NHS
Providing NHS services

URBAN VILLAGE
MEDICAL PRACTICE
HOMELESS HEALTH SERVICE

Annual Report 2022-2023

Introduction from Dr Shaun Jackson, Clinical Lead

Urban Village Medical Practice is a GP practice in the Ancoats area of Manchester City Centre. For over 20 years, the practice has delivered primary care to a diverse population comprising local residents and people who are homeless in Manchester. We currently have over 13,000 registered patients across the practice.

It is well documented that people who are homeless experience some of the worst health inequalities of any population, which are compounded by difficulties accessing healthcare. People who are homeless are amongst the most vulnerable in our society and the NHS response to people experiencing it should be a fundamental part of service delivery. Homeless people experience early deaths, most often due to unmet medical needs. Therefore homelessness should be viewed as a health problem, not solely an accommodation problem. It is our hope that the service delivered by the dedicated team at Urban Village Medical Practice goes some way to help the NHS meet this need.

Our specialist services are commissioned by Manchester Integrated Care Board and we work closely with our commissioners and partners, including Manchester University NHS Foundation Trust, Greater Manchester Mental Health, Manchester City Council, and the Voluntary, Community and Faith Sector Enterprises, to ensure that the service responds to the health needs of the population.

Our staff and practitioners are committed to delivering a service which is caring, inclusive, flexible and accessible.

The purpose of this report is to look at activity in service in 2022 and how that has shaped our service delivery in 2023 and beyond. This will enable us and our stakeholders to understand the services currently available, and prepare for future developments.

Updates from the Team

In Spring 2023, **Dr. Gerry O'Shea**, one of our founding GPs, retired from the practice after 32 years. Gerry was integral to the development of the homeless health service. We thank Gerry for his inspiring leadership and dedication to addressing health inequalities, and wish him all the best for a enjoyable retirement. His long career leaves a legacy of high quality healthcare to homeless people and an healthcare team committed to following his example.

In the summer, we also said goodbye to **Emma Hicklin** our former Service Manager of 11 years. Emma played a vital role in developing a comprehensive health service. We wish her a happy and adventure-filled retirement!

Phil Morton, our former case manager of 11 years also left to take his unique skillset of optimising engagement with marginalised and excluded individuals to Greater Manchester Mental Health. Thank you Phil for all your hard work!

We are excited to welcome our new team members:
Kay Keane joined as Practice Manager with oversight of the whole practice. Kay has brought her much welcomed down-to-earth approach, enthusiasm and innovative thinking.

Katherine Scott joined as Operations Manager for the Homeless Health Service. Katherine is a registered social worker and has worked in various homeless and health services across the city in recent years.

Liam Connolly joined as our first Manchester Pathway Nurse working across Manchester Royal Infirmary and Urban Village Medical Practice. Liam has experience working as a Nurse in the local community.

We have recently introduced **Dr Tina Bani** and **Dr Emily Capper** who are existing Doctors within our General Practice to work in the Homeless Health Service as we continue to grow our offering and develop inclusion health professionals for the future.

We also say good luck to nurse **Helen Gee** who has recently commenced a Masters in Advanced Clinical Practice which she will undertake alongside her usual role.

We consider the current team to be optimally staffed, with our new members offering sustainability for the future and commitment to improvingthe health inequalities experienced by the population we serve.

What We Do

GENERAL PRACTICE

- Flexible access
- Specialist Practitioners
- Daily GP and Nurse clinics
- Pre-bookable and on the day appointments

HOSPITAL IN-REACH MANCHESTER PATHWAY

- GP Lead/Homeless discharge Nurse
- Daily ward round at Manchester Royal Infirmary
- Expert advice and advocacy for staff and patients

NURSING OUTREACH

- Flexible van outreach sessions
- Day Centres/Street outreach/Hostels
- Specialist clinicians

PARTNERSHIP WORKING

- Greater Manchester Mental Health
- Tissue Viability - Manchester Foundation Trust
- Infectious Diseases - Manchester Foundation Trust
- Substance Misuse - Change Grow Live
- Voluntary and Community Sector Enterprises

