

**Review of Homeless Health Care Services
provided by High Street Surgery
at Cyrenians Community Centre, Swansea
for the period**

April 1st 2011 – 31st March 2012



Healthcare for Homeless People
High Street Surgery
160 High Street
Swansea
SA1 1NE

Telephone: 01792 460015
Fax: 01792 464870



Students of Swansea School of Medicine
providing care at the November 2011
Homeless Health Day

Contents

Who we are	Page 5
Aims of our service	Page 6
Highlights of 2011	Page 7
Service Overview	Page 8
Team Reports	Page 12
Dr Ceri Todd General Practitioner Janet Keauffling Nurse for Homeless & Vulnerable Adults Maura Walsh Counsellor	
How we make a difference	Page 17
How we get the voices of homeless & vulnerable people heard	Page 18
Working in Partnership	Page 21
Patient Satisfaction Survey	Page 24
Appendix 1	Page 26
Hepatitis C Care Pathway & Hepatitis B&C Screening Results	
Appendix 2	Page 28
The Use of Unscheduled Care by Homeless People	

Appendix 3	Page 33
Training Session for Support Staff Working with Homeless People “Better Health & Well-Being for Alcohol Dependent People”.	
Appendix 4	Page 36
Audit of Shared Care Methadone Prescribing at High Street Surgery	
Appendix 5	Page 39
Swansea Hope Night Shelter	
Appendix 6	Page 41
Hepatitis C Support Group and “Pre-Clinic”	
Appendix 7	Page 43
ABM Community Dental Service for Homeless People	
Appendix 8	Page 45
Healthy Living Report	

Who We Are

The Healthcare for Homeless People Team
from High Street Surgery is:

Drs Ceri Todd & Christof Gallagher
Nurse for Homeless & Vulnerable Adults
Janet Keauffling
Practice Nurses Karen Carpanini & Sarah
Payne

Practice Manager Ellen Debusse
Receptionists
Catherine Parsons, Tracy Edwards, Carolyne
Bennett & Rema Begum

The Cyrenians Community Centre Team is
provided by Cyrenians Cymru
Centre Manager: Christine Skelton

Maura Walsh
Counsellor

Clare Evans
Healthy Living Co-ordinator

Aims Of Our Service

Healthcare for Homeless People aims to provide:

- Opportunistic engagement of patients who are homeless or vulnerable.
- A service with no appointment system, to obtain engagement and promote compliance with treatment. Appointments are offered to those who want or need longer consultations.
- A non-judgemental attitude.
- A flexible service adapted to a very complex client group.
- A health promotion and disease prevention philosophy eg: immunisation to prevent influenza, pneumonia and hepatitis A&B and screening for hepatitis C and HIV.
- A harm minimisation approach to drug and alcohol misuse.
- Co-ordination of care with voluntary and statutory services.
- A pro-active approach towards hard to reach and patients presenting with chaotic and multiple need problems.
- Referrals and liaison into specialist services including ABMU Hepatology services, ABMU Community Drug & Alcohol Services, ABMU Integrated Sexual Health Services, Swansea Primary Care Substance Abuse Liaison Team (PSALT).

Highlights Of 2011

Collaborative work has resulted in the community dental team starting a clinic for treating homeless & vulnerable people in April 2011.

The attendance rate at our shared care methadone clinic is over 85%.

We held our third Homeless Health Day in November 2011 with students from the Swansea School of Medicine.

We had our first 5th year medical student who undertook a clinical audit related to the care of homeless & vulnerable people.

More homeless people were immunised against Influenza in 2011 than in any previous year.

We have started a Hepatitis C Support Group with an emphasis on engaging those who are newly diagnosed.

Service Overview

The Cyrenians Community Centre is a healthy living centre in Swansea providing a subsidised café, support and training facilities for Homeless & Vulnerable Adults.

Based at the community centre, the Nurse for Homeless & Vulnerable Adults was originally an 18-month post funded by Cyrenians Cymru in partnership with a local GP surgery. The post is now funded by Abertawe Bro Morgannwg University Health Board (ABMU).

The health care service pilot commenced on 1st October 2006 and comprised a registered nurse offering a service four mornings a week, and local surgery providing a Local Enhanced Service for the Homeless. The service has developed greatly over the past five years in response to patient need.

