COVID-19

And

People Who Are Homeless

* Current Management at Camden Health Improvement Practice
* Proposal going forward for guidelines in primary care

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**Camden Health Improvement Practice (CHIP)**

CHIP functions as a specialist GP service for the homeless population. The provision of care, appointments and interaction is different to mainstream practices. There are no specific guidelines for management, yet the population we serve are an at risk group and joined up management is required.

Approximately 40% of the homeless population suffer from significant co-morbidity. This places them in the at risk category and would fit the criteria to self isolate for a 12 week period.

Those presenting with symptoms of Covid-19 are likely to deteriorate quickly and carry a high level of risk of spreading the virus.

**Factors impacting on compliance to government guidance**

* Underlying mental health problems
* Daily script collection
* Alcohol dependence
* Long term conditions
* Reliance on Street Kitchens, Day Centres, hostels and communal gathering

**Current practice at CHIP**

* ***Extended prescriptions where they can be safely prescribed (caution required - at higher risk of OD)***
* ***MED 3 issued over the phone***
* ***Screening on attendance to drop in clinic***
* ***Consultations are being concluded in 10 minutes to avoid extended contact***
* ***Tel consultations are being encouraged***
* ***Rescue Packs being given to patients (paracetamol, dressings, info on symptoms management)***
* ***Patients that clinicians are concerned about temporarily issued a phone if they do not have one (5 phones available)***
* ***Protective wear for clinicians – mask, gloves and apron***

**Concerns with current management**

***1. Screening at attendance***

Clinicians screen patients at reception through a glass window.

If no Covid-19 symptoms, patients are seen

If Covid-19 symptoms present, patients are requested to leave and contact NHS 111

Case examples causing concern:

* Patient denies symptoms at triage in order to be seen. When in clinical room discloses symptoms consistent with Covid-19
* Patient reports symptoms of Covid-19, when requested to leave, locks himself in the toilet and then denies symptoms stating he wants medication and dressing changed

**Inaccurate information is putting other at risk patients in the surgery and staff at risk**

***2. Capacity to follow guidance is varied***

Often the homeless require assistance with scheduling healthcare and management. Prioritisation of needs causes delay with seeking help.

***3. Nowhere for them to go – if mild symptoms present***

CHIP is receiving phone calls from other surgeries asking advice on what to do with homeless patients that present symptomatic.

We have advised the rescue pack provision and symptoms guidance leaflets but a location is required ASAP to formally assess and triage appropriately.

***4. Nowhere for them to go - At risk patients with no symptoms***

If infected, those with a high level of comorbidity are likely to deteriorate quickly. Self isolation will reduce the rate of contracting the virus – referral to suitable accommodation and easy pathways for access are required.

***5. Exposure to staff***

Currently, staff wear surgical masks, gloves and aprons.

Extended periods of exposure occur during wound management and dressing changes.

Inaccurate information being given during screening

**General health needs requiring contact with CHIP**

* Wound management and dressings – *attendance to practice*
* Reviewing those with mental health problems particularly related to depression and anxiety – *move to* *review by phone*
* Repeat prescribing – usually reviewed due to safety – *review by phone*
* Long term condition management *– review by phone or in person if deterioration in condition*
* New patients registering *– attendance to practice*
* New conditions developing *– attendance in practice*

**The conditions listed bellow are defined as clinical criteria for influenza vaccination and could also be used to define high risk patients for Covid-19:-**

* Chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
* Chronic heart disease, such as heart failure
* Chronic kidney disease at stage three, four or five
* Chronic liver disease
* Chronic neurological disease, such as Parkinson’s disease or motor neurone disease, or learning disability
* Diabetes
* Splenic dysfunction or asplenia
* A weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
* Morbidly obese (defined as BMI of 40 and above)

**PROPOSAL FOR MANAGING PEOPLE WHO ARE HOMELESS IN THE COMMUNITY**

1. **Development of a pan-London outreach guidance for the homeless population**
2. **Central co-ordination number and hub**
3. **Transfer facilities for suspected cases**
4. **Facilities for Covid-19 – TEST AND OBSERVATION**
5. **Facilities for Covid-19 – PREVENTION**
6. **Facilities for Covid-19 – INTERVENTION AND CARE PROVISON**

**Meeting 19/03/2020 – For discussion:**

**Action steps to put the following in place for primary care and community services to access with suspected cases of COVID-19**

1. **Central contact number for registration and co-ordination hub**
2. **Screen – Triage – Transfer**

**Identification of at risk group through review of medical records and joined up work between GPs and other services that provide facilities for the homeless (e.g. hostels, shelters, day centres)**

* **Protect the vulnerable to prevent high mortality**
* Those who meet the clinical criteria for influenza vaccination and those aged over 70   
  \* If street homeless/living in shelters/squatting/sofa surfing/shared hostel facilities – **Transfer to an appropriate facility for ALL ASYMPTOMATIC HOMELESS PEOPLE WHO ARE AT RISK.**
* **Ensure underlying health needs are addressed – co-ordination with patients GP**

1. **Identification of suspected Covid-19**

**Screen – Triage – Transfer – Test**

* GPs identifying cases that present to practice – acknowledge condition of patient at presentation
* Call 999 or central contact number depending on presentation
* Summary of underlying health conditions

and potential requirements to be handed over to central hub

E.g. \* Alcohol detox where appropriate

\* Methadone

* Protective clothing to be worn if contact required and identification of isolation room until transfer provided
* **Transfer to testing and isolating unit for period of test**
* **If positive MANAGE ACCORDING TO SYMPTOM SEVERITY AND UNDERLYING MEDICAL CONDITION**
* **If negative BUT HIGH RISK, TRANSFER TO ASYMPTOMATIC HIGH RISK FACILITY**
* **If negative and low risk, TRANSFER TO APPROPRIATE HOSTEL TYPE ACCOMMODATION**