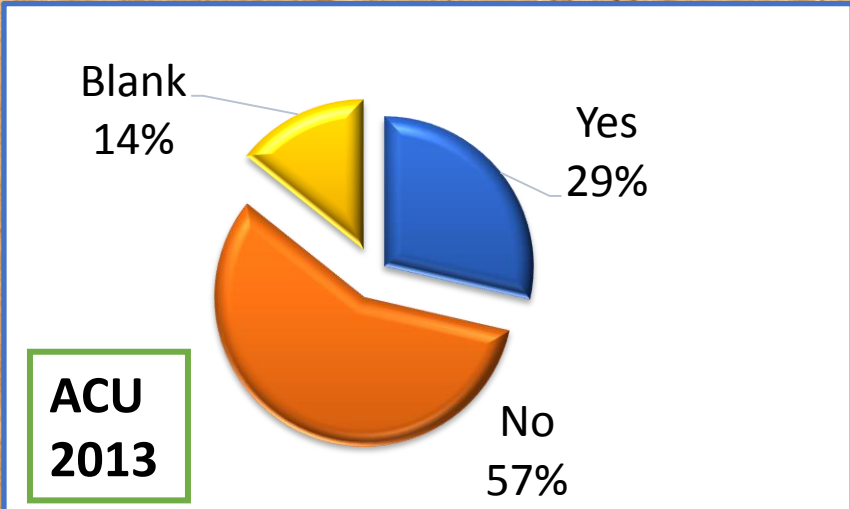
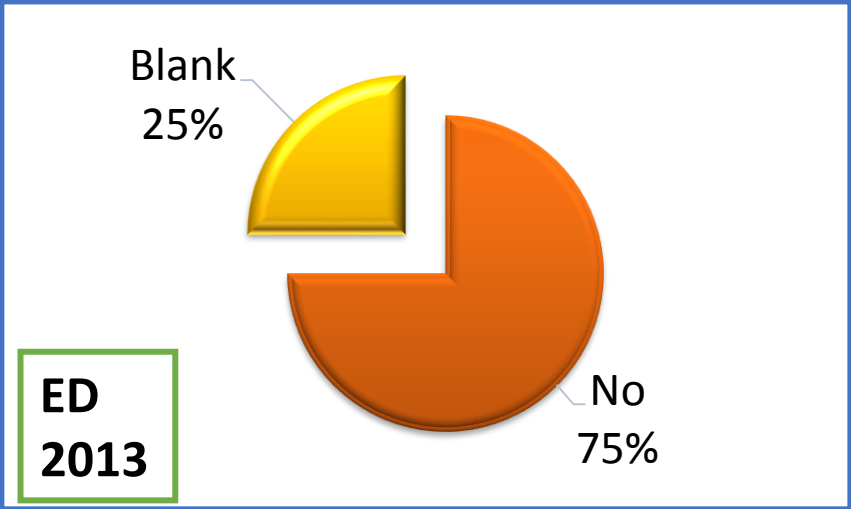


Reaudit 2016

- 19 ACU staff
- 39 A+E staff

2013 Results

Is homelessness a hospital's responsibility?



Is homelessness a hospital's responsibility?

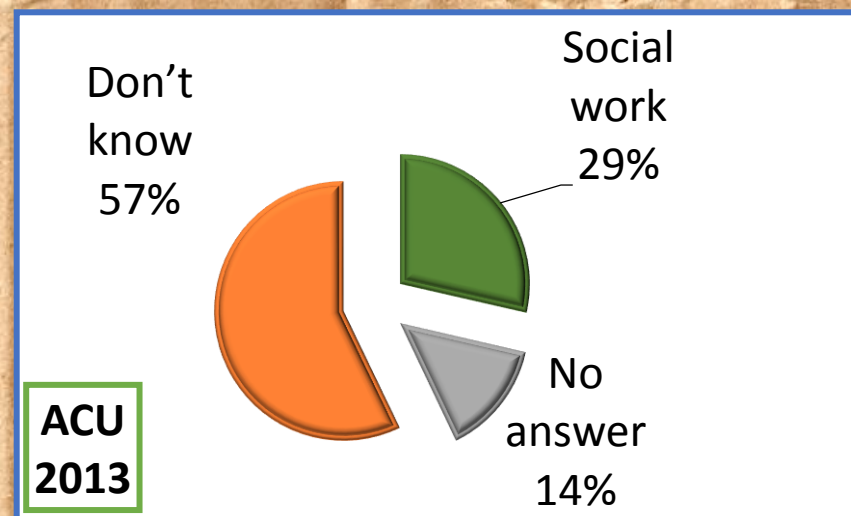
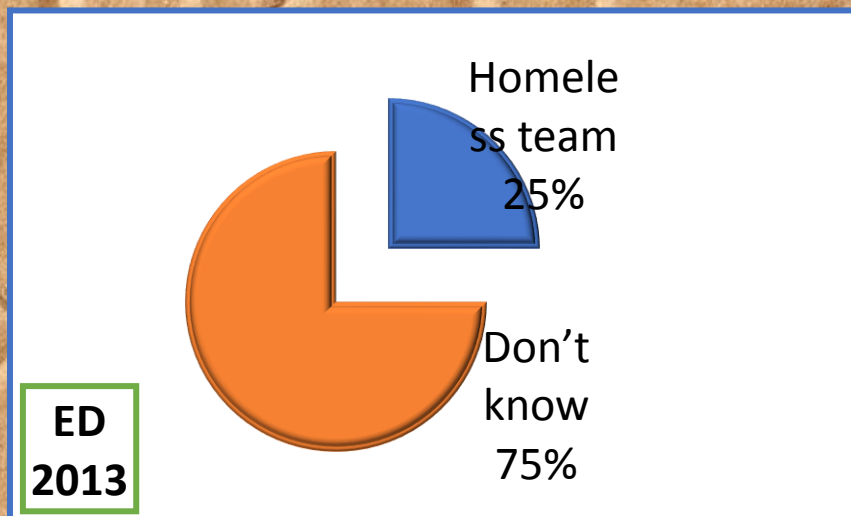
"YES, MORAL RESPONSIBILITY"

