

# Mortality of people in homelessness in Edinburgh

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# Background

- High rates of multimorbidity at an early age
- Almost universal poor mental health
- Increased contact with multiple services
- High mortality rate of those in homelessness
- Higher rates of drug and alcohol related deaths

# Edinburgh Access practice (EAP) is a dedicated service for people in homelessness

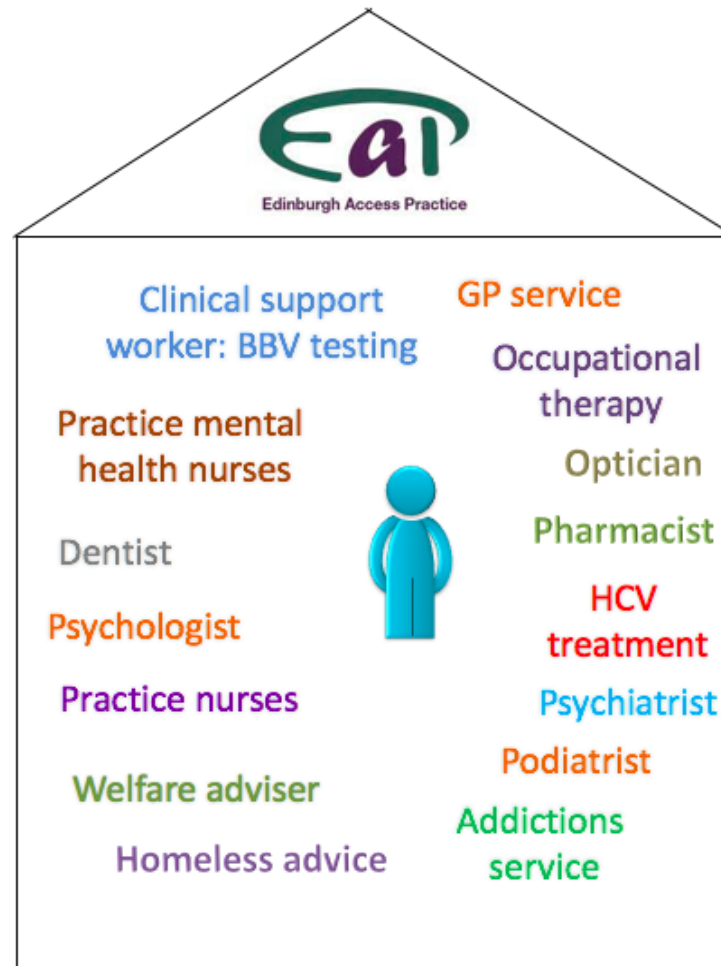
Registered list varies but around 700 patients during period of study.

## EAP Remit

“To provide primary care services to patients who are homeless, at risk of homelessness or who have a severe and established difficulty in engaging with mainstream services”



# Services offered at the Edinburgh Access Practice



# Aims

- Provide an overview of mortality in homeless population in Edinburgh
- Compare whether increased time in homelessness or service utilisation might be a risk factor for death
- Assess if any missed opportunities for palliative care in this group

# Methods

- Search on Vision for patients coded as dead or variants from January 2015 to July 2018
- Generated a list of 65 patients
- Excluded those who had been deregistered from the practice >6 months
- Total 40 patients included

# Data collection

- Data extracted from Vision and hospital correspondence
- If COD not clear from notes this was obtained from the procurator fiscals office

