

Evaluation of the services for homeless inpatients in Gloucestershire: are we up to standard?

Dr Victoria Gaunt and Dr Joseph Simpson (On behalf of Dr Lorna Green, Dr Pippa Medcalf, Dr Isabel Sellers, RN Shona Duffy)



Background

- Registrar and FY2 doctor working in Gloucestershire Hospitals NHS
 Foundation Trust
- 2 acute hospitals: Gloucester Royal Hospital and Cheltenham General Hospital
- Acute care to over 620,000 patients with over 125,000 ED attendances
- Inspired by the work of consultant Dr Pippa Medcalf
- Housing officer employed in 2013







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Tory council criticised for 'demonising' rough sleepers in posters

Campaign by Gloucester city council suggesting people who beg

on street may not be homeless is termed 'shameful'

Are you really helping boomedeese peoperations of the to thometess. They are in accommodation, receiving upport and benefits.

▲ Gloucester city council said the poster campaign was designed 'to catch the public's attention'. Photograph: Gloucester Labour

A Conservative city council has been criticised for "demonising" rough

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123 homeless households

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- 203 households in temporary accommodation, including 218 children
- 15,679 on waiting list for council housing (Shelter.org.uk)
- Gloucester City foodbank 6,817 emergency food parcels
- 40% increase in demand in January/February 2019 compared to last year

.878

Standards



- Faculty's Standards for Commissioners and Service Providers Oct 2018
 - All hospitals should have protocols for discharge planning excluded groups
- Tier 2 hospitals (30-200 homeless patients presenting each year)
 - Dedicated housing officer
 - Named link hospital coordinator
 - Information pack for homeless people
 - Supply of clean clothing
 - Training and education of all hospital staff
 - Referral to Local Health Authority of all (100%) homeless patients (HRA 2018)

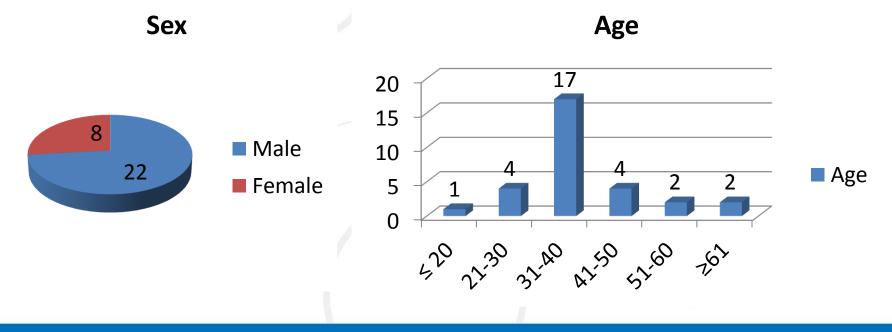


Methods

- Notes review of all admissions coded as 'No Fixed Abode' (NFA) between January and April 2018
- Survey of ED staff on both sites

Notes review

NFA admissions identified via trust information analyst 30 admissions identified 22 patients (8 were repeat admissions) 6 admissions to CGH, 24 to GRH Length of stay: average 3.23, range 1-12



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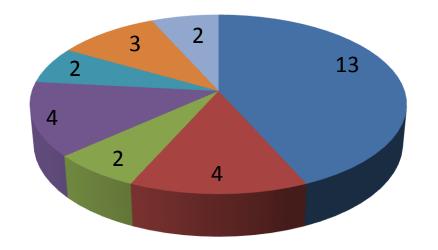
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Characteristics

Presenting complaint



Suicide attempt

- Skin infection
- Pneumonia
- Chest/abdominal pain

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- Assault
- Drug misuse
- Other

