

A comparative study of the health and healthcare utilisation of people experiencing homelessness in Edinburgh and Glasgow

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OVERVIEW

- Introduction
- Methods
- Results
- Discussion



University
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NHS

Greater Glasgow
and Clyde

NHS

Lothian

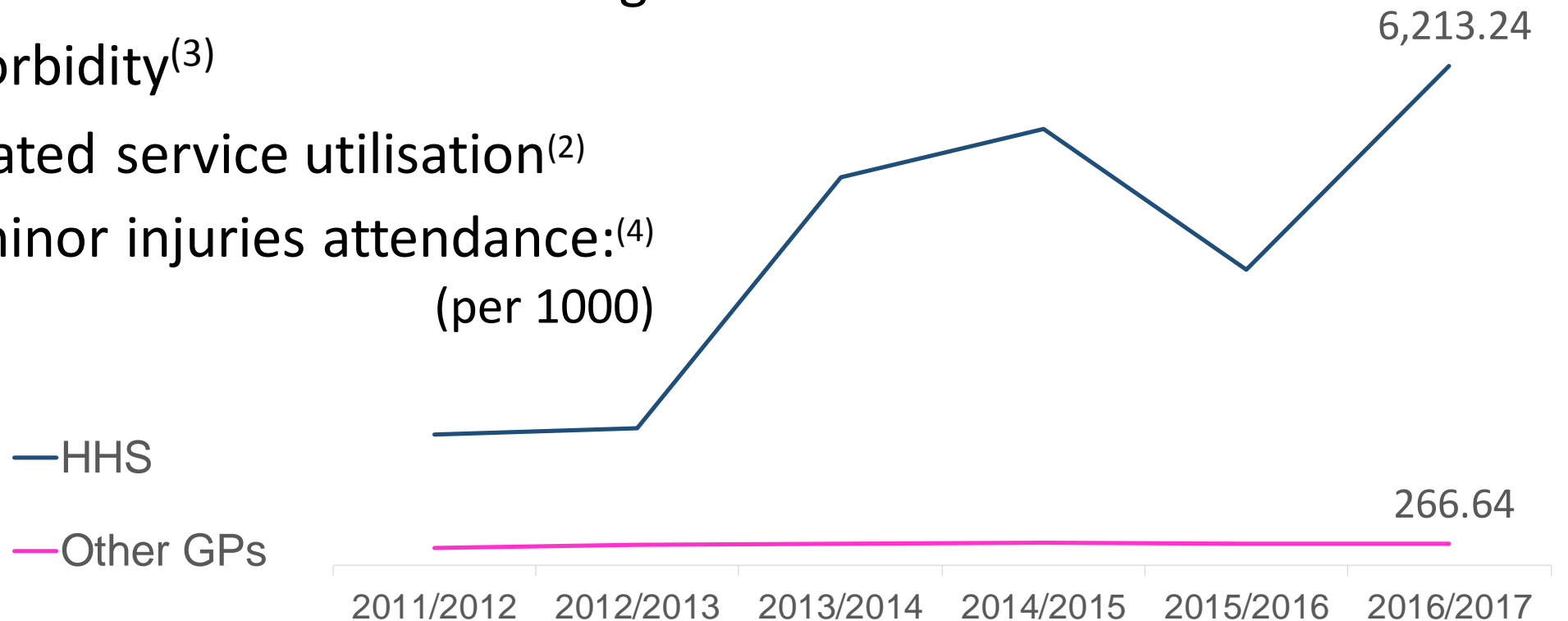
INTRODUCTION

Health: average age of death 45 years⁽¹⁾

- poorer physical + mental health⁽²⁾
- ↑ substance abuse + health harming behaviours⁽²⁾
- ↑ multimorbidity⁽³⁾

= uncoordinated service utilisation⁽²⁾

AE/minor injuries attendance:⁽⁴⁾
(per 1000)



METHODS

Comparison of cross-sectional samples of patient level data from Glasgow Homeless Health Service and Edinburgh Homeless Access Practice

Work based on:

Queen A, Lowrie R, Richardson J, Williamson A. Multimorbidity, disadvantage, and patient engagement within a specialist homeless health service in the UK: an in-depth study of general practice data. BJGP Open. 2017.

