Alex Bax

Chief Executive

www.pathway.org.uk

pathway
Healthcare for homeless people

Case Studies 2

multiple admissions where subsequent admissions could have been prevented by transfer to medical respite

Male, 35

Alcoholic dependent IVDU with HepC cirrhosis and bleeding oesophageal varices. 3 admissions this year. If transferred to Respite after 1st admission to complete detox and stabilise, could have prevented next 2 admissions.

Potential Saving by transfer: **16 days**

Male, 49

Previous peptic ulcers. Personality disorder. Frequent attender with "haematemesis", 11 admissions. Could have been sent to Respite after 2nd admission when it was clear that it was a recurrent issue.

22 days

Female, 45

End stage alcoholic liver disease. 5 admissions in last 10 weeks of life. Was given prognosis of less than 12 months on index admission, so not suitable for hospice, but hostel struggling.

29 days

Typical Cases of multiple admissions where subsequent admissions could have been prevented by transfer to Medical Respite Care (Analysis of referrals to Pathway Team, August to October 2011 - see appendix)

Case 2

- Female, 55, multiple names / DOBs
- Stroke, alcoholism, incontinence
- Debate around mental capacity
- Failed engagement multiple agencies
- +++ hospital attendances over 12 years, at least 13 sites
- 5 year data in from 7 hospitals so far – 508 A&E attendances, 58 admissions
- 5 year cost ? £250,000

pathway
Healthcare for homeless people

University College London Hospital

pathway
Healthcare for homeless people

Pathway hospital team

pathway
Healthcare for homeless people

Simple, replicable, care coordination model

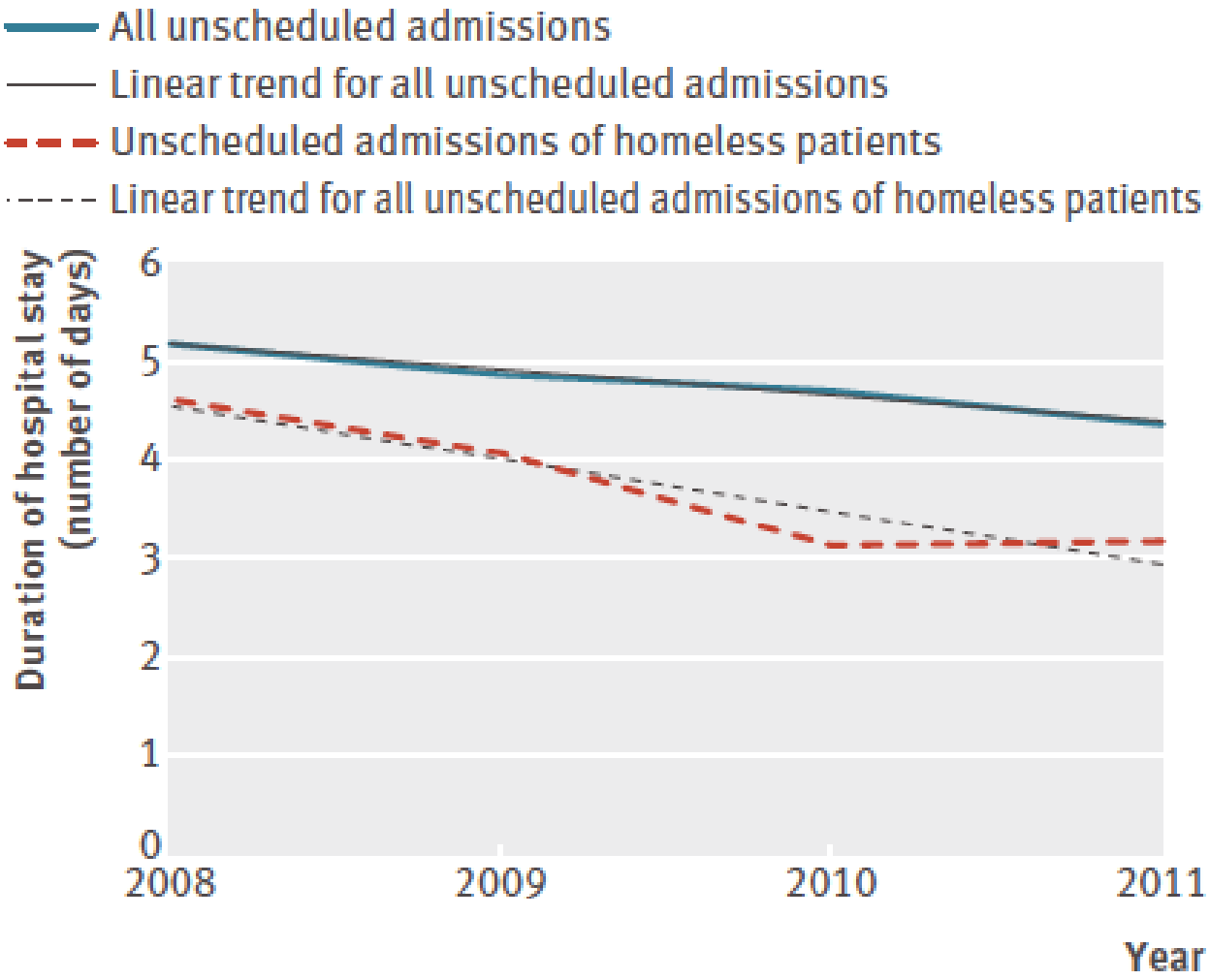
- Think homeless! 80% of patients referred with 48 hours of admission
- Homeless nurse practitioner with care navigator supports patient and begins care plan
- Regular GP led ward rounds coordinate care, advocate for patient and liaise with community agencies
- Weekly multi-agency care planning meetings
- Care, connect, understand, advocate