GP Service

- Weekly clinic provided at the centre for assessment and monitoring
- Emergency assessment and treatment
- Referral to other primary and secondary care organisations
- Supervision and monitoring of nurse-led service
- Prescribing in conjunction with a local community pharmacy that provides daily pick-up of prescriptions and monitoring for high risk or challenging patients.
- Shared Care prescribing of Methadone in conjunction with Community Drug & Alcohol Team.

Nurse-Led Service

The Nurse for Homeless & Vulnerable Adults post has two main functions:

- Provision of a daily nurse-led service providing care and advice
- Assessment and development of the service to this client group

- Daily presence in the café and reception areas to provide opportunistic help and advice with health problems, advice on healthy living, assistance with making appointments with GPs, dentists, opticians, family planning and GUM services, hospital outpatients etc.
- Health interventions such as immunisation, wound dressings, smears, blood pressure monitoring, blood tests etc.
- Registration with local GP surgery if required.
- Health screening.
- Assessment of substance misuse issues, and provision of immunisation, blood borne virus testing, advice on safer drug and alcohol use and overdose prevention.
- Initial assessment and onward referral of patients with acute illness.

- Assessment and management of conditions such as trenchfoot, IV abscesses, head lice etc. and referral to other services if appropriate.
- Teaching of self-care for chronic conditions, dressings etc.
- Advice on safe sex, safe injecting techniques.
- Provision of health board with fortnightly topic giving information about common conditions, their avoidance and options for treatment.
- Communication and joint working with other agencies.
- Provision of a weekly outreach service at the Swansea office of Big Issue Cymru lasting about 1.5 hours. The early morning clinic provides a nurse led service, GP registration, advice and onward referral.
- Outreach at Swansea Drugs Project for 1.0 hour weekly providing immunisation and blood borne virus screening to high risk individuals.

In the past year staff at the Cyrenians Community Centre have provided a number of health promotion days at the centre, including:

- No Smoking Day
- Sexual Health Day
- Healthy Heart Day
- Keep Warm, Keep Well
- Love Your Liver Day
- Nuts & Seeds Day (testicular health awareness)

Team Reports

General Practitioners



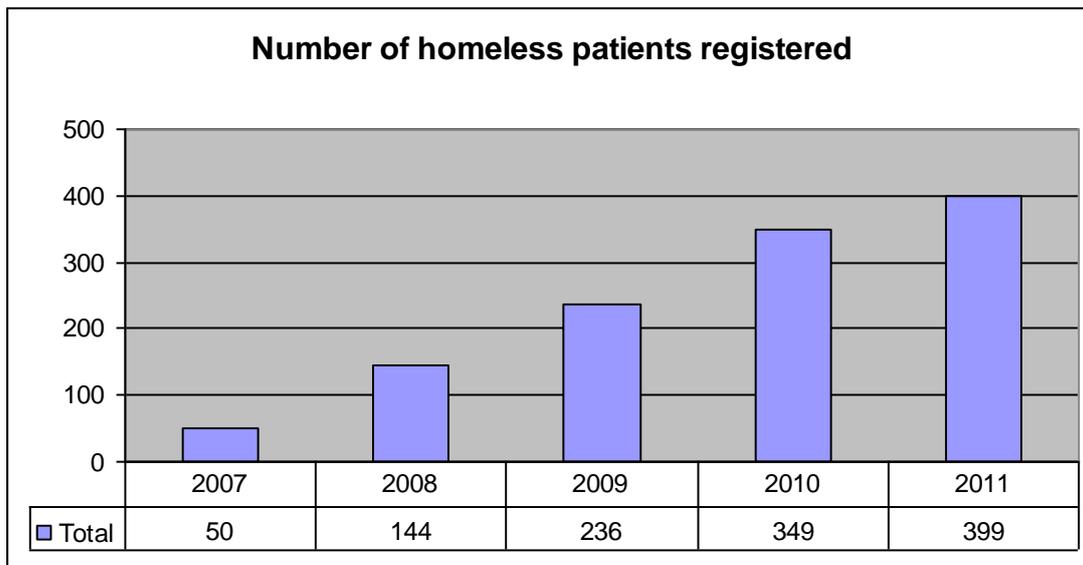
Dr Ceri Todd (partner)



