Routine GP Outreach in Camden

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Routine GP Outreach in Camden

- The national average age of death of homeless population in UK is 47yrs.

- After 5 years of providing Routine GP Outreach the average age of death of homeless population has gone from 47yrs to 54yrs*.

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- *(*statistically significant)*

Background- Camden Health Improvement Practice (CHIP).

- Specialist homeless practice.
- Approx. 850 homeless patients.
- Approx 81% male and 19% female.
- Age 18-93yrs (average age 55yrs). No children registered at the practice.
- Homeless.
  - Hostels,
  - Street Homeless,
  - Sofa Surfing,
  - Private rented,
  - Social housing.
- A lot of morbidity and chronic disease.
- Mental Health (30% have diagnosis of Severe Mental Illness).

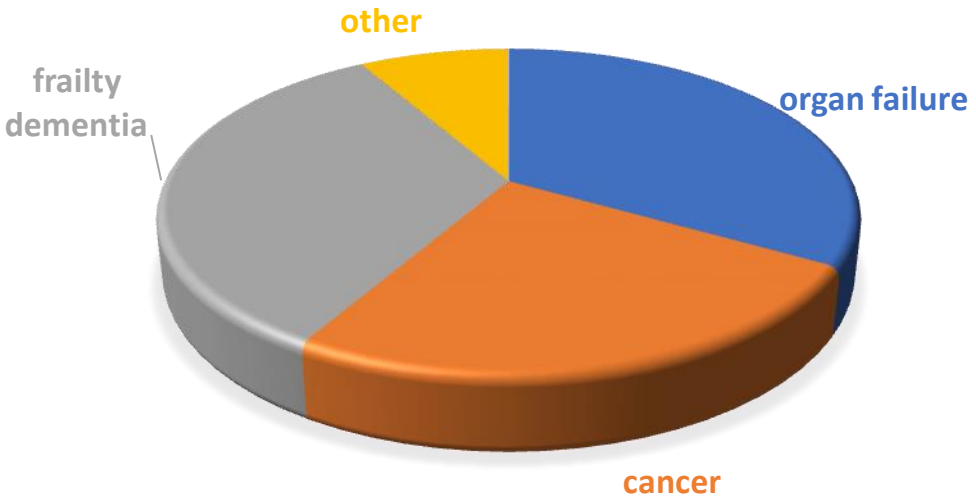
Audit of Deaths of Homeless Patients at CHIP 2015

- 2014-15 audit of deaths at CHIP.
- Average age 44yrs old.
- Rate of death twice that of mainstream practice.

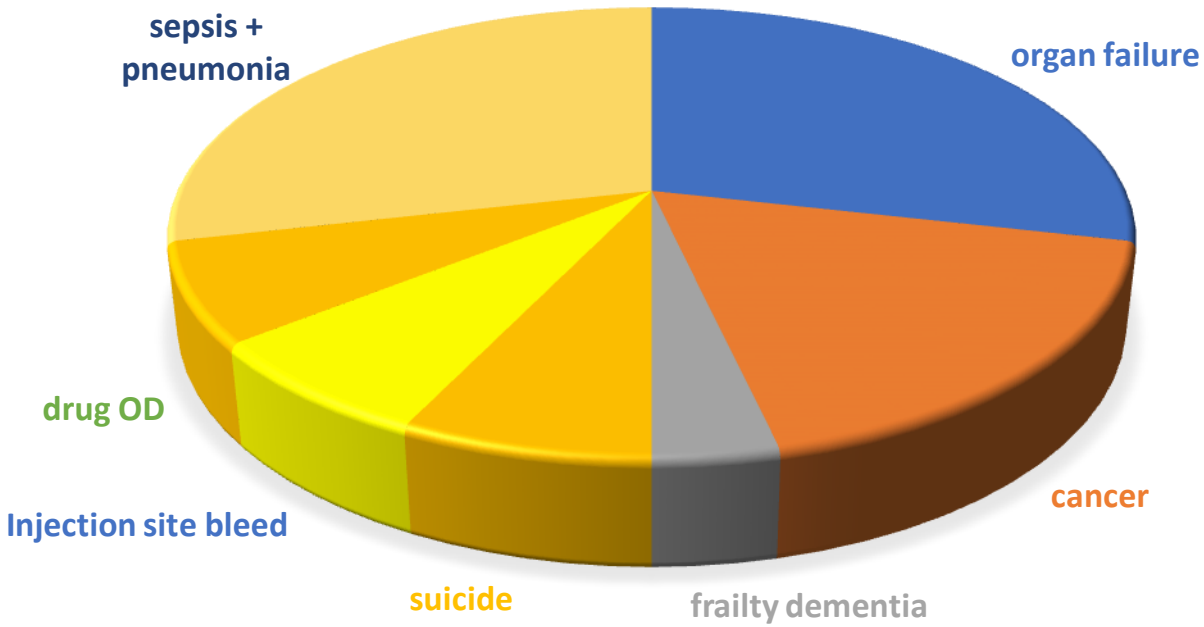
- 10 yr retrospective audit of deaths 2005-2015.
- Average age of death 47yrs.
- Cause of death.
  - 50% unknown, undocumented
  - 50% documented… ? What were the causes of death.

