

# Homeless health in the Future Hospital: patient-centred care within and without hospital walls

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**Royal College  
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**Setting higher standards**

# Homelessness and health – key issues

- Average age of death for a homeless man is between 40-44 years of age
- 43% of residents at St Mungo's have a physical health problem.
- Homeless people are high users of emergency care (3.2 x admission rate)
- Homeless in patients stay more than double the length of age matched controls
- Homeless patients have a poor experience of care and report hostility **from medical staff**.



# 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?**

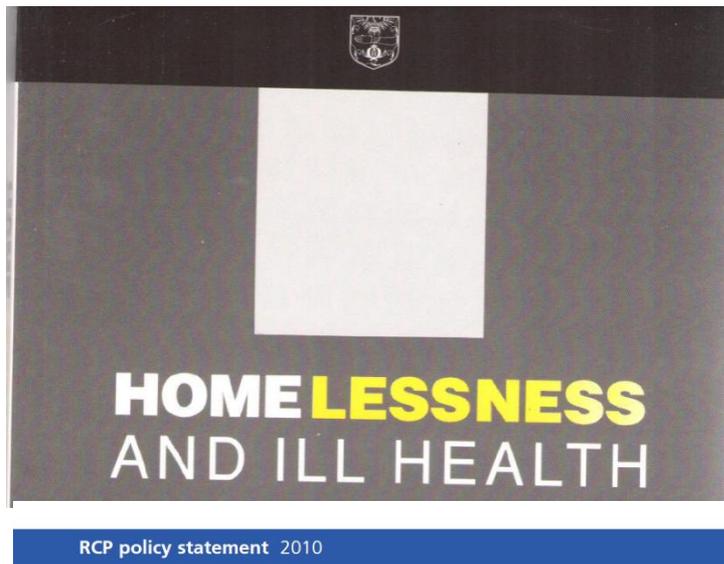
*“No-one”*

*“No-one”*

*“No-one”*



# Our work so far...



## How doctors can close the gap

Tackling the social determinants of health through culture change, advocacy and education

- Work to date largely focused on homeless health
- 1994 report *Homelessness and ill health*
- 2010 wider report into social determinants of health, *How doctors can close the gap*
- 2013 work with Institute of Health Equity on their report *Working for health equity*
- Feb 2014 article in *Clinical Medicine*
- March 2014 endorsed and launched new inclusion health standards on behalf of Faculty of Homeless and Inclusion Health
- 2014 and beyond – delivering through the Future Hospital



# Research for the Future Hospital Commission



## The London Pathway

integrated healthcare for rough sleepers and homeless people

Life on the street is bad for your health

- Visit to UCLH- homeless health team in action
- GP and nurse with specialist interest in Homeless health
- Care navigator
- Ward rounds
- Inter-professional MDT with housing, voluntary sector, health



# Research for the Future Hospital Commission

- Luther St Centre, Oxford. Dedicated GP service with in-reach psychiatry, substance abuse, hepatology and strong links to acute hospital
- Visit with Prof Steve Field chair of Dept of Health's National Health Inclusion Board
- Daily MDT – all challenging cases and patients currently admitted discussed



**But secondary care needs to do more...**

**... and do it better.**



# The Future Hospital model of care

Care centred around the patient, coordinated around their medical and support needs. This means that:

- Fundamental standards of care must always be met – including treating patients with kindness, dignity and respect
- Patient experience is valued as much as clinical effectiveness
- Robust arrangements for the transfer of care are in place
- Care is designed to facilitate self-care and health promotion
- Services are tailored to the needs of individual patients, including vulnerable patients.

This means services delivered seamlessly between the hospital and the community, seven day a week, in a way which is responsive to patients needs in a holistic way – **including patients with complex medical and social needs.**



# What can secondary care do?

**All shapes and sizes of hospitals can do their bit:**

**Level 1:** all hospitals to have a system for identifying potentially vulnerable adults including homeless people (rough sleepers and hostel dwellers).

**Level 2:** a locally-negotiated in-reach housing adviser to work in collaboration with an identified person/team in the hospital (such as the discharge team).

**Level 3:** for hospitals with significant numbers of homeless patients, a Pathway-type model, with a team to support multiagency care coordination.



# What next?

**Standards for commissioners and providers –**  
supporting better care across the system

**Future Hospital Programme –** translating a report into practical action

- what does high-quality patient-centred care mean for vulnerable and poorly-served patient groups?
- what does this mean in different types and sizes of hospital?
- how, exactly, should hospital teams work out into the community to support these patients?
- how, exactly, should hospital teams work with others across the local health and social care system to support these patients?



# How do we get there?

- With your help!
- We're eager for input from the experts in inclusion health on:
  - any existing examples where we can learn from good practice in secondary care involvement in inclusion health
  - how secondary care and other parts of the system should work together to drive up standards of care for homeless patients and other vulnerable/poorly-served groups.
- Contact us at [futurehospital@rcplondon.ac.uk](mailto:futurehospital@rcplondon.ac.uk)



# Questions? Comments?

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