pathway
Healthcare for homeless people

Quality

- You were the only ones that felt my life was worth saving- I am now back with the family I have not seen for 10 years
- I've never stayed in hospital as long as this (2wks), I trust you, that's why I am staying
- The change is tangible, ...full confidence that contacting the team will produce results
- Joint working with housing options has greatly improved customer care
- ..enormous support with complex substance misuse clients at UCH

pathway
Healthcare for homeless people



Hewett et al. A general practitioner and nurse led approach to improving hospital care for homeless people BMJ 2012;345:e5999

What is different about this approach?

- Vertical integration – specialist primary care reaching in to the hospital to coordinate care
- Horizontal integration – care coordinated across physical ill health, mental ill health and substance misuse teams within the hospital and out into the community
- Pro-active care co-ordination

pathway
Healthcare for homeless people

Pathway team development – a structured process

STEP 2
Needs Assessment Commissioned

We are commissioned to work with Hospitals, regional and local care providers to quantify needs, consider resources and agree priorities... (We think any hospital with 200 or more homeless or 'tri-morbid' admissions per annum could benefit from the Pathway approach)

STEP 3
Team Recruitment & Training

Pathway teams are NHS staff. We work with the Hospital Trusts to recruit, train and support a local hospital-based Pathway team who will work with the most vulnerable and sometimes challenging patients...

STEP 1
Discussions with Hospital Trusts

We open preliminary discussions with Hospital trusts , PCT's and regional authorities to consider possibilities...

The process

The process from opening initial discussions to developing a needs assessment, through to recruiting and training a team and eventually establishing a fully operational team in a hospital setting takes between one and two years.

Maps on page 21 show the takeup of Pathway projects in London and UK regions.

STEP 4
Fully Operational Pathway Teams

We launch the fully operational team in the Hospital and provide ongoing monitoring and support...

pathway
Healthcare for homeless people

PATHWAY TEAMS AROUND THE UK

pathway
Healthcare for homeless people

WEBSITE HTTP://WWW.PATHWAY.ORG.UK

New additions to the Pathway network

- Medical respite – specialist step down provision: Bradford, Leeds, London…
- Extension to mental health – KHP
- Sustained community support – Brighton, Royal London
- Care Navigators – team members with lived experience – UCLH, Royal London
- ABI, PD? Psychologically informed services, trauma informed therapy, Data sharing, super MDTs? Street services?
- International

pathway
Healthcare for homeless people

A fully integrated care pathway?

FACULTY
FOR HOMELESS AND INCLUSION HEALTH

pathway
Healthcare for homeless people

FACULTY
FOR HOMELESS AND
INCLUSION HEALTH

Standards for commissioners and service providers

The Faculty for Homeless Health

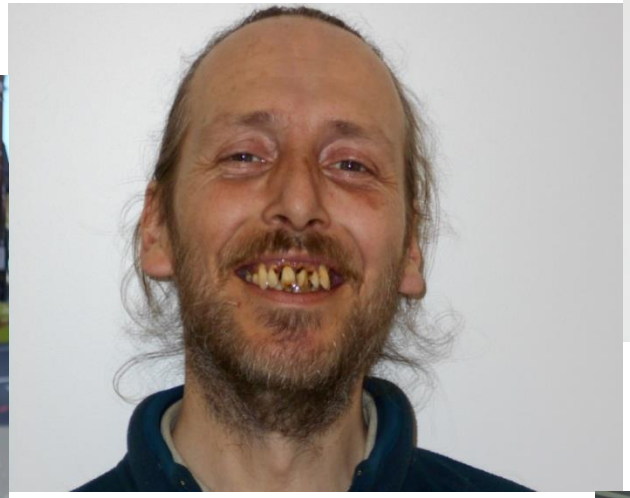
Version 1.0
May 2011

COLLEGE OF MEDICINE
SERVICE • SCIENCE • HEALING

pathway
Healthcare for homeless people

pathway
Healthcare for homeless people

Maciek



Bean

Alister

Viv

Rosalin

pathway
Healthcare for homeless people

2013 – DH funding from the National Inclusion Health Board supported the Faculty to develop a revised set of Standards to include Gypsies and Travellers, vulnerable migrants and sex workers

Contents

Faculty Standards QAF - committed, achieving, excelling

- Value 1 – continuity of care
- Value 2 – ease of access
- Value 3 – multi-disciplinary collaborative care
- Value 4 – person centred care
- Value 5 – recording and reviewing information
- Value 6 – high quality care
- Value 7 – ensuring services are safe
- Value 8 – commitment to reflection and learning
- Value 9 – service user involvement