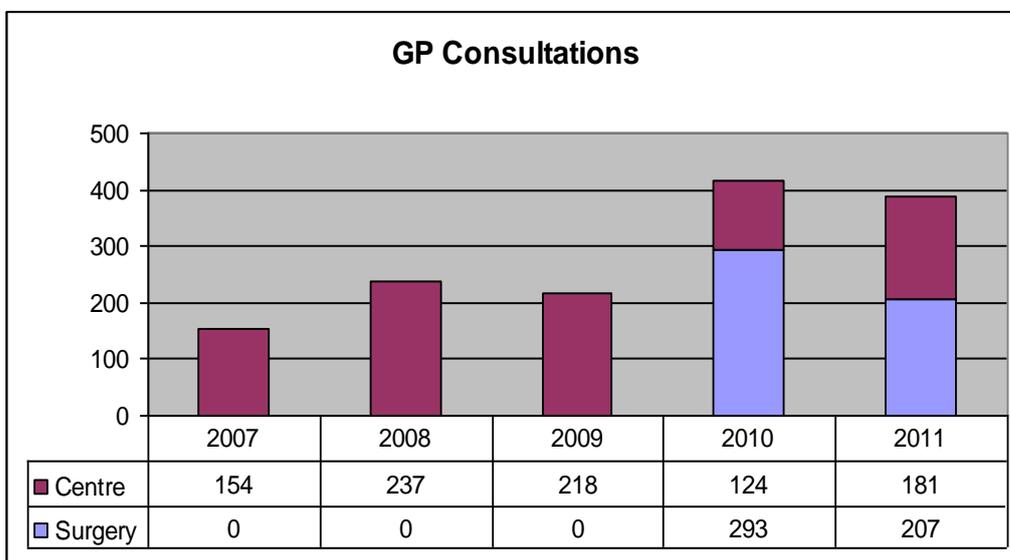
Dr Christof Gallagher (partner)

Dr Margaret Byrne (locum)

Dr Nabil Sobhi (locum)



It is interesting the impact that working with homeless & vulnerable adults has had on our work at High Street Surgery. Homeless people are more likely to suffer with so called “tri-morbidity” i.e. physical ill-health, mental ill-health and substance misuse. They therefore present with multiple complex needs that require addressing through joint working, very careful prescribing and flexibility of approach. Many of our homeless patients remain registered with the surgery even when they are housed. This allows us to continue their care and to see the fruits of our labours in their improved health and well-being.



Managing substance misuse is now a huge part of our workload, not only through our shared-care methadone clinic but also in our day to day contact with patients. Many new patients registering with the practice in the last year have done so because they believe that the staff at High Street Surgery are better placed to help them than other local surgeries. We enjoy the challenge but such work inevitably brings with it an increase in workload and use of resources.

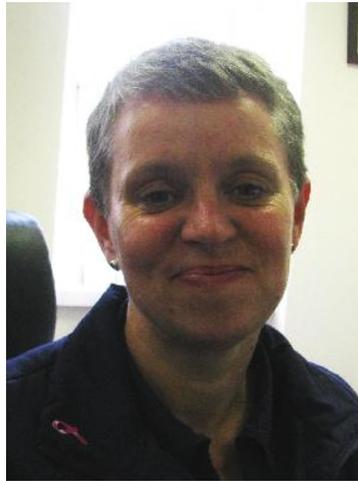
We have also had another busy year with students. The team provide LOCS (Learning Opportunities in the Clinical Setting) for students from the Swansea School of Medicine on a weekly basis as well as year long community clinical placements. We were delighted to have our first 5th year medical student who undertook a clinical audit with our homeless and vulnerable population. This student attended one of our first LOCS in 2008 and was so enthused by her experiences that she wanted to develop her skills and knowledge of substance misuse and homelessness further. This has prompted other 3rd and 5th year students to join us to complete projects and extended studies.

