Introduction

- As a trust we see approximately 600 No Fixed Abode attendances a year to our Emergency Department (ED). Like many trusts we often discharged back to the streets at any time and with no support.

- Our project focused on improving care given to homeless patients and simultaneously enacting the Homeless Reduction Act (2017) Duty to Refer legislation.

- The initiative focused on building relationships with local services and putting processes in place.
Interventions

- Volunteer with local charities.
- Work closely with community services to create referral pathways suitable to meet all individual service demands.
- Create guidelines and checklist document.
- Update patient information leaflet conforming to information governance protocols.
- Work with IT to identify homeless patients on presentation.
- LOTS of teaching and engagement with staff.
Results……

We initially had a compliance aim of 30%, by end of November we had hit 87%! 
And the result is this....

Homeless Attendances

No of attendances

Attended

Admitted

No of Patients

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Summary

We have seen a large cultural shift in our ED’s. Moving from discharging homeless patients back to the streets to ensuring ongoing support is in place. Thanks to the new pathways this support can be implemented 24 hours a day.

The multi agency working now happening from the ED is leading to better outcomes for this vulnerable group of people, with many of our referrals being accommodated within 24 hours and then not reattending the ED.

As clinicians in ED we may be the one and only health professional that person has contact with. It is vital that we identify homelessness, the associated risks and act on them. Every contact counts!