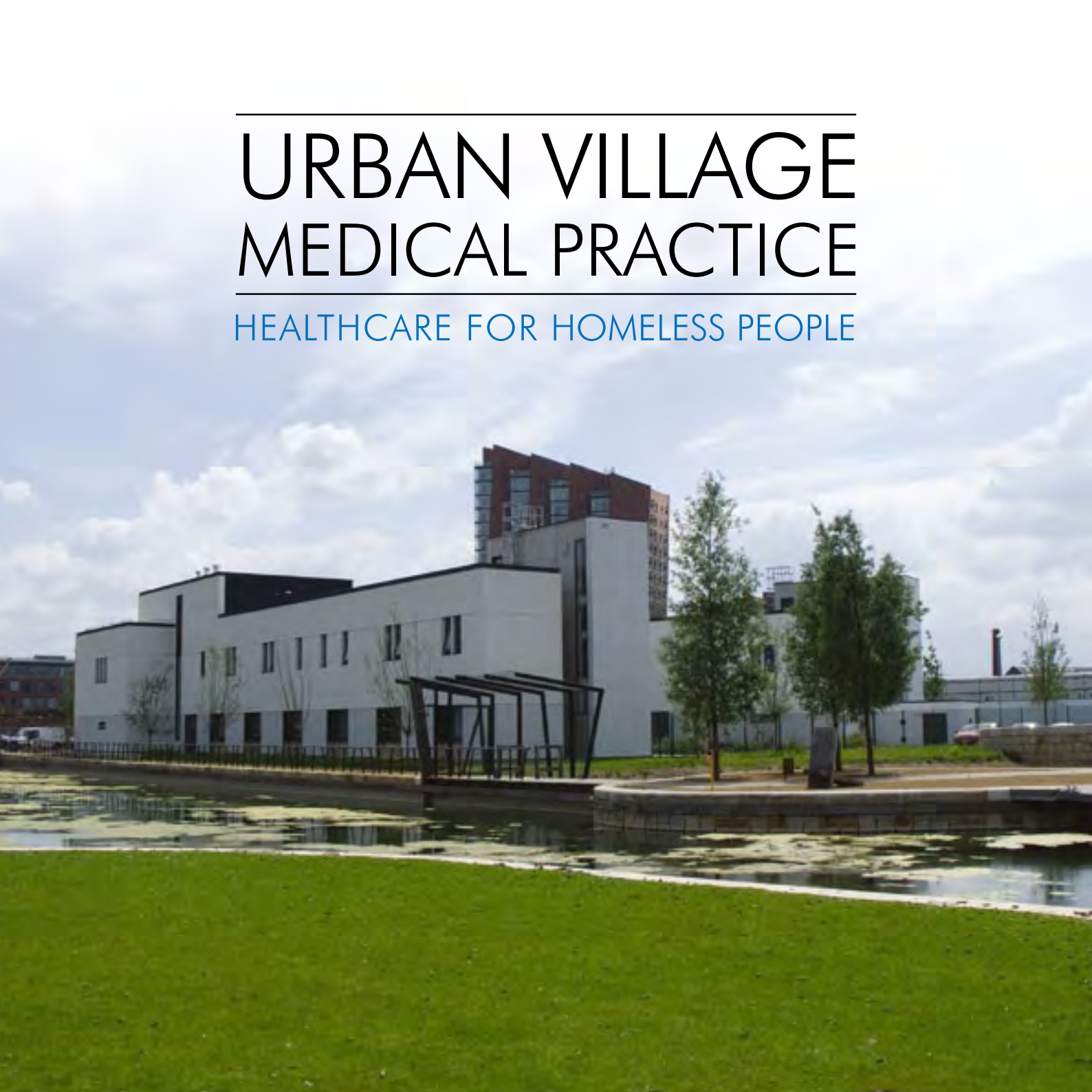
# URBAN VILLAGE MEDICAL PRACTICE

## HEALTHCARE FOR HOMELESS PEOPLE



I felt I received accurate care and help with all of my issues - medical and other. The team are invaluable and I wasn't worried like in the past

Service User

The involvement of mpath was a positive impact as doctors and nurses treat physicality - mpath deals with other issues. They network you to resolve the problem with their time and effort in a dignified and respectful way. The outcome was a positive move forward

Service User

"I would not be in stable accommodation without this service and they really helped me through a difficult time

Service User

# URBAN VILLAGE MEDICAL PRACTICE
# ABOUT US

UVMP is a large GP practice with approximately 9,000 registered patients, offering high quality primary care services to people in Manchester city centre, Ancoats and the surrounding areas.

