

# The Homeless in Hospital

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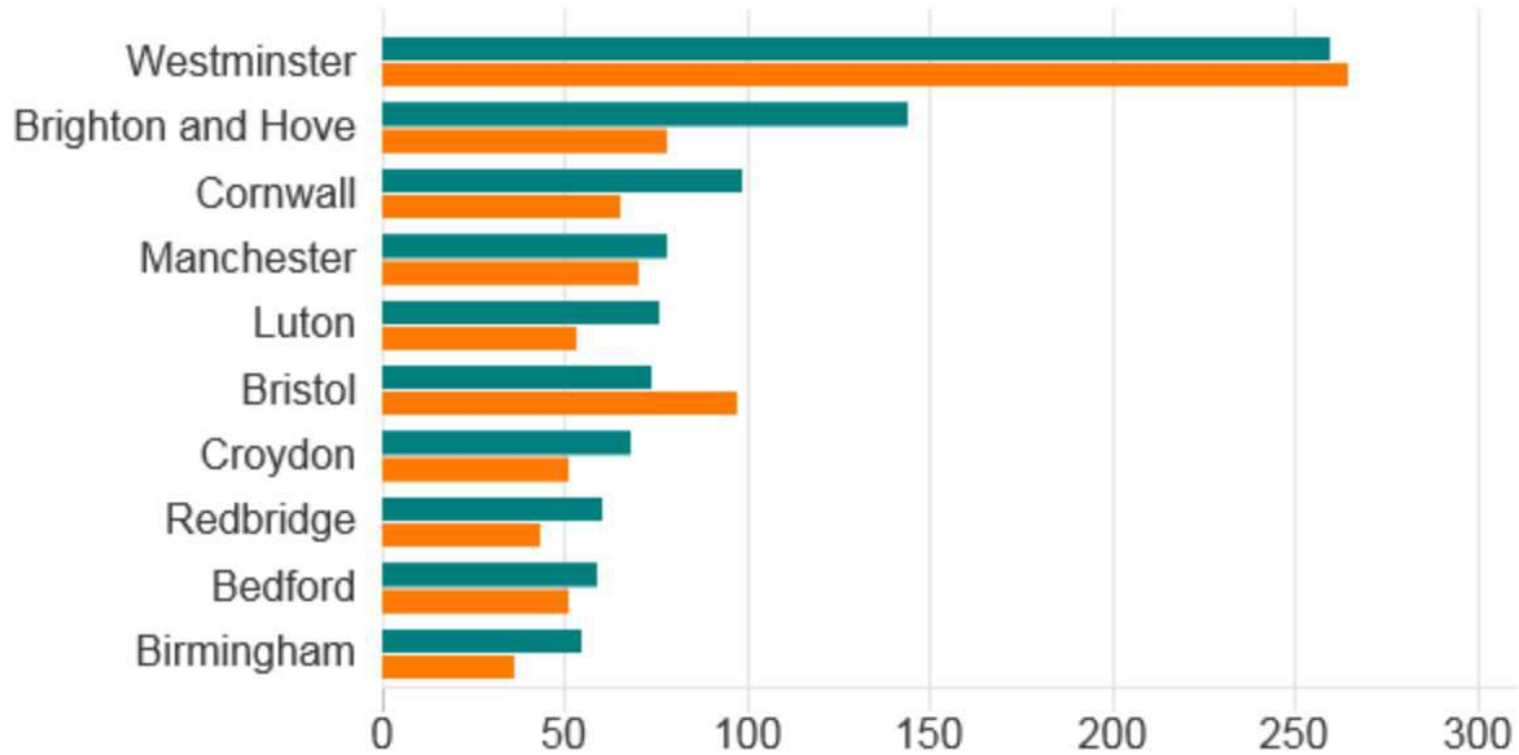


# Homelessness in the UK

- >4700 on the streets in England on any one night
- 169% increase since 2010
- 36% increase over 1yr in Bath
- 81% increase over 2 years in Cardiff