"NO *THE HOSPITAL HAS TOO MANY ISSUES. WE ARE NOT A B+B "*

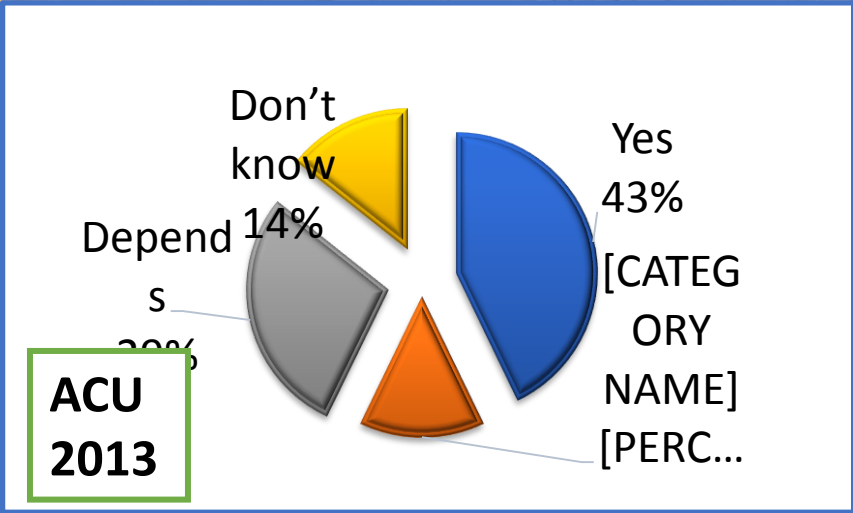
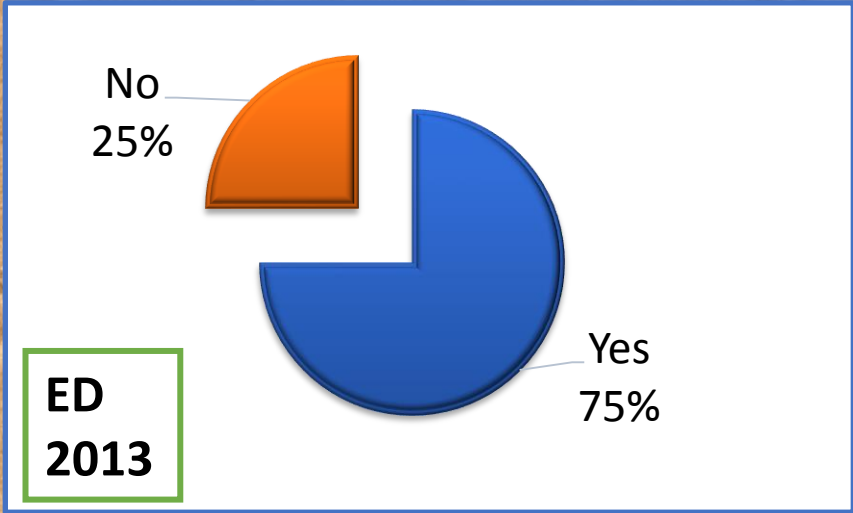
"NO *WE ARE AN ACUTE SERVICE PROVIDER"*

"NO, *SOCIAL SERVICES ROLE"*

What is the Hospital's Homelessness Policy?