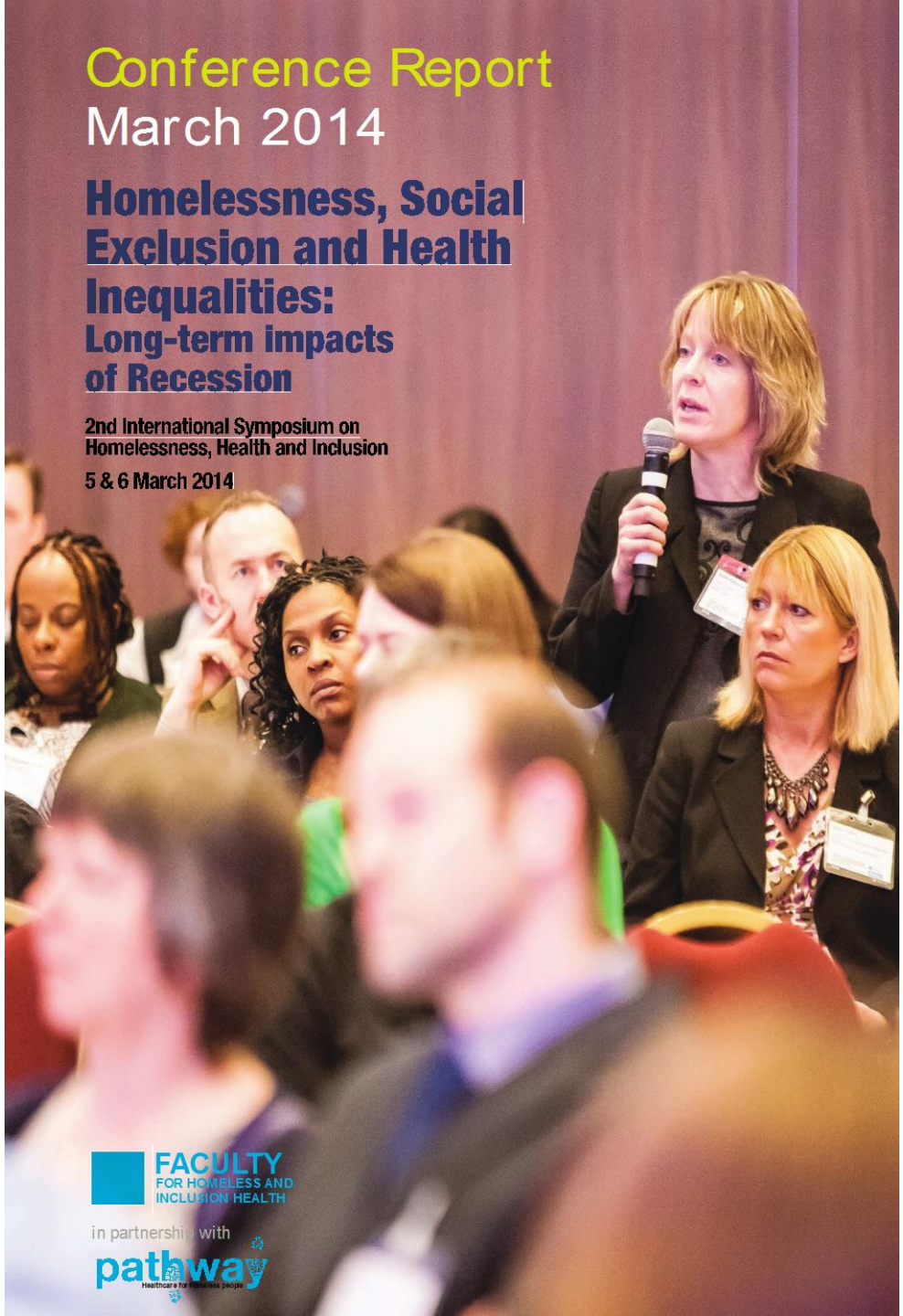
pathway
Healthcare for homeless people

Conference Report
March 2014

Homelessness, Social Exclusion and Health Inequalities:
Long-term impacts of Recession