METHODS

Setting

Glasgow
all registered patients
(October 2015)

n=133

Edinburgh
random 25% sample
(October 2016)

n=150

Data Collection

extracted from EMIS + Docman

1. Service utilisation and prescribing
2. Multimorbidity and health behaviours
3. Mental health and addictions.

Analysis

- descriptive
 - comparative
- statistical analysis using
MINITAB 17

RESULTS – Characteristics of services

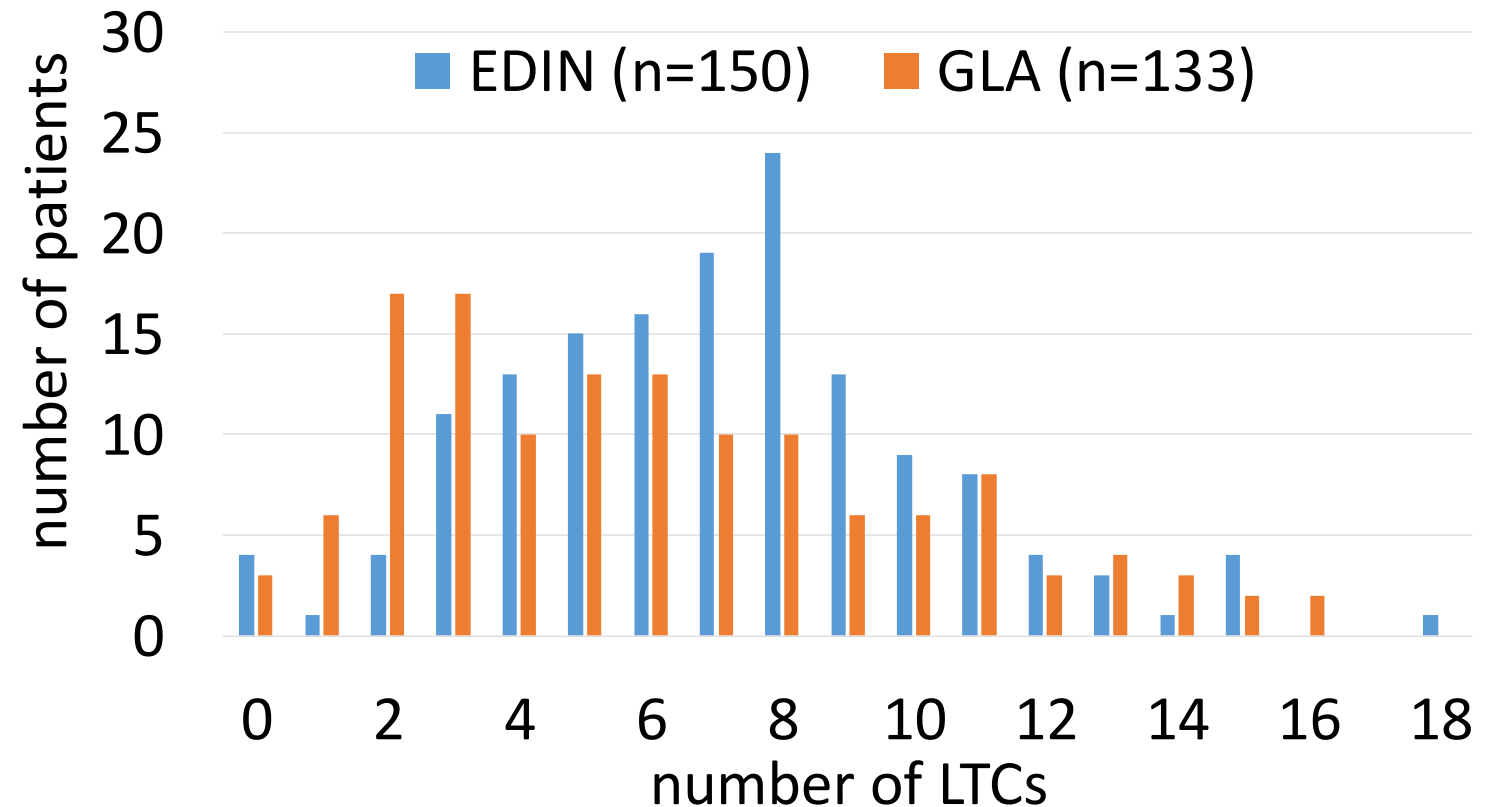
EDINBURGH practice staff ('16)	GLASGOW practice staff ('15)
599 permanently registered patients	133 permanently registered patients
Practice manager	Generic administration manager
2.5 WTE GPs	2 WTE GPs
2.5 practice nurses	No practice nurses
Practice MH team: 6 WTE CPNs Part-time clinical psychologist	5 joint addiction/general nurses
Healthcare assistant	Healthcare assistant