64% psychiatric problems

86% substance misuse/dependence

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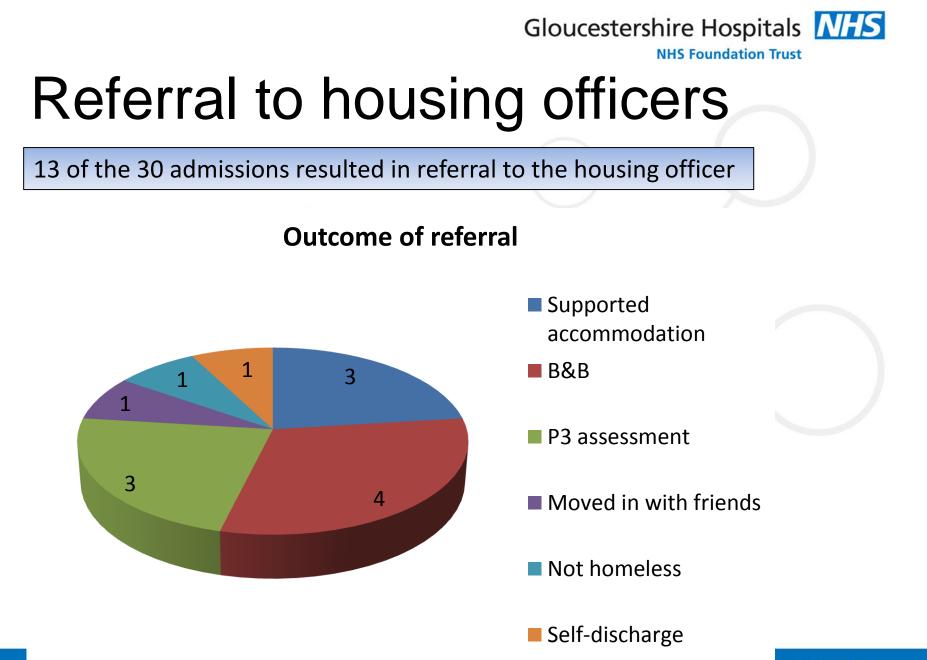
Referral and discharge

GP Practice			
GP Name:	Unknown GP	GP GMC:	G9999998
GP Practice Address:		GP Practice Code:	G9999998/V81999
		GP Clinic Code:	V81999
		GP Telephone:	
Patient Demograp	hice		
Patient Name:	incə	Date Of Birth:	
	no fixed abode		Mala
Patient Address:	no fixed abode	Gender:	Male
		NHS Number:	
		Registration No:	

20% discharged with no registered GP on discharge letter

6 of 30 admissions resulted in patient self discharge

2 admissions patient discharged to police custody



EVERYONE

ED survey results

GRH 31 surveys, 22 CGH

Doctors, nurses, HCAs, physician assistants

93% had contact with a homeless person in ED

45% were aware of a trust homeless guideline

34% were aware of written information that could be given to homeless patients

34% were aware of a clean clothes store

14% had received teaching about management of homeless patients

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34% had experienced a homeless person being discharged back to the street with no support

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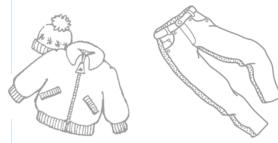
Change – clothes stores and posters

Clothes for the Homeless

AMU

Frailty Assessment Unit

Find in cupboard at end of unit



Homeless guideline on Intranet (ED Guidelines > Other > Homeless) Information leaflets for homeless and vulnerable people available in ED



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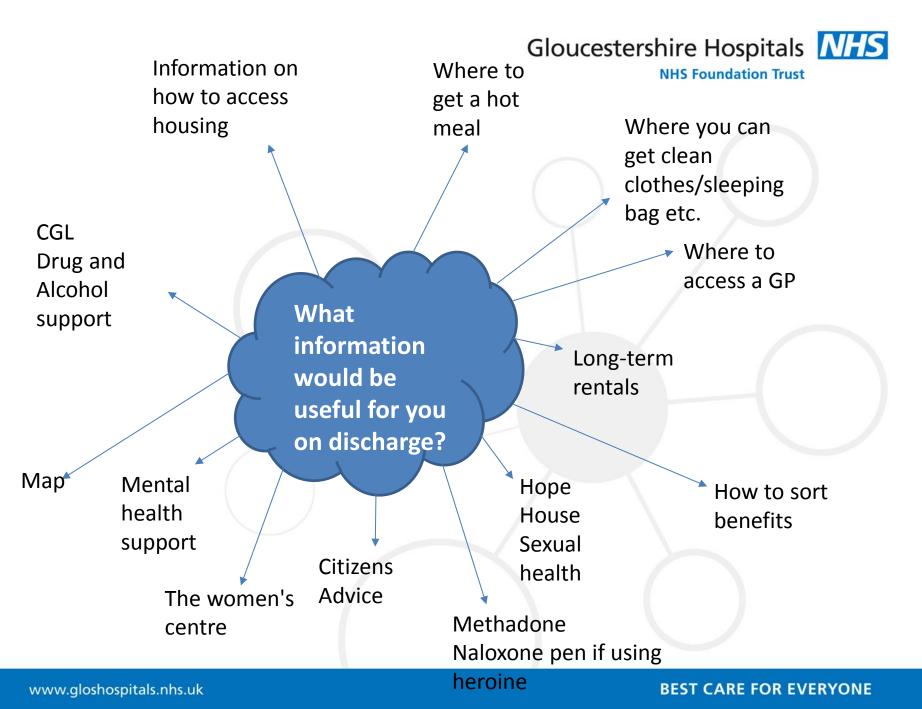
Information leaflets