Causes of Death (where known)

MAINSTREAM GENERAL PRACTICE



CHIP (2015-17)



QUESTIONS…

- How can we increase life expectancy?
- Reduce morbidity?
- Provide better End Of Life Care (EOLC)?

PROPOSED ANSWER…

- Identify high risk individuals.
- Target resources to those at highest risk.
- Measure outcome.

High Risk Register- key indicators

- WHICH PATIENTS GO ON THE HIGH RISK REGISTER?

  - Sepsis *(Hx of pneumonia, frailty, leg ulcers etc. Flu and pneumonia jabs).*
  - Multi-organ failure, *(especially alcoholic liver disease, also heart failure, renal failure).*

  - Suicide risk,
  - Accidental Overdose risk/ injection site risk.
  - Cancer, *(Qcancer risk, 2WW, confirmed diagnosis).*

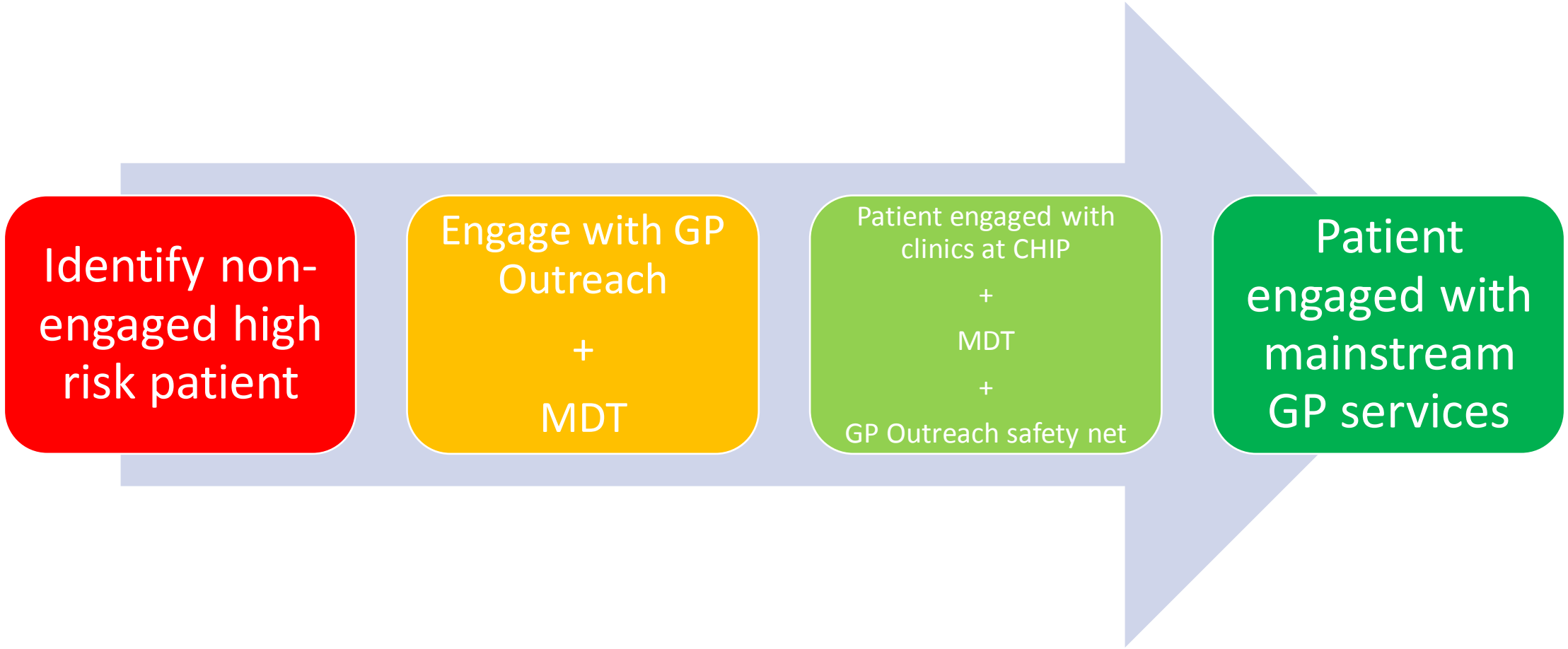
  - Dementia,
  - Frailty.

