Homelessness in the ED: Fulfilling our Statutory Duty to Refer

AUTHORS
Clarke, M., Louden, H., Chin, C., Anderton, J. and Verey, F.

NHS North Bristol NHS Trust

BACKGROUND

The Homelessness Reduction Act (2017) placed a statutory duty to identify patients who are homeless, or at risk of becoming homeless, and created a Duty to Refer (DTR) those identified on all Emergency Departments (EDs).

RCEM Inclusion Health guidelines - published in March 2020 - outlined 16 Fundamental, 18 Developmental, and 5 Aspirational standards.

The first Fundamental standard states: "**EDs fulfil their statutory duty to identify those patients who are homeless or at risk of being made homeless in the next 56 days"** and have an auditable method of recording referrals to the relevant Housing Authority.

Southmead Hospital is a Type 1 ED, and is the local Major Trauma Centre for south-west England. It has in excess of 7000 attendances per month.

INTRODUCTION

- Over 280,000 people are homeless within England alone.
- It is well established that homeless people access EDs more frequently than the general population, and are more likely to be admitted to hospital.
- Mortality is 7.9 times higher for men, and 11.9 times higher for women who are experiencing homelessness.
- Southmead ED serves 3 local council areas - Bristol City Council, South Gloucestershire Council, and North Somerset Council. Each of these councils had developed their own referral pathways for their Homelessness Prevention Teams.

OBJECTIVE

The SMART aim:
- to refer at least 30% of 'No Fixed Abode (NFA)" patients to the relevant Housing Authority

Process measure - clinician awareness of DTR and pathway to complete referral

Balancing measure - time taken to complete DTR

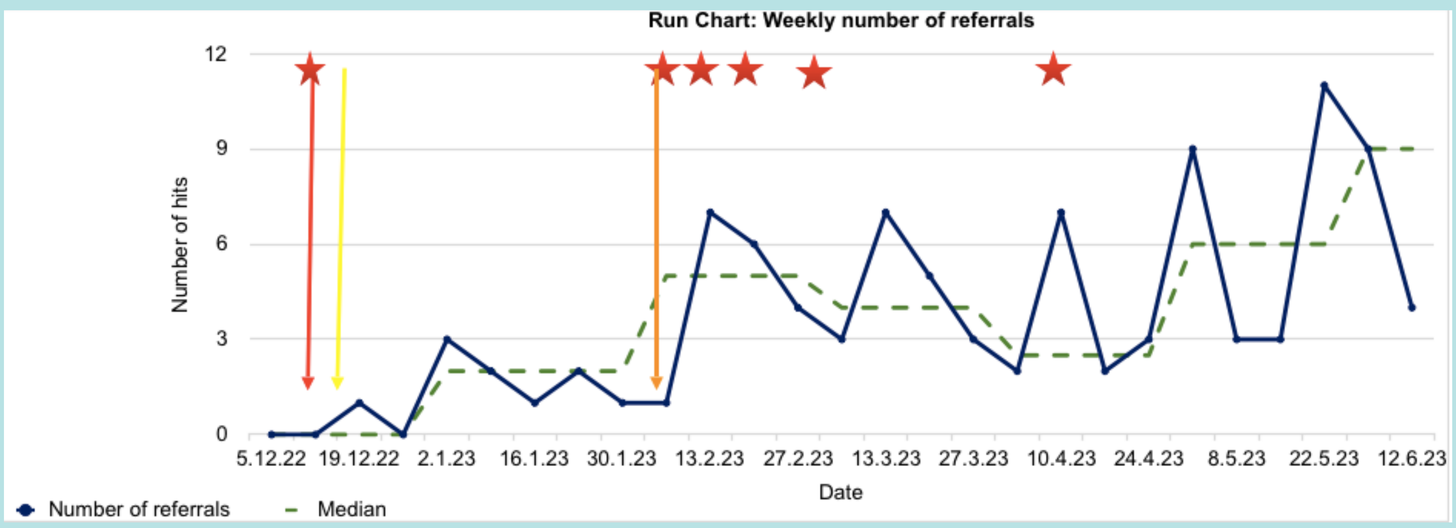
2 Change Ideas
9 PDSA Cycles

METHODOLOGY

Change Idea 1 - Creation of a single referral pathway
- a single referral form was created and agreed to with the 3 local councils
- this was tested with clinicians, then underwent Clinical Governance review, and was launched within the ED
- a shared e-mail inbox was used to create an auditable record of referrals

