

The GP role in improving outcomes for homeless inpatients

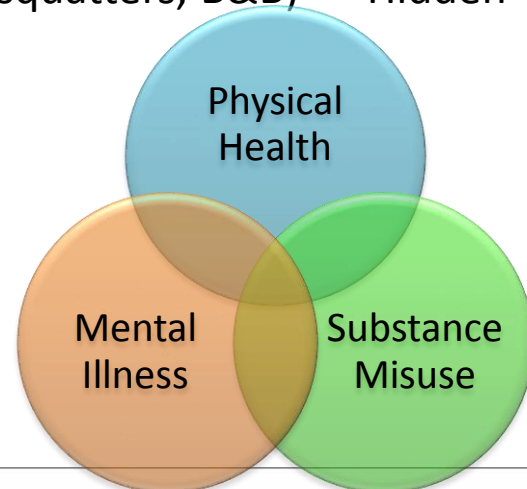
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Background: Homelessness and Health

- Inclusion health groups: overlapping populations experiencing homelessness, prisoners, people who sell sex, more widely migrants, Gypsies and Travellers, Roma, domestic/intimate partner violence (Aldridge et al)
- Health: inequity, 10 x mortality often from preventable and treatable conditions
- Homelessness: includes those “rough-sleeping” but also those in temporary accommodation (sofa-surfing, hostel dwellers, squatters, B&B) – “Hidden Homeless”
- Rough sleeping: government vs. research
- Trimorbidity



What is Inclusion Health?

Inclusion health (IH) aims to prevent and redress the harms of extreme inequity among the most vulnerable and excluded populations, through advocacy, policy, research, education, practice and service provision (Luchenski *et al.*, 2017).

Who are Inclusion Health Groups?

Inclusion Health Groups (IHGs) largely include **overlapping populations** experiencing homelessness, prison, people who sell sex and people with substance use disorders (Aldridge et al.)

Most experience mental health problems (Hard Edges 2015)

More widely, IHGs include migrants, victims of human trafficking, people experiencing domestic violence, Gypsies and Travellers and Roma.

The challenge

- Background of rising exclusion
- Austerity
- Welfare cuts
- Lack of suitable accommodation
- Loss of care placements
- Rapid and acute social crisis
- Needs identified within the NHS

Methodology

- Literature review of GPs working with IHGs
- Personal experiences of GPs working in Pathway teams
- Structured interviews with Pathway GPs
- Routine data highlighting outcomes

Setting: Pathway Hospital Teams

- 10 multidisciplinary teams embedded within NHS UK hospital trusts
 - Underpinned by the same values and objectives
 - Differing models of care
 - Principal of GP, Nurse, Allied and Housing in-reach
 - Aim to reduce improve quality of care, health, housing and wider outcomes
 - Address the wider determinants of health
 - Redress inequity and prevent homelessness



Methodology

- Literature review of GPs working with IHGs
- The evolution of the Pathway model in the UK
- Personal experiences of GPs working in Pathway teams
- Structured interviews with Pathway GPs
- Routine data highlighting outcomes

Literature review

Recognised the health impact of exclusion

Complex health needs

Ineffective contacts with a range of services

Low uptake of preventative services

Difficulty accessing primary care and barriers to care

- Primary care: effective at supporting IHGs
- Training: complexity, uncertainty and multiple problems – well suited to care for homeless and other IHGs
- A range of specialist services, prison, migrants, substance misuse, homeless

GPs in Pathway Teams

Based on the Boston model

Key tasks: reviewing, substance use management, MCA, MHA, medication rationalisation, liaison, advocacy and planning

Coincided with diversity in GP: GPwER, urgent care, intermediate

1. GPs working as part of pathway homeless team employed by a hospital trust;
2. GPs working within practice in-reaching into a hospital trust; and
3. Pathway plus which includes a GP practice in-reaching into secondary care and supported by transitional services for patients at discharge.