Should homeless patients be discharged with nowhere to go?



Should homeless patients be discharged with nowhere to go?

“YES IS IT A HOSPITAL’S RESPONSIBILITY TO REHOUSE HOMELESS PEOPLE?”

“YES HOSPITAL BEDS NEEDED – ITS NOT A HOSTEL”

“YES SHOULD NOT TAKE UP AN ACUTE MEDICAL BED”

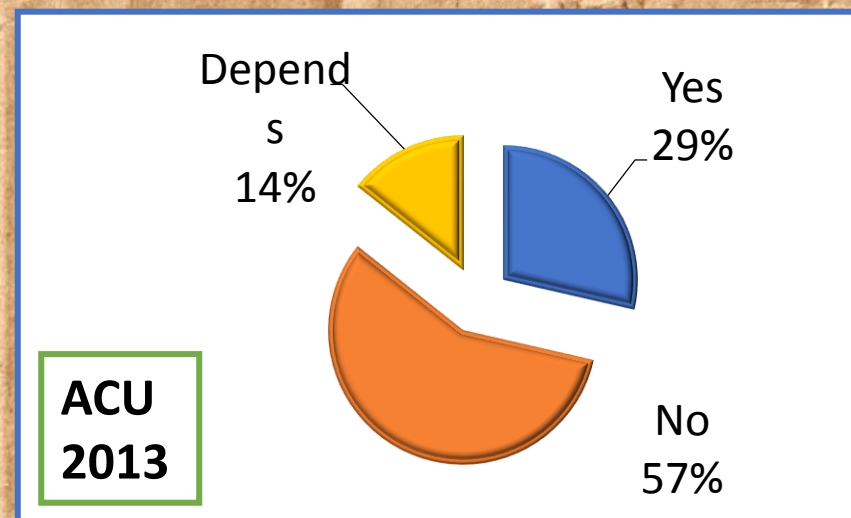
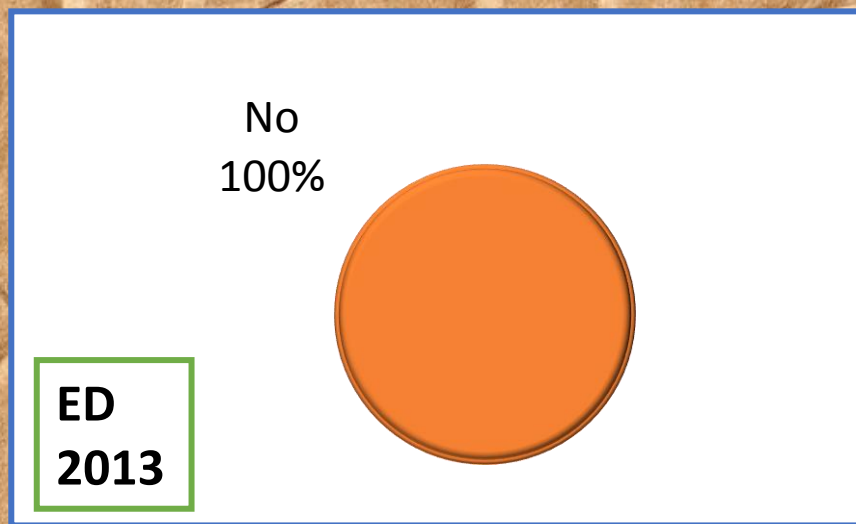
“YES SOME PEOPLE WANT TO LIVE ON THE STREETS”

“YES IF THEY HAD NFA ON ADMISSION WE SHOULD BE ABLE TO DISCHARGE, PROVIDING THEY ARE NOT A 'VULNERABLE' PATIENT”

“YES BUT MAKE IT AS SAFE AS POSSIBLE - GIVE CONTACT NUMBERS. SUPPORT NETWORKS. ? A DEFINITE DESTINATION COULD BE FOUND “

“DEPENDS ON SPECIFIC CIRCUMSTANCES “

Is a discharge solution usually found?



The Homeless Healthcare Team

- Co-ordinated by ACU Consultant

- Housing Officer in-reach

6 months:

57 (54 first-time) referrals

98% patients were seen within 24 hours

82% were discharged into housing (most commonly B+B)