- Other colocated services
- EDIN 1 set of records, GLA different records for different services

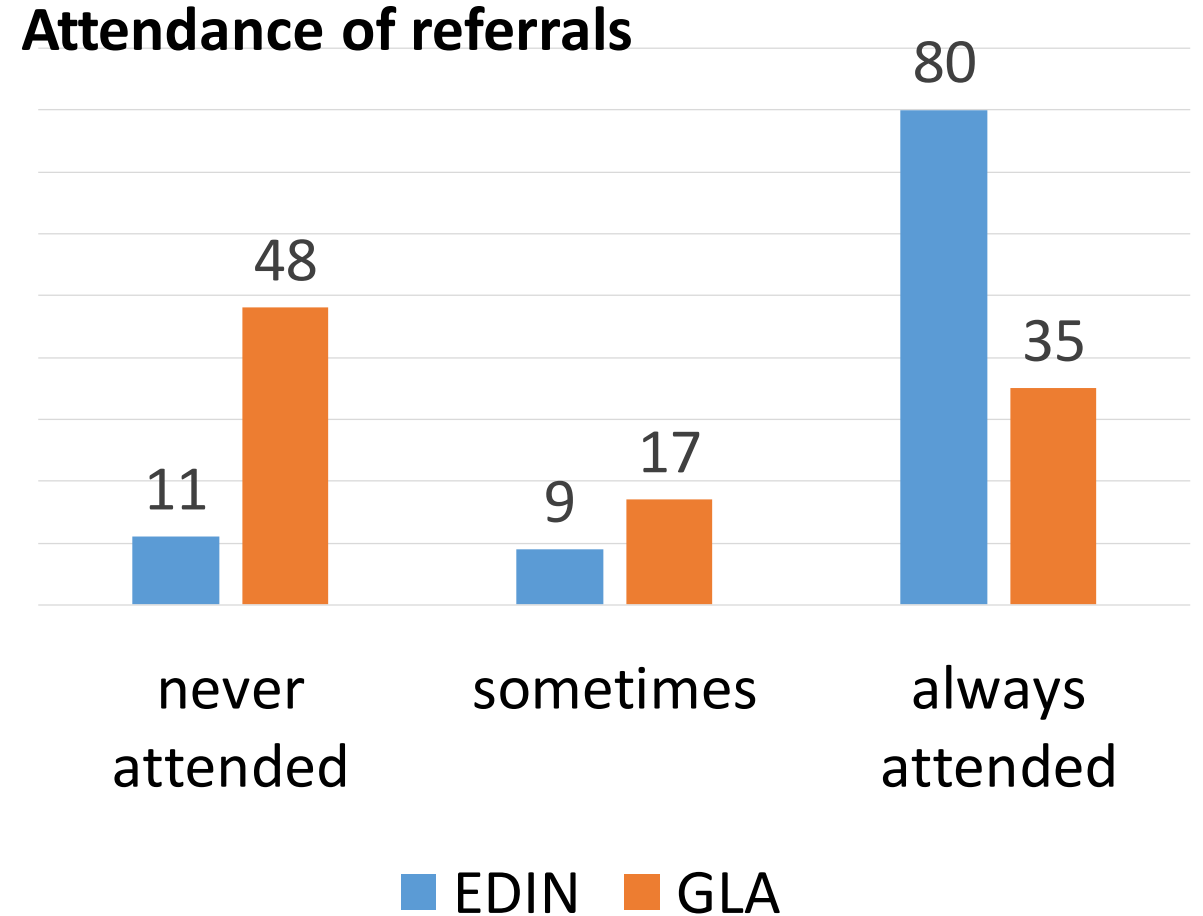
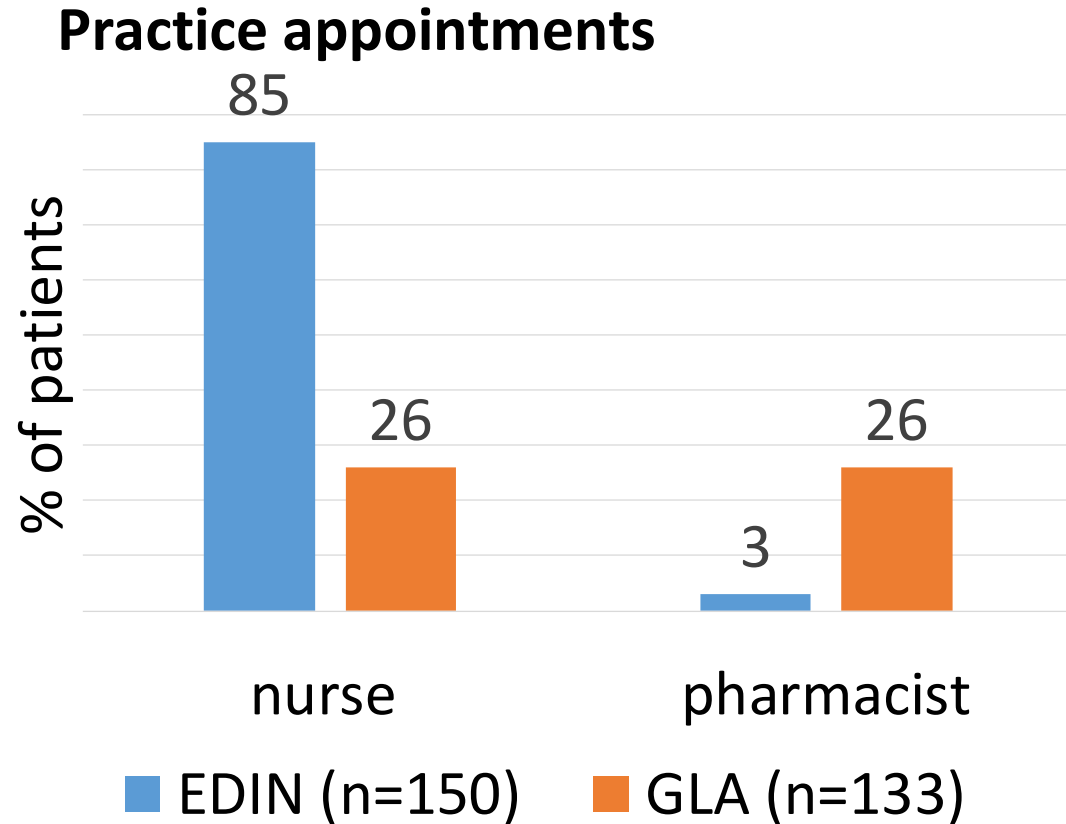
RESULTS 1 – Demographics and health burden

