

# Annual Report 2011/12

## Healthcare for homeless people



patient centred  
care category



“

*No humanitarian, no moral, no spiritual argument would ever be strong enough to influence the powers that be unless we wedded it to a robust and rigorous economic framework. We found that the health economics of homeless health were overwhelmingly crying out for a response that was structured and accountable. So we built a homeless health team that has grown to where we are today”*

***Professor Aidan Halligan  
Chair, Pathway and  
Faculty of Homeless &  
Inclusion Healthcare***

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*Homeless people attend A&E six times as often... are admitted four times as often and stay three times as long – because they are three times as sick.”*

**Professor Barry McCormick**  
**former Chief Analyst,**  
**Department of Health**

*“Homeless people die thirty years before the national average.”*

**Crisis**



# Compassion made real...

## on the streets, in the hospitals and through the data

Physical and mental health problems are both cause and consequence of long-term, chronic homelessness. Improving physical and mental health can play a major part in supporting someone who is homeless to come off the street. Bad experiences of health services can reinforce an individual's feelings of isolation and worthlessness.

Pathway's aim is to help the NHS transform the way it cares for homeless patients. We focus on innovation in practice not policy. For hospitals we have developed a simple model of integrated care that puts a homeless patient at the centre. Our hospital teams build relationships with homeless patients who have complex needs, support them as individuals through their time in hospital, and co-ordinate their care and their discharge from hospital with the many different professional teams who may be working with our patients beyond the confines of the hospital. Pathway Care Navigators give patients extra support while in hospital. Where the need is greatest we go out with our patients when they leave hospital to make sure there is the smoothest possible handover of their care to community services.

Using our pioneering approach to healthcare for homeless people, we are proud to produce clinically and academically rigorous data that supports our dedication to compassion. We influence policy and processes because of our results.

Research by Professor Barry McCormick has shown that homeless people attend A&E six times as often as the housed population, are admitted four times as often and stay three times as long – because they are three times as sick.

Chronic homelessness is characterised by tri-morbidity, a combination of physical and mental ill-health with substance misuse.

Despite general improvements in the health of society as a whole, the average age of death for a homeless person remains shockingly low – between 40 and 42 years of age – and highlights the fundamental unfairness and injustice inherent in the increasing inequalities of our society.

In the face of such odds, we must regain and retain hope that change can occur. We can do this by keeping compassion at the heart of everything we do. In the few short years that we have been piloting the Pathway approach, we have achieved some wonderful successes. Now, we are at the start of an exciting period of growth. We have been successful in several of our bids for funding, allowing us to focus on expansion of our model to other hospitals.

Within the next three years we hope to have a Pathway team in every acute hospital in London that needs one, and to be engaged in training and supporting Pathway hospital teams around the country. We are also developing a blueprint that describes what fully integrated health services for homeless people should look like; and we will continue to develop our work with the Faculty for Homeless and Inclusion Health, publishing an update of their service standards later this year; and finally, very excitingly, we are pursuing the creation of specialist medical respite care centres for homeless patients.

Pathway is passionately committed to a free, universal National Health Service, but we also believe that our NHS should deliver the best care it can to the most vulnerable and needy patients. It has not always done so in the past.

This is the first comprehensive annual review we have produced. It presents what we have achieved so far and sets out our ambitions for the future. Please join us in helping improve healthcare for the most vulnerable in our society.



Alex Bax

Chief Executive, Pathway

# About our work

The seeds of the Pathway approach were sown when Professor Aidan Halligan was asked to investigate the death of a homeless man on the steps of a hospital's A&E department. His research into homeless healthcare led him to Dr Nigel Hewett and Nurse Trudy Boyce. Working together at University College London Hospitals (UCLH), the pioneering trio reviewed the experiences of homeless patients admitted to hospital, recorded the outcomes of that care and saw a glaring disparity between the care that was available and the care that was needed.

Right now, Pathway is working with the people that have reached a crisis point – an emergency hospital admission. Many factors, including poverty, migration, low education, poor mental health, having been in care or prison, unemployment and addiction combine to increase any individual's chances of being homeless.

We know that our Pathway hospital teams are effective because of decreasing numbers of readmissions and shorter lengths of stay. In May 2012, we were named as an exemplar in the Department of Health's new report on "Improving Hospital Admission and Discharge for People who are Homeless." Launched by Paul Burstow MP, then Minister of State for Care Services, the report says Pathway shows that "in addition to the cost savings, there were considerable improvements to joint working and quality of service to clients. This was highlighted by many of the clients interviewed for the report who had reported a positive experience of the Pathway service."

As proud as that commendation makes us, it also makes us even more determined to increase the strength and breadth of the positive change we can make, both within the NHS and more broadly. To do that, it means Pathway must find ways to work with people at an earlier stage in their life to try to prevent them from reaching the crisis point. We will continue shining a light on social inequality and its health consequences, and where possible provide insights and solutions into future prevention.

## The hospital pathway

A Pathway hospital team is led by a specialist homelessness GP who is supported by a specialist homeless health nurse practitioner and a Pathway Care Navigator.

### 1 THINK HOMELESSNESS!

Check housing status for all patients on admission. If homeless, in a hostel or in temporary or insecure housing, refer to the Pathway team.

### 2 HOMELESS TEAM COORDINATES CARE

The Pathway homeless health nurse practitioner needs-assesses patients and then works with the patient to create their individual Homeless Care Plan.

### 3 CARE PLAN MEETING

Following weekly homeless paper ward rounds, the Pathway team works with complex needs cases to create and manage a multi-agency care plan, including possible referral for respite centre assessment.

### 4 COMMUNITY SUPPORT

Care Navigators work with the patient to plan community support, including taking the patient to a new placement or housing option and afterwards handing care over to community teams.

### 5 MEDICAL RESPITE \*

Patients who might benefit from additional convalescent, recuperative care are discharged from hospital to Pathway Medical Respite Centres.

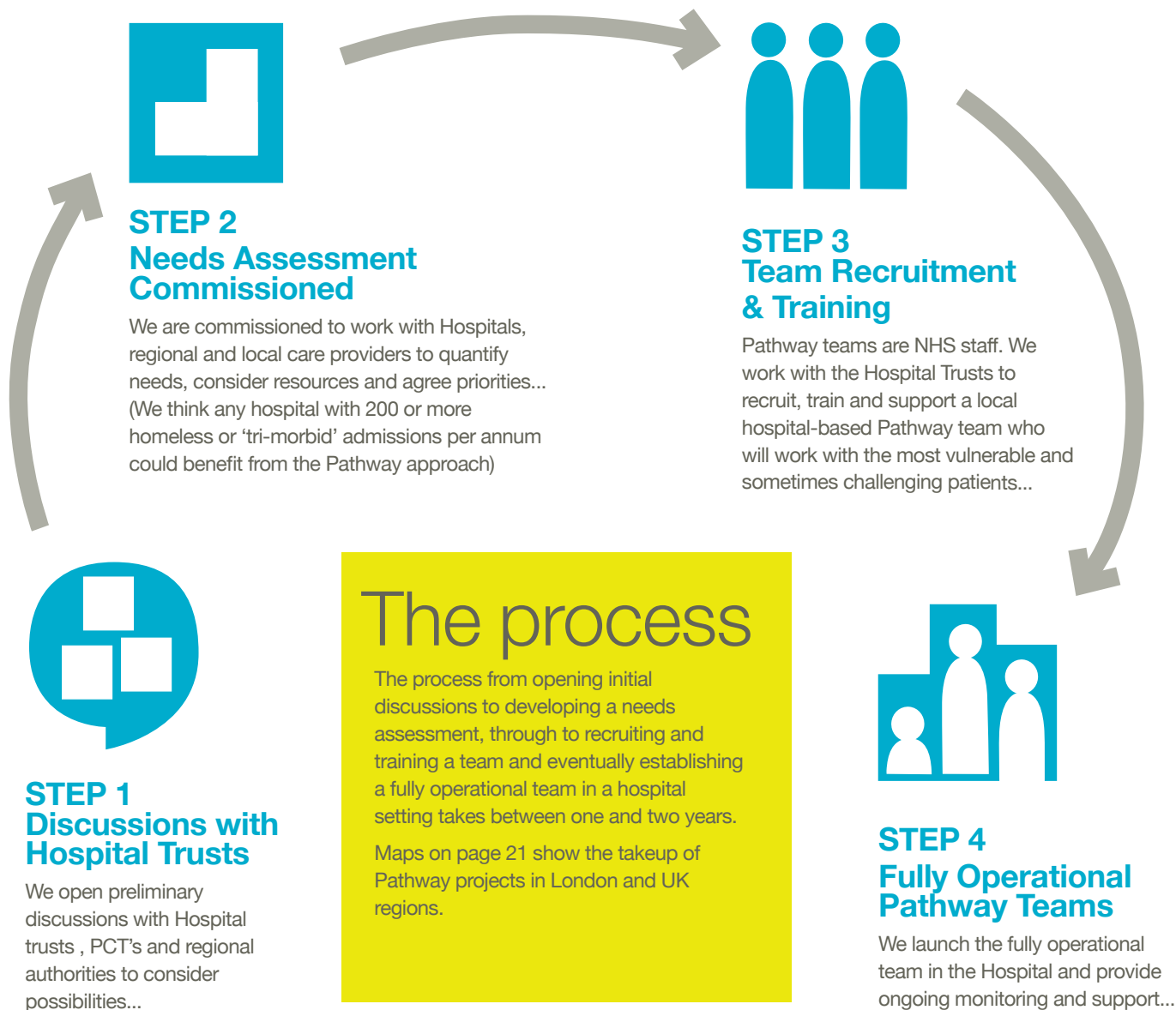
### 6 HOUSING FIRST \*

After stabilisation at a Medical Respite Centre, patients move into independent or supported housing with continued access to clinically-led, multi-agency support and the range of community services.

### 7 INDEPENDENCE \*

The Care Navigator service puts patients in touch with follow-on services.

**\*IN DEVELOPMENT**



“

*Homeless people in the UK  
don't die from exposure.  
They die from treatable  
medical conditions.*

**Dr Nigel Hewett**  
**Medical Director,**  
**Pathway**



Photo © Garry Knight



# Proving it works

Having worked with homeless people for more than twenty years I am filled with admiration at the ability of long-term homeless people to build their own recovery from serious and complex illnesses. The key first step is to begin to develop a trusting relationship with health workers and to find some feelings of self worth. Without improved mutual understanding, emergency hospital admissions for homeless people can follow a self-fulfilling pattern of low expectations. The patients fear rejection and judgemental attitudes, the staff fear overwhelming and complex needs with challenging behaviour and so the scene is set for poor communication, early discharge, poor outcomes and repeat admissions.

Most of the long term homeless patients currently admitted to hospital began their downward spiral as children or young adults in the previous recession of the early 80's. The current recession is already producing more homelessness and rough sleeping and it is sadly very likely that our work will become increasingly important over the next ten to twenty years as the effects of the current economic situation filters down through our communities.

One of our goals is to see an increase in life expectancy for homeless people in Britain. We believe that this is achievable because homeless people in the UK don't die from exposure. They die from treatable medical conditions.

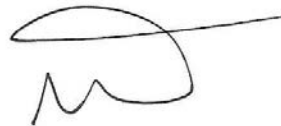
When left unattended, these treatable conditions become dire health emergencies, leading to soaring costs for the NHS in both time and money. Most of the secondary care costs for homeless people are from emergency admissions, estimated to be £85 million for England, eight times higher than the equivalent group of the housed population. And that cost is considered to be a conservative estimate because the many homeless people who give a hostel or "care of" address upon admission are simply not recorded as being homeless.

For healing to occur we all need rest, recuperation and follow up care. But treatment plans that make sense for those with homes and family support are often unworkable for people with no home to go to for recovery.

Bed rest may be impossible, dressing changes difficult and multiple medications hard to manage. This is why lived experience of homelessness is essential to the design and management of efficient care services and why Pathway created the role of Care Navigators – to provide that extra knowledge, empathy and support our patients so desperately need.

The purpose of Pathway teams is to improve value for patients, staff and partner agencies through compassion and advocacy. Improvements are tangible, but hard to measure. However, almost as an unanticipated side effect, we have found that improving quality through care coordination can improve efficiency. We have shown a sharp decline in the number of bed days and associated costs for emergency admissions of homeless patients.

The Health and Social Care Act 2012 brings a new Statutory Duty, to address health inequalities by improving access, outcomes and integration of care. This must influence the future development of services in hospital and the community. Pathway now provides an increasing evidence base to support our approach in secondary care. As we expand into other hospitals we will further our collaboration with partners to increase the evidence which supports our efforts to rebalance a very great inequity in British society.



Dr Nigel Hewett

Medical Director, Pathway

*Dr Nigel Hewett, Pathway Medical Director;  
Richard Murley, Chairman UCLH Foundation Trust;  
Josie Mavromatis, Pathway Senior Care Navigator;  
Nurse Trudy Boyce, Pathway Care Navigator Co-ordinator  
Photo © Pathway*



# A day in the life of a Pathway team

## ⌚ 10:00 am.

10:00 a.m.

The team pauses for a quick meeting in the discharge lounge on the ground floor at University College Hospital. Trudy and Flo, the two specialist homelessness nurses, have already been at work for two hours, tracking the newly admitted homeless patients who came in over the weekend. New patients could be in any ward in the hospital, so the two nurses must trawl hospital records and monitor messages from colleagues.

Trudy is keen to get moving. She promised Sue in ward T16 that she someone be back with a dressing gown as soon as possible. Trudy has asked Pathway Care Navigator Josie to fetch the dressing gown and spend a bit of time trying to get to know the patient. Josie spent over ten years homeless on the streets of London so she has a good idea what some of the patients will have been through. In addition to Sue, there are three new patients for the team to make contact with, plus the five patients still in from Friday:

**OMAR** is dying of cancer with no-where to go and no family.

**STEVE** is a drug-using TB patient. He is fit to leave hospital, but his last hostel doesn't want him back, and he'll never take his medication properly if he's back on the streets.

**JOHN** is in his early fifties, a chronic alcoholic and heroin addict with infected open wounds in his legs. He lost his latest detox place because he started drinking again – no service wants him back now.

**TONY AND MIKE** are both younger, but each looks over forty. **TONY** has clear signs of alcohol-induced dementia, serious liver damage and had his foot amputated. **MIKE** has HIV and Hep C, mental health issues and emerging diabetes. He is also recovering from a suicide attempt.

Dr Hewett, Pathway's specialist homelessness GP, is scanning the hospital records of the new admissions and planning the team's route for the day. He is also catching up on successes from Friday.

**JOE** is an alcoholic with mental health needs who says he really is going to stay dry, and has been found a new hostel place. **SAYED** is a destitute asylum seeker with cancer. He has been found a place to stay with a charity night shelter.

## ⌚ 11:00 am.

In ward T14, Dr Hewett chats with a junior registrar about getting the right drug dose for one of the new patients - an injecting drug user who has been beaten up. It is important to get the pain relief right so the registrar can focus on treating his wounds.

Dr Hewett's twenty years experience working with homeless people has shown him that medics inexperienced in working with heroin addicts sometimes don't realise that they need a different approach to pain relief because of their addiction to opiates.

Flo has already made friends with the new patient and is beginning to get some basic facts about who he is and where he's from. He doesn't want to go back to his previous hostel, and he wants help. The registrar thinks he will need to be in hospital for three or four days, long enough for the London Pathway team to put a plan together for him when he leaves. Dr Hewett explains that the team will start working on his case, and Josie, Flo or Trudy will be back to see him later in the day.

## ⌚ 12:00 pm.

After the ward round, the team meets again in the discharge lounge. Flo is busy on the phone making contacts with the new patients' social workers, street alcohol teams and relevant council housing departments. One of the other new patients has disclosed that he does have family and



## Dignity fund

Donations of items directly support our Dignity Fund, which is what we call the essential non-medical care that Pathway provides. This care is often of equal, if not greater, importance to the people we work with as the medical care they receive in hospital. Dignity Fund care is varied, ranging from the provision of clean clothes and paying for an in-hospital pre-paid TV card to supplying discharged patients with basic home-ware including utensils, cups and plates.

is happy for them to be contacted. Flo knows that sometimes the shock of a hospital admission can re-establish broken family relationships and may be a path away from the street.

Josie found the dressing gown, and has provided Tony with some more thrillers (he has a passion for crime fiction). Keeping patients in hospital is part of the trick in making Pathway successful. In the past, homeless patients would often walk out before their treatment was finished, very likely ending up back in hospital again soon after. Meanwhile Trudy is ringing round a range of community services trying to trace a patient who walked out of the hospital last week. He was still very sick and is extremely vulnerable.

Trudy has also spent more time with Mike and found out that he has lost all official documents and has no forms of ID at all. His benefit claim will have stopped because he has been in hospital, and with no ID, he cannot re-start it. He has no money, no friends and no family. With his personal details, Trudy can start the process of getting a duplicate birth certificate, but at the moment, she is being summoned to A&E. One of the homeless regulars is back in and A&E are asking for help.

 4:00 pm.

Flo is still on the phone. One of the new patients was picked up by an ambulance in Westminster, but seems to originate from Lambeth.

Lambeth Housing say they haven't seen him for a few weeks, and he is therefore now Westminster's problem. Westminster says Lambeth must take him back.

The Pathway team is used to these protracted negotiations around patients' housing status. Dr Hewett slips back to the team office to finish a couple of discharge letters, start new case reports and draft a note to a social services department about a patient's care needs. A note from a doctor sometimes works wonders.

Trudy is going back to the wards to talk to the latest patient admitted through A&E. There is also a youngish female patient that Trudy wants to see. She's been in hospital for a couple of days, and ward staff think she may be homeless. She's had no visitors and will not give a number for anyone to call to talk about discharge, although she did give an address when she came round after emergency surgery.

 5:00 pm.

Pathway's Care Navigator Josie is about to go home. She has just returned from escorting a patient to a new hostel address. She helped him make the bed, and left him with a kettle, crockery and a few other basic necessities from Pathway's store. Flo is methodically updating the team notes for the day – recording the interactions with each patient and the significant details about their lives that could help build a better plan for them when they leave the hospital. Two patients are expected to leave tomorrow. Good placements have been arranged for both of them, and Flo checks to make sure that no last minute bureaucratic hurdle will undo the team's carefully laid plans.

*"I very rarely talk to people about my situation, but I can talk to you. You give the time, and you don't judge, so it is a relief to be able to unburden some of my problems without a feeling of shame."*



Photo © Pathway

# Care Navigators

With a personal experience of homelessness, Pathway's Care Navigators befriend, support, challenge and mentor homeless patients in the hospital, helping them navigate the hospital environment. Care Navigators support our homeless health nurse practitioners and provide short-term follow-up support to patients post-discharge.

Chronically homeless people often lead chaotic, unstructured lives characterised by having little control over their circumstances and few positive, long-term human relationships. Care Navigators draw on their own experience of being homeless to build trusted relationships with our patients, keeping in contact when they have left the safety of the hospital and becoming positive role models to patients and other hospital staff.

Working in a hospital as a Care Navigator is a tough job. The work is demanding and it may bring back memories of difficult past times, but we believe that with training, the support that formerly homeless people have to offer homeless people admitted to hospital today makes a huge contribution to improving long term outcomes for patients.

Trainees receive six months of hands-on apprenticeship-style training and practical work experience in an acute hospital. We are planning to work in partnership with a skills and training provider, to develop an accredited Care Navigator training programme which will lead to a formal qualification. The TB Find and Treat Service helped identify our first candidates, Groundswell have supported our first Care Navigators into the role, and Thames Reach help with basic support. Our priority for the next year is to expand the programme beyond UCLH, and find a way to accredit the training Care Navigators receive.

Pathway Care Navigators challenge common medical perceptions of homeless people. Care Navigators are paid employees, not volunteers, proving that it is possible for homeless people to get off the streets, turn their lives around and make valuable contributions to society.



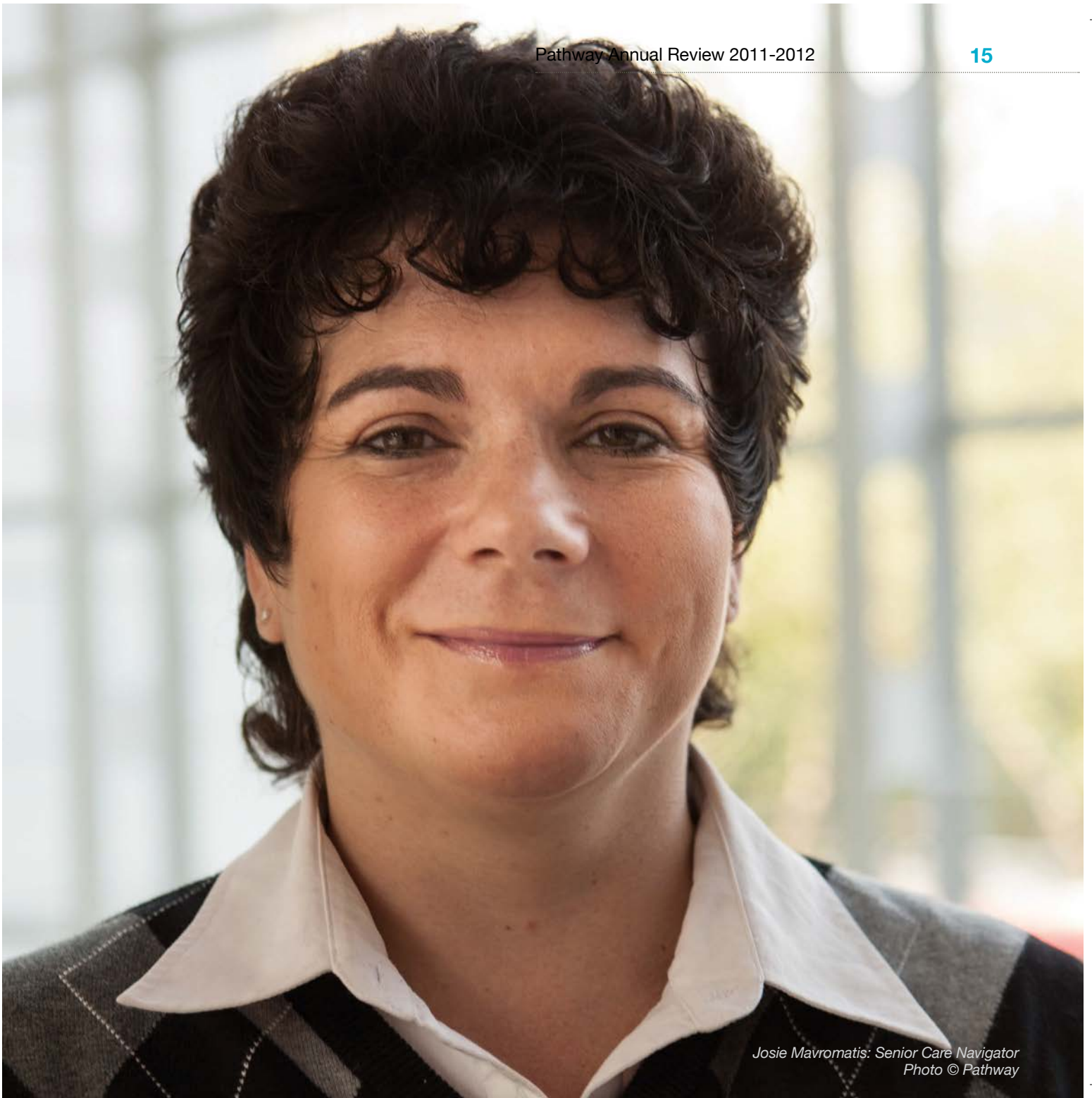
*With a Care Navigator on the ward no-one can say 'you don't know what it's like'."*

*"It made a big difference, the friendliness of them and checking if I needed anything."*

## Involving homeless people and service users

We have sought always to check our practice with homeless people. Crisis, St Mungos, Homeless Link, StreetLeague, People Can, Groundswell and many others have been generous in supporting our efforts to listen to the voices of homeless people, giving us access to their residents and practice. We have begun to invest in building our own networks of ex-patients and homeless people who are willing to share their experiences with us. Homeless peoples' views and ideas will continue to be at the heart of our practice in forthcoming years.





*Josie Mavromatis: Senior Care Navigator  
Photo © Pathway*

# Making it add up

Every day our hospital teams see how patient homelessness is enmeshed with health. Pathway medical director Dr Nigel Hewett uses the term 'tri-morbidity' to describe the coincidence of severe physical ill health, mental health problems and substance misuse in our patients. Many of the physical health problems that afflict our patients are well known, but how single-condition treatments will work in a patient with a complex of conditions is still under-researched. There is a paucity of high quality health data and research on homelessness. Working with the Faculty for Homeless and Inclusion Health we believe Pathway has a fundamental part to play in understanding the causes and responses to homelessness and its associated health problems.

Alongside our abiding commitment to compassion, kindness and dignity for patients, Pathway was borne out of continuous analysis of data and information. Before the first service started in UCLH, Dr Hewett carried out an audit to identify the number of homeless patients in the hospital. This provided a vital baseline for the growth of the core hospital service, and a strong foundation for our bids to other funders. As a small organization we have embedded a culture of measurement in all our work to date. Early on we were hugely encouraged by working with Professor Barry McCormick, then chief economist at the Department of Health. This resulted in the paper 'Healthcare for single homeless people,' published by the Department of Health in 2010, which put the first clear economic framework around homelessness and its associated health costs in the UK.

It would have been impossible to make the progress we have without strong monitoring data showing we have an impact. We have also sought research partners and funding to help validate, test and challenge our thinking, and build evidence on health and homelessness.

As well as being a values led organization, we are at the same time research and evidence-based in our practice. We will continue to build our reputation for high quality research, based on open research partnerships and relationships with others helping to build our common knowledge of the links between homelessness and health.

As a charity we are committed to sharing whatever we learn to help others working in the field, and to help our own patients. We have recently begun to form a scientific advisory committee to ensure that Pathway's research is grounded in the best current medical science and that we build a clear long term research strategy. This group, chaired by Dr Vanya Gant will include Prof Barry McCormick, Prof Sir Michael Marmot, Prof Graham Foster, and Prof Michael Farthing.

Charity evaluator New Philanthropy Capital has already identified Pathway as a leader in the field of measurement and evaluation. They were impressed by the speed with which we have been able to move from a service evaluation, to a full scale randomized controlled trial. We featured in their 2011 report 'Bright Spots in Charity Measurement'.

## Key research partners

### QUEEN MARY'S UNIVERSITY OF LONDON

Prof Graham Foster's unit is leading the randomized control trial of our core intervention at the Royal London Hospital and Brighton & Sussex University Hospital.

### THE HEALTH FOUNDATION

Our large 'Closing the Gap' programme grant from the Health Foundation has helped us build strong routine evaluation and monitoring systems, and explore ways to measure patient experience and clinical attitudes around homeless people. It has also supported us in working to share our learning with others.

### UCL PARTNERS

UCL Partners introduced Pathway to Prof Michael Porter at Harvard Business School, leading to the paper: University College London Hospitals Trust: Homeless Care.

### UNIVERSITY COLLEGE LONDON

UCL, particularly the UCL Institute of Health Equity and the UCL Grand Challenges programme, have begun to support us in a wide range of research related activities. We look forward to developing this relationship and putting information about some of the most excluded in British society into the larger research terrain of health inequalities.



**Pathway is planning a major International Conference on Homeless Health on the 27th & 28th February 2013.**

**Venue: Congress Centre, London WC1B**

**Please contact us if you want more information:**

**info@pathway.org.uk or visit the website: [www.pathway.org.uk](http://www.pathway.org.uk)**



*...an excellent example of how a value-based approach can better serve patients, reduce inequalities and deliver better outcomes that matter to patients."*

**Professor Michael Porter  
Harvard Business School**



# Timeline...

500

March 2011:  
500th Pathway  
Team patient  
at UCLH

February 2011:  
The Guardian  
lead article  
about Pathway  
at UCLH

March 2011:  
First Care  
Navigator Josie  
begins training



April 2011: Dr  
Peter Buchman  
specialist GP  
joins for the  
Royal London  
service

May 2011:  
Publication  
of Homeless  
Standards for  
Commissioners  
and Service  
Providers

June 2011:  
Needs  
Assessment  
Report for  
Barts and the  
London NHS  
Trust



November  
2010: Pathway  
became  
registered  
charity

January 2011:  
Three year  
grant from  
the London  
Housing  
Foundation

February 2011:  
Inaugural  
meeting of  
Board of  
Trustees

February 2011:  
Dr Rowan  
Williams  
Archbishop  
of Canterbury  
becomes  
patron



February 2011:  
Publication  
of the first  
Pathway  
annual  
evaluation  
report

September  
2010: Health  
Foundation  
'Closing the  
Gap' grant

Closing  
the Gap

September  
2010: Florence  
2nd Homeless  
Health Nurse  
practitioner  
joins Pathway  
at UCLH

August 2010:  
Editorial on  
Homeless  
the Healthcare  
in the Journal  
Society of  
Medicine

300

May 2010:  
300th Pathway  
patient at  
UCLH

October  
2010: Won the  
Andy Ludlow  
Homelessness  
Award

October 2010:  
Faculty of  
Homeless  
and Inclusion  
Health formed

April 2010:  
Pathway  
registered with  
Companies  
House

October  
2009: Began  
providing  
Pathway  
medical  
services at  
UCLH

400

November  
2010: Pathway  
400th new  
patient at  
UCLH





December 2011: Needs Assessment report for Brighton and Sussex University NHS Trust

December 2011: Second Pathway hospital service launches at Royal London Hospital



December 2012: Pathway wins Health Services Journal Award for Patient Centred Care

November 2011: Four year grant from Worshipful Company of Leathersellers

February 2012: Secured four year grant from the Oak Foundation

February 2012: Secured grant from the Greater London Authority

October 2012: Dr Caroline Shulman becomes Pathway's GP at the Royal Free Hospital



November 2011: In top six New Philanthropy Capital Charities

March 2012: Grant from Department of Health for Faculty of Homeless and Inclusion Health

October 2012: Betty Lwanga appointed as Pathway Nurse at the Royal Free Hospital

September 2012: Start needs assessment for Guy's, St Thomas' and Kings College Hospitals

October 2011: Jeflyn appointed as Pathway Nurse at Royal London Hospital

March 2012: Second Care Navigator Dennis begins training

700

July 2012: Dr Tim Robson becomes Pathway's GP at UCLH

August 2011: 600th Pathway patient at UCLH

March 2012: Josie appointed Senior Care Navigator

March 2012: 700th Pathway patient at UCLH

May June 2012: Fourth Pathway hospital service recruiting at the Royal Free Hospital

July 2011: Cardinal Cormac Murphy O'Connor Archbishop Emeritus of Westminster becomes patron

600

March 2012 Dr Chris Sargeant & Nurse Penny Johnson join Pathway for Brighton and Sussex Hospital



May 2012: Launch of third Pathway hospital service at Brighton & Sussex

2012: Ken Livingstone became Pathway patron

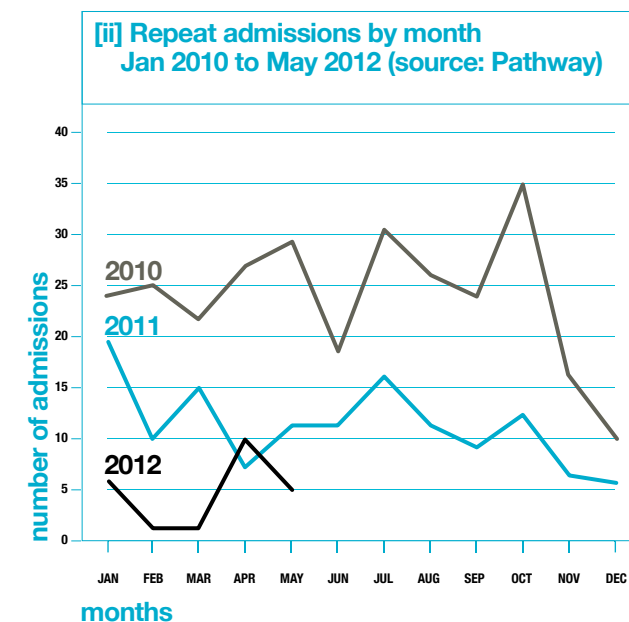
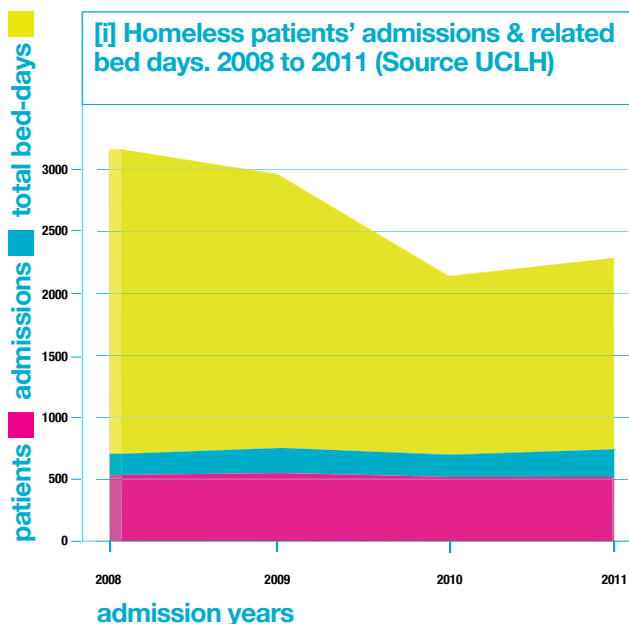
# Our success

We set up Pathway because we were sure that working compassionately and holistically could provide better healthcare services, experiences and outcomes for homeless people than anything that had been done previously. If homeless people were given the time and support they needed to heal and manage some of their physical problems, even after discharge from the hospital, we conjectured that they would be less likely to be re-admitted in the future for additional emergency care. If that proved to be the case, the NHS would save time and money by providing a more effective and efficient service.

In only our third year of running Pathway, we are already excited to see improvements across a number of different measures. At UCLH, since May 2009 we have seen 700 homeless patients with a total of 1,272 admissions.

Graph [i] shows the number of homeless patients, the number of admissions and the number of related hospital bed-days for patients admitted to UCLH. These data are drawn from the hospital's core statistics, not from our own service monitoring statistics. The graph shows how the introduction of the Pathway service coincided with a sustained decrease in homeless patient bed-days. This and other data showing the quality improvements the Pathway approach delivers was summarized in a paper in the British Medical Journal in September 2012 (A general practitioner and nurse led approach to improving hospital care for homeless people, Hewett, N., Halligan, A., Boyce, T., BMJ 2012;345:e5999)

Graph [ii] presents trend data for the number of repeat admission patients seen by Pathway's team at UCLH. This data is derived from our own service monitoring and illustrates a general downward trend in repeat admissions. Our two site randomized controlled trial study of the impact of a Pathway service (running at the Royal London Hospital and Brighton Hospital) should give us further hard evidence of impact, and more data on patient reported outcomes. The trial is funded by the National Institute of Health Research and runs until summer 2013 and should report soon after that.





# Moving ahead

Over the past two years Pathway has consolidated the first pilots at UCLH, the Royal London and at Brighton & Sussex University Hospital, recruited and trained a new team at the Royal Free, been commissioned to do needs assessments with Guys & St Thomas', Kings and South London & The Maudsley, and has begun discussions with four more London partners and potential partners in Bradford, Newcastle and Southampton.

- Discussions
- Needs Assessment Commissioned
- ▤ Team Recruitment & Training
- ▣ Fully Operational Pathway Teams



## FACULTY FOR HOMELESS AND INCLUSION HEALTH

This Faculty is the first independent, multi-disciplinary body focused on the health care of homeless and other multiply excluded people. Its primary purpose is to re-affirm the fundamental rights of homeless and other excluded people to be treated with dignity, compassion and respect.

By crossing professional and organisational boundaries, for the first time the Faculty is able to focus on what the patient wants and needs and shape care around him or her. Through this approach, the Faculty is able to develop standards of care for the most vulnerable wherever and however they need it, whether that is in the community, in specialist care such as mental health services or in emergency medical care. To ensure that no aspect of care or experience is overlooked, people with lived experience of homelessness are essential members of this Faculty.

Chaired by Professor Aidan Halligan and managed by Pathway, there are now more than 180 clinicians and people with experience of homelessness in the Faculty. Members include bicycle paramedics, podiatrists, dentists, professors of epidemiology and infectious diseases and practice, specialist and district nurses and psychiatrists.

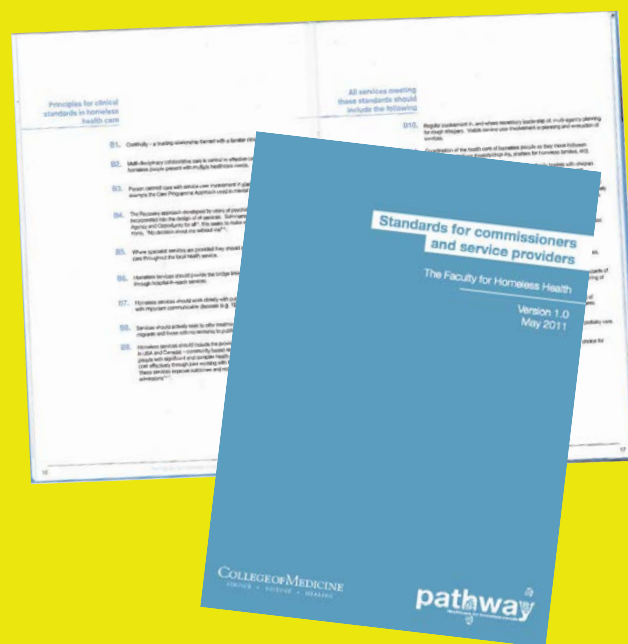
Following publication of the first set of standards for health services for homeless people, the Faculty has begun work on:

- Examination of the multiple arrangements for gathering and sharing patient data across services relevant for homeless people
- Developing shared approaches to clinical governance for homeless health services
- Publishing an updated version of the Service Standards for Homeless Health, and developing new standards to describe good quality services for vulnerable migrants.

**The Faculty for Homeless & Inclusion Health is affiliated to the College of Medicine.**

## Standards for commissioners and service providers

In 2011, with a launch event hosted by Professor Steve Field, Chairman of the Government's Inclusion Health Board, Pathway published the first set of standards for health services for homeless people. The purpose of the standards is to define the essential qualities required for effective health services for homeless people and other multiply-excluded groups.



“

*From the patients' perspective,  
there should be 'no wrong  
door' to NHS services.”*



“

*Acute hospital admission is a failure, which is why we must take a more holistic approach to health care. Each step we take to eliminate inequality is a step closer to a society we can be proud to live in.”*

**Professor Aidan Halligan**  
**Chair: Pathway and Faculty**  
**of Homeless & Inclusion**  
**Healthcare**



# Each step we take

The way we treat the most vulnerable and damaged people in our community is the canary-in-the-mine for a society. For homeless people, we recognise that in the long term, primary prevention is the only rational response – reducing poverty and inequality to tackle the root causes of homelessness and multiple disadvantage.

Pathway shines a light on the NHS, illuminating opportunities for improving care provision and increasing links with other care services. By highlighting the direct costs to the health care system resulting from multiple disadvantage, we hope to inform and support the drive to address inequality in our society.

Pathway is currently developing the “missing piece of the jigsaw” of care provision – medical respite care. We strongly believe that the next stage in improving health and life outcomes for homeless people is to move to a more integrated health and social care approach.


That integration entails working “up stream” – helping patients prevent future emergency admissions by enabling them to make new life choices through the provision of a wider selection of options, both in health management and more broadly.

Our proposal is for a network of centres that would provide health and social care in a well-designed, tranquil and psychologically informed environment, with access to talking therapies, housing advice and other services. The purpose of this innovation is to provide the benefits of “care closer to home” for those who don’t have a home.

Part of Pathway’s strategy as a charity is to share and spread our services and learning. One of the most effective ways we are doing this is through new partnerships such as our work with the English Churches Housing Group. By examining the health services provided by their high-dependency hostels (health services delivered in non-health settings), we have the opportunity to further develop our concept of clinical governance for homeless health care.

In addition to the expansion of our Pathway care services into more and more hospitals, we are continuously analysing and strengthening our collection of data. What we discover in our results is of strategic importance to our development of an international research agenda.

And of course, it is the day-to-day successes that remind us how valuable our work is, particularly to our patients and to the health service as a whole. Acute hospital admission is a failure, so while Pathway has pioneered a new model of care for homeless patients, we are necessarily looking beyond healthcare to a wider, more holistic approach to life paths and care. Each step we take to eliminate inequality is a step closer to a society we can all be proud to live in.



Professor Aidan Halligan

Chair, Pathway and Faculty of Homeless & Inclusion Healthcare

# A Pathway Blueprint

## Integrated health services for homeless people in London

The health challenges associated with homeless patients are significant. We believe that if the right services are in the right places for homeless people, the NHS will be able to improve its care for patient groups with long-term, multiple, chronic health needs. That, in turn, offers the real prospect of reducing costs and improving long-term health outcomes.

Inspired by the Standards published by the Faculty for Homeless & Inclusion Health, and mindful of the estimates that half of the UK homeless population lives in London, we drew up a blueprint to support the commissioning of integrated health services for homeless people across the capital.

From the patients' perspective, there should be "no wrong door" to NHS services. Wherever a homeless patient initially presents, that service should have the capacity and knowledge to refer patients on to other services and to help patients access additional support. Unless individual treatments are considered at the same time as the patients' wider social circumstances, the potential for treatment to lead to substantial health gains will always be compromised.

The blueprint describes four main components of specialist provision that, delivered together, would make a significant contribution to the life chances of homeless people and ensure that the NHS is playing its part in combating rough sleeping and homelessness. In addition, we suggest specific roles for each of the new tiers of commissioning responsibility within the NHS.

We developed the blueprint as a starting point for debate and discussion, hoping and expecting the experience, insight and wisdom throughout the NHS, local government and voluntary sector to expand and refine the proposals it contains. Pathway and the Faculty for Homeless & Inclusion Health will work closely with colleagues across the NHS to put these proposals into practice.

# Medical Respite Centres

Pathway's hospitals teams have found that for between 20 and 25 per cent of patients, the currently available options at discharge are unable to cope with the patients' complex needs, leading to a downward spiral of increasingly bad health and multiple emergency admissions.

While there is a range of organisations in London providing hostel accommodation, high quality specialist support and advice and training services, none are able to provide the full range of medical support needed by patients with complex needs. For homeless patients with tri-morbidity and long-term health problems, appointment systems don't work. What they need is less than full acute hospital care and more than day clinic support.

Through Pathway's close monitoring and evaluation of homeless patients in the acute setting and working with other homelessness agencies, we have identified the critical need for a new model of specialist intermediate care for homeless people.

Our proposal is to commission a specialist residential service that offers patients a short-term supportive community, providing both medical and other services. The service would be medically-led and offer patients a psychologically informed environment with a parallel focus on convalescence and recovery and planning and support for their move to a new, improved stage in their life.

Our development of these centres is informed and guided by an advisory panel of people currently or previously homeless. The panel is helping us with suggestions for building design, including public and private spaces, and facilities and services available.

Pathway will commission the first Medical Respite Centre and will set the service standards and be responsible for clinical governance, after which we anticipate the NHS and other health and social care organisations being commissioned to run additional centres. This service would help shift the focus from acute care alone, creating a more integrated, multi-agency health and social care service for some of the most vulnerable patients in our society.



# Case studies

**Admissions which could have been shortened by transfer to medical respite:**

Typical Cases where the index admission could have been shortened by transfer to Medical Respite Care (source: Analysis of referrals to Pathway Team, August to October 2011)



**Female 32:**

**Refugee torture victim experiencing psychogenic vomiting. Awaiting suitable accommodation that can manage her needs.**

**Days saved if referred to Respite Centre...**

**27 days**



**Male 73:**

**Homeless due to house fire. Neglected diabetic foot which required partial amputation. Awaiting rehabilitation and ongoing foot care.**

**Days saved if referred to Respite Centre...**

**38 days**



**Male 32:**

**Fractured Patella with underlying rheumatoid arthritis. Not considered priority by housing. Fell, suffered a further injury and was re-admitted.**

**Days saved if referred to Respite Centre...**

**20 days**

# Finance and funding

The Pathway Charity works for the advancement of healthcare for, and for the relief of need of, people often excluded from society. This includes, but is not exclusive to, homeless people, alcoholics, drug users and those suffering from mental or physical health problems.

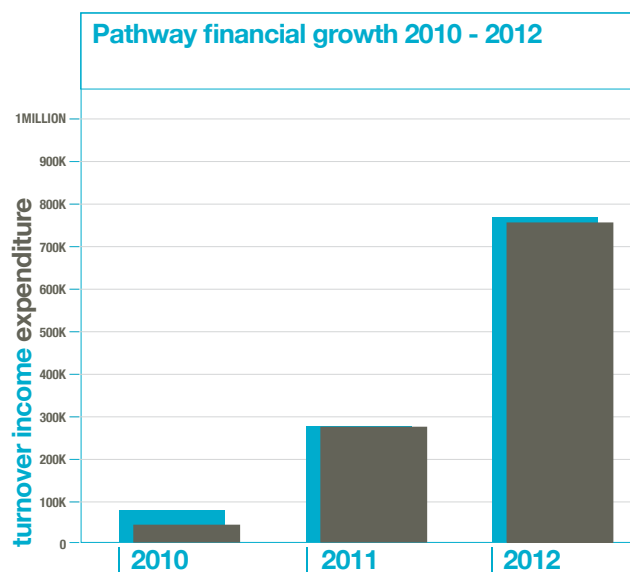
The charity's work is of great public and individual benefit, making particularly positive change in the lives of many of the patients we work with. Having proven the effectiveness of the hospital Pathway, we are now working to expand the model to more hospitals in London and elsewhere in the country.

In 2011/12, we secured funding for the continuation of the work at UCLH and for further expansion throughout London. We also published the needs assessments for the Royal London, and Brighton and Sussex Hospitals, have commissioned a feasibility study for the first Medical Respite Care facility and are furthering our research through two randomised controlled trials.

Prior to its registration with the Charity Commission on 1 November 2010, Pathway's funding and financial transactions were run by UCLH Charities and were included as part of their accounts.

2011/12 was a successful year for Pathway. Funding of £272,874 was secured and that with expenditure of £270,183, left a balance of £2,691 to be added to the reserves of £34,887 brought forward from 2010/11 making a total reserve of £37,578. Full published final accounts and the associated Trustees report are available on the Pathway website.

**Looking forward, confirmed funding for 2012/13 is currently over £770,000, which will help Pathway realise its ambitious plans.**



# Accounts

## Summary accounts information for 2010-11 and 2011-12 (actual) and for 2012-13 (budgeted)

EXPENDITURE	2010/11	2011/12	2012/13
	( Actual )	( Actual )	( Budgeted )
	£	£	£
Pay	29,576	199,097	423,000
Consultants incl. GP locums	3,750	55,963	218,800
Travel	561	5,829	6,200
Printing	1,637	1,986	15,000
Patients' Dignity Fund	806	2,158	10,000
Catering & room hire	245	1,067	3,000
Professional fees	300	314	4,000
Telephones & Stationery	255	1,443	1,700
Staff training	—	2,326	23,000
Conferences & consultation events	—	—	24,500
Marketing incl. website	—	—	20,000
Uniforms	—	—	5,000
Insurance	—	—	1,000
	<b>37,130</b>	<b>270,183</b>	<b>755,200</b>

INCOME	2010/11	2011/12	2012/13
	( Actual )	( Actual )	( Budgeted )
	£	£	£
Donations	1,000	991	1,000
Grants	55,000	225,550	692,935
Charitable Activities	16,000	46,194	72,000
Bank Interest	17	139	500
	<b>72,017</b>	<b>272,874</b>	<b>766,435</b>



# Making a difference

## How you can help us help homeless people

Financial contributions are always important to charities, and we thank the many people who continue to support our work in this way. Below are three aspects of Pathway care and their associated costs.

- **£147,000 for a full Pathway team in one hospital**
- **£55,000 for a Pathway GP service in one hospital**
- **£8,500 for a training package for one Care Navigator**

In order to manage and support our growing numbers of successes, Pathway itself has had to grow as an organisation. As a charity, we strive at all times to keep our costs low in order to focus the majority of our resources on the care of our patients. To that end, much of the support we have received has been in the form of contributions of services and skills. This includes the design of our logo, hotel rooms for staff to stay in, the provision of an office for the Pathway management team and fundraising events including comedy nights and orchestral concerts.

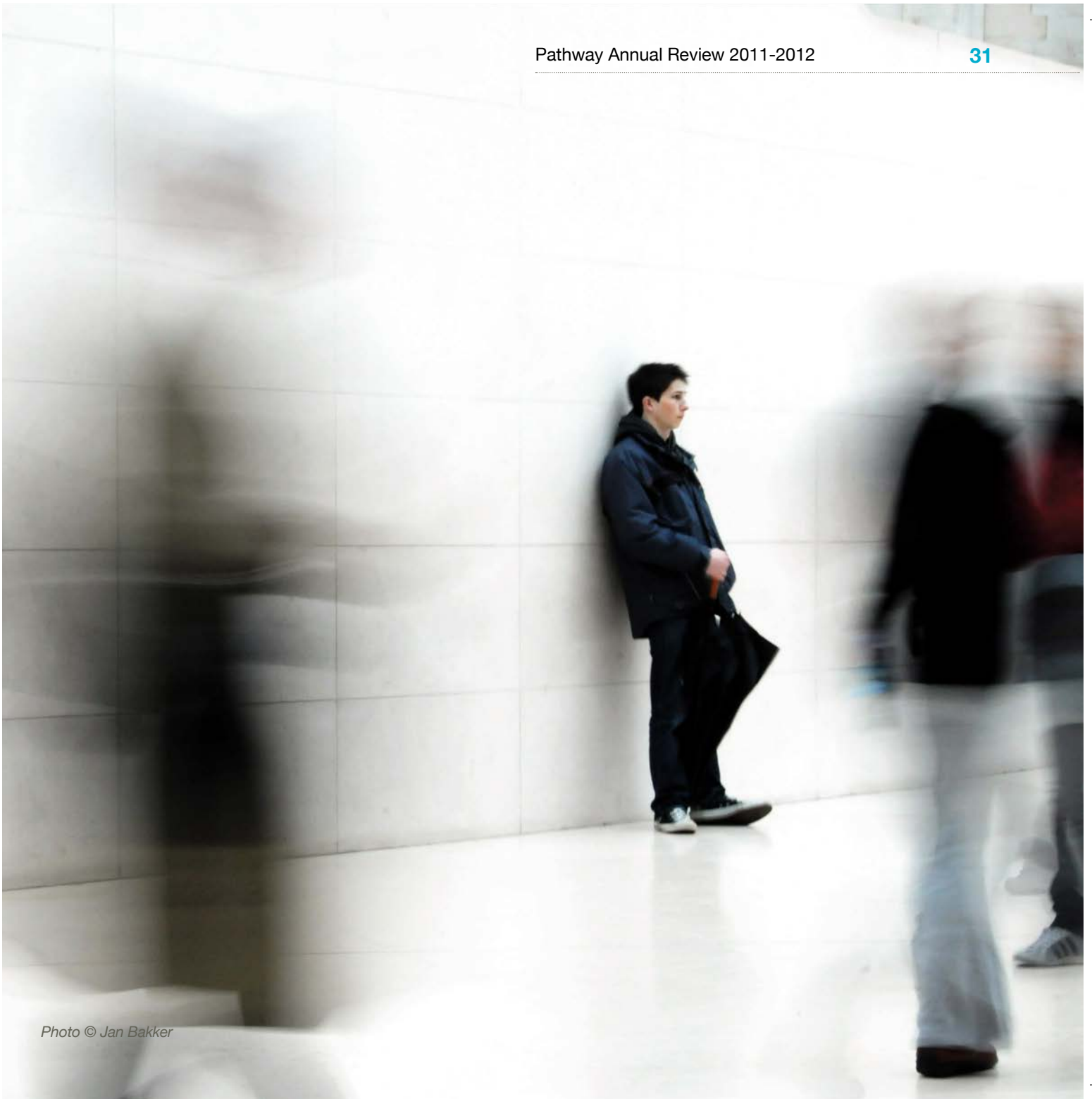
# What we are doing

## To help us help the most vulnerable in our society, you can contribute to Pathway by:

- **Filling out our Standing Order slip**
- **Donating on-line via our website: [www.pathway.org.uk](http://www.pathway.org.uk)**
- **Texting PATH45 and the amount you would like to give to 70070**
- **Posting a cheque (payable to The London Pathway) to:  
Alex Bax, Chief Executive, Pathway,  
c/o UCLH Charity, 5th Floor East,  
250 Euston Road, London NW1 2PG**
- **Emailing us with your ideas - [info@pathway.org.uk](mailto:info@pathway.org.uk)**

**We welcome with grateful thanks any contributions and creative approaches to supporting our work.**

# We look forward to hearing from you!



*Photo © Jan Bakker*



*Since becoming involved with Pathway, I've been impressed with the dedication and enthusiasm of all involved. This includes the staff, supporters and trustees not to mention the response of our target homeless audience. This is a neglected sector and I am confident Pathway will achieve great success.'*

**David Pascall**  
**Vice Chair**

## Trustees



**Professor Aidan Halligan**  
**(Chair)**



**Mr David Pascall**  
**CBE (Vice Chair)**



**Ms Cathy James**



**Sir Ian Kennedy**



**Mr Stephen Robertson**



**Professor Lord Kakkar**



**Sir Peter Dixon**



# Our thanks to...

## Funders

Barts and the London NHS Trust  
 Brighton and Sussex University NHS Trust  
 Camden and Westminster Primary Care Trusts  
 Department of Health, Inclusion Health  
 Greater London Authority  
 Guys and St Thomas' Charity  
 The Health Foundation  
 London Catalyst  
 The London Housing Foundation  
 National Institute for Health Research  
 The Oak Foundation  
 Royal Free Hospital NHS Foundation Trust  
 University College London Hospitals  
 NHS Foundation Trust  
 UCLH Charities  
 Worshipful Company of Leathersellers

## Partners

TB Find and Treat  
 University College London Hospitals  
 NHS Foundation Trust  
 UCL Partners

## Donors

Arup  
 Double Tree by Hilton London, Westminster:  
 complimentary rooms for business use by  
 members of Pathway staff  
 Motherlode: design of Pathway's logo  
 UCLH Charities: office accommodation and  
 associated services  
 UCLH Charities Samaritan Fund: purchase of  
 clothing and provision of emergency funding  
 for destitute patients  
 Paul, a homeless patient at UCLH

## Patrons

Cardinal Cormac Murphy O'Connor  
 Archbishop Emeritus of Westminster  
 Dr Rowan Williams  
 The Archbishop of Canterbury  
 Ken Livingstone

## Trustees

Professor Aidan Halligan (Chair)  
 Mr David Pascall CBE (Vice Chair)  
 Ms Cathy James  
 Chief Executive PCaW  
 Sir Ian Kennedy  
 Professor Lord Kakkar  
 Sir Peter Dixon  
 Mr Stephen Robertson  
 Chief Executive The Big Issue Foundation

## Awards

Andy Ludlow Homelessness Award 2010  
 Winner 2012 HSJ Award (Patient Centred Care)  
 Shortlisted for GSK Impact Awards 2013

## Pathway Teams:

### Pathway staff

Alex Bax  
 Chief Executive  
 Dr Nigel Hewett  
 Medical Director  
 Stephanie Swan  
 Finance and Administration Director  
 Trudy Boyce  
 Senior Healthcare Navigator Coordinator  
 Stan Burridge  
 Research & Administrative Officer

### UCLH

Florence Cumberbatch  
 Homeless Healthcare Nurse Practitioner  
 Josephine Mavromatis  
 Senior Care Navigator  
 Dr Tim Robson  
 Consultant GP  
 Dennis Rogers  
 Care Navigator Trainee

### Brighton & Sussex Hospital

Dr Christopher Sargeant  
 Consultant GP  
 Penny Johnson  
 Homeless Healthcare Nurse Practitioner  
 Leila Powell  
 Research Project Coordinator

## The London Hospital

Dr Peter Buchman  
 Consultant GP  
 Jefflyn Musariri Nzara  
 Homeless Healthcare Nurse Practitioner

## Royal Free Hospital

Dr Caroline Shulman  
 Consultant GP  
 Betty Lwanga  
 Homeless Healthcare Nurse Practitioner

## Other

Jeremy Banks  
 The Big Issue  
 The Charity Fundraiser  
 The College of Medicine  
 Staff at: Camden Council  
 Islington Council  
 Westminster Council  
 Tower Hamlets Council

### Crisis

### Members of the Faculty for Homeless & Inclusion Health

Professor Graham Foster  
 Queen Mary's University of London  
 Groundswell

### Health E1 Practice

### HomelessLink

Sir Michael Marmot  
 and the UCL Institute of Health Equity

### New Philanthropy Capital

### The Passage

### St Martins in the Fields

### Thames Reach

### St Mungo's

### Highway of Holiness Church

### Shelter from the Storm

### Royal Free Choral Society

### The Beckenham Big Band

Rev. Tim Hide  
 Vicar, St Barnabas, Beckenham

The staff at UCLH Charities and the many  
 other organisations and individuals who  
 have helped us so far

# Values

- Compassion and kindness must be defining characteristics of any service claiming to improve health outcomes.
- Our client group (homeless people and other multiply-excluded groups) needs fully integrated, patient-centred services. This means agencies and professionals working together to co-ordinate care for all the problems, health or otherwise, in a patient's life, including their lack of housing.
- The most vulnerable people in our society deserve the highest standards of professional and medical care. Medical professionals should never seek to avoid difficult cases or problems.
- Our clients are able to change. They are individuals able to take control and make decisions about their own care and lives.
- We believe in the NHS and its values. Pathway's purpose is to transform the way NHS services are delivered to homeless people, not to replace those services
- We believe in valuing staff. Care for damaged and challenging patients demands exceptional staff who themselves need the best possible support.
- We believe in evidence-based practice. We are committed to openness, continual monitoring of our practice, evaluating our results, learning from others and developing the research base for improved understanding of medical practices for the socially excluded.
- People with lived experience of homelessness should always be part of our organisation as expert advisors and staff. They will ensure we never lose touch with the real issues our patients have to deal with.

# Vision

Our vision is that compassionate, patient-centred, holistic and integrated care for the most vulnerable people will lead to substantial improvements in their health and contribute to their return to mainstream society.

Our mission is to transform the quality of healthcare experienced by the most marginalised citizens in British society, particularly rough sleepers and single homeless people. We will do this by continually developing and sharing the best models of compassionate care.



*All of us at Pathway extend our sincere thanks to the variety of organisations and individuals who share our vision of a more equal society."*

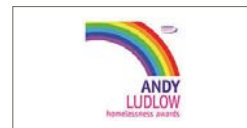
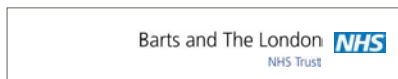




## Healthcare for homeless people

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London NW1 2PG

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email: [info@pathway.org.uk](mailto:info@pathway.org.uk)  
web: <http://www.pathway.org.uk>



patient centred  
care category