Training and education

- Improved ability of primary care teams to deliver care to IHGs
- Organising and developing education in the field
- Trainees, colleagues and staff
- Organising formal training
- CPD
- MSc
- Accredited programme that is co-produced and co-delivered with experts by experience

Minimal training and experience

Table I Basic training and education delivered to the KHP pathway homeless team

<i>Inclusion health generic CPD</i>	<i>Inclusion health clinical CPD</i>	<i>Mandatory/other training</i>
NRPF Housing and immigration Law Care act Benefits and PIP MCA and MHA Presenting to panel Commissioning of services local service provision Research and evaluation skills writing reports/ tenders	BBVs and infectious diseases Alcohol Substance misuse/club drugs Sepsis (blood gases) Pain management (in opiate dependents) Mental health (SMI, personality disorder, dual diagnosis) Deep tissue abscess, leg ulcers and DVT Palliative and end-of-life care	Basic life support Child and adult safeguarding Information governance Organisation specific training Any patient groups that you see regularly Teaching course (offer to teach FY1/2/GP registrars) Homeless health website pathway conference links Anything that you need to stay up to date in your profession

Table II Experience of the GPs recruited to the KHP pathway homeless teams

<i>Employment</i>	<i>Leadership skills</i>	<i>Wider experience</i>
Previous experience working in homeless general practice or inner city general practice Working in acute and unscheduled care settings Working for another pathway homeless team Prison health experience	Clinical leadership in previous roles Service development experience Global health and infectious disease training Appraiser role	Teaching and education Research and publications Masters or PhD Linked to a university

What do GPs do?

Table III Activities of the GPs within the KHP pathway homeless team

Core clinical interventions

Detailed clinical assessment and review
 Building rapport with patients and communicating health issues
 Encouraging engagement with clinical care
 Medication review and treatment advice
 Mental capacity and cognitive assessments
 Advocate for preventative healthcare
 Expert letters of support for accommodation
 Care planning and alerts
 Assess support needs and address safety issues
 Negotiating clinical care and transfer of care

Core leadership skills

Undertake clinical audit and supporting data collection
 Writing reports and communicating data analysis
 Promoting safe care and planning of complex patients
 Challenging stigma and negative opinions
 Teaching and education of staff and students
 Service evaluation, quality and efficiency of the service
 Communicating with senior management
 Service development
 Presenting work of the team at local and national conferences and events
 Linking with primary care homeless services

Note: It is important to note that some interventions and skills are relevant to other team members depending on speciality

Cultural change, challenging negative attitudes, promoting a positive and inclusive approach and service development



Interviews with Pathway GPs

Offer a high level of clinical care

Difficult negotiations

Work within complex hierarchies and across academia/teaching

Did not convey professional protectionism: valued and promoted interprofessional care

- Under-sessioned
- Highlighted concerns about focusing on bed days
- Lack of mentoring
- Questions of their value and cost: in itself is devaluing
- Issues around appraisal and revalidation



HEARTH Study

- 123 specialist homeless primary care services– range of work, in practice, outreach to in-reach
- Concentrated in inner city areas
- Surveyed 900 homeless hostels and day centres
- In areas with specialist services half weren't linked
- Relied on mainstream services 2/3 had difficulty accessing

Combination of specialist and mainstream services

Improve links with mainstream health care, educate staff or build on existing provision.

Conclusion

- Evolution of Pathway Teams is mirrored in the evolution of the role of the GP
- Primary care continues to lead the way
- Qualitative interviews and surveys
- Interventions and meaningful improvements
- Wider consideration of multiprofessional training, accreditation and framework of competence
- Mandatory training at pre and post registration
- Shared job descriptions – that's probably happening
- Enhance, improve and engage mainstream services



Take home messages

“What’s your hypothesis?”

“Basing a programme of work on its ability to make or save money is the wrong premise; healthcare costs money, good health care costs more money”

“You cannot directly replicate a service between two different organisations – no matter how similar you believe they are”

Dr. Alex Tulloch: Consultant, Academic, All Round Boffin



Do you help, care or advocate for the health of vulnerable or marginalised groups?

Homeless and Inclusion Health is a dynamic module developed and delivered by the Faculty for Homeless and Inclusion Health (affiliated to Pathway) and UCL's Institute of Epidemiology and Health Care. It offers an opportunity for those with an interest in excluded or hard-to-reach groups the chance to learn from world-class UCL researchers, experienced policy makers and service providers, and former/current members of these communities.

Short Course students will receive a certificate of attendance upon course completion. Taster course students will undertake assessments, and receive transferable UCL credits.

Wow, what a brilliant module!

It went above and beyond my expectations.

The course will run from 25 April to 6 June 2019

Find out what students thought about the module:
www.ucl.ac.uk/homeless-inclusion-health-course

For more information, including fees and eligibility please contact **Eva Schaessens**
e.schaessens@ucl.ac.uk

www.pathway.org.uk/faculty