- age \approx 40 yrs
- majority male
- 85% from UK
- majority single

Multimorbidity: LTCs per patient

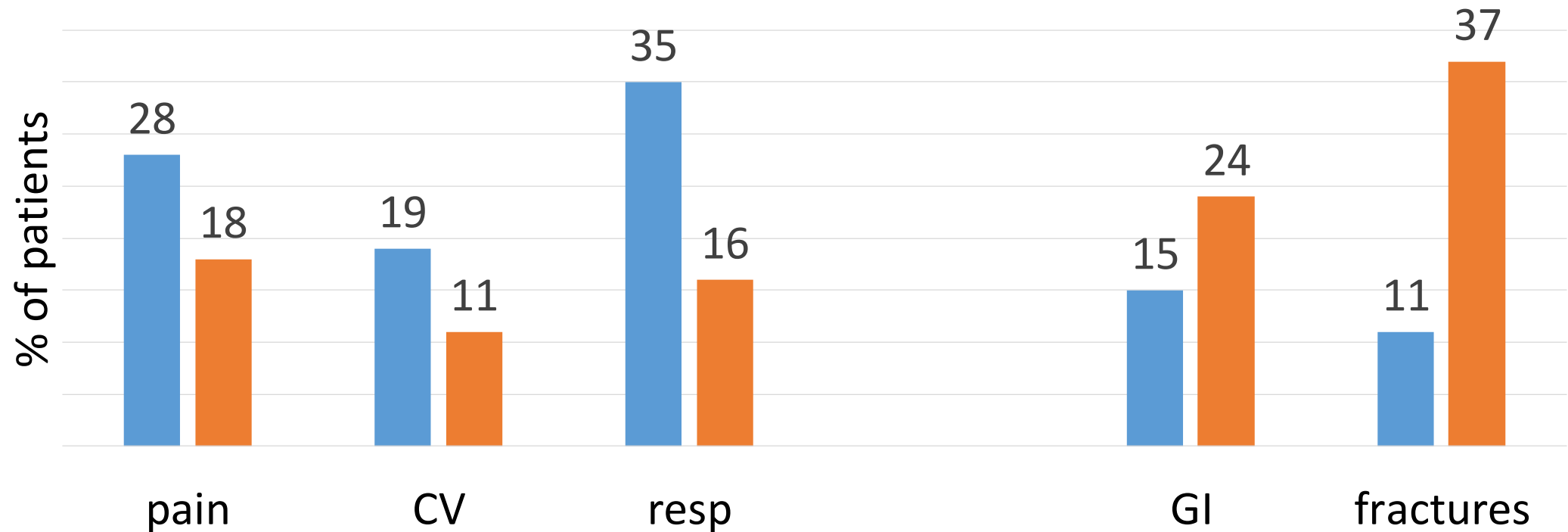


RESULTS 2 – Service utilisation



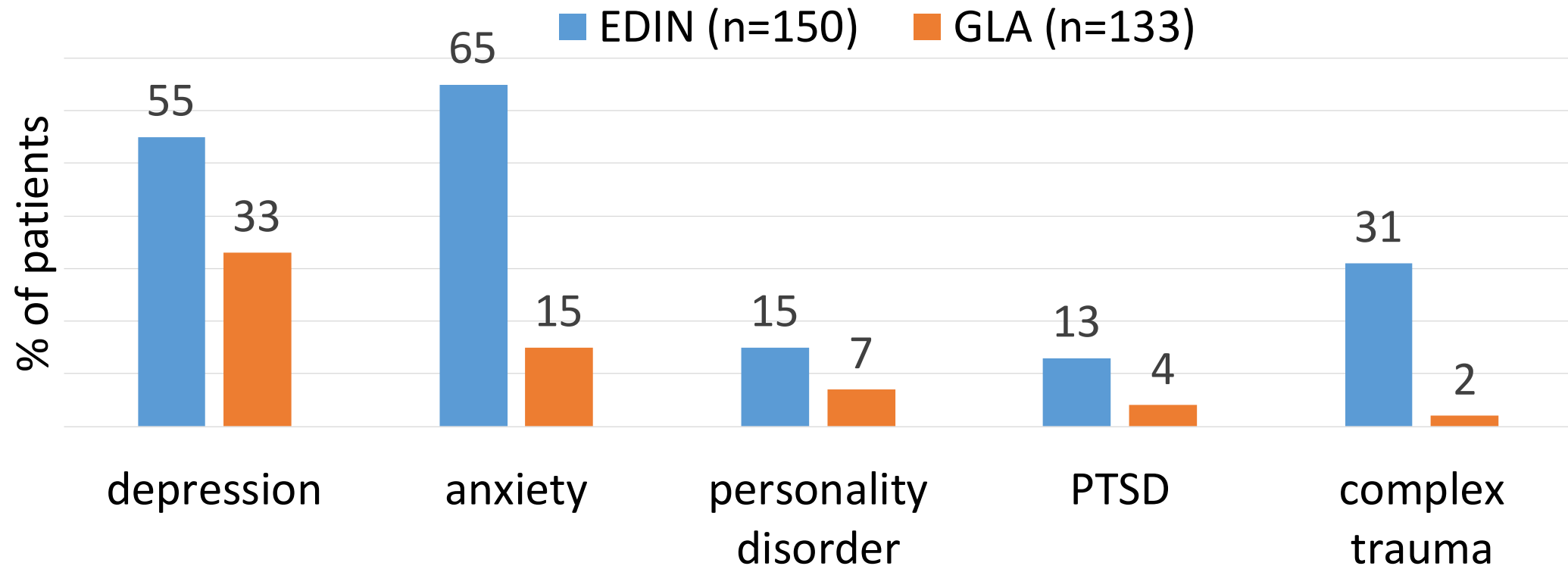
RESULTS 3 – Physical LTCs

- >80% of all patients had recorded physical LTC (median= 3/patient)
- Differences: ■ EDIN (n=150) ■ GLA (n=133)