- High A&E attendance (High Risk Q-Admission score).
- **Non-engaged** (60% were not engaged with GP or secondary care).

Resources

- x2 GP sessions (8 hours per week),
- A medical bag,
- A bicycle,
- …. **A multi-disciplinary team!**
  - Part of an established specialist homelessness practice (GPs, Nurses, admin, EMIS).
  - Hostel keyworkers,
  - Navigators (Groundswell),
  - Social Worker,
  - Drug and Alcohol services,
  - FOCUS (psychiatrist led mental health team for homeless patients),
  - Safer Streets,
  - FLIC,
  - Community Palliative Care Team,
  - District Nurses,
  - Links with Secondary Care when required.

Solution- Routine GP Outreach



Triage Military Priority (P) system.

- **Priority 1**
  - **P1- treat immediately!**
  - **P1 expectant- hold.**
- Priority 2
- Priority 3

- Used by military (and civilian emergency services) when resources overwhelmed by demand.

- High risk, street homeless the most worrying. But their priority is the homeless pathway.

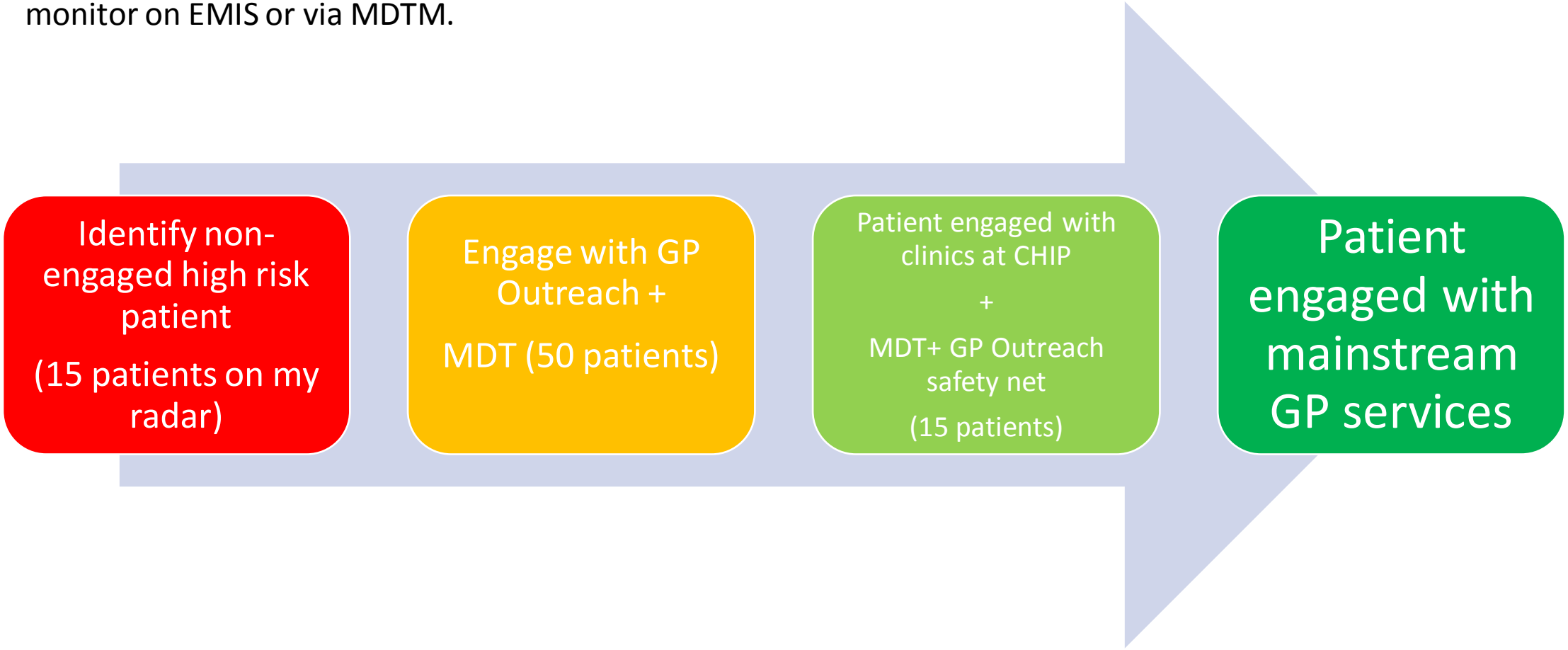
- **Most GP Outreach is focussed on high risk patients in hostels or other stable settings.**

Routine GP Outreach- what does it look like?

