Gloucestershire Hospitals **Care of Homeless Inpatients: NHS Foundation Trust**

Are we up to Standard?

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Background: There are estimated to be 170,000 homeless individuals in the UK currently, (doubled since 2012). The average age of death is 43 for homeless women and 47 for men. An estimated 600 people died whilst homeless in 2017. Up to one third of these deaths are from treatable conditions and could have been avoided if these people were housed.

The Homeless Reduction Act of 2017 places a legal 'duty to refer' on hospitals to inform the Local Housing Authority of any person who is homeless or at risk of homelessness. This legislation along with The Standards produced by the Faculty of Inclusion and Homeless Health provide a framework for hospitals to avoid discharging homeless patients

back to the streets without support.

Aim: To assess whether our hospital is meeting these standards and to develop ways to better facilitate this.

Notes reviewed of all admissions coded as 'No Fixed Abode' (NFA) between January and April 2018



	64% had mental	
de attempt nfection	health problems	
monia t/abdominal pain ult	86% substance	
misuse r	misuse	
		1

13/30 referred to the housing officer 20% no registered GP on discharge letter 6/30 admissions resulted in self-discharge

2 admissions discharged to police custody



The Standards dictate that hospitals should have:

- A dedicated housing officer
- Named link hospital coordinator
- Information pack for homeless people
- Supply of clean clothing
- Training and education of all hospital staff

Interventions

- **Education (11 sessions)**
- 3 Foundation and GP trainee sessions
- 8 ED mini sessions at handover

Survey of ED staff (doctors, nurses, HCAs and physician associates)

Knowledge Checked	Before Interventions (N=54)	After Interventions (N=50)
Contact with a homeless patient	93%	90%
Aware of Trust Guidelines	45%	58%
Aware of written information for homeless	34%	62%
patients		
Aware of clean clothes store	34%	88%
Received Teaching about managing	14%	26%
homeless patients		
Experienced a homeless person discharged to the street without support	34%	42%

	Homeless patient presents to GRH or CGH ED		
Updated guideline,	1 Take Patient's contact details		
a pathway for the	2 Inform the Housing Officers, Steve Pankhurst/Matt Knight, who will provide advice on housing and signposting to homeless agencies		
• •	07525 918378 If outside of 9am to 5pm then leave a message on answer phone with patient's name and		
safe discharge of	contact number		
homeless patients	3 Offer: Clean clothes (GRH: cupboard on AMIA in AMU, CGH: cupboard on ACUC) and		
	Leaflet on where to find hot food/housing services (GRH: racks in Majors 2, CGH: racks opposite Minors office)		
Signpost for clothes	4 If patient has no GP		
	If patient is not registered with a GP, send discharge letter to*: George Whitefield Centre (Walk in Homeless Health Centre) 107 Great Western Road, Gloucester. 01452 521898 <u>HH.PVP.@nhs.net</u>		
Clothes for the	*You may need to print out of Trak and address by hand		
Homeless	If doesn't need admission:		
	During working hours 09.30 - 16.30 Out of Hours Document consent and make appointment with P3 Consider night shelter.		
AMU	on 01452 221698. (24hrs) ring 07783588661 Will assist with accommodation etc. Located at Lady bell gate street, Gloucester. If no capacity call emergency duty team on 01452 614194		
Frailty Assessment Unit	From 16.30 - 23.00 phone 01452 505425 to make appointment.		
Find in cupboard at end of unit			
	Gloucestershire Hospitals NHS Foundation Trust Useful Information for Homeless		
	and Vulnerable people in GLOUCESTER		
Homeless guideline on Intranet (ED Guidelines > Other > Homeless)			
Leaflet created, foll	owing		
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Conclusion:

- Faculty standards provide an achievable benchmark for care
- Staff education has been demonstrated to raise awareness of services
- A dedicated housing officer is an effective way of assuring accommodation on discharge BUT relies on a referral being made

Limitations:

- Electronic identification of NFA underestimates numbers
- Education programmes only targeted at doctors, who frequently rotate. **On-going work:**
 - Re-auditing admission outcomes for NFA patients
 - Evaluating patient satisfaction with leaflets
 - Creating an alert on the hospital IT system for homeless patients
 - Recruiting homeless link nurses from each ward and hospital department
 - Expanding education programmes to reception and nursing staff

research with homeless inpatients



References - The Faculty for Homeless and Inclusion Health (2018). Homeless and Inclusion Health standards for commissioners and service providers. 3rd ed.