The practice provides specialist service provision including sexual health, infectious diseases clinic, family planning, minor surgery and substance misuse services.

In addition, the practice has been offering full registration and access to all primary care services to homeless people in the city for more than 15 years; we currently have over 700 homeless patients registered. Our primary care service for homeless people endorses the 'Standards for commissioners and service providers' produced by the Faculty of Homeless Health in 2011 (revised 2013) and is actively working to meet all the standards for primary care services for homeless people.

In 2012, Urban Village Medical Practice was approached to undertake a 6 month pilot scoping the extent of A&E attendances by homeless people in the city from Dec 2012 to May 2013. This work showed that there were a significant number of homeless people that were frequently attending the Manchester Royal Infirmary (MRI) and that our model of proactive community engagement and support to access primary care resulted in 81% of frequent attenders reducing their attendances.

As a consequence of these findings, UVMP were commissioned by Central Manchester Foundation Hospital Trust (CMFT) to undertake a 12 month pilot in order to continue to scope the extent of the issue and begin to develop and test out an innovative response to homeless people who are frequent attenders at A&E in order to reduce this, and also to offer a service to homeless people who are admitted to hospital, providing specialist advice to CMFT staff to manage the inpatient stay and reduce re admission rates where possible. The pilot service model was based on the work done by London Pathway who pioneered work in this field in recent years. The 'mpath' (Manchester Pathway) pilot service went live in June 2013, based on the principles of 'Compassion, Communication and Continuity of Care' with an overall aspiration to improve healthcare outcomes and patient experience for homeless people who either attend A&E or are admitted to the MRI.

Since this time we have received Better Care funding to continue this service, currently secured until March 2016. Urban Village Medical Practice therefore continues to offer a comprehensive healthcare service to homeless people with two key strands;

- Primary healthcare
- Hospital in reach service

> "The team are committed and experienced in working with a chaotic client group that are a challenge and have usually exhausted most options!"
>
> Jacquie Henry
> Social Worker
> Manchester City Council

URBAN VILLAGE MEDICAL PRACTICE

# HEALTHCARE FOR HOMELESS PEOPLE - MEET THE TEAM

## Dr Gerry O'Shea

Senior Partner and Clinical Lead for the Homeless Service

Gerry O'Shea has worked at Practice since 1991 and developed the homeless primary healthcare service over 15 years ago. Gerry has a keen interest in GP training and three of his previous registrars now work as GPs in the surgery. He is also interested in liver disease and has helped to develop a successful shared care community based Hepatitis C treatment service at the Practice.

## Dr Shaun Jackson

GP Partner and Clinical Lead for the Homeless Service

Shaun Jackson joined the practice in 2000. Shaun has always had an interest in addressing health inequalities and working with marginalised populations to deliver innovative health care. He has extensive experience of working with homeless people, people who experience substance misuse problems, sex workers and asylum seekers.

## Emma Hicklin

Homeless Health Service Manager

Emma is a RMN and also has over 20 years' experience of strategic planning and partnership development working across health, housing and social care.

Emma is currently responsible for the strategic and operational management of both the primary care and hospital in reach aspects of the homeless service at Urban Village Medical Practice.

She is also currently developing some primary care mental health provision for homeless patients registered at the practice.

## Roz Hughes

Specialist Practice Nurse - Homeless Health

Roz is a RGN and District Nurse Community Specialist Practitioner with experience in district nursing, working in a local hospice and practice nursing. Roz has also worked as a volunteer nurse for a local charity in Manchester running drop in clinics as part of an evening drop in provision.

Roz currently has responsibility for the primary care & health promotion of homeless patients registered at Urban Village. This involves regular clinics and some outreach work with local drop in centres.

## Phil Morton

Case Manager

Phil has over 18 years varied experience of working with homelessness in Manchester. This experience has been gained through working in night/day centres, supported housing projects, rough sleepers outreach team and prescribing drug services.

Phil's current role is to engage homeless patients that have been identified as frequently attending MRI A&E in order to offer intensive support to ensure any identified need is met resulting in a reduction in A&E attendances and overall improvement in health and wellbeing.

## Rachel Brennan

Case Manager

Rachel comes from a background in international development, welfare benefits and education with over 5 years experience working to empower clients to make positive changes in their lives and in partnership development.

