

Are we up to Standard?

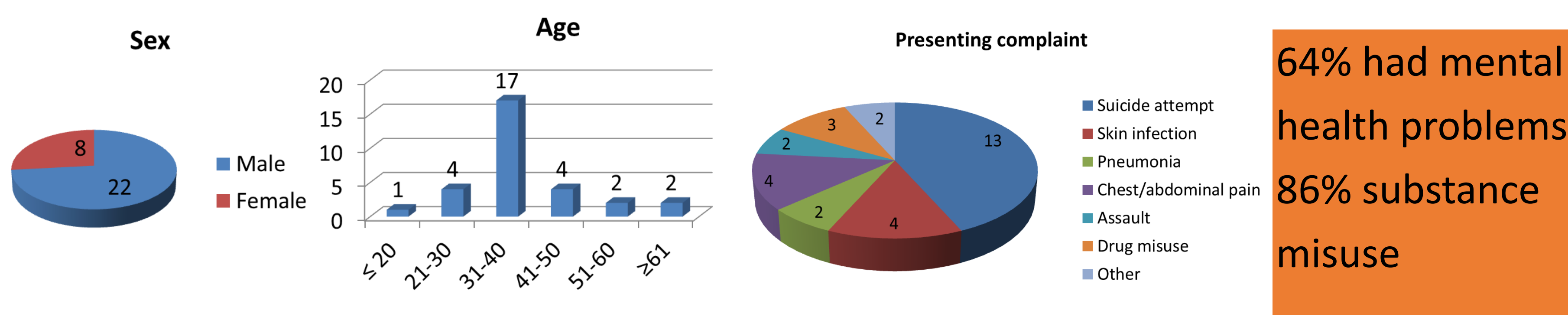
Gaunt V, Green L, Simpson J, Duffy S, Medcalf P .

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.

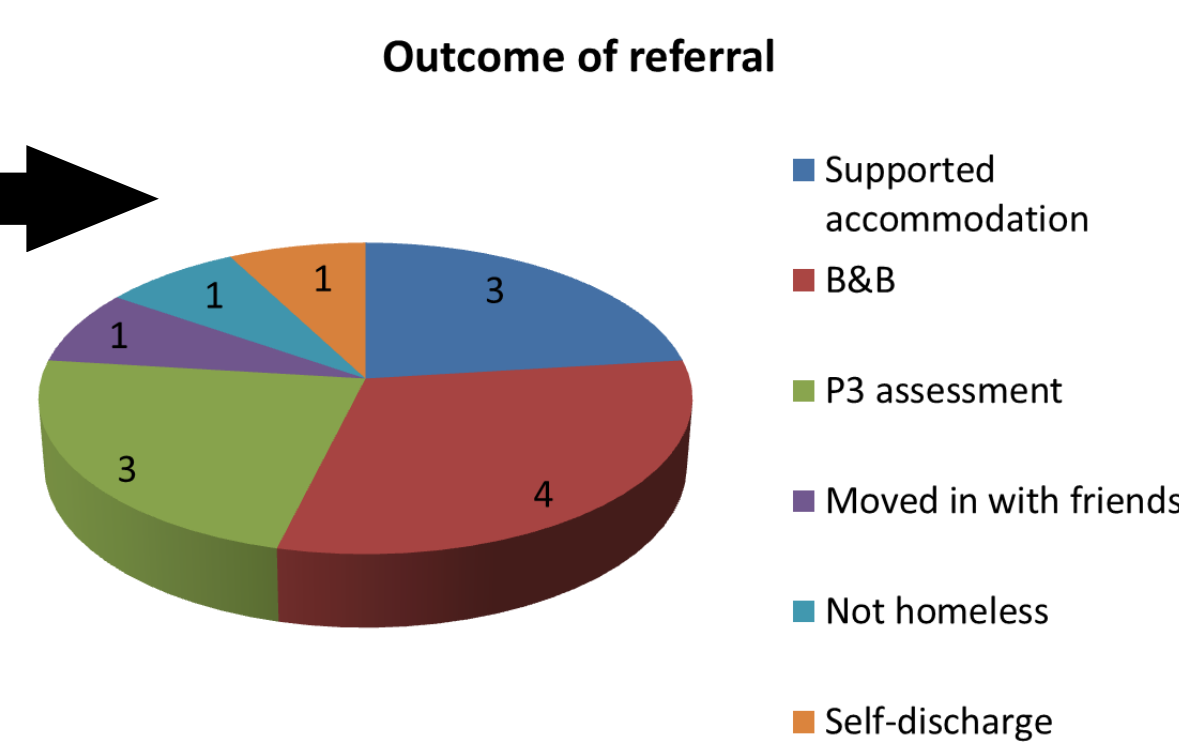
Aim: To assess whether our hospital is meeting these standards and to develop ways to better facilitate this.