Accessing Services

	Practice	Outreach	Integrated Care
Monday	GP Clinic AM & PM Nurse Clinic PM	Barnabus Booth Centre Hostels	Shared care Substance Misuse Tissue Viability Drop-in
Tuesday	GP Clinic AM & PM Nurse Clinic PM	Women's Hostels	Shared care Substance Misuse Infectious Disease Clinic
Wednesday	GP Clinic AM & PM Nurse Clinic PM	Cornerstones	Shared care Substance Misuse Tissue Viability Drop-in Homeless Mental Health Team
Thursday	GP Clinic AM & PM Nurse Clinic PM	Barnabus Booth Centre	Shared care Substance Misuse
Friday	GP Clinic AM & PM Nurse Clinic AM		Shared care Substance Misuse Tissue Viability Drop-in

Clinic times are subject to change. Contact the team for any changes.

Our Year In Numbers

Health Needs Analysis

An analysis was undertaken of the health problems of 54 new homeless patients who registered during 2022. We analysed the new patient health check undertaken with these patients, case notes and the interventions offered/undertaken with individual patients.

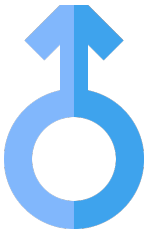
Patients we register have often not been in contact with primary care for 12 months or more before we encounter them. To address this, the service has a robust process in place for ensuring that new patients are offered the opportunity to undergo a rigorous health check with both a nurse and a GP as soon as possible after registration.

Key Findings

- More patients are undergoing **new patient health checks**. Of those analysed, 89% had received a **new patient health check** within 8 weeks of registering. This is likely due to the increased flexible access to services and opportunities for patients to see healthcare professionals in a range of settings, such as at day centres and hostels in our clinical van, combined with lessening of restrictions on face to face interactions in recent years.
- More interventions, in particular **new patient health checks**, are being undertaken in outreach settings. This is in line with the development of the nurse led outreach service and the use of a fully equipped clinical van.
- Homeless patients have accessed a combination of face to face and phone appointments, this is a knock on impact of the pandemic. Whilst we are very conscious of the adverse impacts **digitalisation** can have for our patient group, we also recognise that for those patients who do have digital access, this opportunity should be made available to them.
- Our increased focus in women's health has resulted in our **cervical screening** rate being at 67% (against a Manchester average of 58.1%).
- Our enhanced sexual health screening programme has enabled us to identify increasing prevalence of **syphilis** in our patient group and formulate a response to this.
- Overall, rates of active **hepatitis C** infection are reducing in the population.
- We are seeing more patients living with chronic of **long term health conditions** (diabetes, hypertension, COPD, cardiovascular disease), likely a consequence of the demographic of our patients changing and more people over the age of 50 being under the care of the homeless health service.

Demographic Data

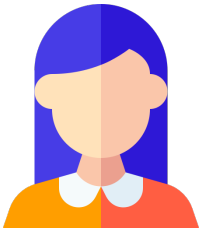
Data extracted from those currently registered with the service.



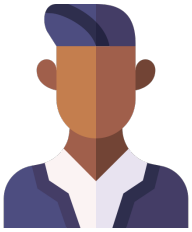
74%
Identified as Male

25%
Identified as Female

1%
Identified as Non-binary



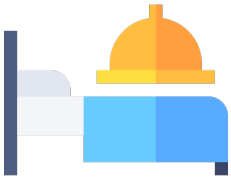
17%
Aged under 30



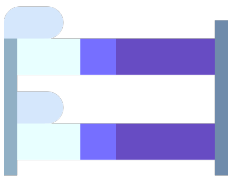
58%
Aged 31-49

25%
Aged 50 and over

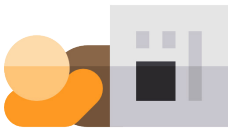
Accommodation Status at time of registration.



