

St Thomas' Hospital Emergency Department

SAFE DISCHARGE CHECKLIST FOR HOMELESS PATIENTS

- To be used when **DISCHARGING OR ADMITTING** homeless patients from the Emergency Department.

- Circle/tick answers.

- **Is the patient a ROUGH SLEEPER? (i.e. sleeping on street, in parks, etc. Does not apply to sofa-surfers and those living in hostels or similar)**

If YES, continue.

If NO, go to (2)

Check to see if the patient is "priority need" for emergency accommodation¹

A homeless person is "priority need" if they are:

- Pregnant
- Have dependent children (aged <16, or <19 if in full-time education)
- Aged <18 (or <21 if in local authority care between 16 and 18)
- Vulnerable, as a result of:
 - Old age
 - Mental illness
 - Mental handicap
 - Physical disability
 - Other special reason (e.g. being a refugee)
 - Having been in care (and now 21 or over)
 - Having been in the armed forces
 - Having been in custody
 - Having fled actual or threatened violence

Assessing "priority need" status on grounds of vulnerability is challenging; the hospital Homeless Team or housing workers at homeless day centres will usually do this.

Knowing "priority need" status is important because being "priority need" obliges the local authority to assist with finding accommodation if other eligibility conditions are also met.

The reality is that few single men will meet the "priority need" threshold.

Patient may be "priority need"?

- Yes → Being admitted to hospital? → Yes → Inform hospital Homeless Team (ePR "Homeless Team Notification Form" or phone x89595)
→ No → Check with senior that patient is safe for discharge with plan to attend homeless day centre ASAP for emergency accommodation eligibility assessment
- No → Notify hospital Homeless Team if patient being admitted; if discharging, direct patient to homeless day centres for help in finding accommodation.*

*In winter, special **winter shelters** open, where homeless persons can stay whether they have "priority need" or not – details in *The Pavement* and ED winter shelter booklet. Details of when pts must attend to get a bed available in these publications.

- **Does the patient have unmet health needs best managed in the community?**

If YES, continue.

If NO, go to (3)

Encourage registration/follow-up with specialist homeless GP (registration with specialist homeless GP should be encouraged universally in all homeless patients). Examples of possible unmet health needs:

- Chronic leg ulcers, alcoholic liver disease
- Long-acting reversible contraception, cervical screening
- Mental health problems, substance misuse, hepatitis C infection, STIs

- **Review patient's recent ePR results and imaging reports**

E.g. have they tested positive for blood-borne viruses? Do they require an endoscopy for anaemia? Do they need a repeat chest X-ray following pneumonia? **P.T.O.**

Last reviewed: July 2018

¹https://www.nhas.org.uk/docs/Hlink_Vulnerability_Assessment_Guide.pdf,
<http://www.legislation.gov.uk/ukpga/1996/52/section/189>

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Concerning results? Something has been missed?

If YES, continue.

If NO, go to (4)

The majority of the time, these can be followed up by a specialist homeless GP (e.g. for hepatitis treatment, referral for endoscopy, etc).

It is usually NOT a good idea to book outpatient appointments/investigations directly from the ED, as homeless patients often lead chaotic lives and struggle to keep appointments without additional support in place.

Occasionally, investigations can be performed opportunistically in the ED, e.g. repeat chest X-ray (≥6 weeks) post-pneumonia.

- Does the patient require specialist referral from the ED?

If YES, continue.

If NO, go to (5)

If yes, refer to appropriate team. Ward or Evan Jones admission is not required solely to facilitate these reviews unless medically indicated (or socially indicated – rare, see also (1)).

For example:

- **Alcohol Care Team** – patients with significant alcohol problems, especially those presenting with alcohol withdrawal and other sequelae of alcohol dependence. Alcohol Nurse Specialist available 0800-2000 weekdays, 0800-1600 weekends; x53808/50876, bleeps 2972/2381
- **Homeless Team** – generally for homeless patients being admitted. Also, useful e.g. for flagging sleeping location of rough sleepers (so that street outreach teams can go to them) and for flagging frequent attenders to ED). Refer via ePR homeless team notification form or x89595.

- Follow-up

Homeless patients have complex health needs; meeting these needs is best coordinated by **GP surgeries** specialising in the care of homeless patients:

- a) The Dr Hickey Surgery, 3 Arneway Street, Horseferry Road, London SW1P 2BG (Victoria)
- b) Great Chapel Street Medical Centre, 13 Great Chapel Street, London W1F 8FL (Soho)

Offer patients a map if required (available in Homeless Health Boxes and at reception).

The **Health Inclusion Team** is a specialist nurse-led team covering Lambeth/Southwark/Lewisham who provide a range of services homeless patients, including LARC and smear testing for women, chronic leg ulcer management, BBV and STI screening. Refer on 0203 ... or gst-treferrals...@nhs.net

For patients with urgent and serious health needs, but for whom hospital admission cannot be justified, escalate to senior colleagues so that a safe discharge plan can be made (e.g. with the help of the hospital Homeless Team).

Summary

There are excellent resources available for homeless patients – direct patients appropriately. The 3 Westminster day centres provide a range of services including help in sourcing accommodation – see *The Pavement* booklets in the Homeless Health Box. Maps to nearby day centres are also available in the Homeless Health Box. Bear in mind illiteracy is common in homeless pts. In severe cold weather, check discharge plan with seniors if concerns for patient's safety (shelters may be closed at night, etc). Specialist homeless GPs are able to build a relationship with homeless patients and help them best engage with treatment.

A sensible approach to managing homeless patients in the ED is usually to treat the acute problem and then encourage the patient to engage with primary care services; encourage specialist homeless GP registration/follow-up.

Questions?

Contact SpRs Charles or Simone, Dr Alex Wilkins alex...@gstt.nhs.uk (UCC & The Dr Hickey Surgery GP) or the hospital Homeless Team.

-----**PLEASE FILE THIS CHECKLIST IN PATIENT'S NOTES**-----

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