

Urban Village Medical Practice Service Review 2016

**An integrated model for high quality healthcare
for homeless people in Manchester**



Urban Village Medical Practice

Urban Village Medical Practice (UVMP) is a GP practice based at Ancoats Primary Care Centre on the outskirts of the city centre. As well as providing primary healthcare to over 10,000 registered general patients since 1998 we have also provided a primary healthcare service to homeless patients. Since 2012 the practice has also been commissioned to provide a hospital in-reach service to homeless patients. The service is the only comprehensive healthcare service for homeless people in Manchester and currently provides the following:

- Proactive engagement with homeless people including outreach and hostel drop-ins by clinical and non-clinical staff to enable registration and engagement with the practice or other health advice.
- Flexible and easy to access range of services including GP, nurse, tissue viability service, alcohol services, drug assessment and treatment, mental health services and dentist.
- A hospital in reach service by clinical and non-clinical team members offering assessment of medical and social needs and discharge planning for homeless patients that are admitted.
- Case management of homeless patients that are frequent attenders at MRI A&E to address health and social needs in order to reduce the impact on secondary care.
- Additional support for all homeless patients in relation to benefits, outpatient appointments and housing options.



The Review

The aim of the review is to provide information on the key characteristics of the homeless population registered at Urban Village Medical Practice in 2016. This will enable us to analyse the effectiveness of the service to ensure that:

- The service is registering and engaging homeless people with primary healthcare.
- Health interventions offered are appropriate for the health needs of the population.
- Health issues and interventions are being recorded accurately.
- The service is improving outcomes for homeless people.
- Any areas for further development of the service are identified.



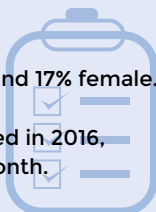
Methodology

In order to provide a full overview of the demographic of the total homeless population at UVMP in 2016 information was obtained through interrogation of the electronic data recording system (EMIS) used by the practice. To evidence more specific health issues and effectiveness of interventions a random sample of 100 new patients registered in 2016 was taken and a full review of all clinical notes for these patients was undertaken.

Registrations

UVMP Homeless Service offers full registration to homeless single adults in Manchester using the broadest definition of homelessness.

- At the end of 2016 a total of 850 patients were registered as part of the Homeless Service this is an increase of 28% from 2015.
- 83% of registered patients are male and 17% female.
- 432 homeless patients were registered in 2016, an average of 36 new patients per month.



28%

An Increase from 2015

56%

Aged between 30 - 50

40%

Rough sleeping

Age

The age of new patients registered in 2016 ranges from 18 - 75.

- 33% of new registrations were under the age of 30
- 56% were aged between 30 and 50
- 11% were aged 50+



Accommodation Status

(at the point of registration)

- 6% B&B
- 25% hostel
- 13% night shelter
- 40% rough sleeping
- 15% sofa surfing
- 1% squatting



Appointments

Homeless patients registered at UVMP receive full GP registration and as such can attend appointments at any time. However, we do realise that the nature of homelessness can make attending appointments difficult. Therefore we also provide flexible appointment sessions with a GP and Practice Nurse for homeless patients in addition to the weekly, multi-disciplinary team drop in for homeless patients.

In 2016 homeless patients attended:

- 3840 GP appointments
- 893 Practice Nurse or Healthcare Assistant appointments



New Patient Health Checks

The New Patient Health Check is a comprehensive healthcare assessment undertaken by a Practice Nurse or GP in the first eight weeks of registration and collects vital information on physical health, mental health, sexual health, women's health and substance misuse issues as well as social issues that impact on a person's health and well-being.

Interventions are offered and administered at this point including immunisations, sexual health screening, Blood Borne Virus Testing, smoking cessation and contraception.

- 80% of the patients registered in 2016 received a New Patient Health Check (NPHC).

80%

Received a New Patient Health Check

3840

GP Appointments

850

Patients registered

Vaccinations

A total of 556 vaccinations were administered to homeless patients in 2016.

- 338 Flu vaccinations.
- 63 pneumovacs to protect against pneumonia.
- 102 Hepatitis B vaccinations.
- 63 Hepatitis A vaccinations.