2nd International Symposium on Homelessness, Health and Inclusion

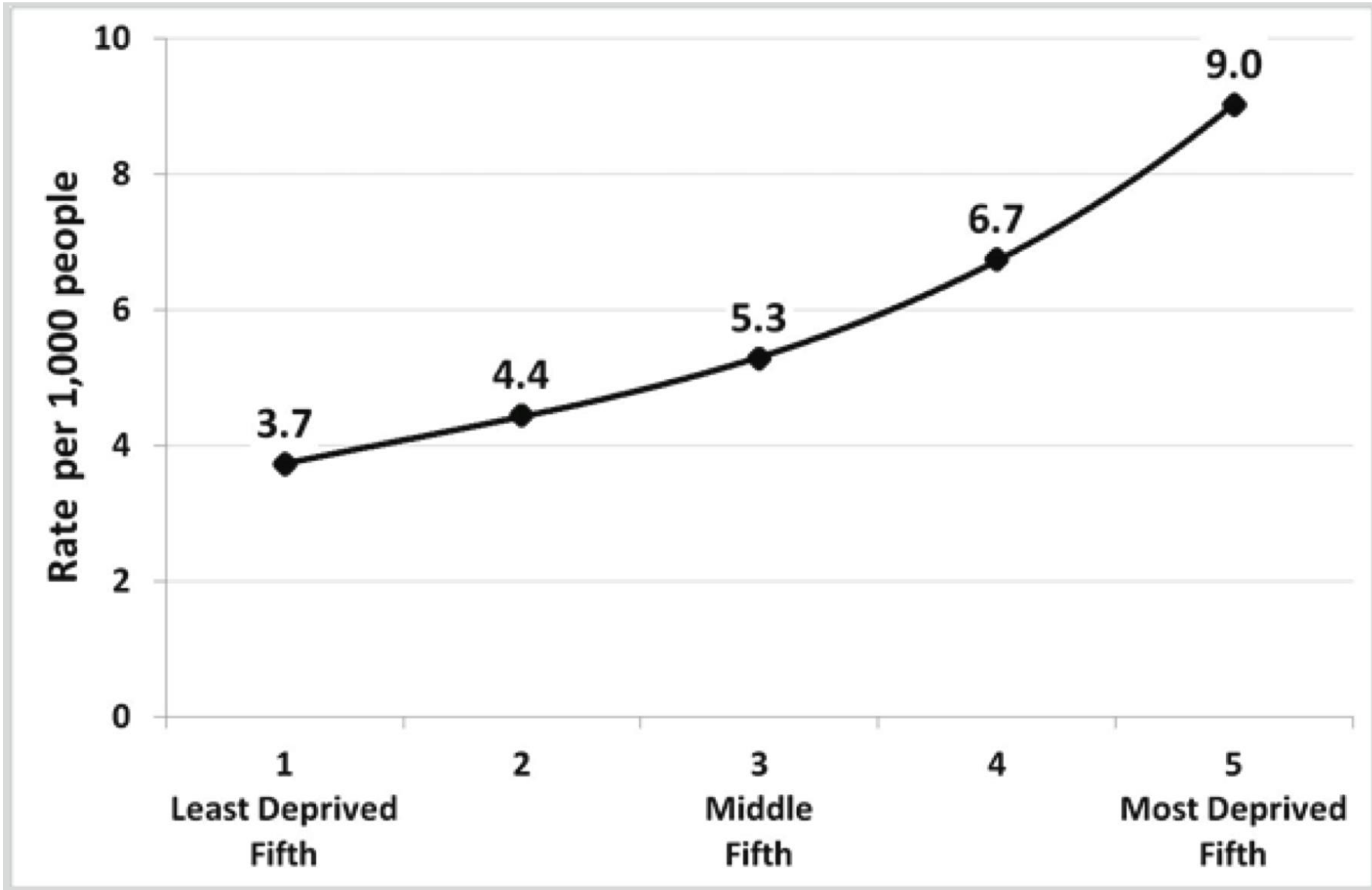
5 & 6 March 2014



FACULTY FOR HOMELESS AND INCLUSION HEALTH

in partnership with pathway Healthcare for homeless people

pathway Healthcare for homeless people

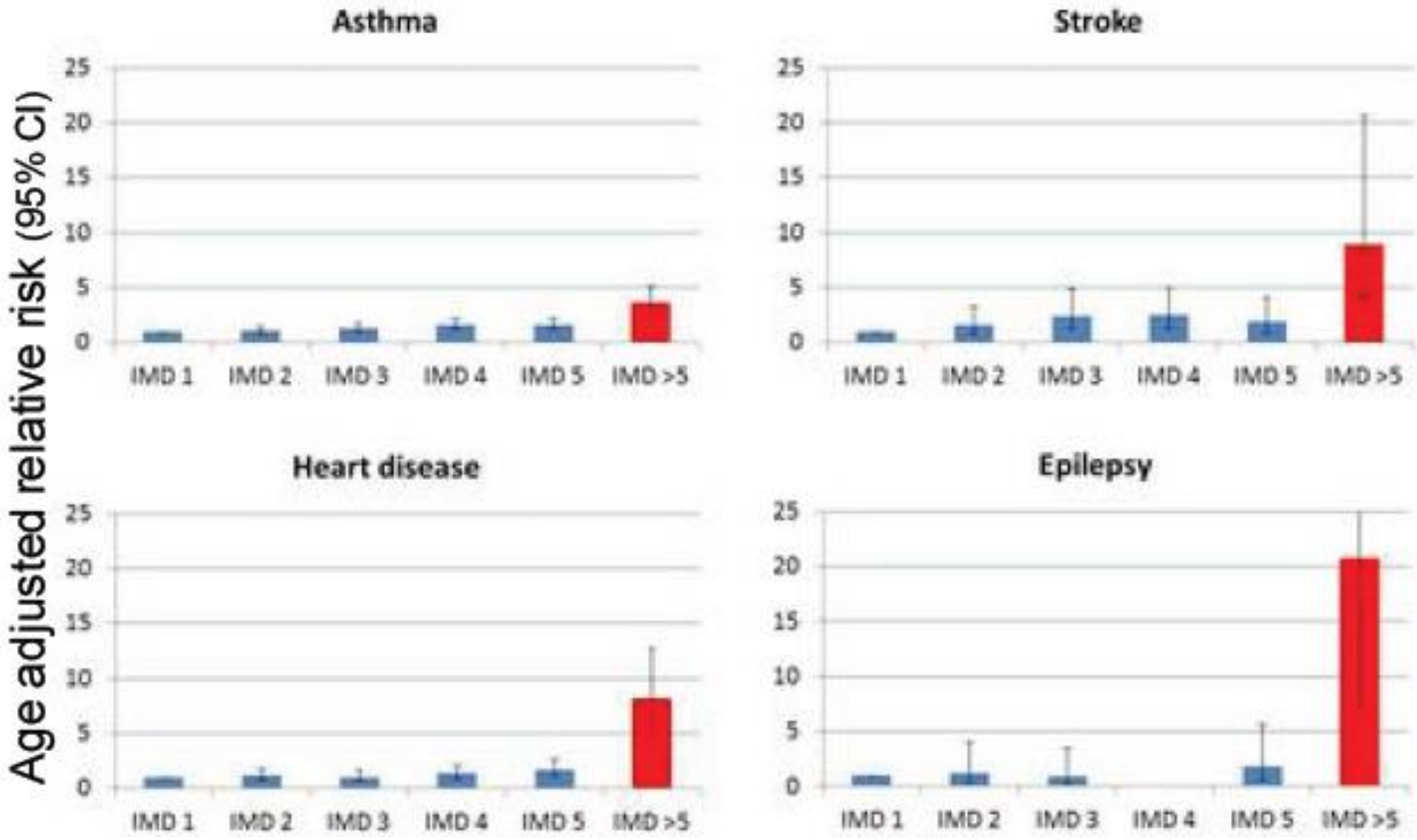


Social gradient in preventable emergency hospitalisation