■ 2016 ■ 2015



**Areas with the most rough sleepers** (Figures for single night between 1 October and 30 November)

# Compared to age-matched, housed people...

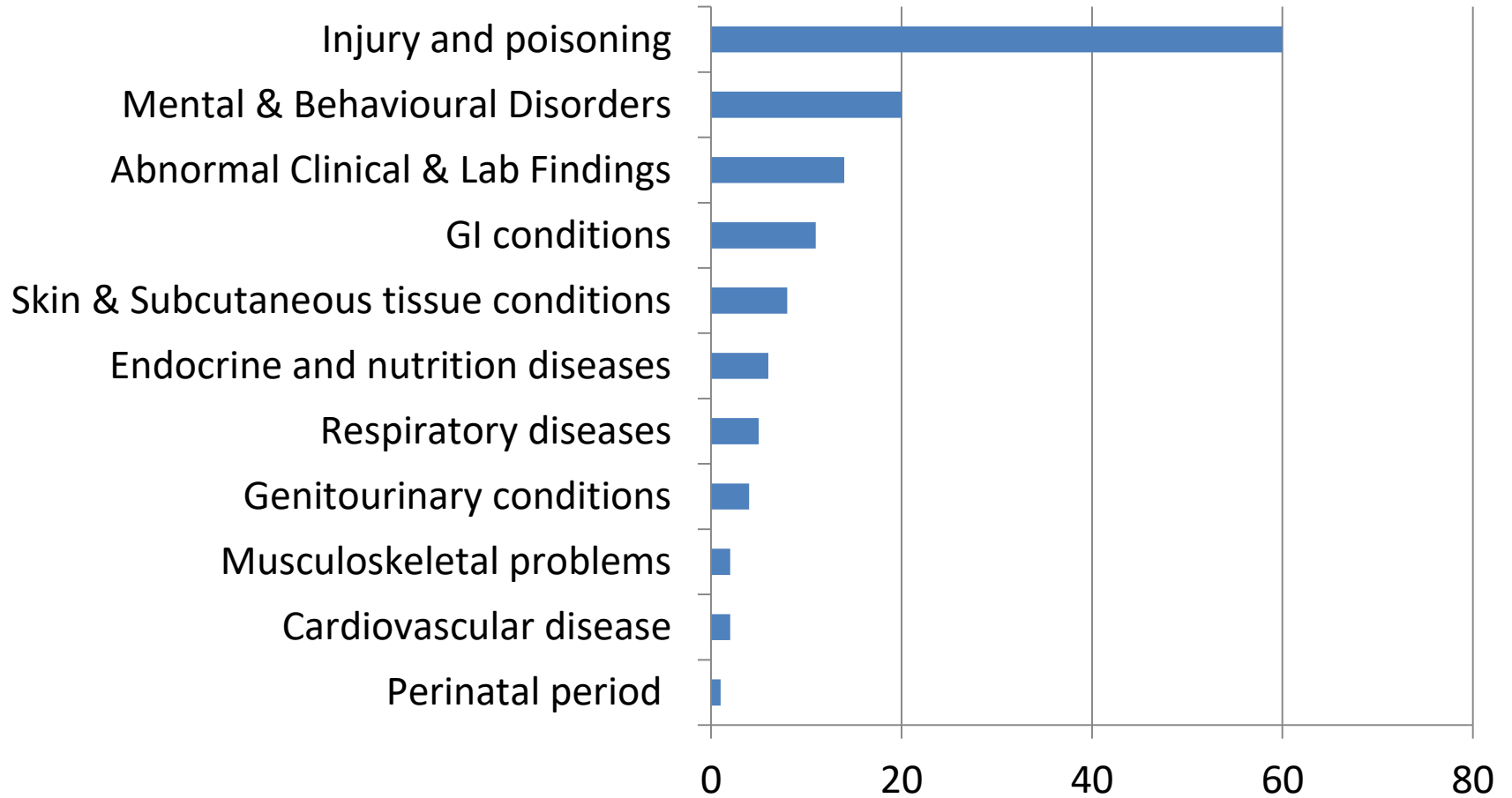
A&E attendance x5 higher

Ward admission x4 more common

Duration of stay x3 longer

80% of homeless patients have more than one medical problem

# Primary Diagnosis



# Cost to the NHS

**This costs the NHS an estimated £85m each year**

**And a huge cost to life with an average age of death in men of 47 years and women of 43 years**

# Experiences of homeless patients

**Where did you go when you were discharged?**

*“Back to the street”*

*“Back to my flat, but I’m awaiting eviction”*

*“slept in hospital church”*

*“I felt cos drug user/alcoholic looked down and/treated different – made me feel uncomfortable”*