Rachel has worked for the practice for 18 months identifying and registering new homeless patients to the service. She works pro actively in the community, local prisons and hospitals to engage registered patients with the primary care health services provided by the surgery and links them in with other local support agencies.

## Rachael Withey

Homeless Health and Housing Worker

Rachael has previously worked for Manchester City Council within the homeless section for 13 years. This has included work in temporary homeless accommodation, rough sleeper outreach work, floating support (re-housing and resettlement), discharge planning from psychiatric wards and the Domestic Violence Team.

Rachael's current role is to identify and assess patients admitted to the MRI who are homeless and assist with accommodation, benefits, GP registration, clothing in order to achieve appropriate discharge, in order to reduce the number of presentations to hospital.

# URBAN VILLAGE MEDICAL PRACTICE
# PRIMARY HEALTHCARE SERVICE

> The pragmatic and flexible manner along with their multiagency work helps to improve the trust of clients so they accept the care they require. This in turn reduces the time they may have to spend in hospital

Debbie
Sexual Health Nurse
MASH

## Flexible registration

Our case manager regularly visits day centres and other places where homeless people go in order to offer registration where appropriate. Patients are then supported to attend the practice in order to have a new patient health check (NPHC) and to access the full range of primary health care services including referrals to secondary care services.

In 12 months from Jan 14 to Jan 15 we registered 267 new patients. Of these, 71% had a NPHC within 8 weeks of registration.

## Accessible clinics

We offer a range of routes to access clinicians from a weekly multi agency drop in clinic that offers access to a range of agencies and health care professionals to focussed GP and nurse clinical sessions. Our homeless patients can also access appointments at the practice in the same way as the rest of the practice population. This means people can choose the most suitable way of accessing their healthcare depending on their circumstances.

## Substance misuse services

The practice operates a full time ‘shared care’ service for drug treatment. This service provides a route into drug treatment via the practice during the weekly multi agency drop in clinic as well as flexible and accessible ongoing drug treatment.

The Community Alcohol Team also provide three sessions a week at the practice including sessions during the weekly multi agency drop in clinic.

## Mental health services

Both the Homeless Mental Health Team and Primary Mental Health Services provide a session a week at the practice including sessions during the weekly multi agency drop in clinic offering assessment and signposting.

## Leg ulcer clinic

The homeless team provided evidence to support a business case for a Tissue Viability drop in clinic to be delivered at the practice, based on the numbers of homeless people attending A&E in order to get treatment for leg ulcers. This drop in now runs three times a week and is well attended. Attendances by homeless people at A&E relating to leg ulcers has dropped accordingly.

## Hep C clinic

The Practice has a particular interest in the management of viral hepatitis and HIV. We have strong links with our local Infectious Diseases Unit. A few years ago we took an opportunity to develop a shared care blood borne virus clinic here at the Practice in conjunction with one of the local ID consultants. The clinic particularly focuses on the treatment of hepatitis C for hard to reach groups but some marginalised HIV patients are also seen. Patients can now be seen, assessed and treated at the surgery. We offer flexible appointments and the clinic is supported by our Homeless Team. For a number of the more difficult patients who do not have access to a fridge, we store the interferon at the Practice. So far we have successfully achieved a sustained virological response in a significant number of patients.

# URBAN VILLAGE MEDICAL PRACTICE
# HOSPITAL IN REACH SERVICE MPATH

## The ‘mpath’ hospital round is led by Dr Gerry O’Shea and Dr Shaun Jackson, who are experienced in providing specialist primary healthcare for homeless people, supported by the Housing worker on the team.

The hospital round regularly visits every homeless patient admitted to the MRI (Manchester Royal Infirmary) to co-ordinate all aspects of care whilst the patient is in hospital, offering specialist advice where required and working with hospital and community staff to facilitate an appropriate discharge.

## Our work with frequent A&E attenders

Linked to above, our Case Managers work proactively and flexibly to engage frequent A&E attenders in the community and support them with issues including housing, benefits, accessing appropriate healthcare and any other issues that contribute to frequent attendance at the MRI.

They will also work with people who are admitted to the MRI who have on going complex health needs or are frequently admitted. They work in close collaboration with other agencies in the city to ensure a robust and comprehensive response to the identified needs of the person.

## mpath Case Studies

STANLEY, a 54 year old male had been living in a local bed and breakfast for a number of years and was alcohol dependent. He had attended A&E 8 times and been admitted 6 times – all due to alcohol related health problems including seizures, injuries, gastroenterological problems.