21%
B&B



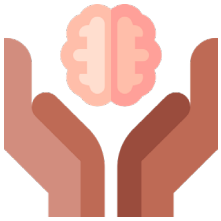
30%
Hostel



33%
Rough Sleeping

16%
Sofa Surfing

Health Needs Analysis



Mental Health

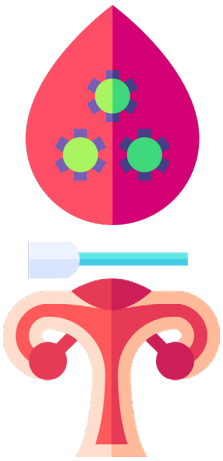
75% self reported mental health problems
9% report severe and enduring mental health problems

Substance Use

38% report drug dependency
51% report alcohol use to harmful limits

Physical Health

10% diagnosed with COPD
3% diagnosed with Cardiovascular Disease
10% with leg ulceration or wound care needs



Health Promotion and Screening

81% underwent screening for sexually transmitted infections
86% underwent screening for blood borne viruses
71% of eligible patients underwent cervical screening
50% of eligible patients were given contraceptive advice/measures

What our patients say

Listened to

Efficient

FRIENDLY

Respectful

Pay Attention

GOOD SERVICE

Professional

HONEST

I LOVE URBAN VILLAGE

SINCERE

CLEAN CLINICAL SPACE

POLITE

WARM & WELCOMING

Helped Me

Caring

Hygienic

RESPECTED

Accessible

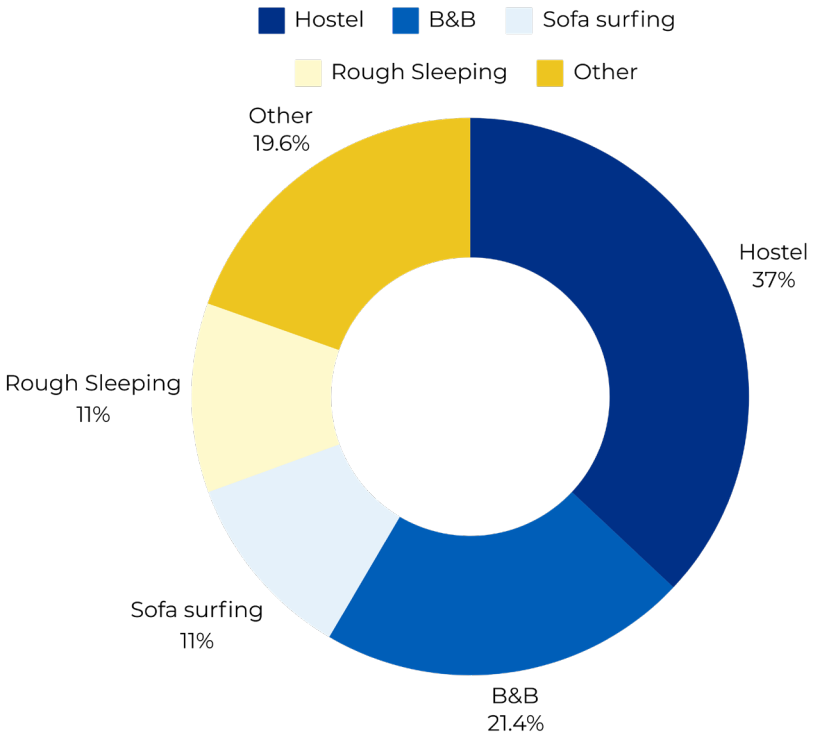
Amazing Care

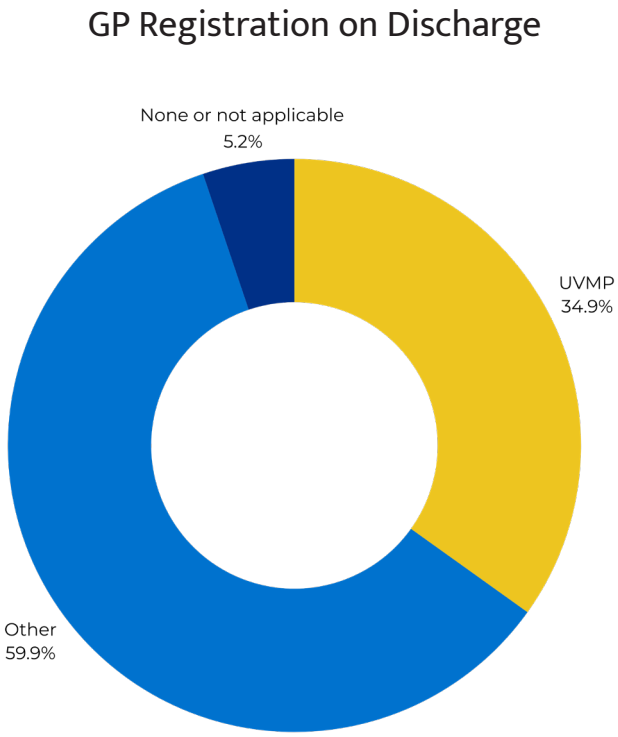
Kind

GREAT NURSE

Hospital In-Reach

317 Homeless patients seen in Manchester Royal Infirmary in 2022
Accommodation status on discharge:





Case Study

Our partnership with Real Change Manchester enables patients seen by the MPath team to leave hospital with dignity. Through providing funding for clothing to be kept in the hospital, patients can be provided with clean clothes when they are ready to leave hospital. Marcus was one of the patients who has recently benefitted from this partnership:

- Marcus was admitted to Manchester Royal Infirmary with renal problems following a period of rough sleeping. The MPath team supported Marcus to undergo a homelessness assessment and advocated for him to be offered accommodation on discharge due to his ongoing health needs. Marcus was offered accommodation by Manchester City Council and registered with UVMP for ongoing access to health care and substance misuse support. By providing suitable clothing for Marcus to leave the hospital, he felt confident in accessing his accommodation and attending for follow up healthcare on his day of discharge.

"I was very happy with the way I was treated and I got a lot of help off MPath and the staff were very caring and helpful. Thank you very much for your help."