Health inequality and the a&e crisis, Centre for Health Economics, University of York

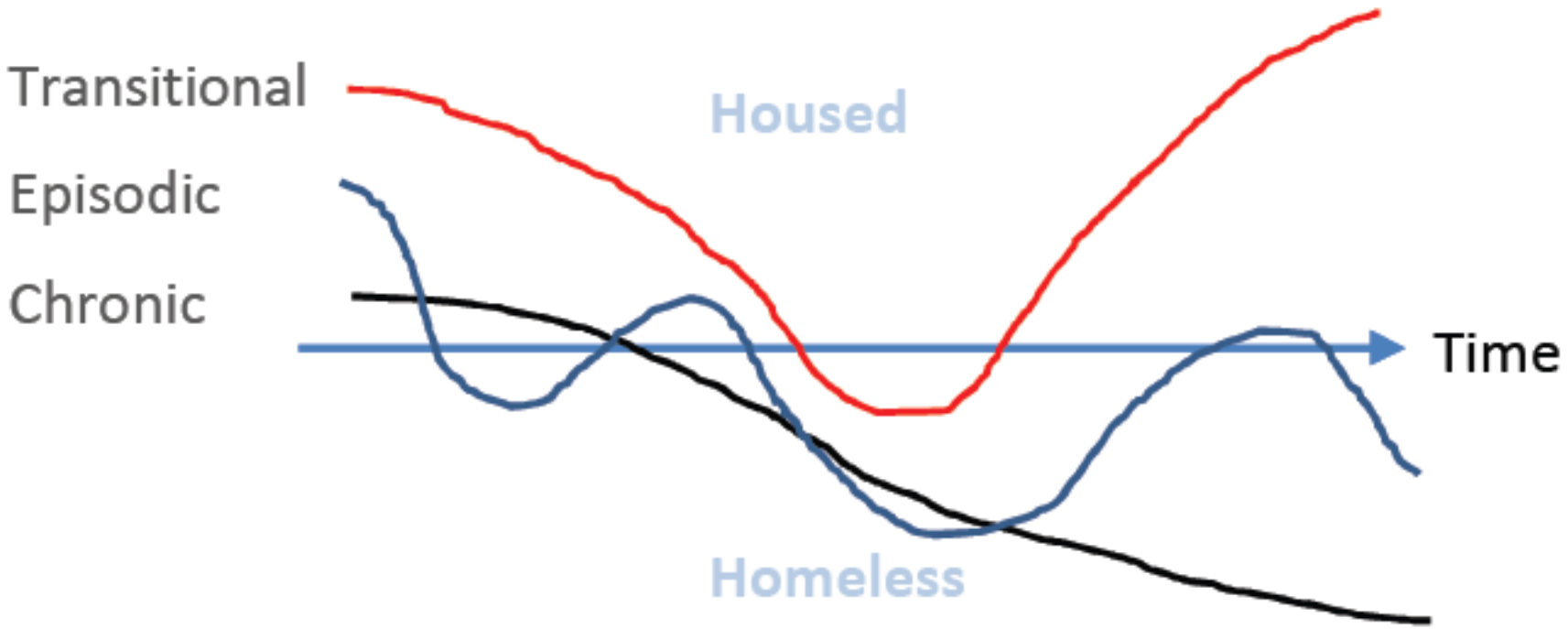
pathway
Healthcare for homeless people

The Chronic Morbidity Cliff



Story A. Slopes and cliffs in health inequalities: comparative morbidity of housed and homeless people. The Lancet, Volume 382, Page S93, 29 November 2013