Stanley had a GP but he felt unable to travel there and so had not been for over 6 months. He had also not attended for a medical assessment for his benefits and was therefore at risk of losing his benefits and consequently his accommodation. Although Stanley had had some contact with community alcohol services, he had missed a number of appointments and his case had therefore been closed.

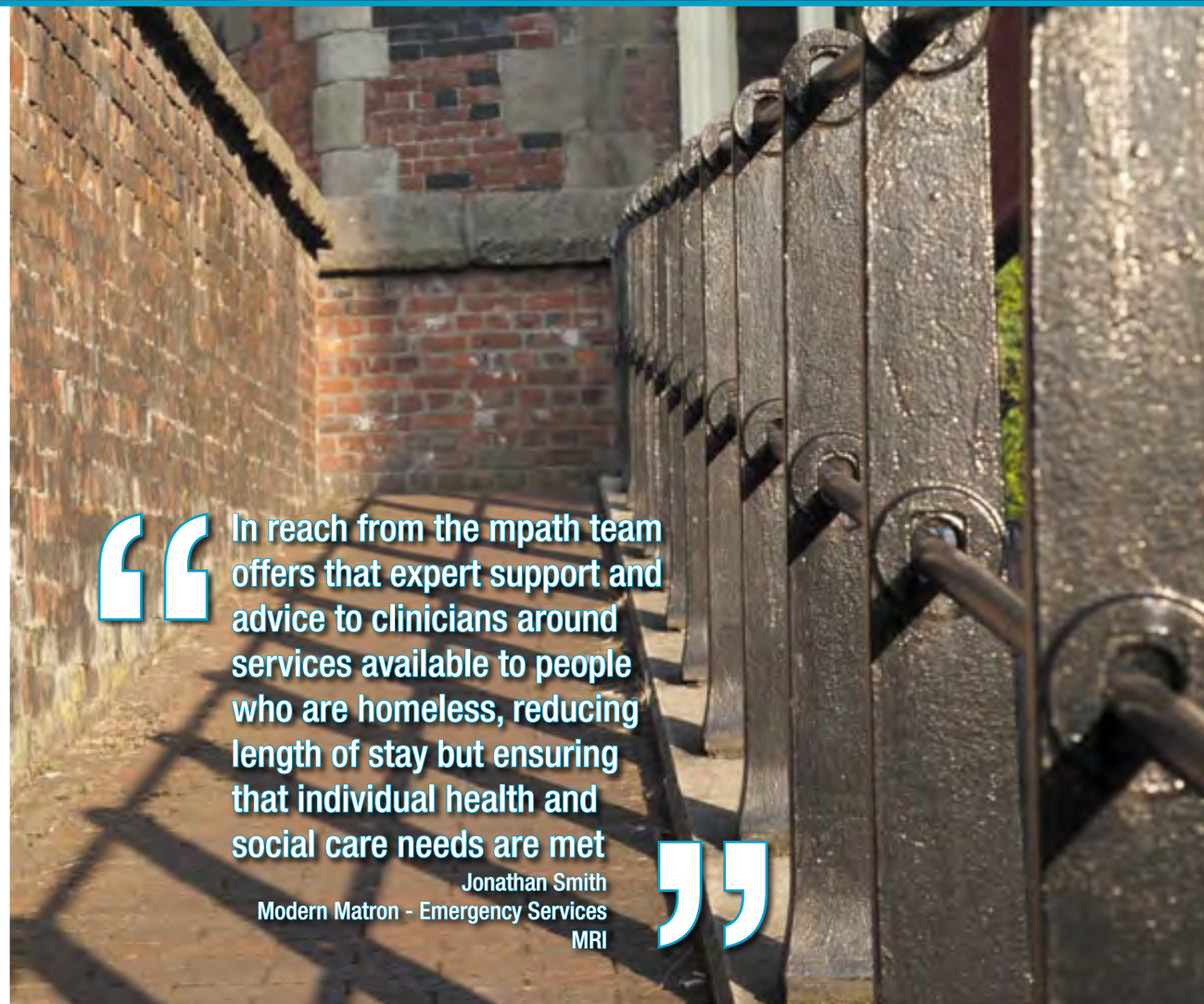
One of our case managers visited Stanley at his accommodation after he was identified by the service as a frequent attender at A&E and developed a plan with him; Stanley registered with UVMP which was near to his accommodation – this enabled him to re-engage with alcohol services via our drop in clinics which resulted in a planned detox and subsequent placement in a dry house. Stanley also engaged with the primary care service which resulted in him receiving sick notes which in turn reinstated his benefits and secure his accommodation.