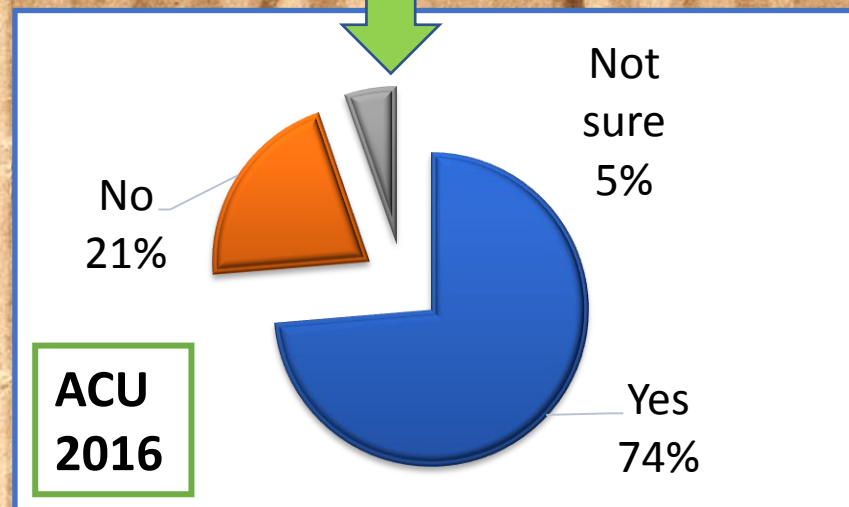
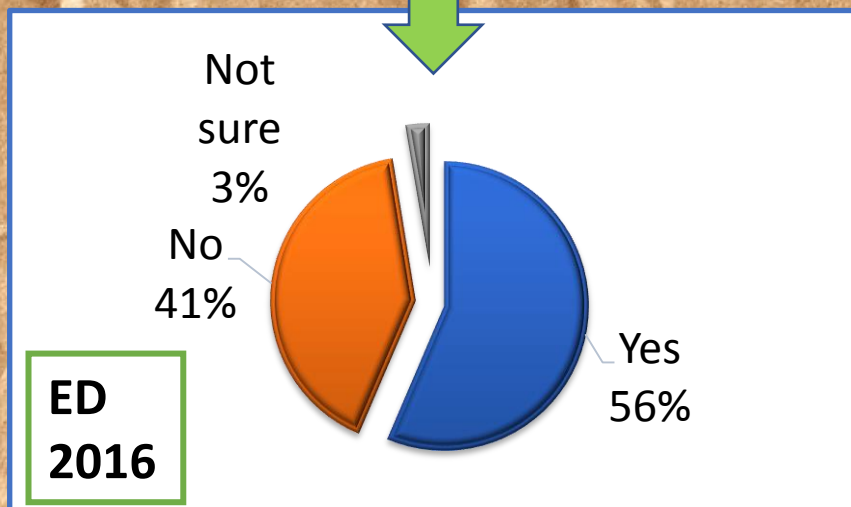
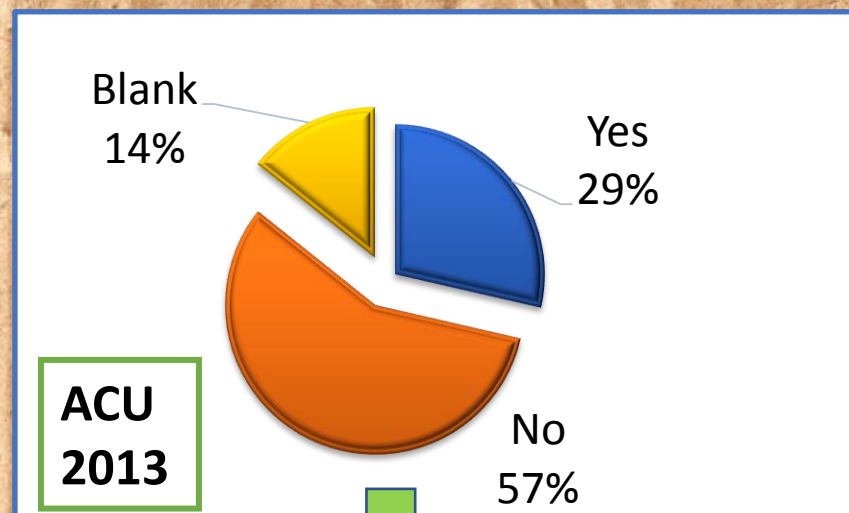
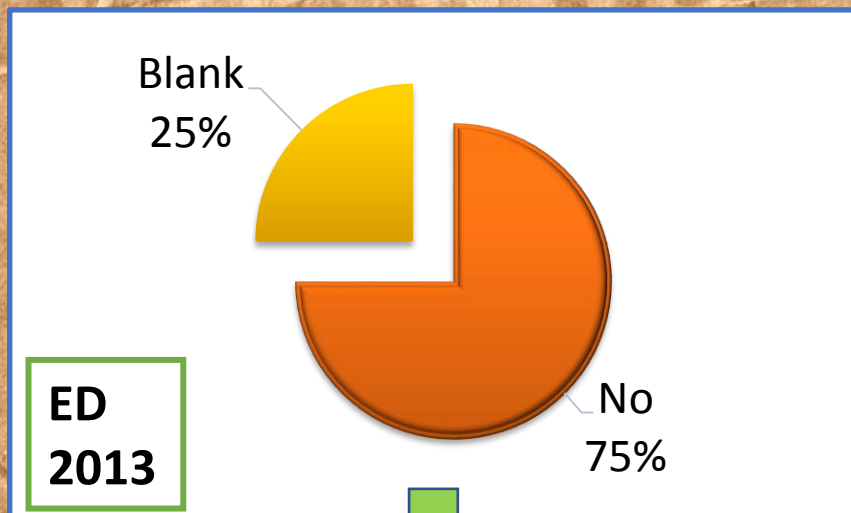
80% referred to drugs and alcohol services compared to 4% previously

