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URBAN VILLAGE MEDICAL PRACTICE

Providing healthcare to homeless women in Manchester

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History of UVMP

Since 1999 Urban Village Medical Practice (UVMP) has provided Manchester's only specialist GP-led homeless primary care service. UVMP is a large general practice with approximately 13,000 patients based in Ancoats, Manchester. The practice was rated 'Outstanding' following inspection by Care Quality Commission (CQC) in 2016.

Our Homeless Health Service

The UVMP homeless service has been successful in registering and providing specialist primary care support for a proportion of Manchester's estimated 3,000 homeless people. We currently have around 850 homeless patients registered at the practice. A significant proportion of these patients arrive at the GP Practice with a combination of physical and mental health problems and also substance misuse issues. By the nature of such complex needs, people will require input by several agencies. We work closely with mental health, leg ulcer services, drugs and alcohol services, housing and sexual health services.

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A homeless male has a life expectancy of 45 whilst life expectancy for a homeless woman is 43 (ONS 2021). This chilling statistic demonstrates the harsh impact of homelessness upon health and the even more extreme impact of homelessness upon women's health. Homeless women experience a high prevalence of sexual violence, intimate partner abuse and control. We often work with women who have experienced sexual assault, who are engaging in sex work or offering/ being coerced into transactional sex for food or accommodation.

Despite these extremes of health inequality, homeless people often experience great difficulties accessing appropriate health care. Many of the people we work with are concerned about their sexual health and risk of blood borne viruses. They are also trying to deal with significant physical and mental health issues in addition to addiction problems. However, an increasingly digitally orientated health care system creates significant barriers in accessing healthcare for homeless people with inconsistent access to a phone or the internet. We know that although women's health outcomes are poorest, they face greater barriers to accessing health care.

The current service provides an enhanced hospital in-reach and discharge service at Manchester Royal Infirmary called MPath (Manchester Pathway for Homeless People). This service exists predominantly to reduce health inequalities and ensure continuity of health care across primary and secondary care for people experiencing homelessness who have been admitted to hospital. The team provides a daily hospital presence Monday to Friday of a GP and specialist non clinical case manager who works alongside the hospital teams to develop safe discharge plans for people experiencing homelessness who have been admitted to Manchester Royal Infirmary (see Mpath Case study).

The core service provides comprehensive primary health care on site, in our outreach clinics and in our clinical van. The service offers-

• Full GP registration, flexible and accessible registration and appointments, proactive engagement, and access to specialist primary care homeless services. Care navigation for patients registered with a different GP. Registered patients can use the surgery address as a c/o address for mail.

• Homeless 'drop in' access- 5 days a week GP drop in sessions all day and drop in nurse sessions every afternoon.

• An enhanced MDT approach with a range of services and providers and to play a key role in coordinating action through improved focus on working with key partners i.e. to supplement the service through close working with Drug Workers, Podiatry, Drug assessments, HIV/Hep C clinic

• Outreach clinics into local hostels (Womens Direct Access, The Gransmore and charitable locations such as Booth Centre and Barnabus

The pandemic necessitated significant change to how services were delivered to maintain patient and staff safety. During this time UVMP bought a clinical van which helped deliver covid vaccinations and other forms of healthcare.

UVMP was able to enhance its homeless offer and boost the level of proactive engagement with people experiencing homelessness in Manchester including nurse led outreach sessions in the clinical van on the streets and at day centres and hostels. The service now has a comprehensive timetable of outreach activity which now include the UVMP nursing service providing weekly outreach clinics in 3 homeless day centres and on the streets of Manchester. The service offers regular outreach sessions at the Booth Centre and Barnabus day centres as well as varying sessions of hostel outreach and street outreach all using their clinical van. The lead nurse also trained to fit and replace contraceptive implants in 2022.

The ICB commission the core homeless and MPath service. The Local Authority commission the practice to deliver LARC and also an STI testing and treatment service which is focussed on providing STI testing for people at most risk of STIs and least able to access mainstream services. Both of these services are paid for on a tariff basis with activity delivered both at the practice and from the van. The practice is the largest primary care provider of LARC in the city offering LARC to all patients who live in Manchester.