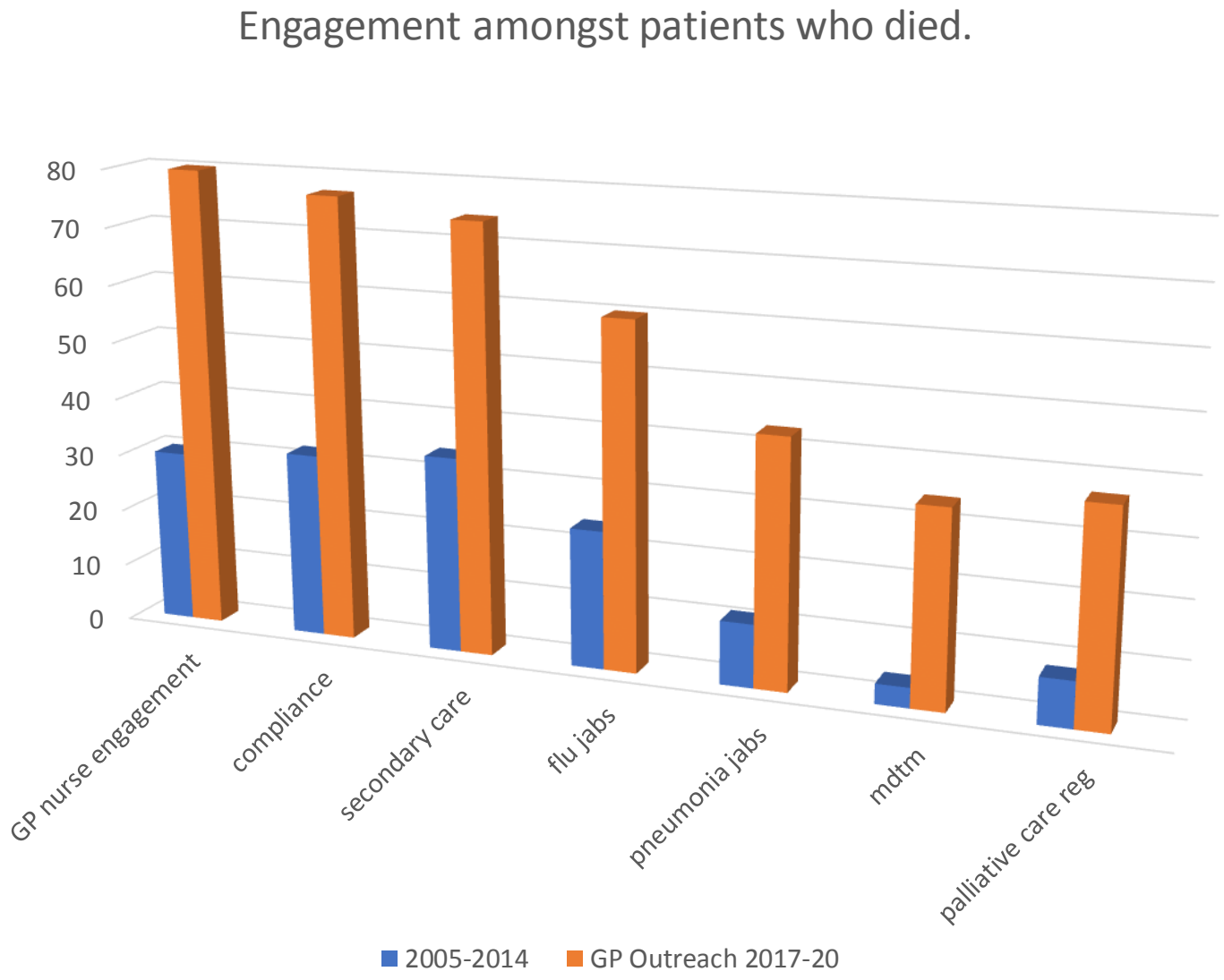
- **ACTIVE- List of approx. 50 patients I visit every 4 weeks.** (Probably in hostel or flat. Rarely the street).
- **Vigilance**
  - Sepsis,
  - Encephalopathy,
  - Suicide,
  - Organ failure (liver and renal),
  - Dementia,
  - Cancer,
  - Readiness to engage with psychological or addiction services.
- Script compliance
  - hypertension, diabetes, epilepsy, depression, psychosis, thiamine.
- Diagnose, investigate and monitor.
- Attend Multi-disciplinary Team Meetings (MDTM).
- Other
  - Support hostel staff? Advocate with Social Services? Hold in mind?
- **SAFETYNET- Additional list of approx. 30 patients who I review 'remotely'**