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



64% had mental health problems
86% substance misuse

- 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)

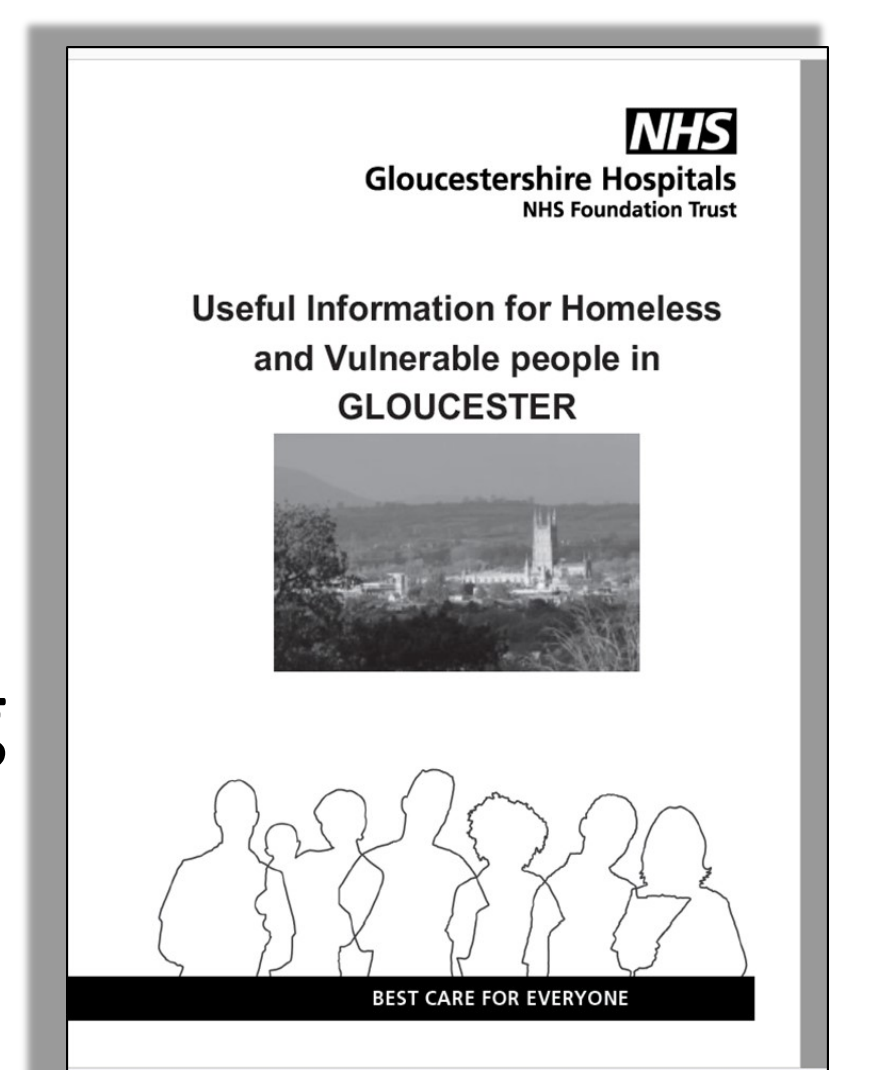
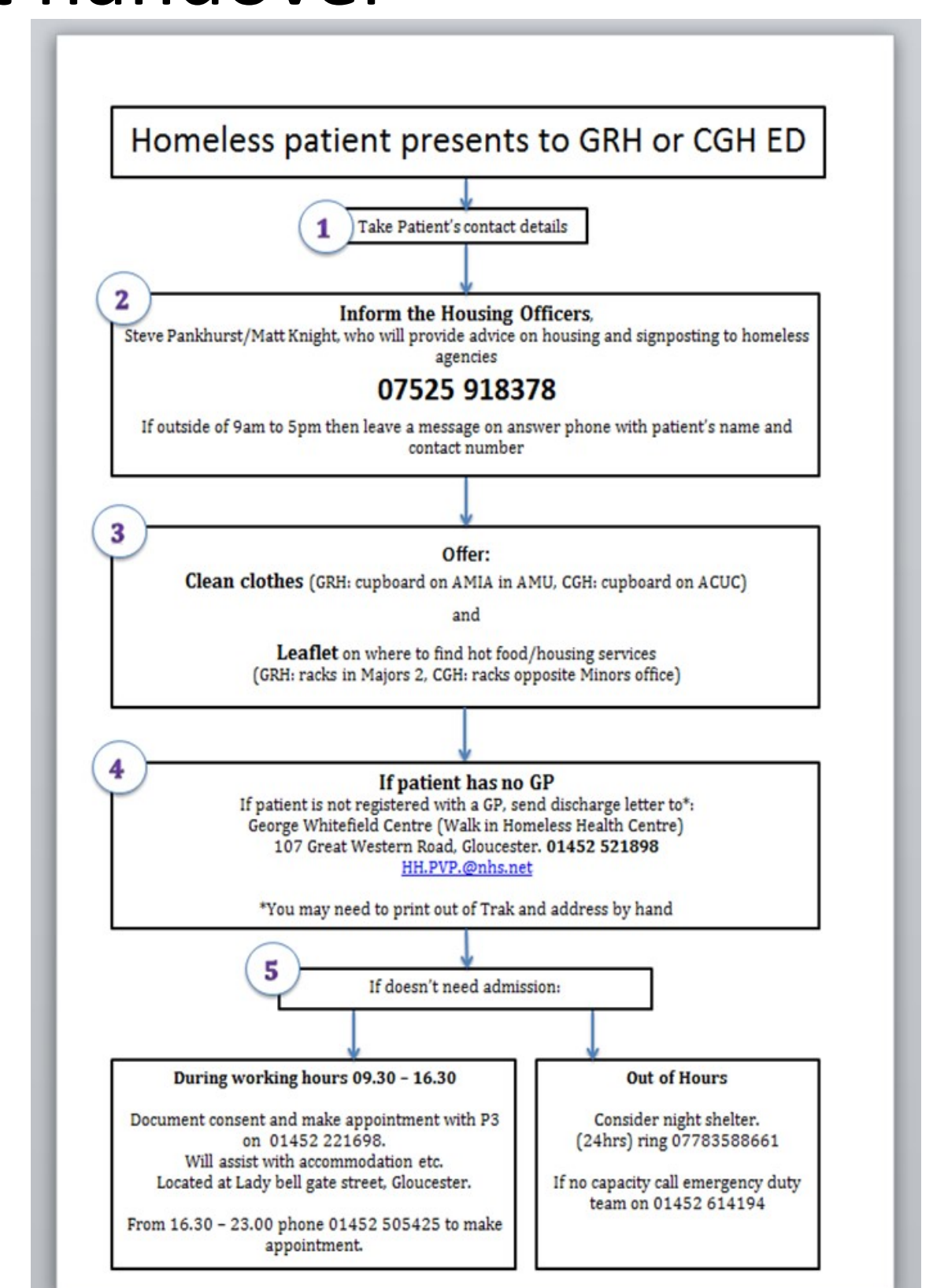
- 3 Foundation and GP trainee sessions
- 8 ED mini sessions at handover

Updated guideline, a pathway for the safe discharge of homeless patients

Signpost for clothes



Leaflet created, following research with homeless inpatients



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 patients	34%	62%
Aware of clean clothes store	34%	88%
Received Teaching about managing homeless patients	14%	26%
Experienced a homeless person discharged to the street without support	34%	42%

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

References

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