Duration and frequency



Severity *X* Duration^2 = Health impact

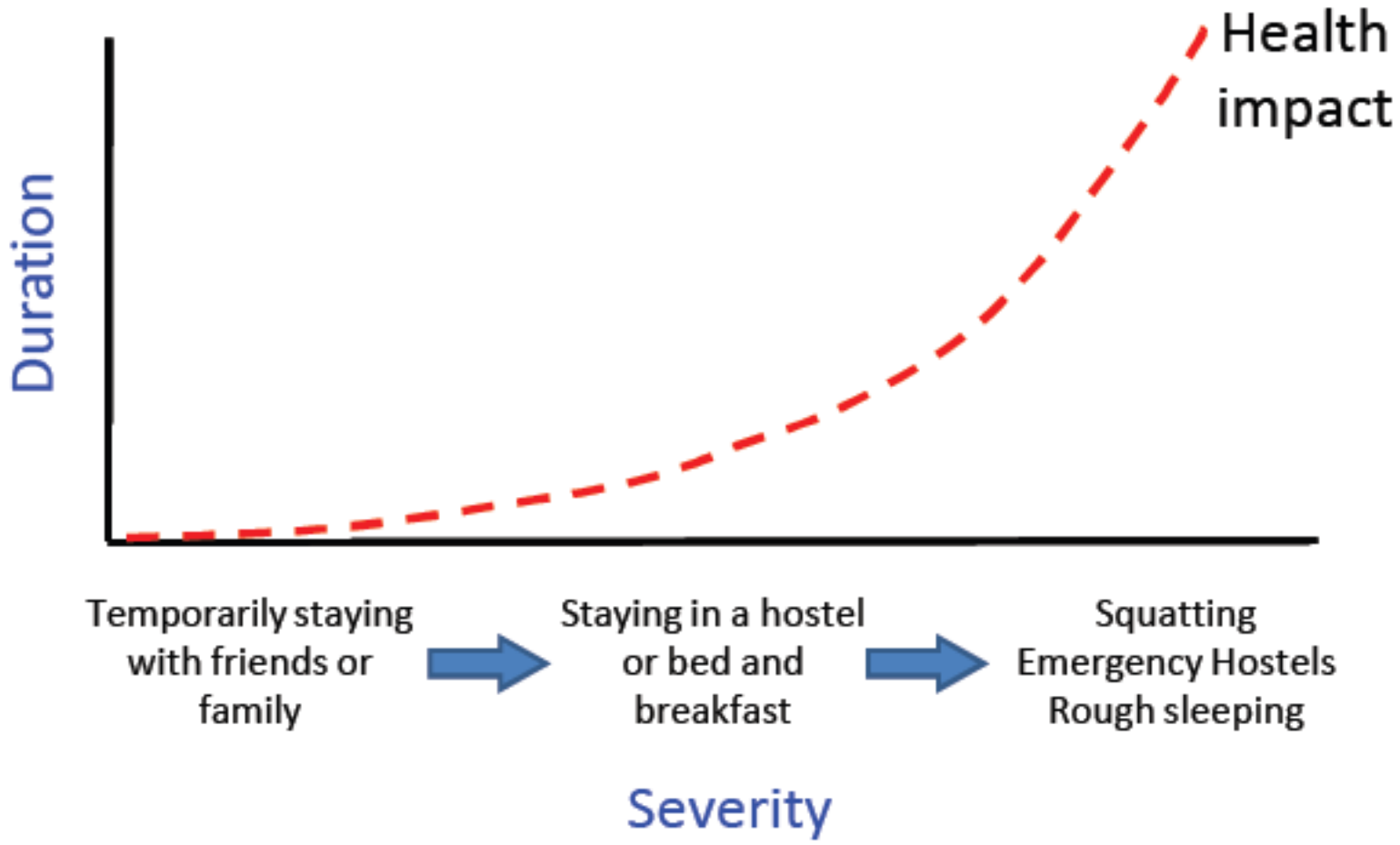
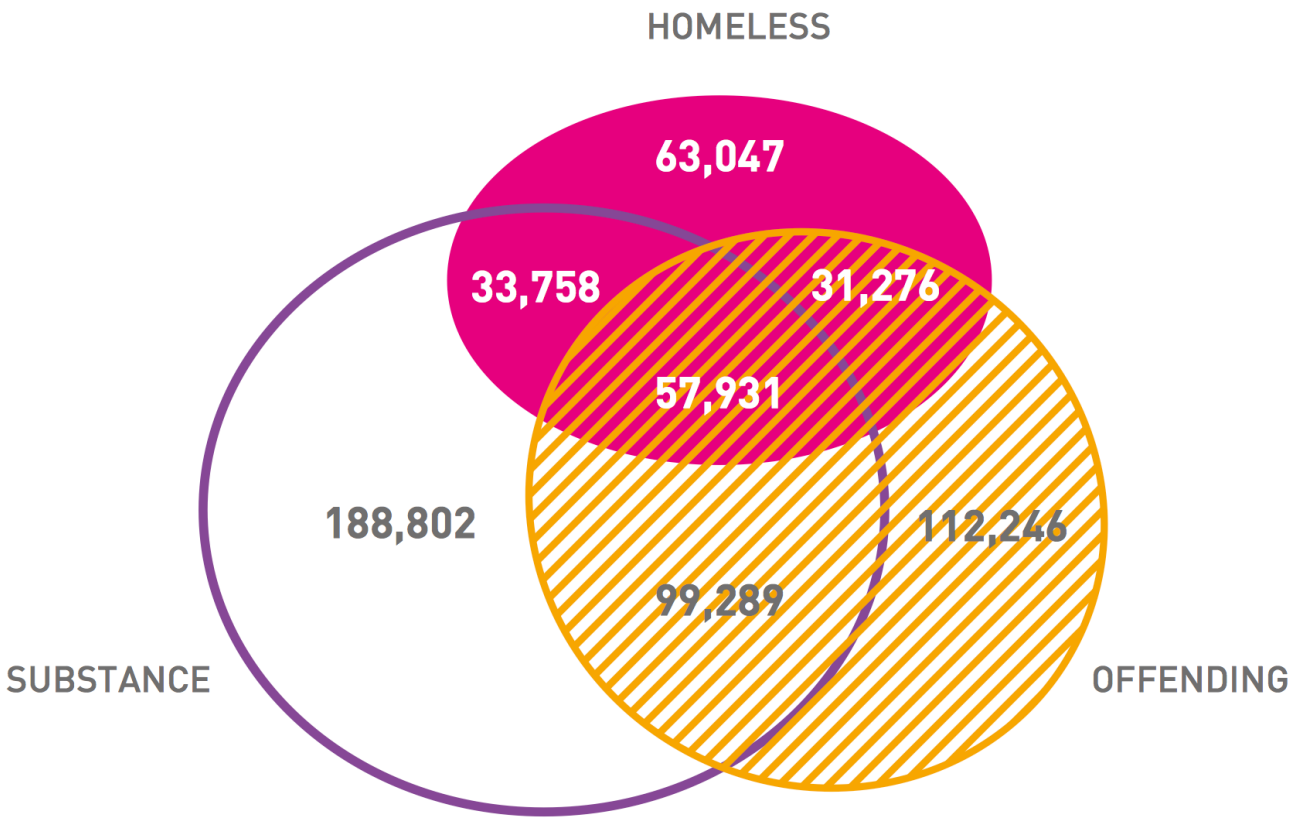