Duration 2.2 to 2.1 days

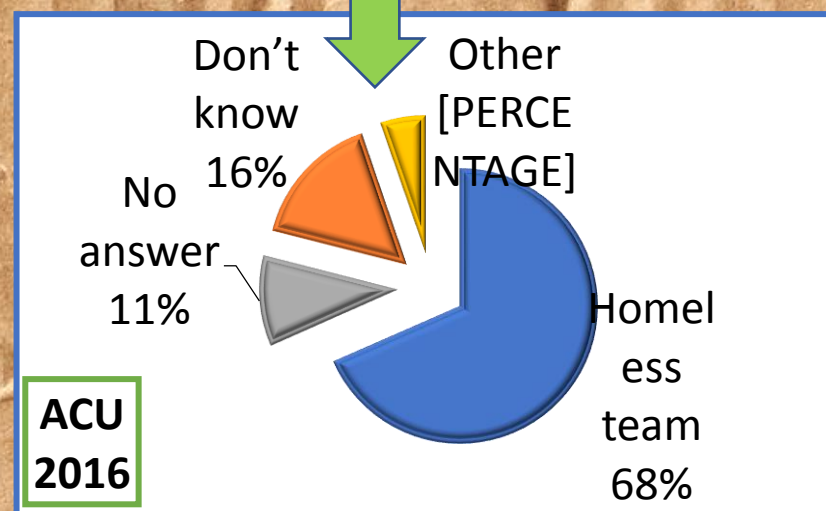
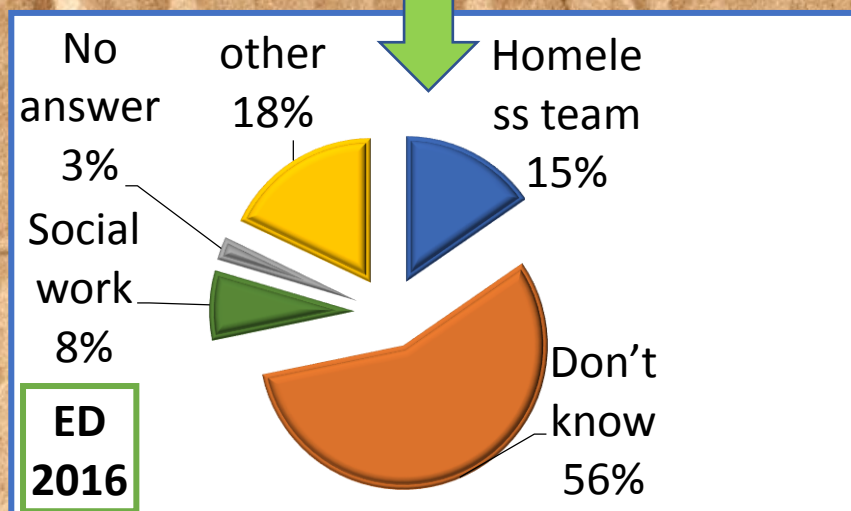
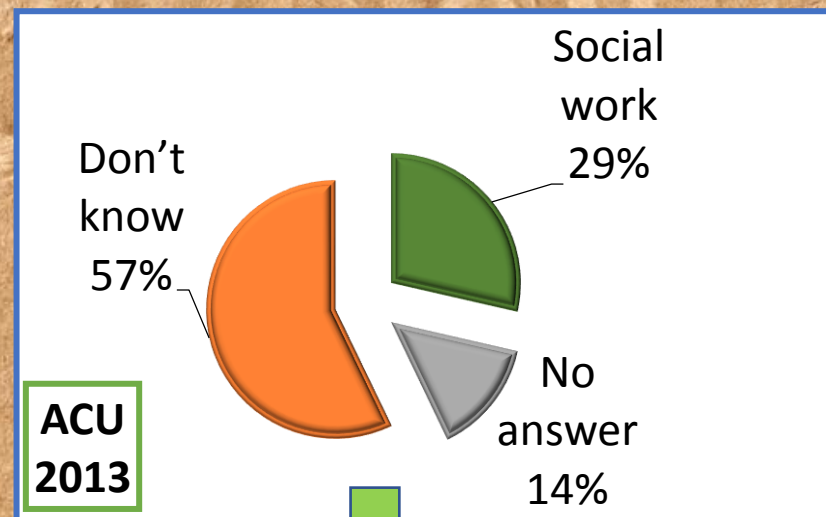
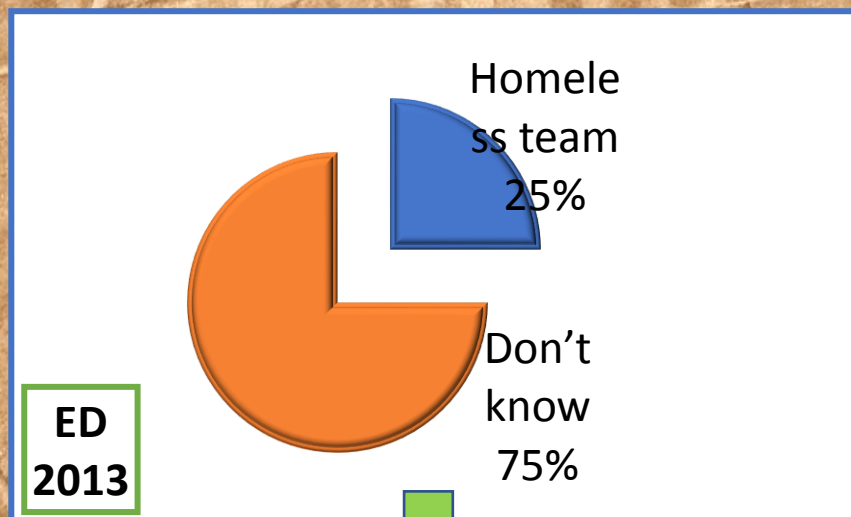
Discussion increased from 10% to 79%.