Stanley significantly reduced his attendances at A&E during this time and increased his use of primary care. Stanley remains in a dry house and has not attended the MRI for 3 months

ANDREAS is a 32 year old Polish national who was rough sleeping in Manchester city centre. Andreas speaks little English. He has been resident in the UK for more than three years; he had been working and living in accommodation paid for by his employers. However, 12 months ago he suffered a work place injury which resulted in a lower leg fracture and his first admission to hospital. During this admission, he was evicted from his accommodation (as he could not work) and was discharged to the streets. Andreas survived by occasionally staying with other Polish nationals and getting food and clothing from charities.

Unfortunately, complications with his fracture resulted in 3 further admissions in the following months and Andreas was referred to the mpath team on his fourth admission with an infected tibia and fibula fracture. The decision was taken to perform a below knee amputation which resulted in a prolonged in patient stay.

During this time, the team was able to secure some short term accommodation for Andreas to go to on discharge. Andreas is also registered with UVMP and has engaged with the GP for follow up and pain relief. Although Andreas is not entitled to sickness benefits in this country, he remains healthy and now has a prosthetic limb which he hopes will enable to him to start looking for work soon. Andreas has not been readmitted since his last stay.



> “In reach from the mpath team offers that expert support and advice to clinicians around services available to people who are homeless, reducing length of stay but ensuring that individual health and social care needs are met”
>
> **Jonathan Smith**
> **Modern Matron - Emergency Services**
> **MRI**

# MPATH ACTIVITY AT THE MANCHESTER ROYAL INFIRMARY

> My stay in hospital went well because of the intervention of mpath and Dr Jackson
>
> Service User

## mpath activity at the Manchester Royal Infirmary

During the six month period between 1st April and 30th September 2014, 272 homeless people were admitted a total of 384 times. Our data continues to show that a high proportion of people are rough sleeping when they present to A&E, although hostels, B&Bs and other emergency accommodation including 'sofa surfing' also feature as the accommodation status used by people at the time of accessing A&E.

Whilst the majority of the cohort is men, women accounted for approximately 20% of homeless individuals attending A&E.

The main presenting issues for the overall cohort were alcohol related (alcohol intoxication and alcohol related injuries), although an increase in mental health presentations and other general medical presentations have also been noted.

**The mpath service worked with 216 of the 272 (79%) people admitted during this 6 month period, undertaking 296 assessments.**

(Please note: some patients will have received more than one assessment).

Inpatients receive intervention from the mpath team following assessment. This includes medical assessment and oversight of the inpatient stay and discharge planning, including signposting or support with housing, income, GP registration and follow up in primary healthcare. Where an assessment was not completed, this was due to the patient being discharged, or absconding before being seen.

# URBAN VILLAGE MEDICAL PRACTICE
# MPATH PERFORMANCE OUTCOMES

## mpath performance outcomes

This data comparison table shows the difference in outcomes for a cohort of patients identified during the initial six month period. These performance metrics evidence a significant reduction of impact and estimated cost savings.

It should be noted that these outcomes are only based on 6 months of data, giving a projected forecast of 400 patients receiving a service over the full 12 months.

| | October 13 to March 14 | April 14 to October 14 | Outcome | Estimated 6 Month Cost saving |
|---|---|---|---|---|
| No. of A&E attendances overall<br>Based on no. of patients = 216 | 1089 | 618 | 43% reduction | £47,100<br>Based on £100 per A&E attendance |
| No. of non-elective admissions overall<br>Based on no. of patients = 216 | 409 | 249 | 39% reduction | £320,000<br>Based on £2k per non elective admission |
| No. of Bed days<br>Based on no. of patients = 216 | 3647 | 1211 | 66% reduction | |
| No. of Repeat admissions within 28 days<br>Based on no. of patients = 216 | 409 | 248 | 39% reduction | |

> I have had a very positive experience working with the mpath team. They are easily contactable and their advice and ability to coordinate the discharge of homeless patients is extremely useful – working with homeless people requires a specialist service, otherwise we are left floundering… regular contact with mpath means patients do not slip through the net and receive expert advice and care

Christine Bell
TB Coordinator
MRI

# URBAN VILLAGE MEDICAL PRACTICE
# MPATH PERFORMANCE OUTCOMES


## Accommodation outcomes on discharge - initial data

As part of our ongoing development of the service we appointed a Housing Worker to the team in 2014, in partnership with Manchester City Council as we had identified that a specialist worker with timely access to information about housing options and strong links with MCC and temporary housing providers was needed to enhance the effectiveness of the service. The following outcomes have been recorded for the 6 week period since the Housing Worker joined the team.