Case Studies

Linda

Linda was staying in one of the women's hostels we regularly visit. Linda was 19, had fled domestic abuse, was using cannabis and had some low-level mental health issues. She had a full health assessment and was signposted to register with a local GP and to access some help for her mental health and substance use. She had a full STI screen on the van which all came back normal and she was relieved about this. She was not using any contraception. She had previously had an implant and had been happy with it but had decided to have it removed as her ex had wanted a baby. After a long chat with the nurse, she decided that this period of stability was a good time to have another implant fitted so that she would not have to worry in the future. It was fitted that day on our clinical van and she was very happy that the procedure could be done in a calm, safe, clean environment just outside the hostel she was staying in. She came to see the nurse the week after to show her that she had no bruising and said "I wouldn't have done it if you hadn't made it so easy".

"I wouldn't have done it if you hadn't made it so easy".

Linda

Case Studies

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Sophie

We were concerned about a woman who was suspected to be pregnant although she had said she had had a miscarriage. This woman was fleeing domestic abuse and rough sleeping. There were safeguarding concerns about her and her possible unborn. When we encountered this woman on outreach, she was begging on a busy shopping street and seemed to be being controlled by a male who was nearby. We were able to see her on the van and to confirm that she was no longer pregnant. She expressed concerns about her health and reported that she had been in extreme discomfort in the vulval area for 6 months. She was keen to engage while she had the opportunity and was examined and had a full BBV and STI screen. We arranged to see her again and when we did were able to advise that her results showed she was positive for syphilis. We have worked to develop close links with The Northern Contraception, HIV and Sexual Health Service so were able to fast track her to the service as a symptomatic probably late latent syphilis. The nurse took her to her GU appt where she commenced treatment at the GU service which we have been able to continue in primary care. Safeguarding issues are ongoing but this patient's main priority, her genital discomfort, has now resolved with treatment. She says that would have been too sore and too ashamed to come to a service if we had not found her to enable her to begin to engage with some health care.

"This is the best decision I've made for myself in a long time and you and this van have made that possible".

Shareen

Shareen

Shareen was also staying at the women's hostel. She was 29 and has had 3 children removed from her care in the past. She was using crack and heroin and had difficulties maintaining accommodation and engagement with health care. She was registered with our GP practice and had recently started on methadone. When she saw the nurse on outreach her main concern was her cough and breathlessness. The nurse was able to perform spirometry to confirm her COPD diagnosis and amend her inhalers. When the nurse saw her next, they had a long conversation about Shareen's mental health and the loss of her children. Shareen had seen Linda's arm following her implant fit and expressed some curiosity about contraception which she had never previously considered as, being amenorrhoeic, she had assumed she could not get pregnant. Shareen decided to have an implant fitted on the van and expressed similarly positive feedback about it and about the experience of engaging with healthcare on outreach. She said "this is the best decision I've made for myself in a long time and you and this van have made that possible".

Case Studies

Gemma

Our homeless nurse team first met Gemma, a homeless woman, on outreach at her women's hostel in February 2022 when she had recently been sexually assaulted although had not wished to report this. This scenario is not uncommon in homeless healthcare although our patients rarely wish to access SARC or to report to police. We did a full STI screen, but as her risk was very recent this needed to be repeated 1-3 months later. Her last smear was HPV positive and a repeat sample was due from Nov 22 so it was too early to do it at that contact although she was worried and requested this. She left the hostel and we did not see her again until we encountered her on a very cold December morning at the breakfast session at Barnabus day centre where we run a nurse clinic. Gemma been rough sleeping the previous night and seemed intoxicated and hungry. However, she recognised the nurse and remembered that her smear was due. As her initial priority was getting something to eat, she agreed to come back and see the nurse later that morning. She came back later as arranged (she had fallen asleep in coach station, a passerby had woken her with a coffee which meant she woke up to come back to Barnabus again). The nurse was able to do her smear test, BBV screen (she was now injecting so there were ongoing risks), STI screen, flu and covid vaccines. Her STI screen showed positive for gonorrhoea which we were able to treat when we next saw her at the centre. We were also able to give her the news that her smear result had been normal which she was really pleased to hear as she had been worrying about this.
She then spent some time in the women's prison, we liaised with them to ensure that she had a test of cure and we have seen her recently in a different women's hostel and been able to complete a further full STI screen which was all clear.