556

Vaccinations

1092

Dressings for patients

163

Patients in drug treatment

Wound Care

In response to increasing numbers of patients being diagnosed with leg ulcers in 2012 the Tissue Viability Service from Pennine Acute Trust ran a pilot to provide a flexible and accessible wound care service for homeless patients at Urban Village Medical Practice. The pilot was a great success and the service now runs 3 weekly clinics.

- 15% of homeless patients registered at UVMP have been diagnosed with chronic venous ulceration of their legs.
- In 2016 the clinic performed 1092 dressings for homeless patients



Drug Treatment

UVMP have provided a shared care clinic for the treatment of opiate dependency with the relevant drug service provider for over 20 years.



In 2016:

- 52 assessments were done with homeless people to access drug treatment.
- 476 appointments were attended by homeless patients with a drug worker.
- Currently 163 homeless patients are in drug treatment at UVMP.

Mental Health

Through the weekly homeless drop in we provide homeless patients with access to mental health services. The Manchester Engagement Team (Homeless Pathway) provides support to patients with severe and enduring mental health issues and have undertaken 35 appointments with homeless patients in 2016.

Since January 2016 Self Help Services have provided a presence at UVMP to support homeless patients with mild to moderate mental health problems.

In 2016 they have:

- Seen 53 homeless patients.
- Provided 203 appointments for homeless patients.



Infectious Diseases

Due to the prevalence of Blood Borne Viruses (BBVs) in the homeless population the Infectious Disease department at North Manchester General Hospital have provided a shared care clinic for the treatment and cure of BBVs at UVMP since 2012. This is an innovative service designed to promote engagement with marginalised populations to reduce health inequalities. The service has demonstrated the ability to effectively engage complex and often chaotic patients in treatment they would not otherwise access.

We have had success in assessing, commencing and successfully completing Hep C treatment in significant numbers of patients. The service has also been successful in engaging and treating a number of hard to reach HIV patients.

In 2016:

- 192 appointments were provided to homeless patients



Analysis of a random sample of 100 new patients

Of the random sample of patients selected for the study 72% were male and 28% female. The experience of homelessness can be vastly different for men and women and health issues and engagement in healthcare also varies greatly. Therefore, for the purpose of this study the data for male and female patients was analysed separately and reported accordingly.



Health Issues

Male

Female

72%

Identified as drinking alcohol to a harmful level

78%

52%

Identified as primary heroin and crack users

64%

63%

Identified as having a mental health problem

80%

14%

Diagnosis of a Severe and Enduring mental health problem

18%

4%

HIV positive

4.5%

3%

Hepatitis B positive

4.5%

14%

Have a Sexually Transmitted Infection

17%

5.5%

Diagnosed with diabetes

3.5%

22%

Diagnosed with COPD

18%

7%

Diagnosed with ischaemic heart disease

0%

9.5%

Diagnosed with essential hypertension.

3.5%

8.3%

Identified as having cardiovascular risk > 10%.

3.5%

68%

Patients screened for BBVs were Hepatitis C antibody positive

61%

81%

Of these patients were Hepatitis C PCR positive.

94%





Male



Female

Health Interventions

80%

Diagnosed with a mental health problem were referred to a mental health service

81%

70%

Drinking alcohol to harmful levels were referred to alcohol services

72%

64%

Reporting opiate dependency had received a full assessment for their drug problem and commenced treatment

55%

98%

Offered BBV testing

96%

74%

Completed this

92%

62%

Offered full sexual health screening

80%

52%

Completed this.

63%

100%

Received an NPHC, had information recorded on blood pressure, height, weight, BMI and smoking status.

100%

92%

Patients had smoking cessation intervention

90%

85%

Patients over 40 years old had a full cardiovascular risk assessment.

66%

Patients received advice on contraception

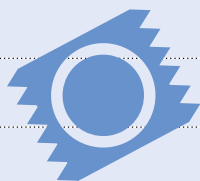
64%

Given a form of contraception

55%

Female patients have an up to date smear

75%



'Mpath' Hospital Homeless Service

Since 2012, in addition to the Primary Care Service we offer, we have provided a hospital in-reach service at Manchester Royal Infirmary. Operating on the principles of Compassion, Communication and Continuity of Care, the service has three core components to its service delivery model:

1

Acute hospital rounds

A GP and Specialist Case Manager regularly visits every homeless patient admitted to the MRI 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. In 2016 we completed 442 assessments with inpatients at MRI.