Change Idea 2 - Homelessness awareness
- education sessions were run for a range of professionals (doctors, nurses, HCAs, ENPs, ACPs, allied professionals)
- a Homelessness Link Nurse role was created and recruited to, seeking to embed a Homelessness champion within the dept

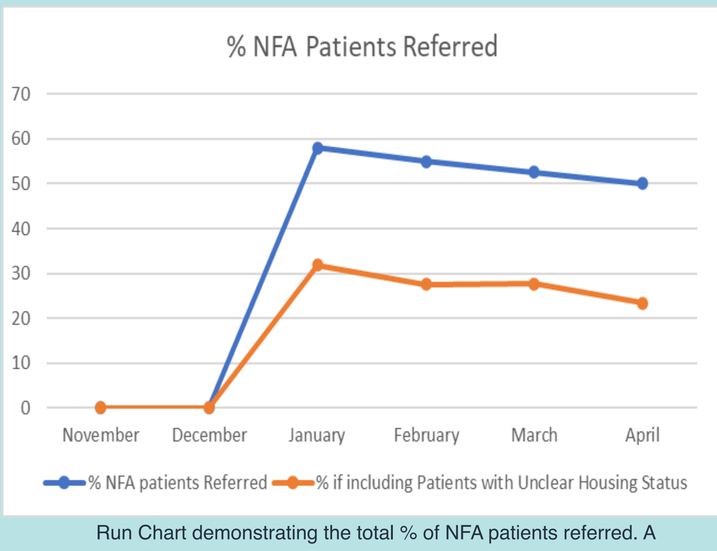
4 months' attendances were audited, including both those clearly identified as NFA, and those whose housing status was unclear from a review of the clinical notes.



Run Chart demonstrating total weekly referrals completed. Each arrow represents a significant intervention, and red stars indicate educational sessions.

RESULTS

- Total referrals increased considerably following interventions as demonstrated in the adjoining run chart.
- The project achieved its SMART aim of referring at least 30% of NFA patients.
- Greater than 50% of completed referrals were for patients who would not have been identified on a purely retrospective audit. These patients were "booked in" with addresses, and no other immediate clue to identify them as homeless or at risk of homelessness.



Run Chart demonstrating the total % of NFA patients referred. A significant number of patients had unclear housing status - e.g registered with a "care of" address with no further explanation.

60% of clinicians reported it took <10 mins to complete the DTR process

Clinician awareness of DTR increased from 22.5% to 88.6%

Doubled compliance with RCEM Inclusion Health Standards - from 11 to 22 standards

The 'hidden homeless' cohort is the largest group of patients affected by homelessness, and a strength of this project has been the high proportion of referrals for this hard-to-identify group. However, clearly there is more work to be done to improve the percentage of NFA patients being referred.

Successful recruitment to the post of Homelessness Link Nurse will hopefully embed change in the medium to long term within the department, countering the effect of onward rotation of junior staff.

Other work included creating community links, promoting awareness of the Severe Weather Emergency Protocol, and liaising with the wider hospital community.

CONCLUSION

- Southmead hospital is now compliant with the statutory DTR, with a higher level of clinician awareness of the problems facing homeless patients, and a Homelessness Link Nurse.
- Other departments could copy this model, and negotiate local agreements on bespoke DTR pathways, avoiding the lengthy and time-consuming processes that are usually the default arrangement.
- Southmead ED will continue to work to increase compliance with the RCEM Inclusion Health standards, and to meet the need of homeless patients.

RELATED LITERATURE

1. The Royal College of Emergency Medicine. Inclusion Health in the Emergency Department [Internet]. Best Practice Guideline. 2020.
2. Bowen M, Marwick S, et al. Multimorbidity and emergency department visits by a homeless population: a database study in specialist general practice. British Journal of General Practice 2019; 69 (685): e515-e525.
3. Ministry of Housing Communities and Local Government. A Guide to the Duty to Refer [Internet]. 2018.
4. Shelter. This is England : A picture of homelessness in 2019 The numbers behind the story. 2019.