2016 reaudit results

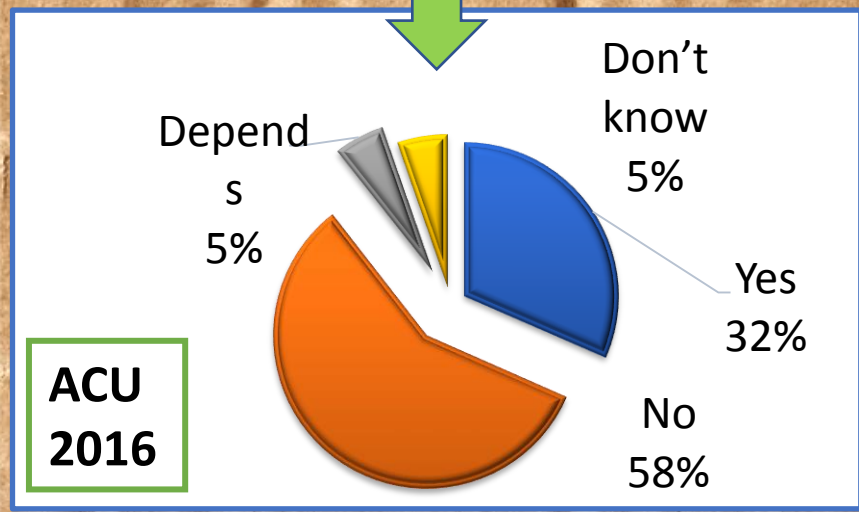
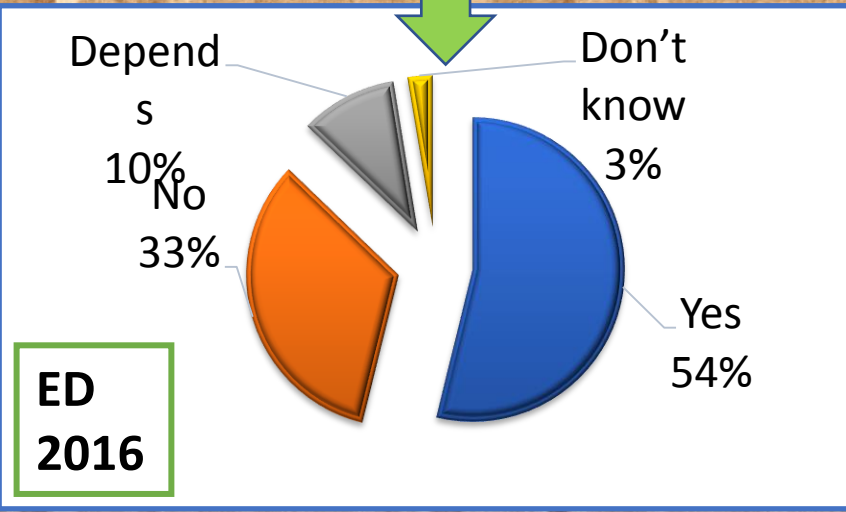
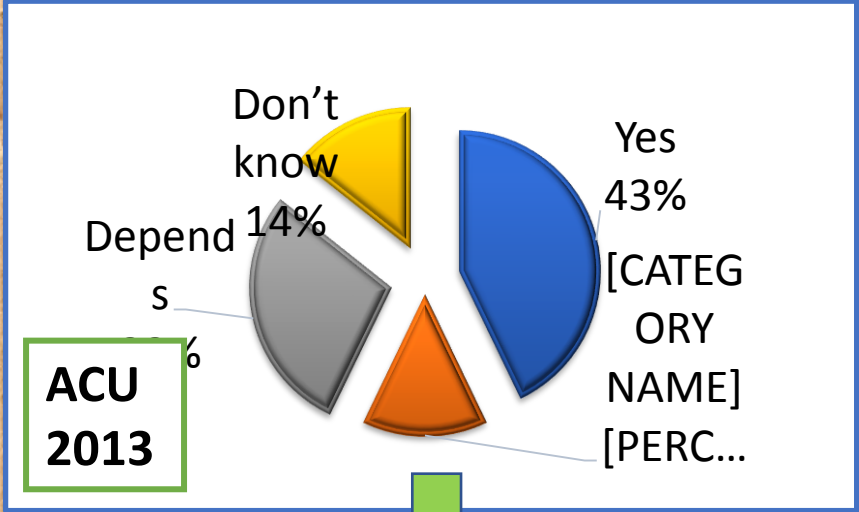
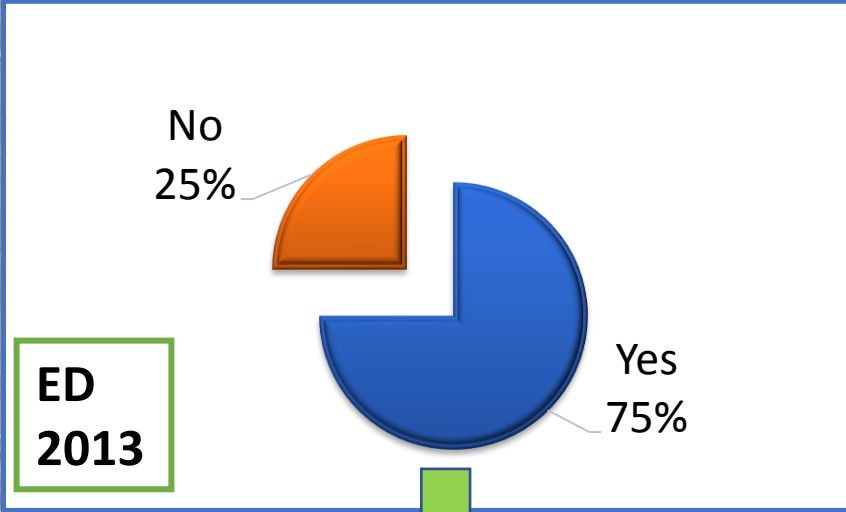
Is homelessness a hospital's responsibility?