2

Community follow up and support

Specialist Case Managers provide intensive support with health and social issues to frequent attenders of the A&E department and patients with complex needs who are discharged from hospital. In 2016 84 patients were pro-actively case managed in the community.

3

Primary care follow up

All homeless patients identified via the service can register with UVMP and access the existing primary care services. In 2016 34 patients without a GP were registered at UVMP via the mpath service.

Students

Over the last twelve months we have had the privilege of welcoming nursing, medical, paramedic, undergraduate and higher education students to spend time with the Homeless Healthcare Team. Feedback from students showed they were challenged by their experience and found the placement really rewarding. Additionally we contributed to training sessions for 3rd Year Medical Students on working with Homeless patients at The University of Manchester.



Socktober

For the third year in a row during the month of October The Homeless Team collected socks to give out to the homeless men and women we see in clinics and in hospitals. Socks were donated by patients at the surgery and collection points were also placed at Reach Out To The Community in Chorlton and St Vincent's Church in Altrincham. We collected over 2000 pairs of socks which have enabled us to promote foot care and prevent trench foot and the spread of infections.



Training

In addition to operational work, Urban Village has also worked to ensure homeless health has become a strategically important issue in the city. In the last two years we have developed and delivered training on homeless healthcare. Homeless Healthcare Standards

In 2015, in conjunction with Manchester City Council, UVMP developed a set of five healthcare standards to provide a framework in dealing with healthcare for agencies working with homeless people. The standards are:

- 1 Health must form a significant element of any assessment of needs and remain a priority.
- 2 All homeless people must be registered with a GP.
- 3 All homeless people should be supported to engage with primary and secondary healthcare services.
- 4 Homeless people should be supported to be self-caring in relation to their health care
- 5 Appropriate access to out of hours and emergency care.

Since developing the standards we have delivered comprehensive training to approximately two hundred people working with homeless people.

Feedback:

"I really enjoyed the training and know a lot more about homeless people's entitlement to healthcare"

"Good, well structured, not too overpowering. Enjoyed it, I will take some things back to my role and recommend implementation"

"Good to know more about how to use NHS efficiently and learn more about helping homeless people with their health awareness"

Know Your Rights

To empower homeless people to access healthcare appropriately we also developed training on homeless people's rights in accessing healthcare which we have delivered to homeless people at hostels and day-centres across Manchester. The training provides information on:

- Registering with a GP
- Entitlement to healthcare
- Legislation about registering with a GP if you are homeless
- What to do if you are refused registration
- Accessing appropriate healthcare



Participants also receive a credit card sized guide to accessing health services if they are homeless in Manchester.

Homeless Health Needs Audit 2016

Over a period of two months in 2016 Urban Village Medical Practice, with support from other agencies and volunteers, conducted a Homeless Health Needs Audit using the tool-kit provided by Homeless Link. The project involved completing questionnaires with homeless individuals aged sixteen or over using the broadest definition of homelessness to include those who are rough sleeping, sofa surfing or in temporary or unstable accommodation such as hostels, shelters and B&Bs.

In total 238 surveys were completed with homeless people across Manchester. Additionally qualitative research was conducted with professionals working with homeless people were asked about their opinion and experiences about healthcare for homeless people in Manchester. The audit has received an excellent response from agencies both locally and nationally. To view the audit please visit the website www.uvmp.co.uk

Conclusion

The analysis of homeless people at UVMP has enabled us to achieve a better understanding of the health needs of the homeless population in Manchester. Our analysis revealed a profile of actual health problems experienced by homeless people which mirrored that of national UK evidence, as published by Homeless Link, and local evidence gained from the Homeless Health Needs Audit which was used to inform Manchester City Council's Joint Strategic Needs Assessment. The evidence shows that positive health interventions and outcomes can be achieved by a specialised health service for homeless people and supports our service delivery model that has been developed to address the specific health needs of homeless people in Manchester.