This is **in addition** to general advice and signposting undertaken by the worker and work also being undertaken by Case Managers supporting known frequent attenders. This data evidences good initial outcomes which the service expects to replicate and build on in the future.

| Housing Worker in patient Intervention initial data | Number in six weeks | Forecast for 12 months service delivery |
|---|---|---|
| Temporary short term accommodation found for discharge | 12 | 96 |
| Secured at risk existing temporary accommodation for discharge | 6 | 48 |
| Alcohol/drug free accommodation secured for discharge | 3 | 24 |
| Long term supported accommodation secured for discharge | 1 | 8 |
| Liaison with Homeless Assessment Team to secure plan for Town Hall presentation with plan for accommodation | 4 | 32 |
| Reconnections to other boroughs/countries | 11 | 88 |
| General housing options/ other support services advice | 12 | 96 |
| Social services referral/MDT work | 4 | 32 |
| Support and signposting regarding benefits | 7 | 56 |
| **Total number of interventions** (NB patients may have received more than one of the above interventions) | 50 | 400 |

# URBAN VILLAGE MEDICAL PRACTICE
# MPATH PERFORMANCE OUTCOMES

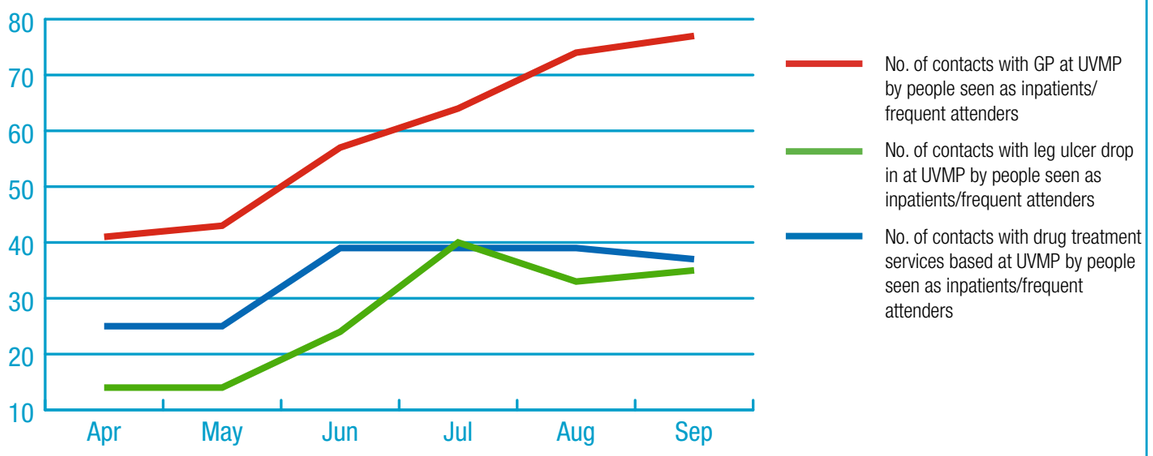
## Primary care activity

The following graph shows recorded primary care activity at UVMP for inpatients and frequent A&E attenders during the 6 month period from April - September 2014.

This data does not include primary care activity for all registered homeless patients which is in addition to the data shown below.

This data evidences that the service is effectively providing a continuum of integrated care across primary and secondary care in partnership with other agencies, ensuring that services are working in a co-ordinated and person centred way to achieve positive health outcomes for people who are homeless.

### Primary care activity data – month by month analysis




> "mpath benefits patients by improved continuity of care, more appropriate placement post discharge and (supports MRI staff by) a substantial reduction in workload"
>
> Martin Prince
> Consultant Hepatologist
> MRI

# URBAN VILLAGE MEDICAL PRACTICE

## HEALTHCARE FOR HOMELESS PEOPLE

mpath
Manchester's homeless health inclusion pathway

Urban Village Medical Practice
Ancoats Primary Care Centre
Old Mill Street
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Manchester
M4 6EE

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Email:nmccg.uvmp@nhs.net

pathway
Healthcare for homeless people