

Homelessness and EOLC

Commissioning a new service & involving the community

Why?

- ▶ Cost of unscheduled care is 8x that of the housed population.
- ▶ Average age of death is 47 for men and 43 for women
- ▶ Multi-morbidity occurs on average 10-15 years earlier than in more affluent patients
- ▶ Annual cost of health care inequalities is thought to be £5.5 billion
- ▶ There is no data on EOLC for this patient group and they may be classed as EOLC but can 'recover'

Challenges

- ▶ Presentations often associated with physical and mental ill health and drug/alcohol issues. May not remain EOLC
- ▶ Health, housing and social care protect their budgets for the 'local' population
- ▶ Discharge is often thought about very late and the majority of patients are discharged to 'usual place of care' or to the local housing office
- ▶ Easy to ignore
- ▶ No specific EOLC support

Opportunities

- ▶ Locally social and housing services are keen to engage to improve the system
- ▶ UHB discharge team recognise it is a significant issue that is not being dealt with
- ▶ To improve wellbeing and usefully reduce costs associated with length of stay, re-attendances and inappropriate use of resources
- ▶ To have a specialist service in the community that can address EOLC needs for this complex group

Pathway Model

- ▶ Team led by GP and nurse with a specialist interest in homeless healthcare
- ▶ Based in hospital with step down beds in the community.
 - ▶ Encourage checking of housing status by secondary care staff and referral to the Pathway Team if NFA/hostel/sofa surfing
 - ▶ Homeless team co-ordinate care: Ward round and care plan developed
 - ▶ Complex patients Including EOLC discussed at multi-disciplinary meeting
 - ▶ Community support via care navigators who have been homeless themselves
- ▶ Run since 2010 and has been successful at:
 - ▶ Reducing LOS on average by 3.2 days
 - ▶ Reduction annually of 800 bed days from an annual average of 250 admissions
 - ▶ Step down beds new in the last year so still analysing data to see effect for complex and EOLC patients

UHB Data: April 2011-April 2014

▶ Admissions

- ▶ Total of 3477 admissions from 650 patients
- ▶ 443 patients admitted more than once in a year and 291 within 28 days
- ▶ Average LOS 11 days, 28 patients self discharged
- ▶ Excess bed days cost on average annually £82,307
- ▶ Primary diagnosis often linked to alcohol misuse
- ▶ Only 43 not registered with a GP
- ▶ GP surgeries with highest numbers are those who cover hostels
- ▶ No data on EOLC or what happens to patients once discharged

UHB Data: April 2011-April 2014

▶ A&E Attendances

- ▶ Total of 6618 attendances from 973 patients over 3 years
- ▶ Four times a year is the average annual attendance for each patient
- ▶ Average annual costs of re-attendance within 28 days is £109,807
- ▶ Only 75 not registered with a GP
- ▶ Annual average of 284 patients admitted as a result of attendance
- ▶ Attendances mainly linked to alcohol and no EOLC information

Hostel Feedback

- ▶ Questionnaire to all hostels
 - ▶ Number of patients who have been admitted/attended A&E, what medical conditions are they dealing with, is anyone EOLC currently, is anyone likely to die in the next year, number of deaths in the last year and reason, what need is there for domiciliary care and health care support.
- ▶ Findings were:
 - ▶ On average a third of residents had attended/been admitted with conditions mainly relating to alcohol use.
 - ▶ Of 250 clients, 5 currently had cancer related to their lifestyle and 60 had complex medical and social needs that staff felt needed support but had none.
 - ▶ Staff fed back that 5 had EOLC needs currently but that with 65 of their clients they would not be surprised if they died in the next year.
 - ▶ The number of deaths in the last year was 11 clients; 6 overdoses, 4 with conditions relating to alcohol use and 1 with renal carcinoma.

Next Steps

- ▶ Business case for the discharge team in place and waiting approval
- ▶ Strong links forged with the housing, social care, discharge team, hostels and St Peter's Hospice
- ▶ Charities for the homeless engaged locally and we are looking to run events with them to gather support for this client group by finding navigators to employ and encourage community involvement with volunteers.
- ▶ St Peter's to continue offering their training to hostel staff on EOLC
- ▶ Once in place to get data on EOLC for patients that can be used to help develop a business case for community beds and ensure they are able to deal with what the patients need
- ▶ To use community links to help support this
- ▶ To keep banging on!