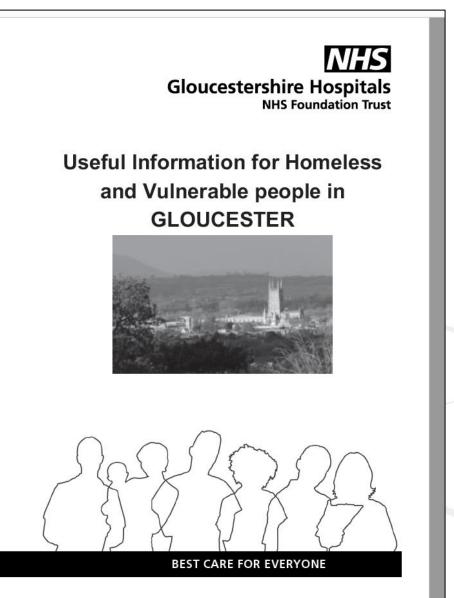
5 homeless inpatients were surveyed regarding what they would find useful on a leaflet

Participants critiqued existing leaflets

What they liked:

Contact numbers Accommodation information Useful information, clear, not overwhelming Explanations of what services are Fits in purse Hot meals Map What could be better? Bigger text Not having to keep turning it round It should be given out Picture of hospital looks like jail Colour Explain what services are

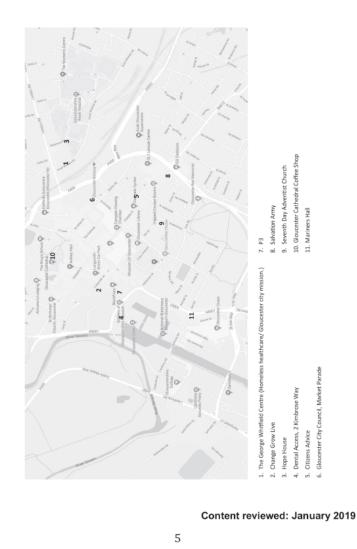




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Homeless Health Care Team (Gloucester) The George Whitfield Centre, 107 Great Western Rd 01452 521898

Nurse appointments Mon-Fri 9am-3pm GP Drop in from 9.30am Mon, Wed and Friday

Change Grow Live - Drug and alcohol services Imperial Chambers, 41-43 Longsmith St. 01452 223014

> Hope House - Sexual Health Services Gloucester Royal Hospital 0300 4216500

Gloucester Dental Access Centres 0300 4216440

Domestic violence (GDASS) 01452 726570 Email: support@gdass.org.uk Samaritans - 24/7 support for anyone struggling 01452 306333 / 116 123 National Association for People abused in Childhood 0808 8010331

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Elim Housing - Time to heal... Support with health and housing needs facilitating safe discharge from hospital 01452 551196

> **Citizens Advice Bureau** 75-81 East St. 01452 527202

Green Square - Housing support 01452 726951 Drop in at Gloucester city council 10am-1pm

> P3 - Housing support 13-15 Ladybell Gate St. 01452 221698 Drop in Mon to Fri 10am-5pm