*“I felt like a 2nd class citizen, a nobody. I don’t usually cry, but I did. I was in a lot of pain and frightened. I had no painkillers – I wanted to die. I have never been in so much pain.”*

**Who provided your aftercare?**

*“No-one”*

*“No-one”*

*“No-one”*



# From Theory to Action: Homeless Health in Gloucester

- DOH grant
- Housing officer, acute physician, and nurse
- 113 referrals
- 84% offered accommodation
- Cost: £32k
- **Savings: £50k**
- **Length of stay reduced from 3.2 to 2.1 days**

# RCP's key areas of focus

- Increasing *awareness and understanding* amongst members and fellows
- Working to *improve standards*
- Role modelling *good practice*



# RCP Homeless Health Survey

- To explore physicians' experiences with and attitudes to homeless patients
- 2000+ responses
- Strong understanding of link between homelessness and ill health (91%)
- But most had not received specific education on homelessness (95%)
- Just over half (56%) feel that physicians should address both physical and social problems in their patients

# RCEM Audit of A&E Departments

- Pilot audit of 23 A&E departments (UK and Ireland)
- RCEM, RCP and *Pathway*
- Findings: care good but room for improvement



# The Homelessness Reduction Act April 2018

## The new duties :

- A new duty for local authorities to take action to **prevent** the homelessness of those threatened with homelessness within 56 days, regardless of priority need status and local connection
- A new duty for local authorities to take steps to **relieve** the homelessness of anyone who is already homeless, or whose homelessness cannot be prevented- provided they have a local connection to the area
- The **full homelessness duty of settled accommodation will remain in place** for 'priority need' households, where the prevention and relief duties have failed
- Section 21 expiry – Local Authorities need to act