Figure 1: Overlap of SMD disadvantage domains, England, 2010/11



SMD 3

58,000

SMD 2

164,000

SMD 1

364,000

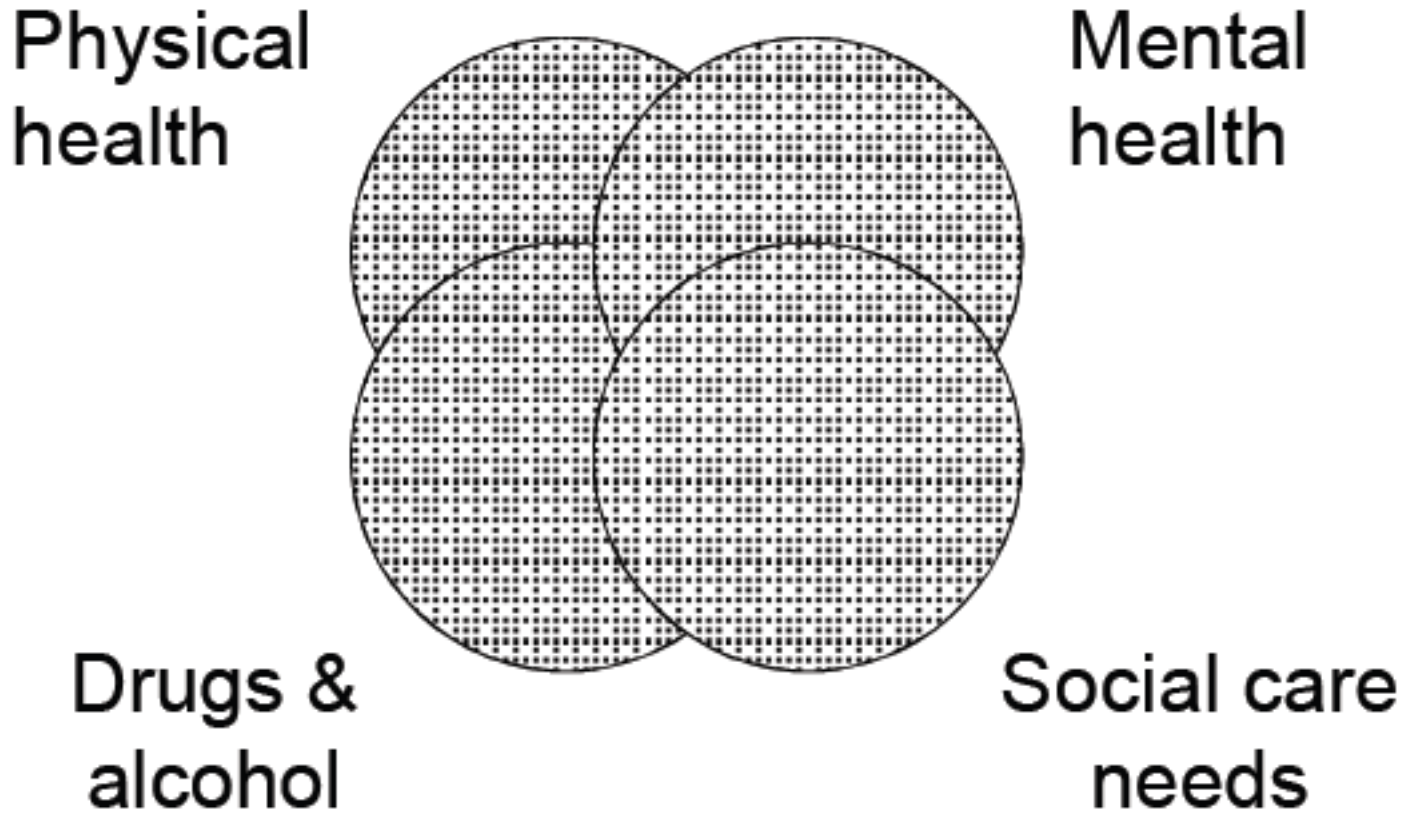
TOTAL

586,000

Source: 'Hard Edges: mapping severe and multiple disadvantage, England', Lankelly Chase, Jan 2015