Gloucester City Mission

General support (foodbank/clothes etc.) George Whitfield Centre 01452 901922

> **The Women's Centre** 01452 397690

Food and Meals

Monday 12-1pm Lunch @ Salvation Army, Eastgate St. (Opposite GL1) 9-10.30pm Soup run, city centre

Tuesday

10am-1pm Lunch @ Seventh day Church, Cromwell St.
10.30am-12 Coffee @ Park Street Mission
2-4pm Gloucester City Mission (Drop-in)

Wednesday

11am-12.30 Gloucester City Mission 9-10.30pm Soup run, City Centre

Thursday

7.50-8.50am Breakfast @ Cathedral Coffee Shop 10am-1pm Lunch @ Seventh Day Church

Friday

11.30am-1pm Lunch @ Mariners Hall **2-4pm** Gloucester City Mission (Drop-in)

> Saturday 9-11pm Soup run, City Centre

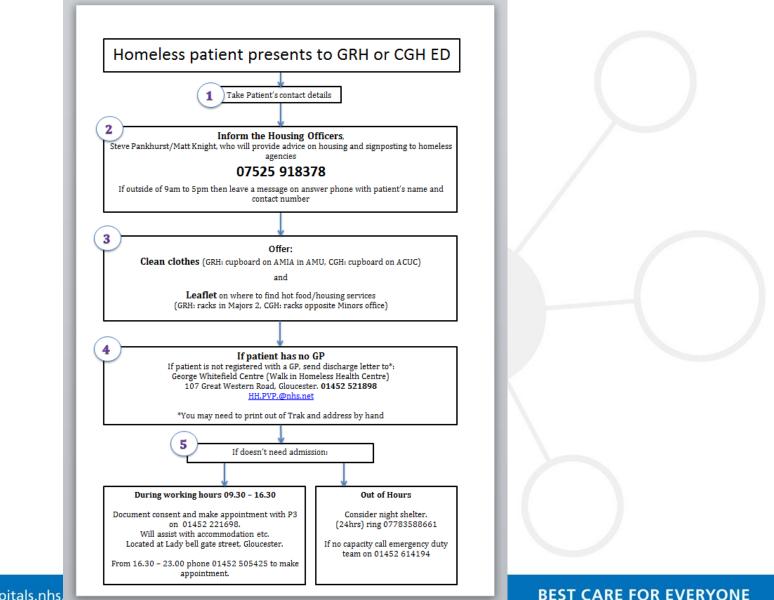
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Trust guideline



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Education programme

- Setting (11 sessions):
 - Foundation year 1 teaching
 - Foundation year 2 teaching
 - GP trainees teaching
 - Emergency Department 4pm handover
- Main messages:
 - Extent of the problem, how we can make a big difference
 - Increasing empathy for vulnerable patient group
 - Explanation of services in the trust and how to access them



ED re-survey results

GRH 29 surveys, 21 CGH

Doctors, nurses, HCAs, physician assistants, reception staff

90% had contact with a homeless person in ED

58% were aware of a trust homeless guideline

62% were aware of written information that could be given to homeless patients

88% were aware of a clean clothes store

26% had received teaching about management of homeless patients

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42% had experienced a homeless person being discharged back to the street with no support



Limitations

- Electronic identification of NFA patients underestimates numbers
- Data sharing difficulties with Elim Housing Association who employ our dedicated housing officer
- Education programme targeted wrong group of staff: doctors rotate every 4 months, nursing staff education would be more sustainable



Conclusions

- Gloucestershire homeless population demonstrate typical 'trimorbidity' of homelessness
- Faculty Standards provide an achievable benchmark for secondary care services for homeless patients
- Dedicated inpatient housing officer effective way of assuring accommodation on discharge
- BUT relies on referral being made
- Staff education has been demonstrated to raise awareness of services available



Ongoing work...

- Creating an alert on our IT system 'TrakCare'
- Recruiting a team of Homeless Link Workers throughout all departments in the hospitals
- Expanding our education programme to reception and nursing staff
- CCG commission housing officer to work on the Gloucester site only and the trust is in the process of reconfiguring
 - Making our team sustainable