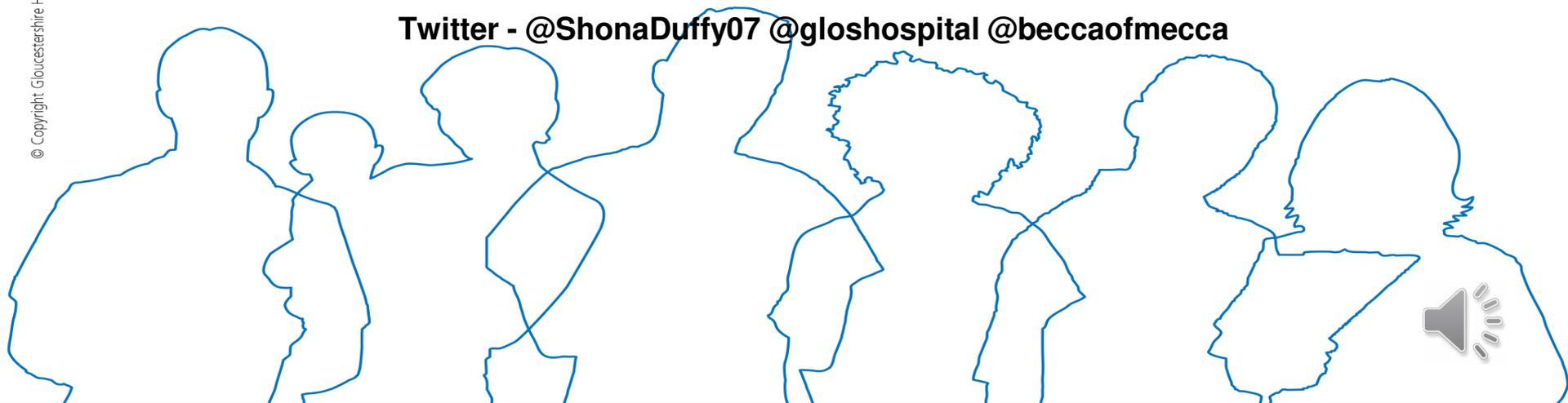


# Homeless Patient Guideline Initiative Emergency Department

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## 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

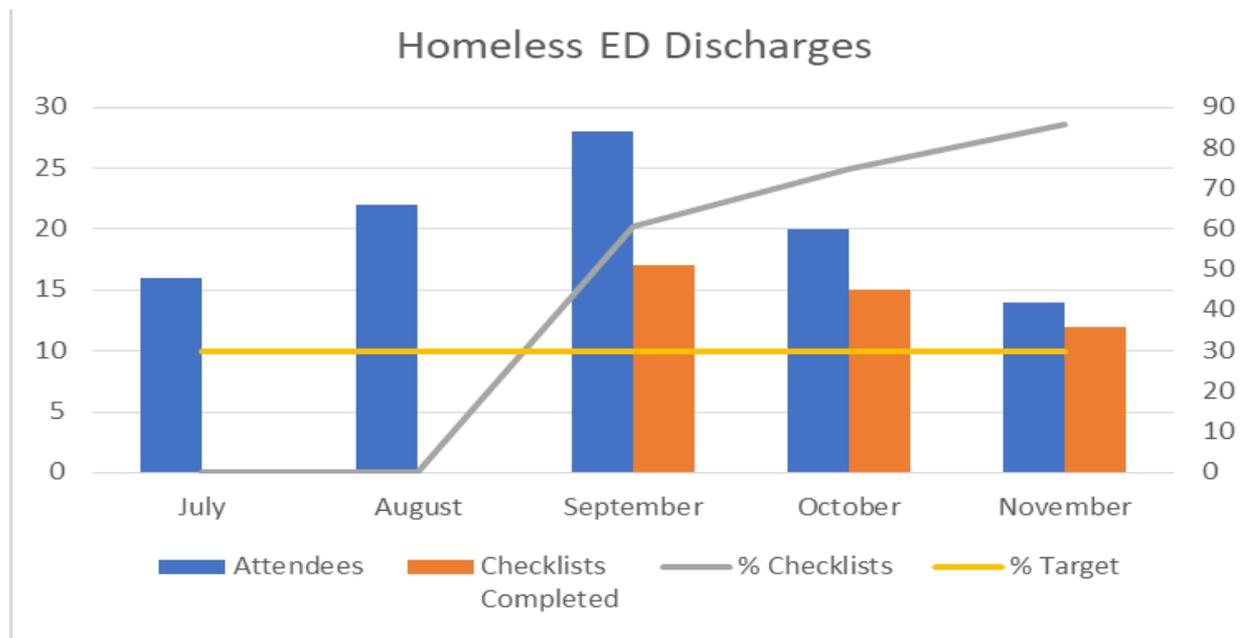
- Volunteer with local charities.
- Work closely with community services to create referral pathways suitable to meet all individual service demands.
- Create guidelines and checklist document.
- Update patient information leaflet conforming to information governance protocols.
- Work with IT to identify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