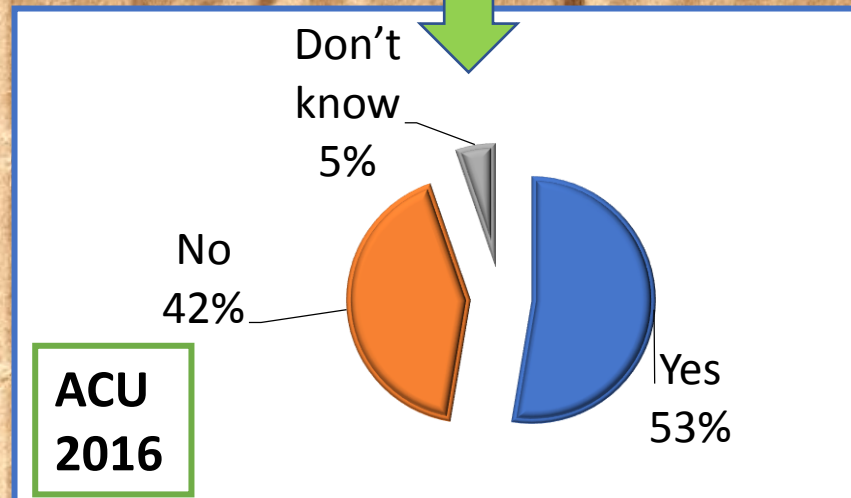
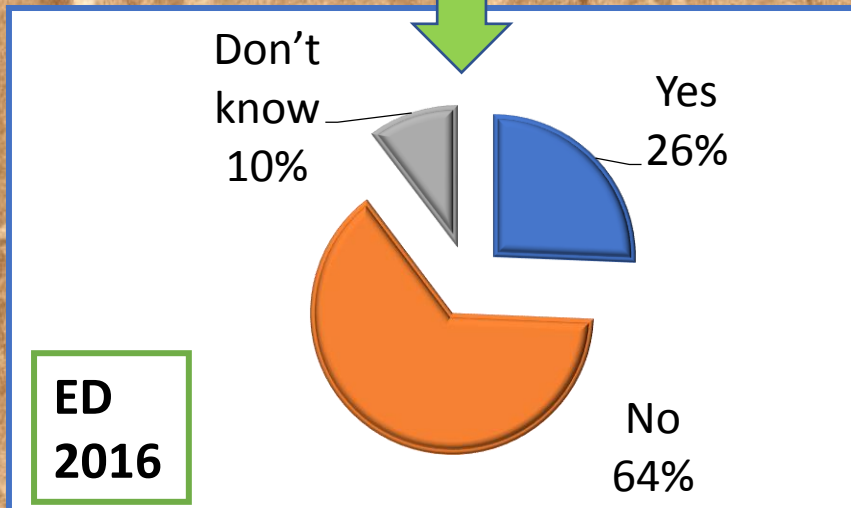
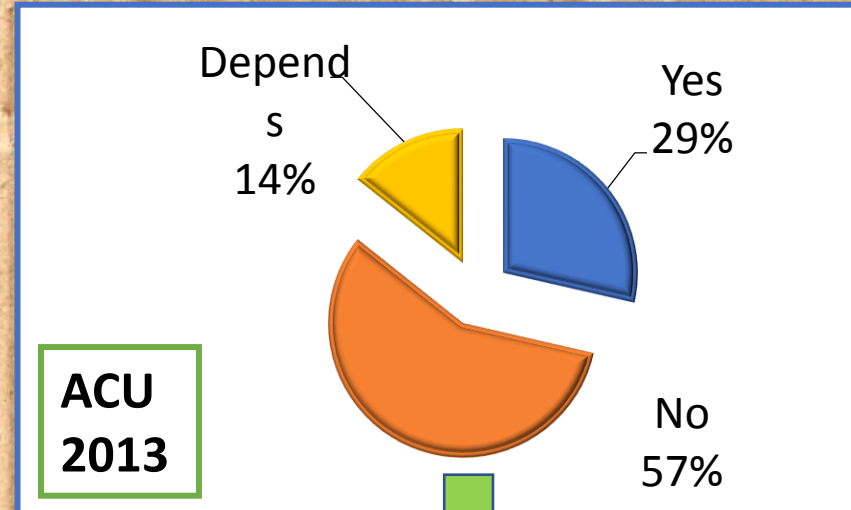
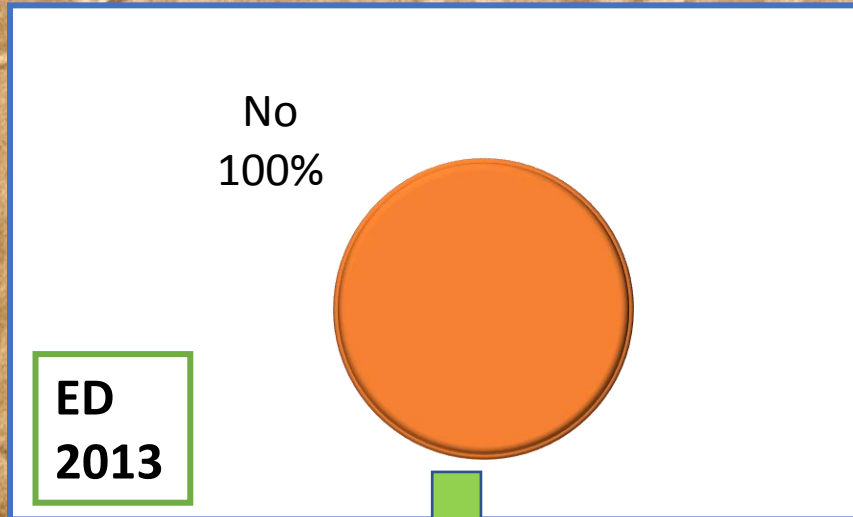
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Is a discharge solution usually found?



Learning Points

Hospital – key point of contact

Signposting/referral – benefit to patient and NHS

Staff and resources already stretched

Local solution key. Not one size fits all – depends on demand and services

Pre-defined pathway aids efficiency and promotes positive attitude

Make process as easy as possible for staff

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