pathway
Healthcare for homeless people

Multiple health and social care needs



High costs - worst outcomes

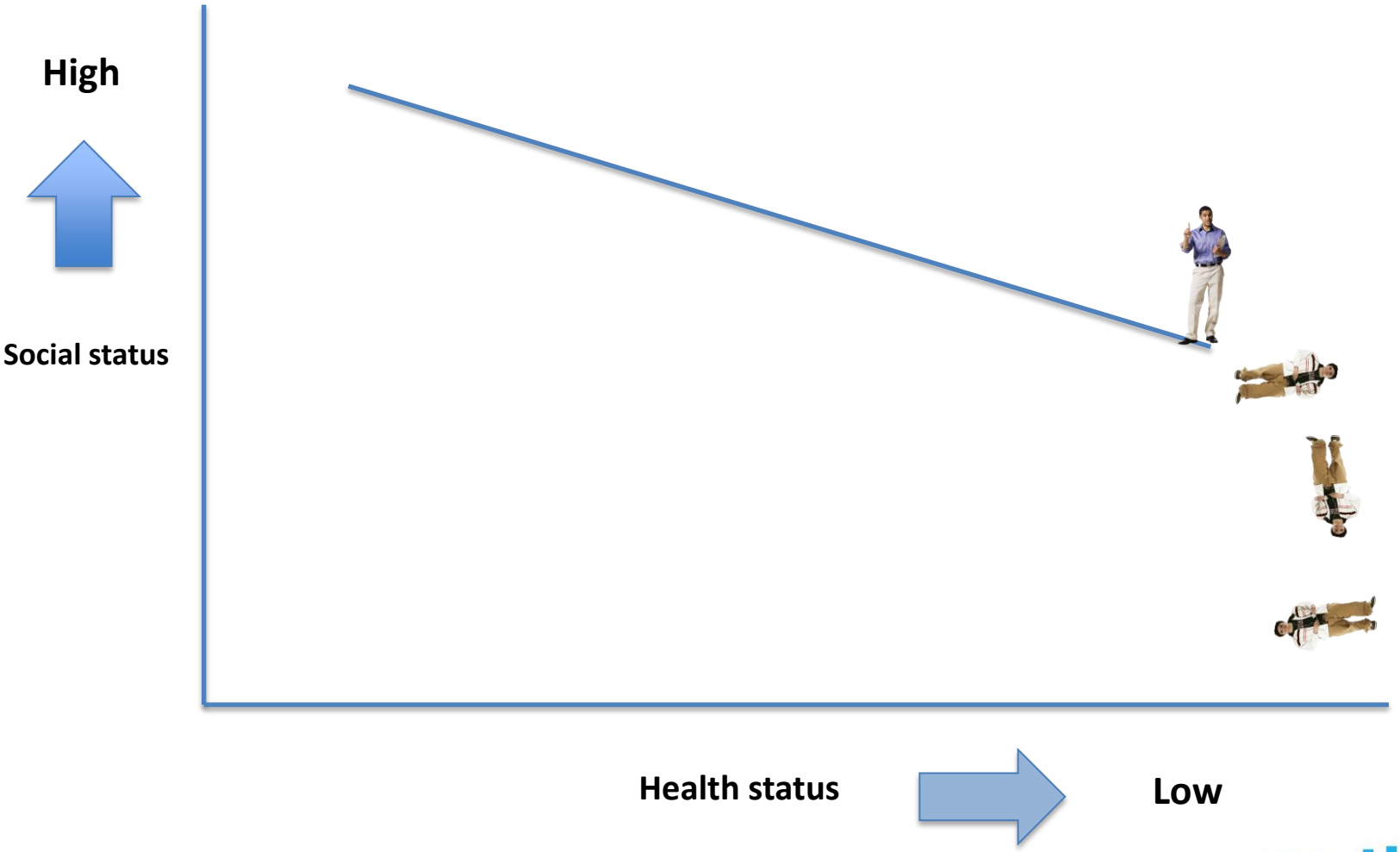
The Pathway approach: ‘enhanced care co-ordination supported by a multi-disciplinary team’

- Multiple complex needs
- Tri-morbidity
- Severe and multiple disadvantage
- ‘Extreme’ medicine
- Inclusion health
- Multi/poly-morbidity
- Extreme health consequences of extreme inequality

A new medical discipline?

pathway
Healthcare for homeless people

What happens at the bottom of the gradient?



pathway
Healthcare for homeless people

What shall we do next?

- More non-hierarchical, inter-professional working
- New developments: Intermediate care models, mobile care, end of life, extreme care co-ordination, Housing First, homeless families
- More work with commissioners and providers
- Royal College of Physicians, Royal College of Emergency Medicine
- Service users' voices – lived experience in the care team
- an inter-professional national Faculty – Standards, education & training, professional voice
- More data, research networks, information sharing,
- Stand alongside the people we aim to serve
- Work across the boundaries and highlight the barriers
- Speak out against injustice
- **Do something**

pathway
Healthcare for homeless people

pathway
Healthcare for homeless people

FACULTY
FOR HOMELESS AND
INCLUSION HEALTH

Sign up for the Faculty's regular newsletter
at www.pathway.org.uk/faculty

pathway
Healthcare for homeless people