		<b>Name:</b> _____ <b>Date of Birth:</b> DD / MM / YYYY _____ <b>MRN Number:</b> _____ <b>NHS Number:</b> _____ <small>(OR AFFIX HOSPITAL LABEL HERE)</small>	
<b>Homeless Person Checklist</b>			
<b>Section A</b> - To be completed for all cases. Tick appropriate boxes below			
<b>1. Patient attendance location</b>			
ED <input type="checkbox"/> Outpatient area <input type="checkbox"/> Inpatient area <input type="checkbox"/> Please state/site or area _____			
<b>2. What is the housing concern?</b> (Please tick all that apply)			
Over-crowded accommodation? <input type="checkbox"/>	Domestic abuse? (complete DASH) <input type="checkbox"/>		
Rent/mortgage arrears? <input type="checkbox"/>	Court eviction? <input type="checkbox"/>		
Staying with friends? <input type="checkbox"/>	Asked to leave current accommodation? <input type="checkbox"/>		
Rough sleeping? <input type="checkbox"/>	Other (please specify) _____ <input type="checkbox"/>		
Have they been given the relevant Patient Information Leaflet <b>Yes</b> <input type="checkbox"/> <b>Declined</b> <input type="checkbox"/>			
<b>3. What type of accommodation are they currently living in?</b>			
Street <input type="checkbox"/> Hostel <input type="checkbox"/> Squat <input type="checkbox"/> Supportive housing <input type="checkbox"/> Temporary housing <input type="checkbox"/>			
Other (please specify) _____			
Patient phone number _____		Email _____	
Patient current address/area _____			
Patient contact name/address (if different) _____			
Patient contact number _____			
<b>With patients consent refer to appropriate council according to patient's postcode. Without consent you may still refer if there are children involved or Support/Care Needs</b>			
dutyreferefer@cheltenham.gov.uk		dutyreferefer@gloucester.gov.uk	
dutyreferefer@cotswold.gov.uk		dutyreferefer@stroud.gov.uk	
dutyreferefer@isaan.gov.uk		dutyreferefer@wekesbury.gov.uk	
<b>4. Is patient being admitted</b> <input type="checkbox"/> <b>please go to Section B</b>			
discharged <input type="checkbox"/> <b>please go to Section C</b>			
<b>Section B</b> - To be completed if patient is being admitted			
<b>Make Referral to ELIM Homeless Housing Officer: 07525918378 (based in GRH)</b>			
<i>If answerphone leaves message stating patient's name and location</i>			
<b>Section C</b> - To be completed if patient is being discharged from Emergency Department			
<b>Does the patient want help in finding a safe place to go?</b>			
<b>Yes</b> <input type="checkbox"/> (please proceed to actions below) <b>No/Declined</b> (No further actions to be taken) <input type="checkbox"/>			
<b>Refer patient to:</b>			
P3 on 01452 221698 (9-5pm) or 01242 335733			
P3 Safe Spaces Hub 01452 767077 (24hours) GRH			
P3 Safe Spaces Hub 01242 335733 (24 Hours) CGH			
Safe Spaces is not suitable for patients with a history of violent episodes.			
Please document below which P3 contacted and outcome _____			
If patient is not registered with a GP, advise to register with HHT George Whitefield Centre, 107 Great Western Road, Gloucester and send Discharge Summary.			
Signature _____		Print name _____	
Designation _____		Date DD / MM / YYYY _____	Time 00 : 00 _____
<small>TO BE FILED IN PATIENT'S HEALTH RECORD</small>			
<small>GIN051Y1988/01, 19 Review Date: 01, 22</small>			

# Results.....

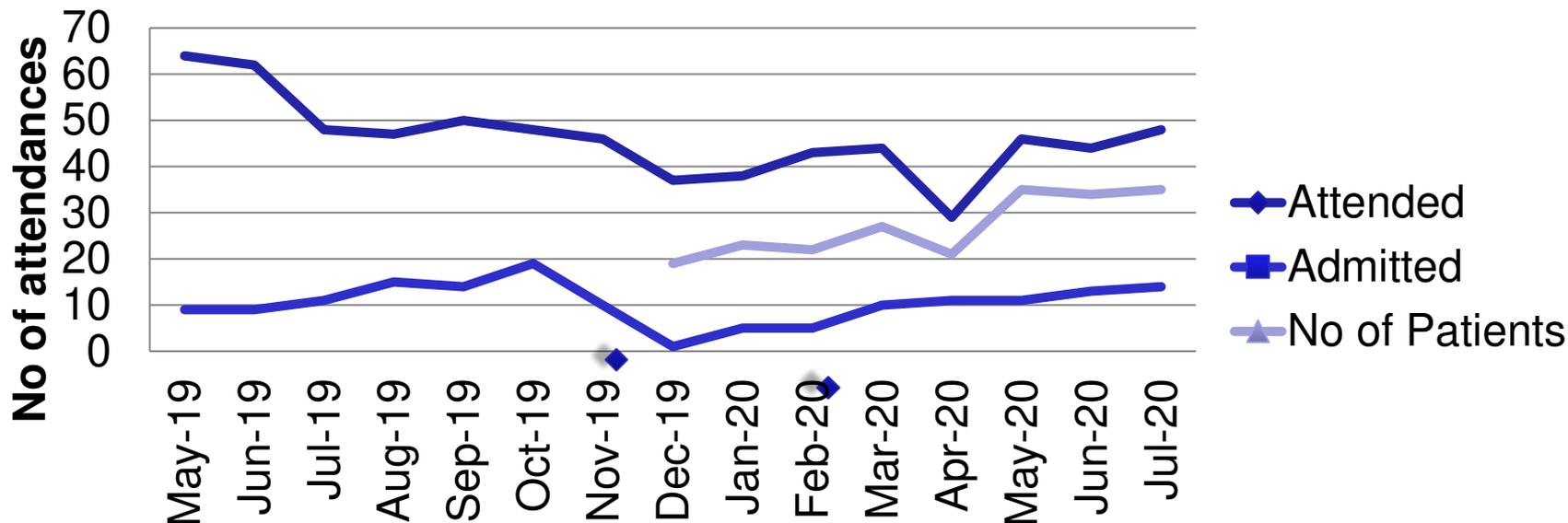
We initially had a compliance aim of 30%, by end of November we had hit 87%!





# And the result is this....

## Homeless Attendances



# 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!**

