The introduction of a homeless healthcare team has efficiently improved patient care and discharge outcome at Gloucestershire Royal Hospital.

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Introduction

Since 2010, homelessness in England has increased by 34%(1). Homeless individuals attend A+E five times more often(2), admission is four times more common(3) and three times longer(4), costing the NHS £85m annually, 8 times more, per person, than housed patients(3).

The Department of Health recommends referral to housing support agencies, during hospital admission, to improve patient outcome(5). However, nationally, 70% of homeless patients are currently discharged without being offered any relevant advice(3).

In 2013, we introduced an in-reach Homeless Healthcare Team (HHT), co-ordinated by a hospital consultant, housing officer and two nurses.

Methods

Retrospective analysis was made of 50 of 147 homeless patient admissions from June 2011-June 2013, including documentation of homelessness, length of stay, onward referrals and discharge destination. Staff knowledge and patient experience were explored by questionnaire.

The situation was re-audited, prospectively, following the introduction of the Homeless Healthcare Team.

Results

<table>
<thead>
<tr>
<th>Discharge destination pre-HHT (n=50)</th>
<th>Discharge destination following the introduction of the HHT (n=51)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community hospital</td>
<td>House</td>
</tr>
<tr>
<td>Housing team referral</td>
<td>Referred</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Mental health hospital</td>
<td></td>
</tr>
<tr>
<td>Friend’s house</td>
<td></td>
</tr>
<tr>
<td>Normal place of residence</td>
<td></td>
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<tr>
<td>Police</td>
<td></td>
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</tbody>
</table>

Before HHT in-reach

- 1/50 patients referred for housing advice
- 78% staff from ACU/A+E stated that patients were routinely discharged with nowhere to go
- 82% patients discharged to an unknown location
- Alcohol excess identified in 52% patients. 4% referred to community drugs and alcohol services.
- Average length of hospital stay 2.2 days
- 10% discussion rate with staff regarding housing

Following introduction of HHT

- 54 first time referrals to HHT in first 6 months
- 98% patients seen by HHT in 24 hours
- 72% discharged into housing
- 80% patients referred to community drugs and alcohol services by HHT.
- Average length of hospital stay 2.1 days (range 1-15, mode 2-7)
- 79% discussion rate with staff regarding housing

Conclusion

In-reach by a Homeless Healthcare Team is an invaluable and efficient way to improve standards of care for homeless people in hospital, without increasing length of stay or staff workload. We recommend that other hospital trusts implement a homelessness strategy and propose a three tier system, ranging from simple signposting in small hospitals, to a Homeless Healthcare Team in medium sized hospitals and an extensive Pathway team in large urban hospitals.

References:
5. Homeless Link, St Mungo’s. Improving hospital admission and discharge for people who are homeless: Analysis of the current picture and recommendations for change. 2012.