



Improving Care for Homeless Patients in Hospital

By **Alex Bax**¹, *Chief Executive, Pathway*

In 2009 an eminent UK doctor became interested in the way homeless patients were treated in hospital. Professor Aidan Halligan had just become Director of Education at University College London Hospitals NHS Trust (UCLH), one of London's foremost teaching hospitals. UCLH is also a major centre for clinical research, hosts a variety of world-class specialist health services and is acknowledged as one of the top performing hospitals in the UK. It is one of London's busiest hospitals, serving a socially mixed inner-city urban community.

Each day before work, as Aidan came out of the tube station by the hospital he met a homeless man selling The Big Issue. Aidan began to ask him what happened when people on the street ended up in hospital. The Big Issue vendor spoke of busy medical staff at times being unkind and judgemental and of cycling in and out of hospital with nothing really changing. This connected with Aidan's social conscience and career-long interest in how cultures of care are created. Here were stories of desperate patients, getting little from an apparently world class healthcare institution, itself part of the NHS, the UK's much celebrated free-at-the-point-of-need universal health service. Aidan decided he had to do something.

A decade later Pathway is a national UK charity with affiliated Pathway teams working in eleven acute hospitals across the country. Colleagues in Australia have borrowed the model. We've created a national professional network (The Faculty for Homeless and Inclusion Health), with around 2,000 clinicians on our mailing list. We have built a growing body of evidence on the benefits of the Pathway team approach and the costs for homeless patients and the system of failure. We have led major research projects on homelessness and end-of-life care, the role of nursing in homelessness, dentistry and homelessness, and on health data sharing. We have convened eight international homeless and inclusion health conferences. We have begun to use the evidence we have generated to push for change within health systems, and within UK politics.²

Pathway teams saw nearly 4,000 homeless patients in hospitals in England last year.

Homelessness and health

2017 saw the publication of a seminal paper in the international medical journal The Lancet.³ Pooling data from hundreds of separate studies, the paper calculated standardised mortality ratios for people experiencing homelessness, people with substance use disorders, prisoners, and people involved in selling sex. This internationally valid study found that mortality ratios in this group were elevated by a factor of 10 compared to the general population. It showed that homelessness and severe exclusion is associated with extreme health harms and risks, startlingly

elevated rates of disease and premature death. People who die while they are homeless often die of treatable medical conditions, and they often die several decades early.

This extreme morbidity and mortality necessarily brings sick homeless people into hospital.

People experiencing homelessness in the UK:

- attend A&E six times as often as people with a home,
- are admitted to hospital four times as often,
- stay three times as long.⁴

Without a Pathway team in place homeless patients are regularly not identified until the day the medical team declare them 'fit for discharge'. Fearing the stigma of disclosing homelessness some patients will give a past address to conceal their situation. Others will give the address of a friend, a made up address or a hostel or night shelter address.

At the same time hospital staff may be confused over complex entitlements or rights of access to services provided by different state and charitable organisations, to housing, social care and other services. Staff attempts to help routinely lead to patients staying in hospital longer than needed. But with a system under pressure, and with no-one paying much attention, homeless patients also report hospitals quietly discharging them back to the street. This runs contrary to a variety of legal duties of care to safeguard patient's interests, but after a decade of austerity in the UK services outside of hospital are under huge pressure, and patients without friends, family or advocacy are vulnerable.⁵

Of course, the health of anyone discharged to the street is highly likely to deteriorate, and lead to their readmittance. The individual will be caught in a downward cycle of deteriorating health, in the most expensive part of the health system.

A Pathway team is a simple intervention designed to break these cycles of failure and exclusion. A Pathway team is a specialist medically led multidisciplinary homeless team based in the hospital. It works with and alongside a patient's medical team to enhance the quality of care offered during their time in hospital. Teams include housing specialists working alongside clinicians so that before the patient leaves hospital a plan has been developed for their onward care. Teams are led by specialist GP's who bring their knowledge and skills of caring for homeless people in the community, as well as their expertise in prescription of methadone, personality disorder, and chronic disease management. Nurses manage team caseloads and bring vital clinical experience in homelessness, addictions and mental health, as well as practical knowledge of how to get things done in

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2 Bax, A., Middleton, J., 'Healthcare for people experiencing homelessness: a public health crisis caused by political choices'. *BMJ* 2019; 364 doi: <https://doi.org/10.1136/bmj.11022> (Published 08 March 2019)

3 'Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis'. Aldridge, R. W. et al. *Lancet*, 391(10117), pp. 241-250. (doi:10.1016/S0140-6736(17)31869-X)

4 Department of Health (2010). *Inclusion health: improving primary care for socially excluded people*.

5 <http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>



a hospital. Housing specialists bring their expertise to the bedside and help build links with voluntary sector services in the community. Some Pathway teams also include Care Navigators, paid staff who have personal experience of homelessness who focus on relationship building. Larger teams also include occupational therapists, social workers and mental health practitioners.

Based in the hospital, Pathway teams co-ordinate input from housing departments, mental health and addictions services, social services, community and charity sector partners. The teams aim is to provide empathetic, patient-centred, recovery-focused care.