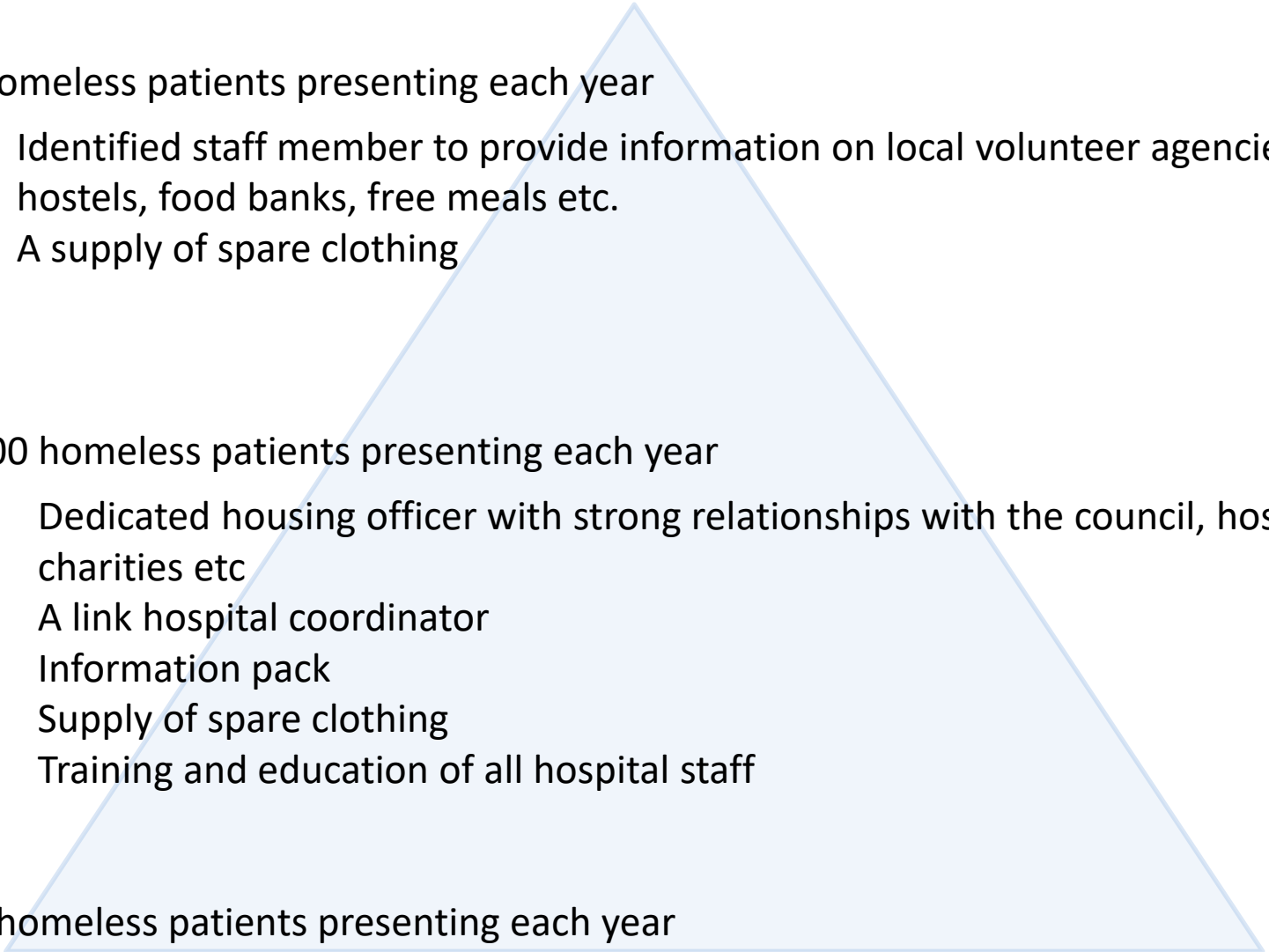
Responding to the Homelessness Reduction Act



# Other important provisions

- **Improved advice and assistance duty:** more clarity on what advice and assistance is expected, including vulnerable groups it should be designed to meet the needs of
- **Measures to incentivise cooperation:** People being helped under the prevention and relief duties will be expected to take reasonable steps to resolve their own homelessness.
- **A duty to refer:** a **new duty on other public services** to refer people to council homelessness teams if they are working with people who are homeless or at risk of homelessness.

# Faculty of Homeless and Inclusion Health/Royal College of Physicians Standards for Secondary Care Services



## Tier 1

<30 homeless patients presenting each year

- Identified staff member to provide information on local volunteer agencies, hostels, food banks, free meals etc.
- A supply of spare clothing