Solution- Routine GP Outreach 2020

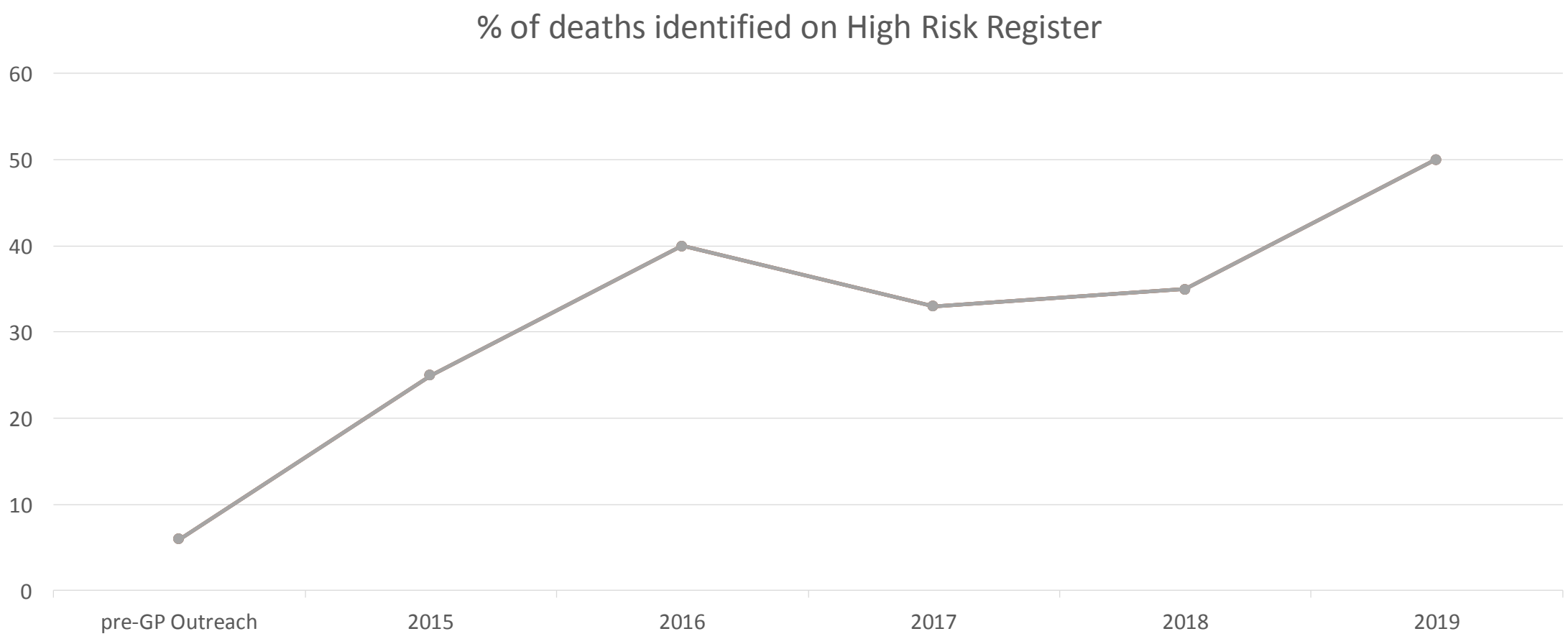
- I have approx. 50 patients that I see, in hostels every 4 weeks.
- I have a further ‘safety net’ list of approx. 30 patients that I monitor on EMIS or via MDTM.



Outcomes


Engagement amongst patients who died.
80
70
60
50
40
30
20
10
0
GP nurse engagement
compliance
secondary care
flu jabs
pneumonia jabs
mdtm
palliative care reg
2005-2014
GP Outreach 2017-20

Outcome


% of deaths identified on High Risk Register
60
50
40
30
20
10
0
pre-GP Outreach
2015
2016
2017
2018
2019

Routine GP Outreach in Camden

- The national average age of death of homeless population is 47yrs.
- Before Routine GP Outreach the average age of death of homeless population was 47yrs.
- After 5 years of providing Routine GP **Outreach in the last 3 years the average age of death of homeless population was 54yrs.**
- This is a statistically significant change.

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