MPath Patient

"The breadth of knowledge they have has given confidence when calling upon them to better understand options and advice for patients who are homeless and often with significant complex social issues. MRI utilises the MPath Team to gain better insight into patients working together to reduce the chances of returning when discharged... I consider MPath a key part of MRI's homeless patient pathway and puts patients at the heart' of everything we do at MRI."

Carmel McBride, Assistant Director of Operations / Involvement, Manchester Royal Infirmary

"Working with UVMP to provide legal advice to homeless patients as part of the Pathway Project has been an important part of GMLC's work this year. Hospital discharge teams and lawyers working together to create a right-based approach to housing, healthcare and hospital discharge has meant that many people have been prevented from returning to homelessness after leaving hospital, and more people are aware of their housing rights. Working with UVMP has been invaluable to our work, as the team's trusted relationships with patients and a detailed, frontline understanding of how homelessness impacts people in both in hospital and community settings have meant better outcomes and ongoing support for clients."

Josie Hicklin, Solicitor, Greater Manchester Law Centre

Outreach

Louisa is well known to UVMP but her engagement with healthcare is sporadic. Louisa was admitted to Manchester Royal Infirmary due to a leg injury. On review, Dr Bradbury identified that Louisa had missed a follow up appointment from an abnormal cervical smear. Dr Bradbury and nurse Liam discussed this with Louisa and she agreed that she would attend for colposcopy during her inpatient stay if this could be arranged. Nurse Liz contacted gynaecology who arranged an appointment and Louisa was supported by Liam to attend three days later. The MPath team also supported Louisa by working with her and the other agencies to attempt to formulate a safe plan for her discharge. Louisa received support for her substance misuse needs whilst in hospital and in relation to a disclosure of domestic abuse. Louisa participated in shared decision making about her healthcare, with her priorities addressed to develop a holistic care plan.