Providing learning opportunities for others to learn about the challenges of homelessness is such an important part of improving the future care of this population. We try always to accommodate visitors from any background. As well as medical and nursing students, we have worked with GP Registrars from across Swansea and colleagues from Public Health Wales, local pharmacy and ABM Health Board.

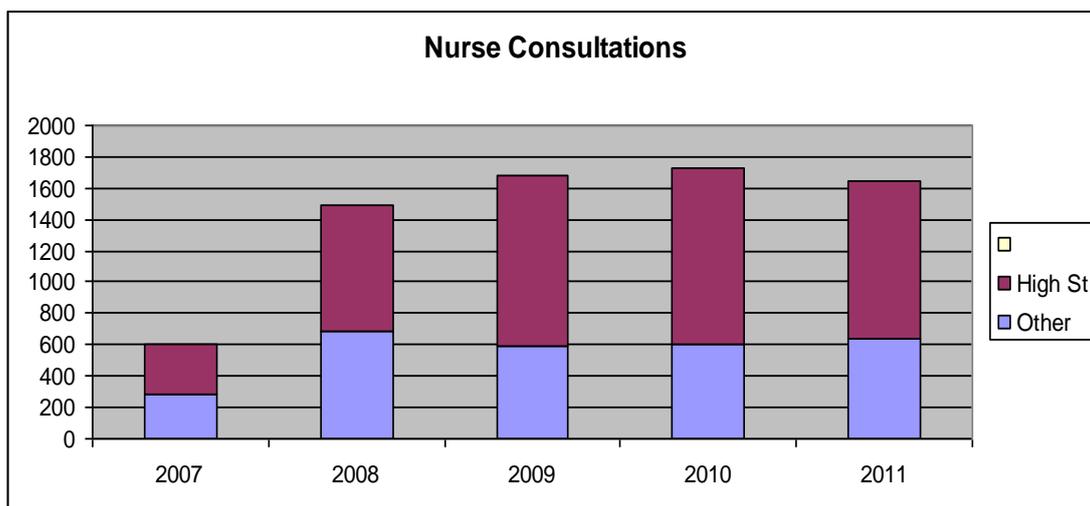
I am, as ever, indebted to all of the staff at High Street Surgery for their commitment and enthusiasm as we look forward to the challenges of 2012.

Janet Keauffling

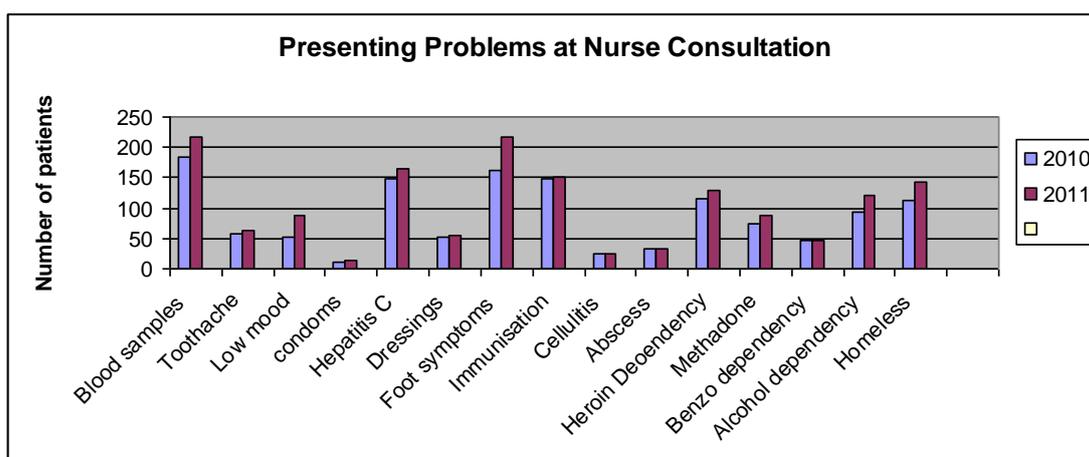
Nurse for Homeless & Vulnerable Adults



This is my sixth year as the Nurse for Homeless & Vulnerable Adults in Swansea. The number of nurse consultations has fallen slightly. This may be due to the loss of the weekly “Young Person’s Session” at the centre as this provided a significant number of consultations. It may also reflect that many people are now using their own GP or practice nurse as a result of the improved confidence and understanding of how to get the best from these services. As a regular attender in the evenings providing help and advice to volunteers and those attending the Swansea Hope Night Shelter, I was also able to deal with many minor issues that might otherwise have been dealt with in a formal consultation at the centre.