Close partnership working with homeless services like hostels and day centres is at the core of our accessible nurse outreach offer, enabling us to build relationships with people over time and to see them in settings where they feel comfortable. Many of our homeless women patients like the option of being able to have a smear test done after a shower when they are feeling clean, warm and relaxed. Remote access to health records means that we can deliver planned care at opportunistic contacts.

Case Studies

"I've not done any of these things for all these years and now I have, I never thought I would have done, I wouldn't have done it if you hadn't come here, you've made it easy for me and now I know I can do more than I thought I could".

Katie

Katie

Katie was staying at one of the women's hostels. She is registered with UVMP but does not come to the practice regularly. The homeless nurse has been able to regularly engage her onto the clinical van and Katie has addressed a number of important health concerns. She has been able to have a full sexual health check-up which identified gonorrhoea. This was treated and we have been able to do a test of cure to check that the infection has been fully cleared. Katie has COPD and we have been able to complete a full review of her COPD and inhaler technique. She has had hepatitis B, flu, pneumonia and covid vaccines on the van. Last time Katie saw the homeless nurse at the hostel she said "there can't be anything left for me to do now!", but the homeless nurse encouraged her to come onto the van for her routine smear test which has been outstanding for over 10 years. Katie had her smear test on the van and said something that most women say after a smear which is that it wasn't nearly as uncomfortable as she feared and she doesn't know why she put it off all these years. Katie and the homeless nurse then talked at length about her mental health and the difficulties she has had engaging with healthcare for many years. Katie had many regrets and felt she had wasted many chances in her life. Katie and the homeless nurse then spent some time looking at positives, what had gone well for her and recapping on decisions she could feel good about. Katie reflected that accessing health care via the homeless outreach van had been a very significant step for her. She said "I've not done any of these things for all these years and now I have, I never thought I would have done, I wouldn't have done it if you hadn't come here, you've made it easy for me and now I know I can do more than I thought I could".

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MPATH Case Study

Ayana

Ayana is a 48 year old Ethiopian lady living with HIV. She was admitted to hospital extremely poorly with HIV encephalitis. She had not been taking medications regularly. Initially, she was too confused to engage with MPATH and housing services. Initially it appeared that she may have significant care and support needs. However, UVMP were able to work with the ward to track Ayana's progress. As she began to recover, she began to come back to herself. Several weeks after her admission to hospital MPATH were able to meet with her using an Amharic speaking interpreter. UVMP were able to establish that she really wanted to reconnect with her worker from the George House Trust. With her permission UVMP were able to contact the George House Trust and arrange for her worker to call her. Prior to admission to hospital, she was staying in a B&B provided by MCC. She had limited access to cooking facilities and a shared bathroom. She was struggling as she felt she could not prepare the food she would like to eat and day centres provide a largely western diet. UVMP were able to advocate for Ayana and through the council's housing solutions service she was able to move to there out of hospital project. Where she has a small self-contained flat-let with her own bathroom and kitchen. She could prepare the meals she wanted and keep it clean to the standard she wished greatly reducing risk of any further infections. UVMP liaised with her GHT worker which supported her to move into the new accommodation and settle in. Her nutrition and mood were greatly improved. She continues to engage in HIV treatment taking her medication regularly. She has not needed to come back to hospital expect for planned appointments since her discharge. She has an appropriate local GP.

Conclusion

Homeless health care works best when relationships are enabled to flourish. The mobile van has enabled our outreach nurses to take high quality health care to where people feel comfortable and to where we can target those who need it most. Our wide skill set equips us to address patients' health concerns whilst retaining a focus on opportunistic preventative health interventions such as vaccinations, STI and BBV screening, cervical screening and the provision of contraception. A clean and private environment supports the development of trust and enable us to maintain dignity at all times. The positive impact of providing health care in a way that makes people feel valued and cared for raises expectations of health care going forward and increases confidence in seeing the nurse team and engaging with other services in the wider GP practice.

ONS 2020
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsofhomelesspeopleinenglandandwales