The Royal College of Emergency Medicine

Clinical Audits

FACULTY FOR HOMELESS AND INCLUSION HEALTH

Royal College of Physicians

EXCELLENCE IN EMERGENCY MEDICINE

Inclusion Health Clinical Audit 2015-16

Pilot Report – Organisational Audit

Published: 22 December 2015

Contents

Foreword

Homeless people represent some of the most vulnerable individuals in our society. It is surely a marker of a civilised society that care and concern for these people is reflected in the provision of appropriate healthcare services.

This first pilot audit seeks to quantify provision of these services and act as a catalyst for future improvement projects.

Dr Clifford Mann
President, Royal College of Emergency Medicine

An audit of ED's in areas with significant numbers of homeless people has identified a number of simple measures which can improve care, with the prospect of reducing the number of medical emergencies experienced by homeless people.

The RCEM is working with the Faculty for Homeless and Inclusion Health to encourage more ED's to improve their care of homeless people.

Dr Nigel Hewett
Secretary to the Faculty for Homeless and Inclusion Health

Homeless people deserve the best medical treatment possible. The RCP is committed to improving quality of care for homeless patients, and supporting clinicians to reduce health inequalities.

I am proud to work with RCEM and Pathway on this important project. Together we are in a position of strength to make a positive change.

Prof. Jane Dacre
President, Royal College of Physicians

Executive summary

The purpose of this pilot audit was to stimulate improved outcomes for homeless people attending EDs. Standards were set by the Faculty for Homeless and Inclusion Health, in collaboration with RCEM.

A total of 23 Emergency Departments were included in this organisational pilot clinical audit.

EDs are ideally placed to support the work of primary care teams as homeless patients are nearly 5 times more likely to attend ED than housed-controls[1]. Homelessness is estimated to have increased by 40% over the past 4 years, therefore it is essential that ED staff are trained appropriately.

Summary of organisational findings

This is the first time that a national multi-centre clinical audit of ED care for homeless people has been carried out in the UK.

Markers of good ED organisational preparation for managing homeless patients have been identified and successfully piloted in 23 ED's across the UK. We have shown that organisational standards for homeless patients can be audited and benchmarked.

As expected there is considerable scope for improvement, and RCEM in partnership with the Faculty for Homelessness and Inclusion Health and the Royal College of Physicians, will be developing learning tools to support ED's to improve their performance. RCEM intend to test for improvement by repeating this audit in 2016.

Organisational recommendations and next steps

1. To provide the best level of service EDs should ensure that systems are in place to identify and record homeless patients.
2. All ED staff should be made aware of the homelessness information for staff, if available. If a pack is not currently available, consider developing one with relevant up-to-date information.
3. Discuss explicitly including homeless people in your safeguarding policy for vulnerable adults.
4. Consider linking multi-agency care plans to alerts for frequent attenders.

This report should be read in conjunction with the patient audit report, also published 22 December 2015.

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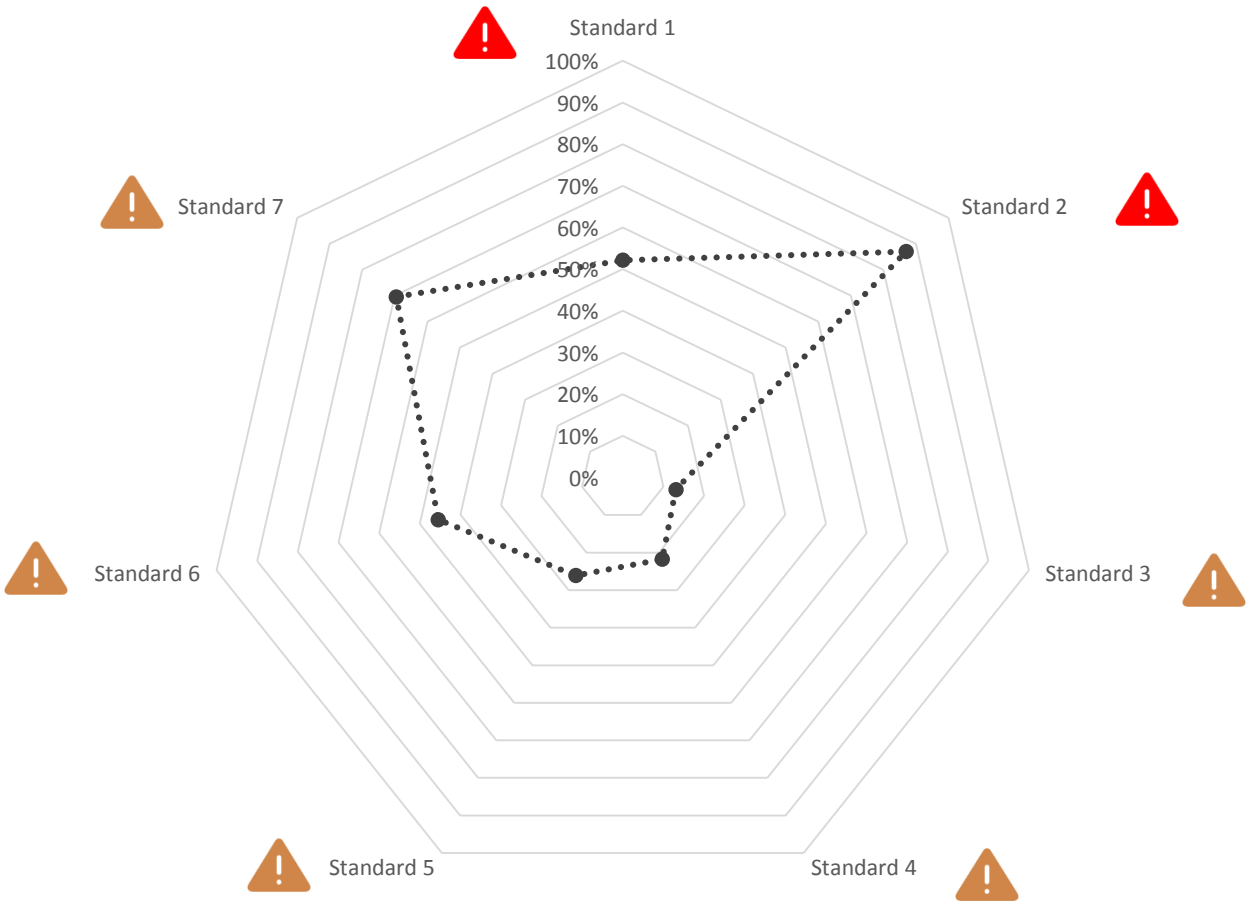
[1] Office of the Chief Analyst. Healthcare for single homeless people. Department of Health, 2010. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250

This graph shows the national performance on all organisational standards for this audit.



Standard 1: Homeless patients are identified and recorded by ED staff
Standard 2: Discharge letter is generated and sent to primary care, if the patient is registered with a GP
Standard 3: Homelessness staff information pack is available and reviewed annually, with details of Streetlink, local street outreach, day centres, alcohol, drug and specialist targeted health services, and information on out of hours services
Standard 4: Homeless patient leaflets are available in the ED, with details of day centres, alcohol, drug and specialist targeted health services, and information on out of hours services
Standard 5: Trust has a policy for safeguarding vulnerable adults in A&E (including homeless)
Standard 6: Trust has a system of recording alerts and multi-agency care plans for high risk or frequent attenders accessible at point of contact
Standard 7: In department alcohol assessment, brief advice and referral is available according to NICE guidance

↑ **Higher scores (e.g. 100%)** indicate higher compliance with the standards and better performance.
↓ **Lower scores (e.g. 0%)** indicate that your ED is not meeting the standards and may wish to investigate the reasons.

Introduction

"Inclusion Health" addresses the health care needs of the socially excluded, who experience the extremes of health inequalities. Needs are characterised by complexity, often involving the combination of physical ill health with mental illness and drug or alcohol dependency in the context of a lack of social support and personal resilience. Individuals may be homeless, sex workers, vulnerable migrants or Gypsies and Travellers.

This pilot audit focuses on the needs of homeless people, including rough sleepers and members of the street community (squats, sofa surfers, hostel dwellers and others in insecure accommodation).

An effective response to this complexity requires multi-agency coordination and links to appropriate services and support.

The Faculty for Homeless and Inclusion Health is a multi-disciplinary network of clinicians and service users, supported by Pathway Charity, with the aim of improving the quality of health care for homeless people and other excluded groups. The Faculty publishes Standards for Commissioners and Providers. V2.0 was commissioned by DH and endorsed by the Royal College of Physicians.

V3.0 of the Standards is in preparation, and will include more recommendations for secondary care and emergency departments. As part of this process the Royal College of Emergency Medicine has supported a pilot homeless health audit, carried out in selected Emergency departments in preparation for Christmas period 2015.

Twenty-three EDs participated in the pilot organisational audit.

Endorsements

This report has been endorsed by:

The Royal College of Emergency Medicine

FACULTY FOR HOMELESS AND INCLUSION HEALTH

Royal College of Physicians

Crisis

Qni The Queen's Nursing Institute

Understanding the different types of standards

 **Fundamental:** need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels and service provision need to be in accordance with at least these fundamental standards. No provider should provide any service that does not comply with these fundamental standards, in relation to which there should be zero tolerance of breaches.

 **Developmental**: set requirements over and above the fundamental standards.

 **Aspirational**: setting longer term goals.

Standards

The audit asked questions against standards published by The Faculty for Homeless and Inclusion Health and RCEM in September 2015.

Organisational Standards relevant to the audit

Below are listed the organisational standards relevant to this pilot audit. For the full list of organisational standards, please see the appendix.

Standard
Fundamental
1. Homeless patients are identified and recorded by ED staff
2. Discharge letter is generated and sent to primary care, if the patient is registered with a GP
Developmental
3. Homelessness staff information pack is available and reviewed annually, with details of Streetlink, day centres, alcohol, drug and specialist targeted health services, and information on out of hours services
4. Homeless patient leaflets are available in the ED, with details of day centres, alcohol, drug and specialist targeted health services, and information on out of hours services
5. Trust has a policy for safeguarding vulnerable adults in A&E (including homeless)
6. Trust has a system of recording alerts and multi-agency care plans for high risk or frequent attenders accessible at point of contact
7. In department alcohol assessment, brief advice and referral is available according to NICE guidance

Audit history

'Homeless people constitute a red flag symptom, marking a significantly increased risk of ill health and premature death. For too long, the NHS has dismissed these vulnerable minority groups as simply an issue of housing and social care, but there is a growing body of evidence that long-term 'dispossession' is fundamentally an issue of health. These disadvantaged groups lack work, home and health.'

Late Professor Aidan Halligan
Former Chair, Faculty for Homeless and Inclusion Health
College of Medicine

Aims and objectives

The purpose of the audit is:

- To pilot the feasibility of a national clinical audit on homeless healthcare in the ED.
- To provide a baseline for future comparison and full national clinical audit.
- To identify current performance in UK Emergency Departments (EDs) against Faculty for homelessness and inclusion health standards (revised September 2015).
- To identify areas for national improvement and facilitate quality improvement.

Inclusion criteria

The first 20 unique patients meeting all the following criteria for inclusion:

- Adult patients past their 16th birthday attending the ED
- Homeless people, including
    - rough sleepers
    - no fixed abode or
    - street community

Exclusion criteria

- Patients aged 15 or under
- Patients currently residing at a hostel*
- Repeat visits of the same patient within the data collection period

*Due to anticipated difficulties in distinguishing hostels from other residential addresses, particularly in large towns and cities.

Format of this report

The table overleaf shows the overall results of all pilot trusts. More detailed information about the distribution of audit results can be obtained from the charts on subsequent pages of the report.

Please bear in mind the comparatively small sample sizes when interpreting the charts and results.

Feedback

We would like to know your views about this report, and participating in this audit. Please let us know what you think, by completing our feedback survey: www.surveymonkey.co.uk/r/T2JMZF9

We will use your comments to help us improve our future audits and reports.

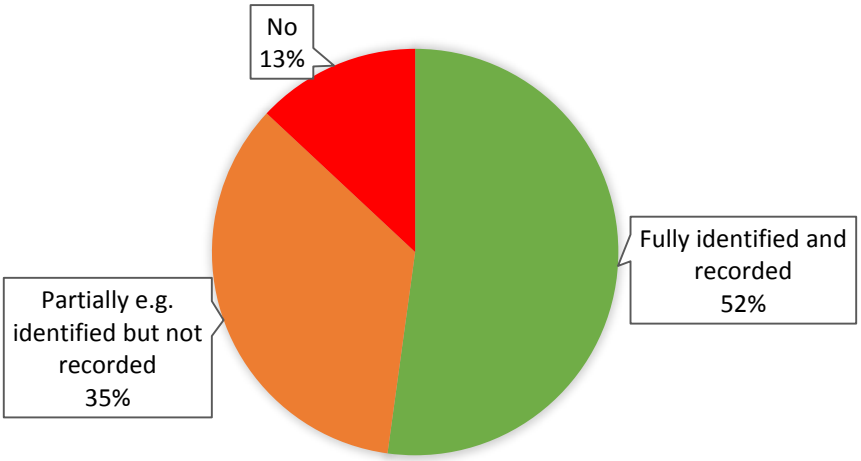
Summary of pilot organisational audit findings

Organisational audit	Standard	Mean	Number of EDs fully meeting standard
Fundamental			
1. Homeless patients are identified and recorded by ED staff	100%	52%	12/23
2. Discharge letter is generated and sent to primary care, if the patient is registered with a GP	100%	87%	20/23
Developmental			
3. Homelessness staff information pack is available and reviewed annually with details of Streetlink, local street outreach, day centres, alcohol, drug and specialist targeted health services, and information on out of hours services	100%	13%	3/23
4. Homeless patient leaflets are available in the ED, with details of day centres, alcohol, drug and specialist targeted health services, and information on out of hours services	100%	22%	5/23
5. Trust has a policy for safeguarding vulnerable adults in A&E (including homeless)	100%	26%	6/23
6. Trust has a system of recording alerts and multi-agency care plans for high risk or frequent attenders accessible at point of contact	100%	45%	10/22
7. In department alcohol assessment, brief advice and referral is available according to NICE guidance	100%	70%	17/23

Organisational audit findings

This section gives details about the infrastructure, policies and organisation of pilot site EDs

Q1 Do staff in the Emergency Department identify and record homeless patients?



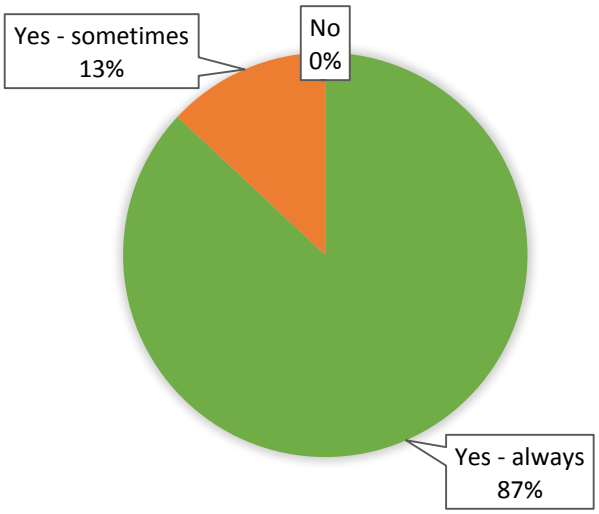
Q2: Proportion of patients attending identified as homeless

Mean attendances per ED[2] over past 3 months: 18,210 (range: 6,175-30,077)

Mean attendances per ED[3] by homeless patients over past 3 months: 143 (range: 2-704)

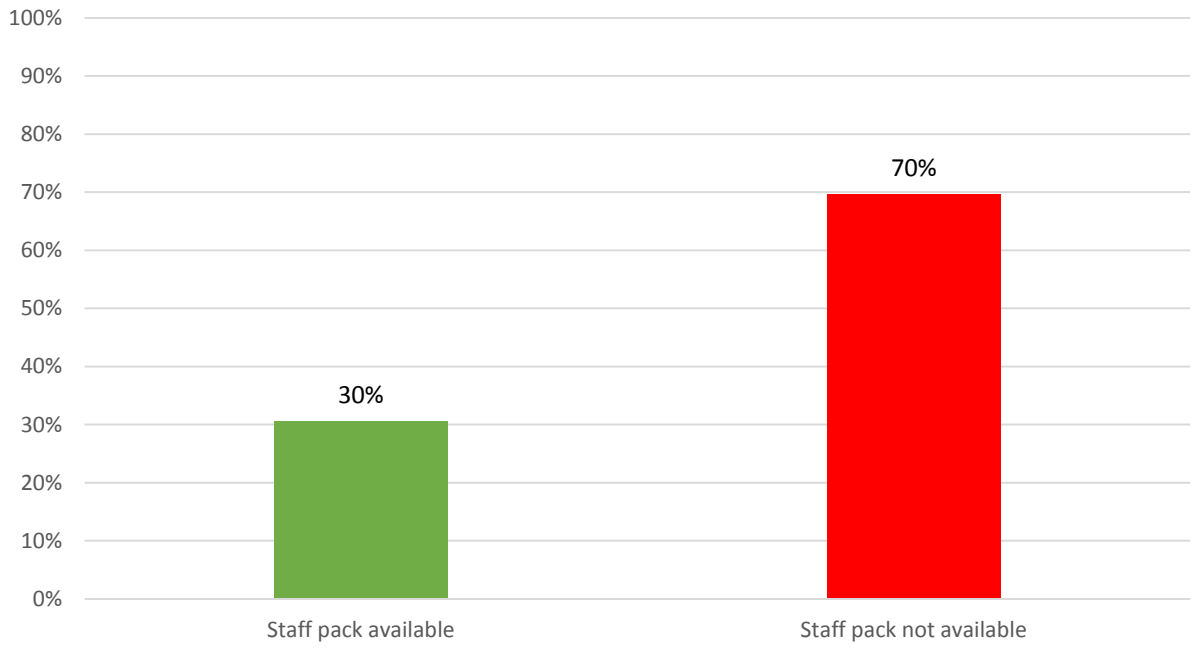
Number of EDs that reported not recording this information: 12/23

Q3: Are discharge letters generated and sent to primary care, if the patient is registered with a GP?

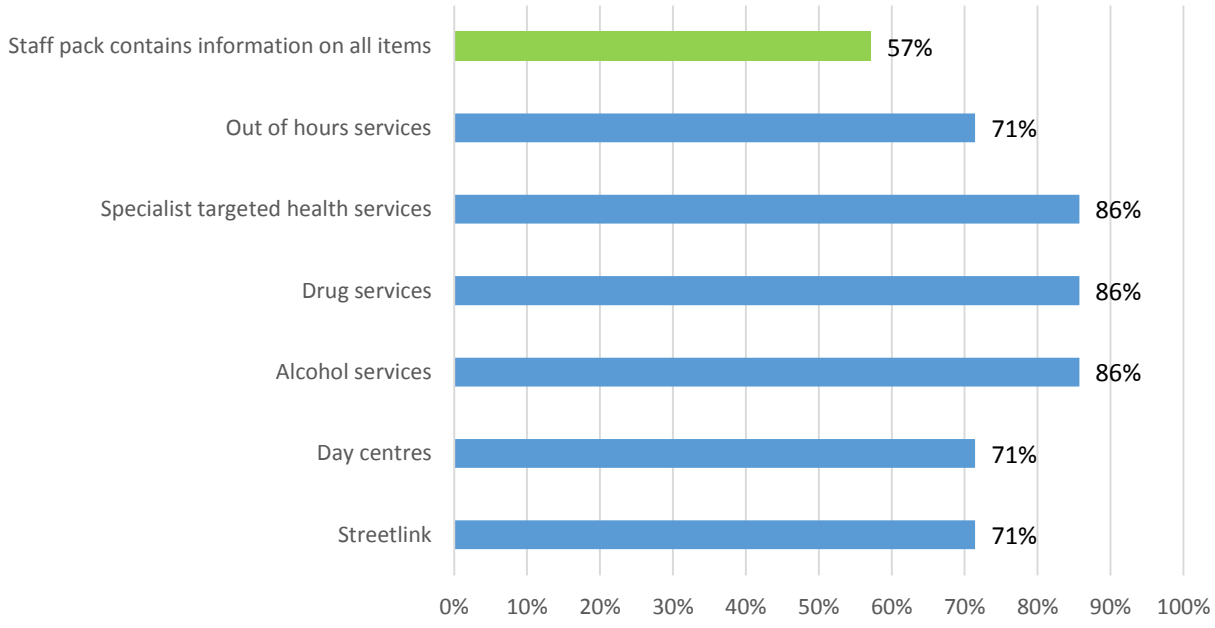


[2] Data available for 16/23 EDs
[3] Data available for 14/23 EDs

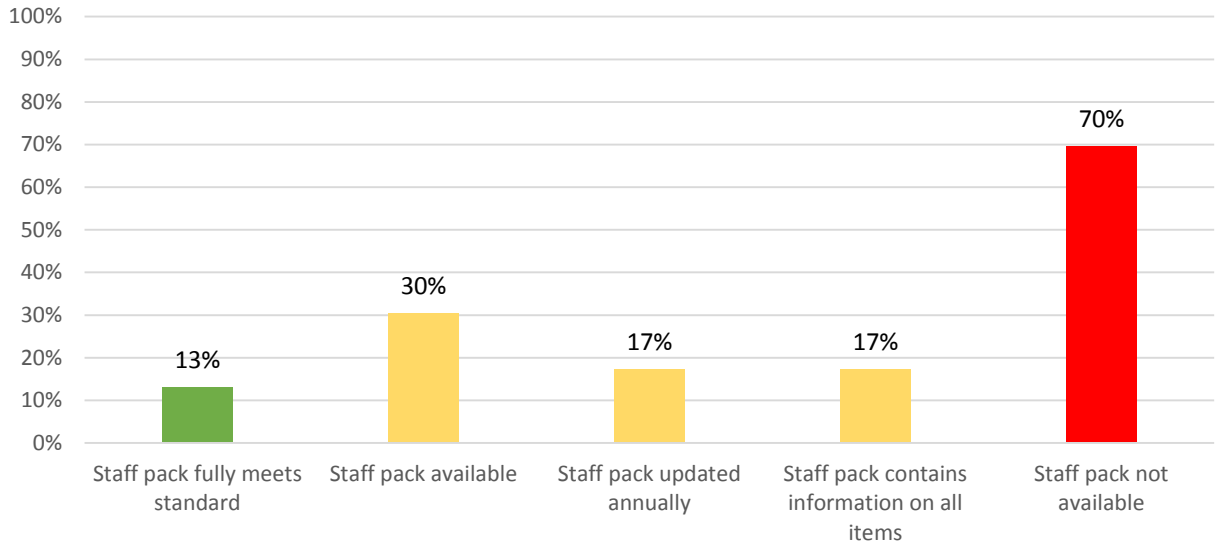
Q4: Is a homelessness information pack for staff available?



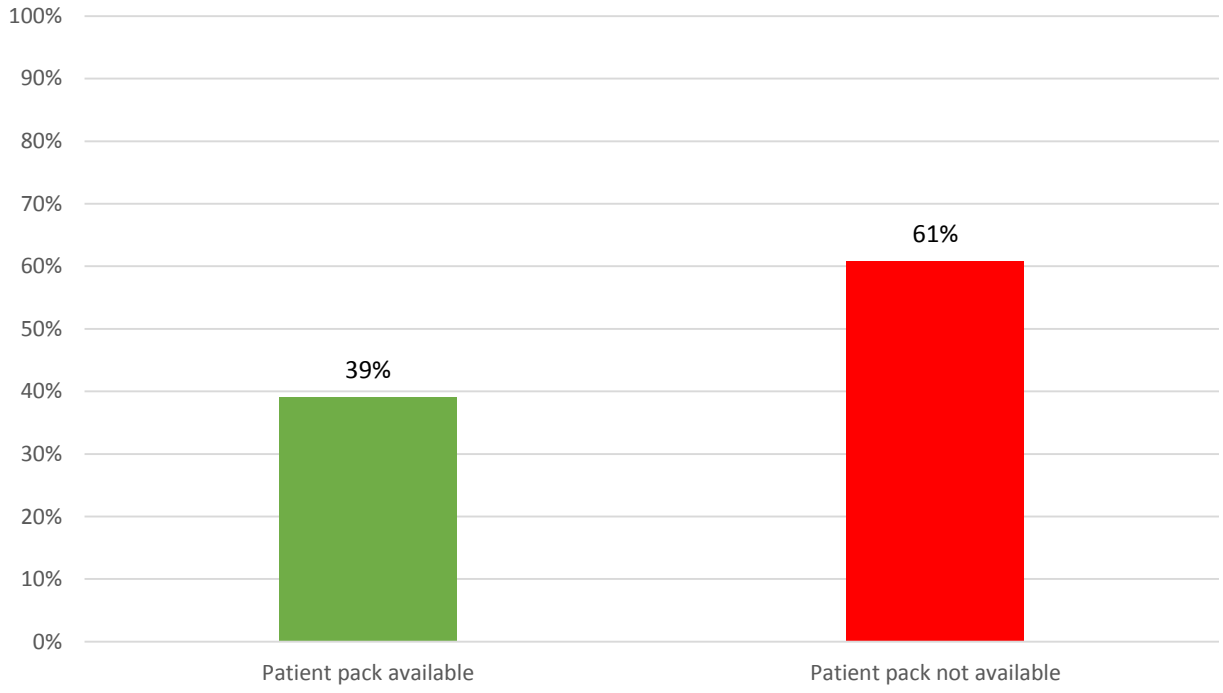
Q4b: where available, the homelessness information pack for staff contains information on the following:



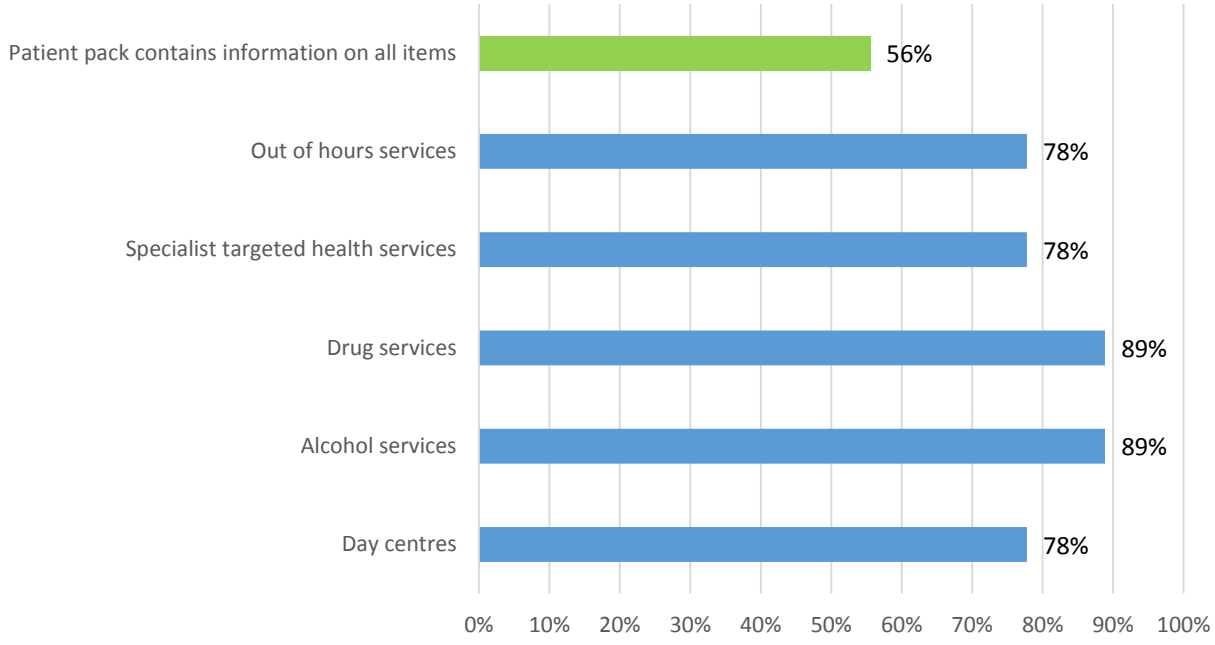
Q4: Homelessness information pack for staff is available and reviewed annually with details of Streetlink, day centres, alcohol, drug and specialist targeted health services, and information on out of hours services



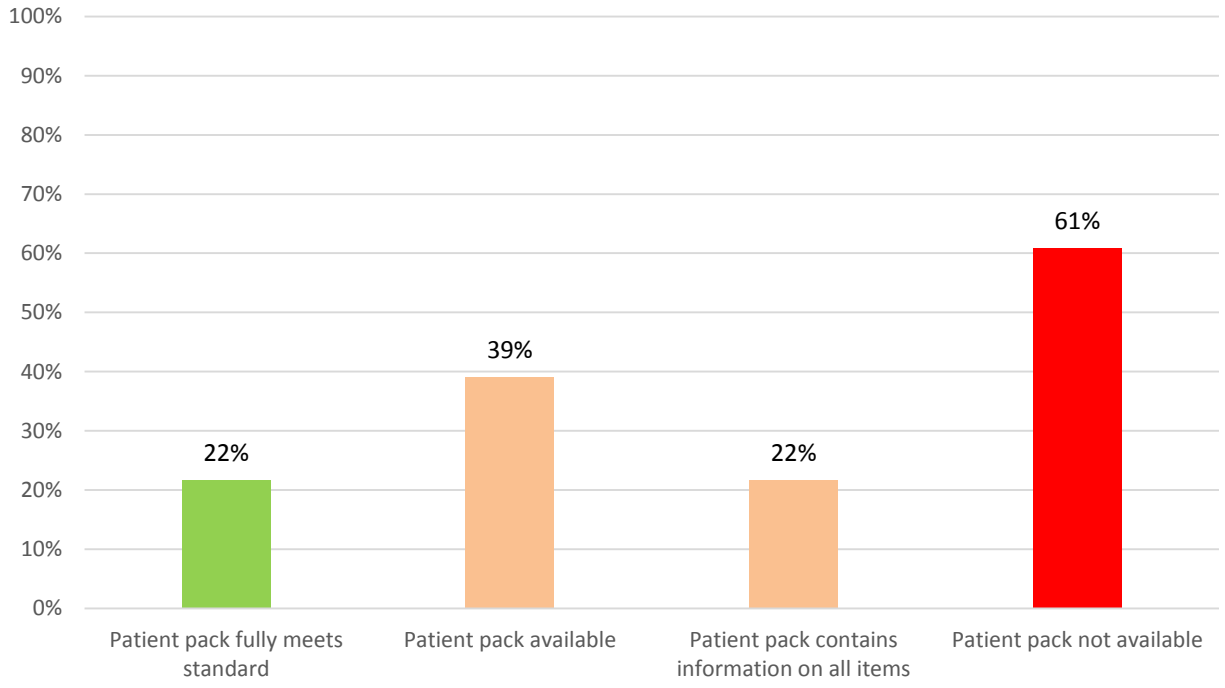
Q5: Are homeless patient leaflets available in the ED?



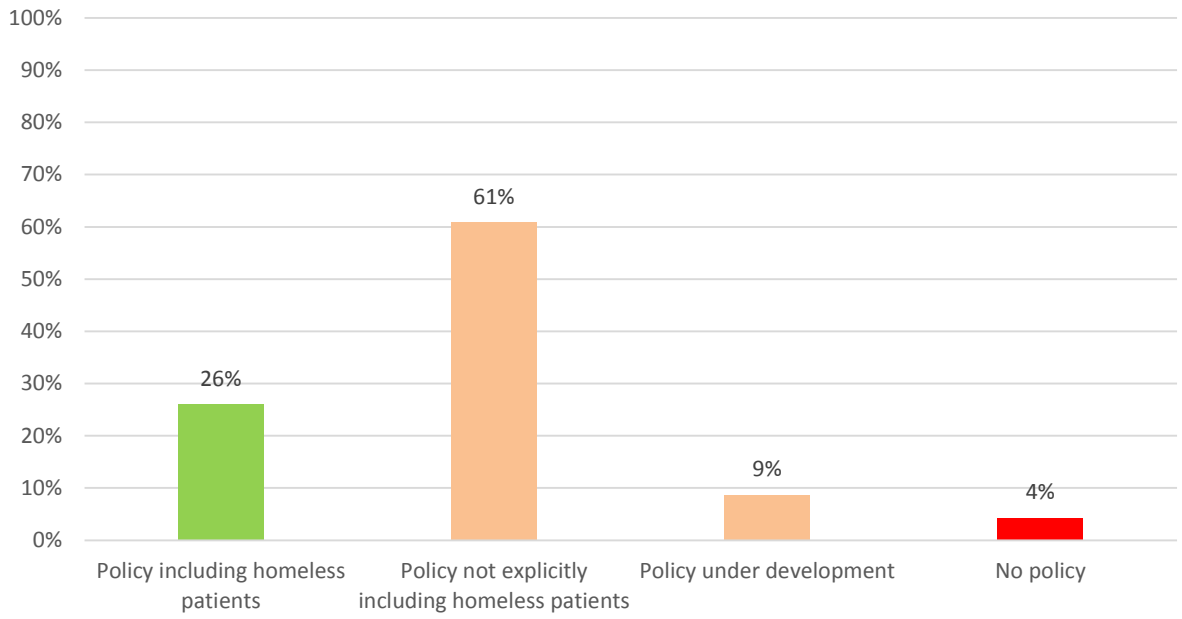
Q5: Do the homeless patient leaflets contain information on the following:



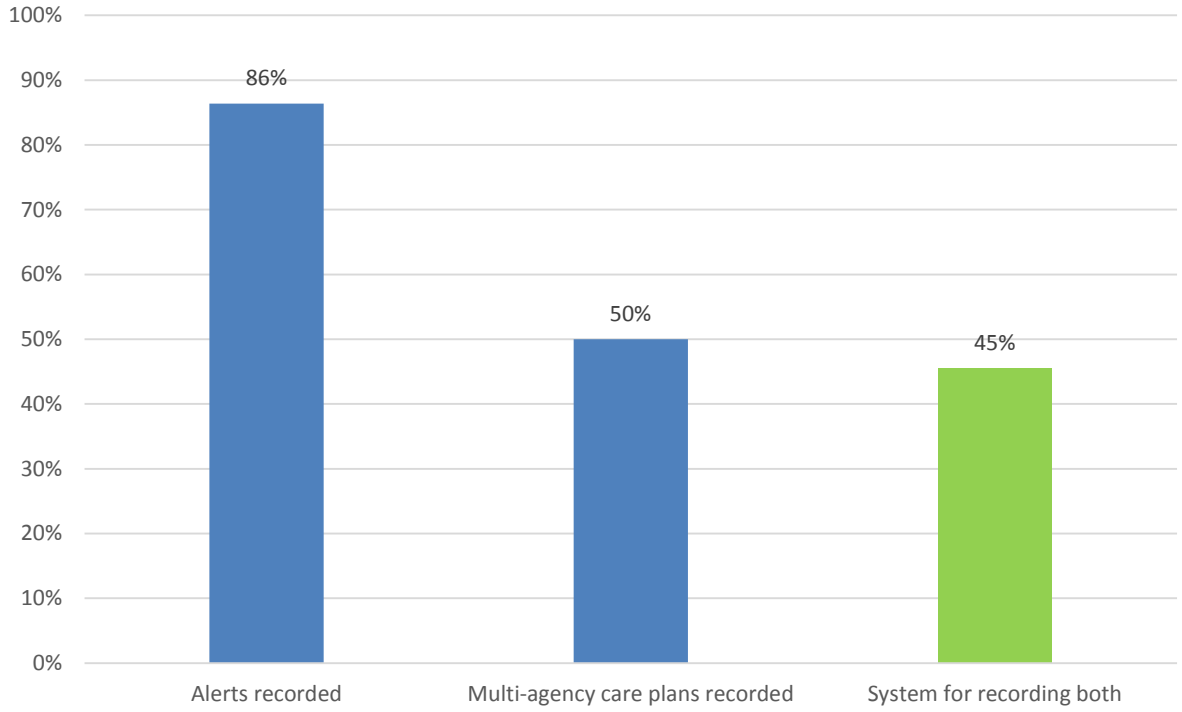
Q5: Homeless patient leaflets are available in the ED, with details of day centres, alcohol, drug and specialist targeted health services, and information on out of hours services



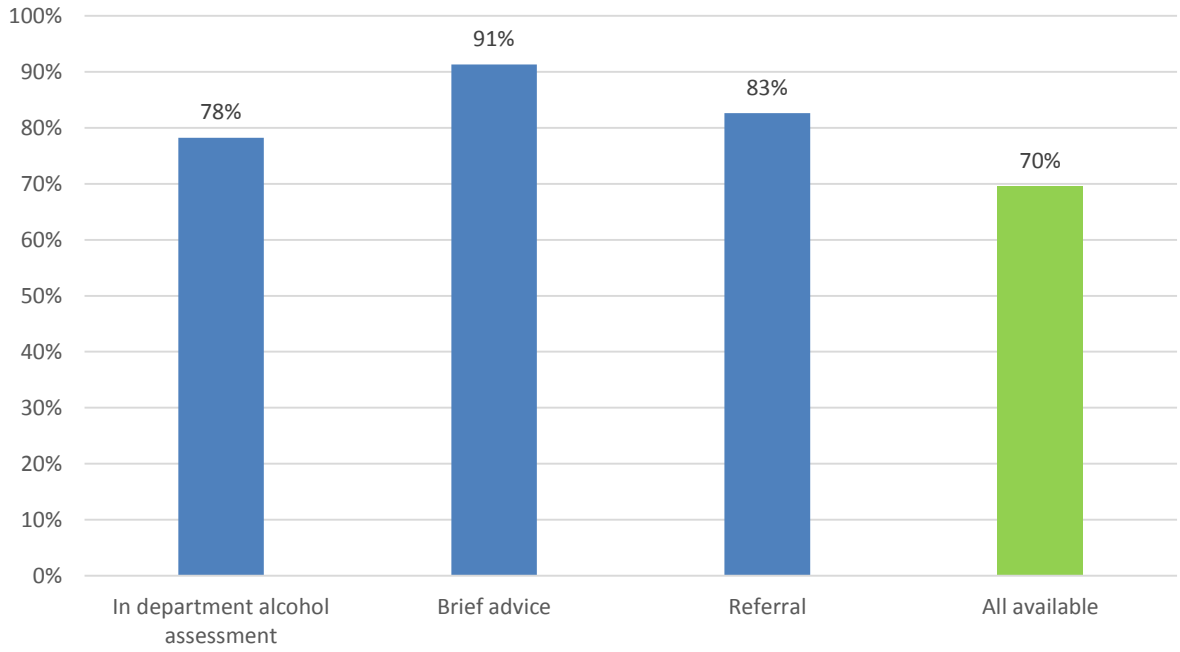
Q6: Does the Trust have a policy for safeguarding vulnerable adults in A&E?



Q7: Does the Trust have a system of recording alerts and multi-agency care plans for high risk or frequent attenders?



Q8: Is the following available according to NICE guidance?



Summary of recommendations

Use the results of this audit to improve the systems and organisation of care for homeless patients in your organisation.

1. To provide the best level of service EDs should ensure that systems are in place to identify and record homeless patients.

2. All ED staff should be made aware of the homelessness information for staff, if available. If a pack is not currently available, consider developing one with relevant up-to-date information.

3. Discuss explicitly including homeless people in your safeguarding policy for vulnerable adults.

4. Consider linking multi-agency care plans to alerts for frequent attenders.

Further Information

Thank you for taking part in this audit. We hope that you find the results helpful.

If you have any queries about the report please e-mail audit@rcem.ac.uk or phone 020 7067 1269.

Feedback is welcome at: www.surveymonkey.co.uk/r/T2JMZF9

Details of the RCEM Clinical Audit Programme can be found under the Clinical Audit section of the College Website at www.rcem.ac.uk.

Useful Resources

- National report – patient audit
- CSV data file – allows you to conduct additional local analysis using your site-specific data for this audit (for pilot sites only)
- Resources, links and papers on the Pathway website: www.pathway.org.uk
- Examples of local guidance and proformas: www.rcem.ac.uk/Shop-Floor/Clinical%20Guidelines/Local%20Guidelines

Report authors and contributors

This report is produced by the Royal College of Emergency Medicine, with endorsement from the Royal College of Physicians, Faculty for Homeless and Inclusion Health, Crisis and The Queen's Nursing Institute.

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Endorsed by:

The Royal College of Emergency Medicine

FACULTY FOR HOMELESS AND INCLUSION HEALTH

Royal College of Physicians

Crisis

Qni The Queen's Nursing Institute

References

1. Office of the Chief Analyst. Healthcare for single homeless people. Department of Health, 2010. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250

2. Faculty for homelessness and inclusion health – standards for commissioners and service providers (sept 2013) http://www.pathway.org.uk/wp-content/uploads/2014/01/Standards-for-commissioners-providers-v2.0-INTERACTIVE.pdf

3. Data dictionary guidance on postcodes

4. HSCIC guidance on postcodes

5. ISD Scotland guidance on postcodes

6. NICE alcohol guidance

Appendix 1: Full standards list

Standard
Fundamental
1. Homeless patients are identified and recorded by ED staff
2. Discharge letter is generated and sent to primary care, if the patient is registered with a GP
3. Drug use as direct cause for presentation is identified and recorded
4. Alcohol use as direct cause for presentation is identified and recorded
Developmental
5. ED has access to NHS spine to identify registered GP
6. Homelessness staff information pack is available and reviewed annually, with details of Streetlink, local street outreach, day centres, alcohol, drug and specialist targeted health services, and information on out of hours services
7. Homeless patient leaflets are available in the ED, with details of day centres, alcohol, drug and specialist targeted health services, and information on out of hours services
8. Designated link nurse for homelessness in the department
9. Follow up plan is documented in the patient notes
10. Trust has a policy for safeguarding vulnerable adults in A&E (including homeless)
11. Trust has a system of recording alerts and multi-agency care plans for high risk or frequent attenders accessible at point of contact
12. In department alcohol assessment, brief advice and referral is available according to NICE guidance
13. In department drug assessment, brief advice and referral is available
14. Multidisciplinary forum organised regularly to discuss homeless frequent attenders with community support services
Aspirational
15. Lead consultant for homelessness and/or vulnerable groups
16. ED has access to GP records
17. Prioritised pathways for high risk homeless groups: e.g. Homeless IVDU attending with suspected DVT will be unlikely to return for USS next day - need to be prioritised to prevent DNA and re-attendance
18. Identified process to locate homeless persons with abnormalities on results after leaving department (e.g. check previous records for addresses / contact numbers; Check CHAIN (if in London); Check Spine; Check psych system. If all no leads add alert in case of next attendance, contact police if urgent)
19. Homeless patients further defined and recorded as "rough sleepers" (actually sleeping outside) or "street community"(includes all short term or insecure accommodation such as sofa surfing, squatting or living in hostels and shelters)

20. Process to facilitate GP registration where necessary (e.g. GP Service that has an open policy to homeless patients & agreement to temp register for follow-up or continued primary care
21. Shared list of high risk/vulnerable patients across health and social care and street outreach services
22. Method of obtaining feedback on how patients felt they were treated and if their problems were addressed e.g. friends and family test
23. Robust and regular contact to provide link to community support organisations for rough sleepers and other vulnerable groups
24. Designated worker or team to support follow up from A&E
25. Process to record people using waiting room for shelter without booking in
26. Care for staff: Training to provide alcohol brief intervention for homelessness, including quick risk assessment and signposting
27. Care for staff: Support or clinical supervision available for staff dealing with homeless patients.
28. Training for staff on homelessness and helping homeless patients
29. Bookable slots with a specialist local homeless nurse (linked with GP) service 3 times weekly to manage primary care (chronic illness, wounds etc).
30. Specialist homelessness practitioner or team on site

Appendix 2: Audit questions and definitions

Please answer the following organisational questions once per emergency department only

Q1	Do staff in the Emergency Department identify and record homeless patients?	Fully identified and recorded	
		Partially e.g. identified but not recorded	
		No	
Q2a	Number of ED attendances over the past three months (over 16 years of age)[1]	*[number]*	
Q2b	Number of ED attendances from homeless patients over the past three months (over 16 years of age)[2]	*[number]*	
		Data not available/known	
Q3	Are discharge letters generated and sent to primary care, if the patient is registered with a GP?	Yes – always	
		Yes – sometimes	
		No	
Q4a	Is a homelessness staff information pack available?	Yes	
		No	
Q4b	If yes: Does the homelessness staff information pack contain information on the following: (tick all that apply)	Streetlink	
		Day centres	
		Alcohol services	
		Drug services	
		Specialist targeted health services	
		Out of hours services	
Q4c	If yes: Has the homelessness staff information pack been reviewed in the past 12 months?[3]	Yes	
		No	
Q5a	Are homeless patient leaflets are available in the ED?	Yes No	
Q5b	If yes: Do the homeless patient leaflets contain information on the following: (tick all that apply)	Day centres	
		Alcohol services	
		Drug services	
		Specialist targeted health services	
		Out of hours services	
Q6	Does the Trust have a policy for safeguarding vulnerable adults in A&E?	Yes – explicitly including homeless patients Yes – but not explicitly including homeless patients Policy under development No	
Q7	Does the Trust have a system of recording alerts for high risk or frequent attenders?	Yes – accessible at point of contact Yes – not accessible at point of contact No	

Q8	Does the Trust have a system of recording multi-agency care plans for high risk or frequent attenders?	Yes – accessible at point of contact Yes – not accessible at point of contact No	
Q9	Is the following available according to NICE guidance? [4]	In department alcohol assessment	
		Brief advice	
		Referral	

Notes

Definitions

[1] Number of adult patients attending the ED between 1 September – 30 November 2015, including repeat attendances within this period.

[2] Number of homeless adult patients attending the ED between 1 September – 30 November 2015, including repeat attendances. Include rough sleepers, street community and patients with no fixed address.

[3] Is there documentation that the homelessness staff information pack has been reviewed between 23 November 2014 and 23 November 2015?

[4] NICE guidance: http://pathways.nice.org.uk/pathways/alcohol-use-disorders/brief-interventions-for-alcohol-use-disorders

Appendix 3: Participating Emergency Departments

We are grateful to all pilot site Emergency Departments for helping with the development and piloting of the audit.

- Aintree University Hospital, Aintree University Hospital NHSFT
- Arrowe Park Hospital, Wirral University Teaching Hospital (WUTH) NHS Foundation Trust
- Croydon University Hospital, Croydon Health Services NHS Trust
- Frimley Park Hospital, Frimley Health NHSFT
- Gloucester Royal Hospital, Gloucestershire Hospitals NHSFT
- King's College Hospital, King's College Hospital NHSFT
- Lagan Valley Hospital, South Eastern Trust
- Leighton Hospital, Mid Cheshire Hospitals NHSFT
- Lincoln County Hospital , United Lincolnshire Hospitals NHS Trust
- Macclesfield Hospital, East Cheshire NHS Trust
- Mater Misericordiae University Hospital, Dublin
- Musgrove Park Hospital, Taunton and Somerset NHS Foundation Trust
- Queen Alexandra Hospital, Portsmouth Hospitals Trust
- Royal Berkshire Hospital, Royal Berkshire NHS Foundation Trust
- Royal Cornwall Hospital, Royal Cornwall Hospitals Trust
- Royal United Hospital Bath, Royal United Hospitals Bath NHSFT
- St George's University Hospitals NHSFT
- St Thomas', Guy's and St Thomas' NHSFT
- St. James's Hospital, Dublin
- The Countess of Chester NHS Foundation Trust
- The Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Ulster Hospital (Belfast) South Eastern Trust
- University College Hospitals, University College London Hospitals NHSFT
- University Hospital Limerick, Ireland