Funded and employed by the NHS, Pathway teams:

- Provide expert advice and clinical advocacy on homeless and inclusion health issues (such as substance misuse and substitute prescribing), improving care and treatment outcomes
- Ensure patients with complex needs are able to engage with health and other services through holistic inpatient support and care, reducing rates of early self-discharge
- Help homeless patients find somewhere safe and appropriate to stay on discharge, taking into account their health, care and general support needs
- Support patients with financial issues, welfare entitlements and accessing specialist legal help where possible
- Help to replace lost ID documents
- Ensure patients are registered with a GP for ongoing care
- Refer and signpost patients to specialist community services to help with a variety of social, mental and physical health, and addiction issues
- Reconnect patients to family and social support networks on discharge

The teams coordinate and host regular multidisciplinary team meetings, which are attended by key professionals within the hospital and by community services. They carry out ward rounds to review the care of all homeless patients within the hospital.

Pathway's research shows that multidisciplinary teams are most effective in addressing the multiple health issues homeless people face. National evaluations have shown that integrating housing and clinical staff leads to 'better outcomes and more positive working practice'⁶.

In the UK health system the drive for financial savings seems to compete for priority with improving patient care. Pathway promotes medically evidenced models of care with compassion and better health at their heart. However, a randomised controlled trial has shown that a Pathway team is also cost effective, and improves people's health and housing status.⁷

Pathway's wider evidence base shows that the teams:

- **Improve outcomes for homeless patients:** Better health 90 days after discharge,⁷ less rough sleeping⁷ and improved housing outcomes on discharge.^{6 8 9}
- **Improve capacity in a busy hospital** by reducing the average duration of admissions for homeless patients^{10 11 12 13} and by reducing subsequent A&E attendance,^{7 11 12} and the number and duration of subsequent unplanned admissions expressed as total bed days.^{7 10 11 12 13}
- **Are cost effective.** This has been calculated using Quality Adjusted Life Years,⁷ and also by comparing the costs of the team to the reduction in secondary care activity for involved patients.^{13 14}
- **Help hospitals meet the legal 'duty to refer' requirements** of the Homelessness Reduction Act 2018. Emergency departments, urgent treatment centres, and hospitals providing urgent care are now subject to this duty, in order to prevent homelessness.¹⁵

Pathway has now launched a 'social franchise' partnership offer, to streamline the replication and spread of the Pathway team model across the UK health system.

Conclusion

Sadly Professor Halligan died prematurely in 2015, but building on his legacy we have shown: that good healthcare can play a significant part in ending homelessness, especially for people who have experienced chronic exclusion; that multi-disciplinary practice is essential to get better outcomes for patients with more complex needs; and that changing anything in a large complex system takes time and perseverance. Additionally, by stimulating new research and a wide range of collaborations, Pathway has helped to shine a light on the devastating consequences that chronic exclusion and homelessness had on human health and on the links between poor public policy choices, homelessness and ill health. One of Aidan's favourite aphorisms was 'you get your authority from how much you care.' We have tried to create teams that care a lot and to build the authority of Pathway as a charity to speak out on health and homelessness based on the practice of that care.

6 Homeless Link (2015). [Evaluation of the homeless hospital discharge fund](#). London: Homeless Link.

7 Hewett, N., Buchman, P., Musariri, J., Sargeant, C. et al. (2016). [Randomised controlled trial of GP-led in-hospital management of homeless people \('Pathway'\)](#). *Clinical Medicine*, 16(3), 223-229.

8 Dorney-Smith S et al. [Integrating health care for homeless people: the experience of the KHP Pathway Homeless Team](#). *Br J Healthc Manag* 2016;22(4):225-34.

9 Zana Khan, Sophie Koehne, Philip Haine, Samantha Dorney-Smith, (2019) ["Improving outcomes for homeless inpatients in mental health"](#), Housing, Care and Support, Vol. 22 Issue: 1, pp.77-90.

10 Hewett N et al. [A general practitioner and nurse led approach to improving hospital care for homeless people](#). *Br J Healthc Manag* 2016;22(4):225-34.

11 MPath. [A review of the first 6 months of the pilot service. July to December 2013](#).

12 Bristol Service Evaluation of Homeless Support Team (HST) Pilot in Bristol Royal Infirmary. Internal evaluation, presented at Faculty for Homeless and Inclusion Health Conference March 2019 [Link: video at bottom of page](#)

13 Bristol Service Evaluation of Homeless Support Team (HST) Pilot in Bristol Royal Infirmary. Internal evaluation, presented at Faculty for Homeless and Inclusion Health Conference March 2019 [Link: video at bottom of page](#)

14 Gazey A, Wood L, Cumming C, Chapple N, and Vallesi S (2019). Royal Perth Hospital Homelessness Team. [A report on the first two and a half years of operation](#). School of Population and Global Health: University of Western Australia, Perth, Western Australia.

15 GOV.UK: [A Guide to the Duty to Refer](#)