We have demonstrated that Homeless people can successfully engage with healthcare to address their, often complex, health needs. A key feature to this success is that general practice and permanent patient registration is central to the health care provision, this enables continuity of care over longer periods with care coordination at its core. Through strong partnership working and shared care with healthcare providers patients can access a wide range of services in one place to address their most prevalent health conditions. This offer is enhanced through the provision of additional services including: Case Managers for homeless people, health focused outreach with rough sleepers and accommodation options advice and hospital in-reach and discharge service (in partnership with CMFT and Pathway).

With the evidence we have presented, both with the health needs audit 2016 and this service analysis, we hope that we have demonstrated that an effective health care response should be central to any strategy that aims to reduce and end homelessness in Manchester. We are keen to contribute and shape this response in partnership with commissioners appointed to the new commissioning bodies that are being formed as a result of ongoing health and social care reforms.

Next Steps

1 Improve access to services for homeless people

Through the outreach work that we do and the official headcount figures for 2016 we know that the number of rough sleepers in Manchester is increasing. The Homeless population at UVMP has seen a 28% increase in the last 2 years. In order to ensure our resources are being allocated effectively we need to ensure we are meeting the needs of the most marginalised in this population. The strategy to do this appropriately and effectively should include the following:

- Continued promotion of the Homeless Healthcare Standards, providing training to people supporting homeless people to access and engage with healthcare services. Additional training sessions should be delivered at hostels to staff to enable them to support residents to register at local GP practices.
- Expansion of the Know Your Rights training, delivering information directly to homeless people empowering them with the confidence to access and engage with healthcare.
- Supporting previously homeless patients to register with new GP practices once they are successful in gaining permanent, stable accommodation.
- Working with other GP practices in Manchester, with the support of commissioners, to educate them about the legislation regarding GP registration and providing advice about how they can best support homeless patients.
- Explore innovative practices of delivering healthcare to homeless people both nationally and internationally to identify new ways of working that can promote engagement with healthcare services and reduce unmet need within the homeless population.
- Work with commissioners to ensure a broader strategic response is provided to ensure this increasing need is met.
- Work with commissioners to improve the offer of healthcare to homeless people in other areas of the city to ensure equitable access to services for homeless people.

2 Patient pathways into services

We have demonstrated that effective healthcare delivery to homeless people requires partnership working with effective responses from other health care services. To improve the offer of healthcare for homeless people more work is required on improving the patient journey post GP registration. This should include:

- Analysing engagement with healthcare services at set intervals after registration.
- Evidencing the outcome of referrals we make to additional services such as mental health and drug and alcohol.
- Recording information on engagement with secondary care services.
- Analysing patient health issues to identify additional services to provide at UVMP.
- Work with existing services to establish what they feel they would require to improve access to their services for homeless people.

3 Increase involvement of people with lived experience in the service development

- Continue to develop the homeless Patient Participation Group to improve attendance at meetings; increase scope and influence of the group; and to commit to meet on a more regular basis.
- Work with local and national Experts By Experience Groups to develop a strategy for co-production of the service design and delivery.
- Identify agencies who recruit and train peer mentors to identify opportunities for partnership working.

4 Continue to lobby for a strategic response to homeless health

As the primary provider of healthcare to homeless people in Manchester we have extensive experience in advocating for the population we work with to ensure they receive a proportionate response to their health needs. With the development in the way services are commissioned in Manchester we will continue to ensure that we are using our experience and knowledge to place homeless healthcare firmly on the agenda particularly recommending:

- An integrated commissioning response to the homeless population involving the health service, social care and accommodation services.
- Integrated services for substance misuse and mental health.
- Optimal access to primary care services across the city. Steps should be taken to ensure GPs are fully educated about how to offer effective primary healthcare to homeless people including registration in accordance with recent NHS England guidelines. GPs should be encouraged and supported to promote flexible access to appointments and assertive services which aim to not only address health inequalities but also reduce impact on secondary care services.
- Provision of accommodation appropriate to meet health needs. The current strategy for commissioning accommodation for homeless people does not take into account the major health problems experienced by homeless people, and the support and environment that is required to improve health outcomes