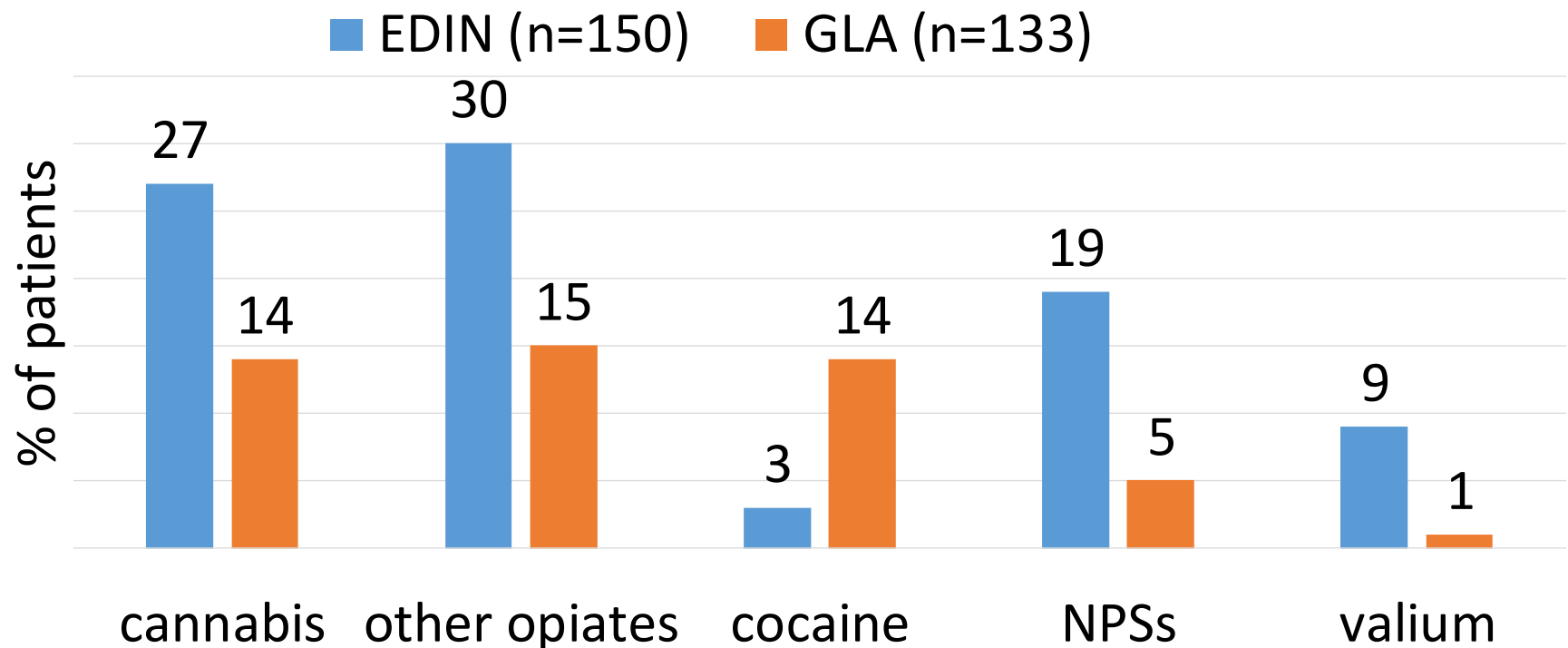
RESULTS 4 – Mental health LTCs

- **EDIN: 87% of patients had recorded mental health LTC (median= 3/patient)**
vs GLA: 65% of patients (median= 1/patient)



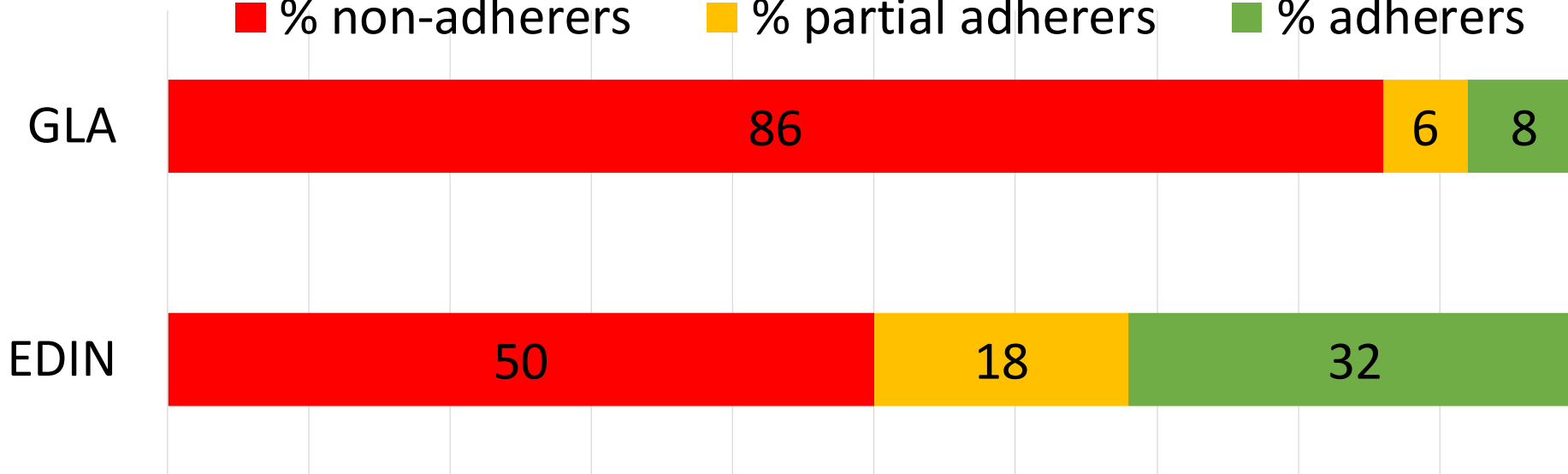
RESULTS 5 – Addictions

- Alcohol EDIN 37% vs **GLA 54%** of patients with recorded problem
- Drugs **EDIN 73%** vs GLA 62% of patients with recorded problem



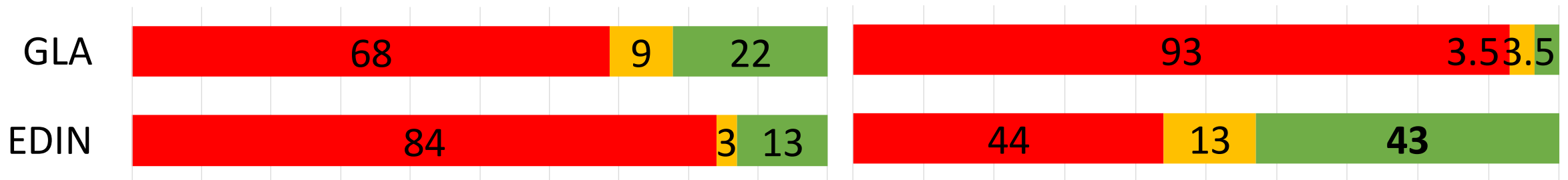
RESULTS 6 – Prescribing and adherence

■ % non-adherers ■ % partial adherers ■ % adherers



Physical conditions

Mental health conditions



DISCUSSION

Differences in:

- Staff skill-mix
- Service utilisation

→ ? Impact on:

- Diagnoses?
- Medicines use?

in a patient cohort not known to attend for preventative healthcare (↑ AE attendance)⁽⁵⁾

THANK YOU FOR YOUR ATTENTION

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Acknowledgement - with special thanks to AB Queen.

References

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- (3) Queen A, Lowrie R, Richardson J, Williamson A. Multimorbidity, disadvantage, and patient engagement within a specialist homeless health service in the UK: an in-depth study of general practice data. BJGP Open. 2017.
- (4) NHS GGC data request
- (5) Lowrie R, Williamson A, Spencer R, Hair A, Gallacher I, Hewett N. Collaborative Engagement for Long Term Conditions by clinical pharmacists for people who are homeless in Glasgow, Scotland. FEANTSA. 2017.