Women's Health

Homeless women experience a high incidence of sexual violence, intimate partner abuse and control. All of these are factors that make it particularly difficult for these women to engage with services.

Our mobile van is a fully equipped clinical facility with on board handwashing, a generator so we have power and heating, remote access to clinical records, a portable vaccine fridge, an examination couch with privacy curtains. This outreach work enables us to build up trust and relationships with people who find it difficult to access healthcare and are often fearful about being stigmatised when they do.

Our lead nurse is an experienced contraception and sexual health nurse and can prescribe contraceptive pills including emergency contraception, administer contraceptive injections and fit/ replace implants.

Case Study

Alexa first came to the attention of the practice via nursing outreach at one of the day centres where she was seen by nurses Lisa and Helen. At the time she had not seen her own GP for over 12 months and was offered a full health check. She disclosed unusual menstrual symptoms and was encouraged to access healthcare for this. Six weeks later she was seen by nurse Liz and Care Co-ordinator Katie in temporary accommodation and offered registration at UVMP. Alexa did not come to UVMP for her follow up appointments. Joint outreach by Katie and Steve, shared care substance misuse worker, enabled Alexa to be located on outreach and supported to come to the practice where she was linked in with the Mental Health Homeless Team and Change Grow Live and to develop a personalised health plan.

Spotlight On

Syphilis

6% of new patients included in the analysis tested positive for syphilis. We have tracked the increase in this infection in the population and developed our clinical skills and relationships with specialist genitourinary medical teams to develop our testing and treatment programme to respond to this emerging health need.

Tissue Viability

We continue to see large numbers of patients with wound care needs, and in particular leg ulcers. We have a long standing agreement with tissue viability services for patients to receive leg dressing treatment on site at Urban Village. As a further measure, we have invested in a doppler machine and are introducing a doppler and toe pressure service which is a preventative measure which can identify risks for breakdown of lower limb tissue so that preventative measures can be put in place with the patient.

Hepatitis C

We are pleased to note a marked decrease in patients testing positive for active Hepatitis C infections (PCR positive). Historically we have found rates of approximately 60% within our patient population, however, recent analysis indicates that active infection rates are around 30%. This is a credit to the national initiatives to test and treat Hepatitis C which we have implemented jointly with the ODN here at Urban Village.

Safeguarding

The patients we see are often some of the most vulnerable and facing multi-morbidities. We need to respond proportionately to these risks by working in partnership with agencies to tailor support to the individual. Our team works alongside Adult Social Care, the Rough Sleeper Outreach team, Housing Solutions, Change, Grow, Live and Greater Manchester Mental Health to ensure that individuals' health needs are being accounted for when planning for their safety.

Meet Our Team

DR SHAUN JACKSON
GP PARTNER & CLINICAL LEAD

KATHERINE SCOTT
HOMELESS SERVICE OPERATIONS MANAGER

DR GILLIAN BRADBURY
GP & MANCHESTER PATHWAY DOCTOR

DR RUTH THOMPSON
GP

DR DANIEL O'SHEA
GP & MANCHESTER PATHWAY DOCTOR

DR TINA BANI
GP

DR EMILY CAPPER
GP

LIZ THOMAS
LEAD NURSE

HELEN GEE
NURSE

LISA HOWARD-JONES
NURSE

LIAM CONNOLLY
MANCHESTER PATHWAY NURSE

KATIE MARTIN
HOMELESS CARE CO-ORDINATOR

MARTIN WALKERDINE
OUTREACH VAN DRIVER

GILL MARTIN
HOMELESS TEAM ADMINISTRATOR

ANTHONY VERRALL
SHARED CARE DRUG & ALCOHOL WORKER (CGL)

STEVE ELCOCK
SHARED CARE DRUG & ALCOHOL WORKER (CGL)

DR JEN GREENLAW
GP PARTNER

DR EMMA NORTH
GP PARTNER

KAY KEANE
PRACTICE MANAGER

Contact Us

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