# Comparison group

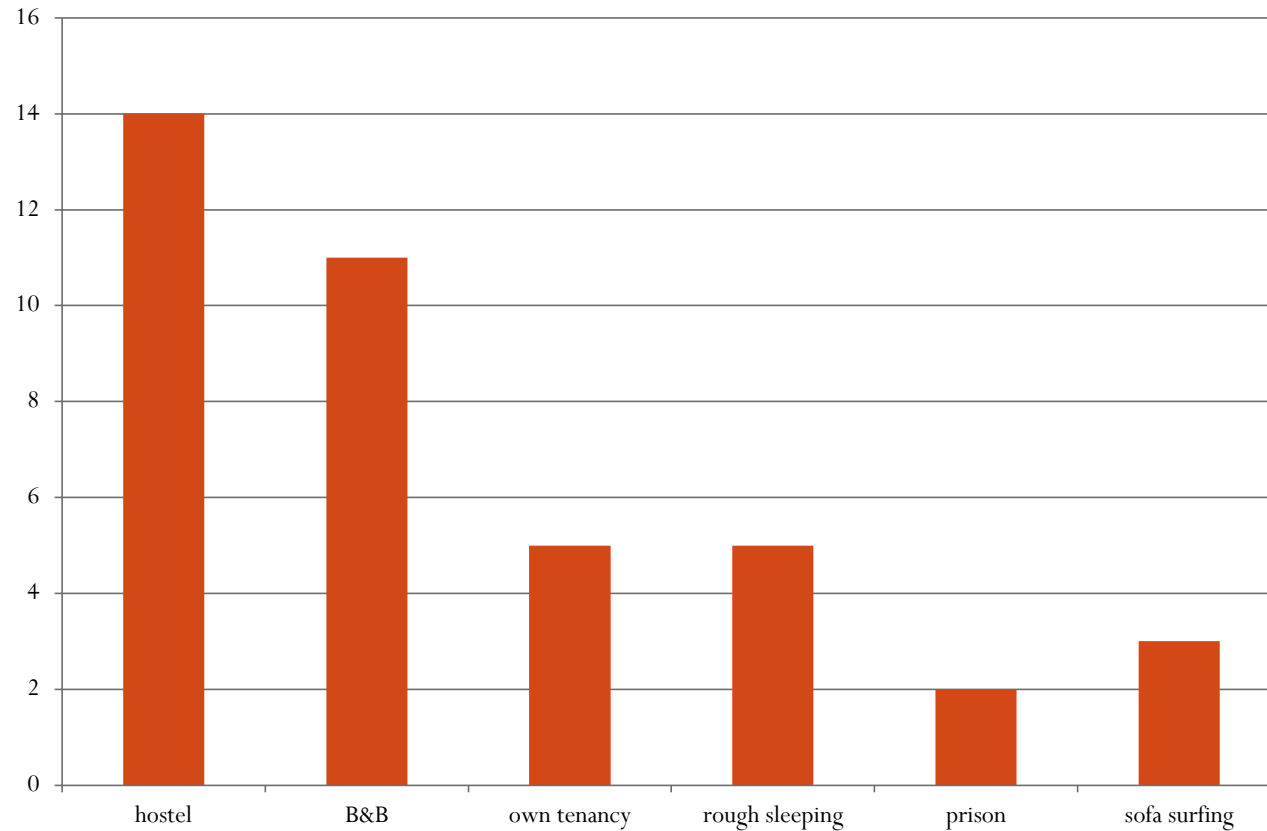
- A group of 100 patients who were randomly selected by an algorithm and whose data was imported on to a spreadsheet from Vision in 2016 by a separate researcher were used as a comparison group.
- This group was not deceased at the time of data collection



# Results

- Average age of death 46.5 – in line with previous studies
- 34 men 6 women
- No patients older than 75 therefore all fit the category of premature mortality
- Assuming a registered population of 700 this is a premature mortality rate over 5 times the Scottish average - already one of the worst in Europe (440.5 in 100000 - Source ISD Scotland statistics)

# Accommodation at time of death



# Cause of death

- Drug intoxication/ overdose – 9
- Drugs + other medical cause eg endocarditis – 9
- Alcohol + other medical cause – 6
- Suicide – 4
- Trauma – 2
- Unknown – 6
- Other medical cause - 4

# Comparison

- Average A&E attendance in year prior to death was 2.74 visits.
- In the patients who did not die it was 1.04 visits
- This result was statistically significant ( $p = 0.001$ )

# Comparison

- The patients who died had been homeless longer than the patients who did not die
- Average time in homelessness 12.57 years in patients who died
- Average time in homelessness 3.82 years in randomly selected patients
- This result was statistically significant ( $p=0.012$ )

# Comparison

- Those that died were older
- Average at death was 46.5 years old
- Average age of comparator group was 39.4 years old
- This result was statistically significant ( $p < 0.05$ )

# Palliative care

- No patients had palliative care involvement
- From the notes it did not appear that many patients would have been amenable to traditional palliative care involvement – terminal diagnosis typically made late, many sudden drug related deaths
- More proactive models of palliative care required

# Limitations

- Not a complete sample of homeless people in Edinburgh – those not registered with the practice would have been missed
- In some cases it may not be known to the practice that patients had died
- Small sample size



# Conclusions

- High premature mortality rate in population
- Multiple drug related deaths
- A&E attendance in year prior to death, time in homelessness and older age appear to be correlated with risk of death
- Role of palliative care services needs to be developed