## Tier 2

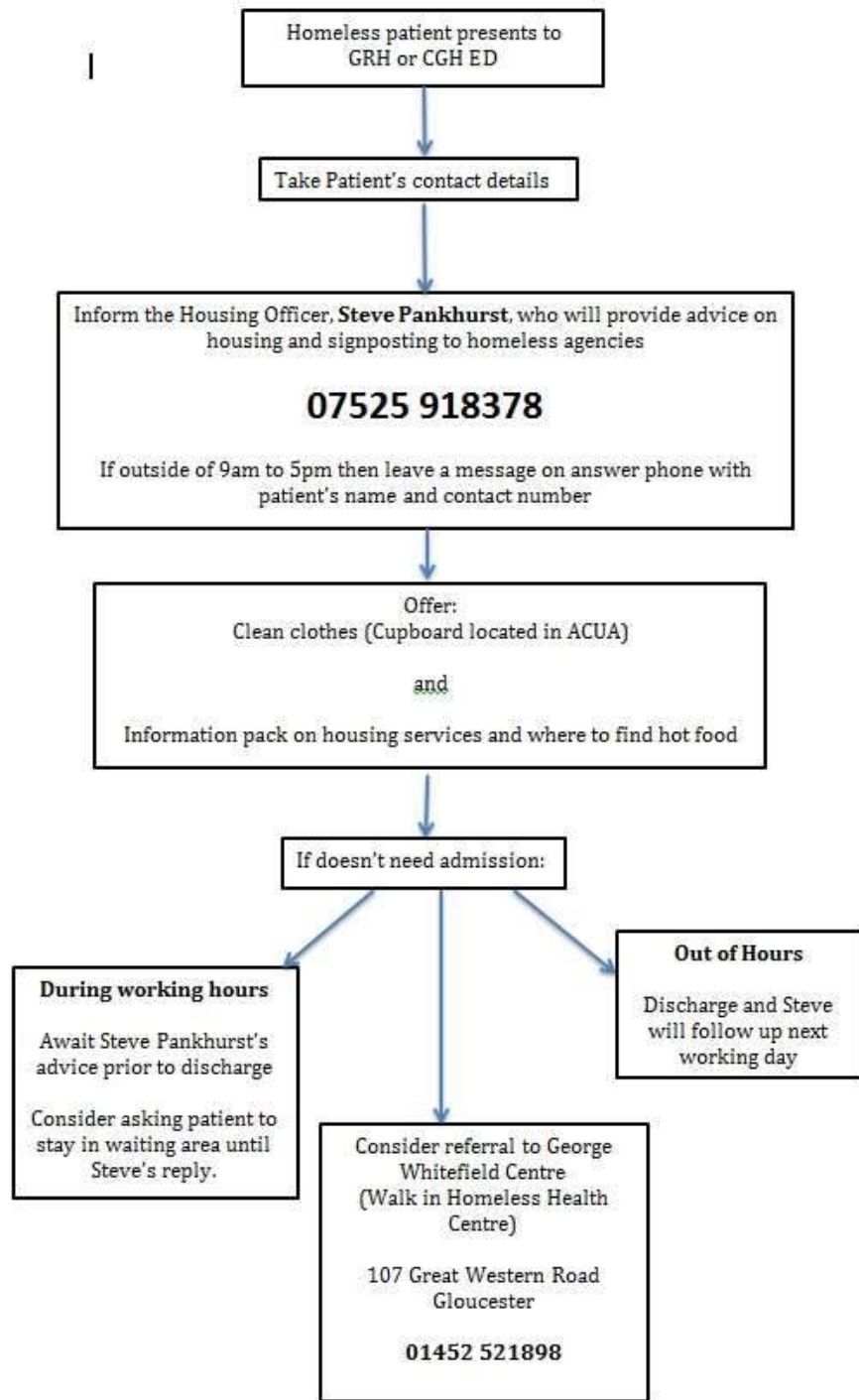
30–200 homeless patients presenting each year

- Dedicated housing officer with strong relationships with the council, hostels, charities etc
- A link hospital coordinator
- Information pack
- Supply of spare clothing
- Training and education of all hospital staff

## Tier 3

>200 homeless patients presenting each year

- Full pathway team (GP, navigator, coordinator, etc)



Homeless patient presents to GRH or CGH ED

Take Patient's contact details

Inform the Housing Officer, **Steve Pankhurst**, 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 contact number

Offer:  
Clean clothes (Cupboard located in ACUA)

and

Information pack on housing services and where to find hot food

If doesn't need admission:

**During working hours**

Await Steve Pankhurst's advice prior to discharge

Consider asking patient to stay in waiting area until Steve's reply.

**Out of Hours**

Discharge and Steve will follow up next working day

Consider referral to George Whitefield Centre  
(Walk in Homeless Health Centre)

107 Great Western Road  
Gloucester

**01452 521898**



# From Today:

1. Compassion- practise and preach
2. Refuse to discharge homeless late in the day
3. Email Chief Executive of Acute Trusts and CCG
4. Delegate:
  - I. Clean clothes box
  - II. Information pack
  - III. NFA admission and readmission data
5. **Employ a housing officer**



Clothes  
for  
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patients.

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