The daily opportunistic health clinic at the Cyrenians Community Centre with an emphasis on health promotion and illness prevention remains central to the nursing service provision. Nurses also undertake a weekly outreach clinic at the local Big Issue Cymru Offices. This has proved invaluable for vendors who access advice and care at the start of their shift.



The simple graph above shows some of the presenting problems of homeless people. Even though the number of people attending has fallen slightly the complexity of patient need remains high. We continue to take every opportunity to highlight the gaps that exist in care provision and to find more effective ways of meeting need and improving outcomes through joint working and care pathway planning.

Harm minimisation is a difficult concept for many people, Rather than telling patients to stop using alcohol and drugs, we provide care and advice to reduce the harm of their behaviours – advice on safer drug and alcohol use, reduction advice, safer injecting, blood borne virus prevention and immunisation, needle exchange, safe sex and overdose prevention. One of this year's highlights has been the introduction of a Naloxone service to patients at risk of opiate overdose. In conjunction with Public Health Wales and Swansea Drugs Project I am now providing training for patients about correct usage and administration of this life saving drug. I am pleased to say that at least two of the patients that have been issued Naloxone by me have used it to save someone else's life.

We continue to work hard to provide educational sessions, Learning Opportunities in the Clinical Setting (LOCS), training placements and visits for medical and nursing students, hospital and community staff, GP registrars and for people working in the third sector. Sharing experiences and best practice is proving an effective way of changing attitudes and reducing stigma and discrimination.

I remain impressed by the many effective partnerships and joint working with statutory and voluntary services that have contributed to developments in care through innovation and co-operation. The team is indebted to those voluntary and statutory services that have continued to respond to, and assist with, our many requests on behalf of our patients.

Maura Walsh

Review of Counselling Service 2011

The counselling service is now entering its fifth year and still continues to provide a service offering unique provision to some of the city's most socially excluded and at-risk individuals. I use the word unique due to the fact that the service works along side those clients who often have a "dual diagnosis". For example clients may have an alcohol or drug dependency issues and in addition to this, they may also have been diagnosed with a serious mental health condition. The concern for many of these clients is that, at present, there appears to be no care provision that caters for these individuals. They are left to cope and deal with conditions that can be extremely debilitating and very upsetting.

Overview

Clients are seen for 50 minute, 1-1 sessions. The number of sessions they have is dependent on their need and their willingness to engage in the therapeutic process. The system offers a three tier method whereby the majority of clients are seen for six sessions; with others being offered twelve session provision and long term work that can be anything up to ten months or a year.

The role of counselling

From June 2011 to January 2012, the service has provided nearly 400 hours of private therapy sessions. These hours have been utilised by clients on a number of levels. Some will engage in short or long term therapy. Others prefer to access the confidential listening service where they can be heard in times of distress. In addition to this, I always endeavour to spend time in and around the centre catching up with clients who may not wish to engage in therapy but simply enjoy the normal every day experience of chatting and being heard by another human being.

Since starting the service in 2008 I have seen a definite increase in the number of clients requesting to speak to the counsellor in times of great distress. This can occur for a single session although other individuals may request this service a number of times. In these cases these instances can be the start of longer term therapy and positive engagement. Most importantly, the counselling service acts as a place where anyone can simply off-load in times of distress without criticism or judgement.

Client issues

The main issues that clients seek to address can include the following: bereavement, depression, anxiety, self harm, life crises, homelessness, family / childhood issues, isolation, identity, obsessive compulsive disorder, post traumatic stress disorder, abuse, relationship problems, sexuality issues, mild mental health issues and drug and / or alcohol issues.

It is normal for clients to seek support for multiple issues that may include any or quite often, all of the aforementioned conditions. Such issues are impacted by both the chaotic social circles of service users and their sporadic living arrangements.

As I am not a qualified drug and alcohol worker, I still work in partnership with Mr John Frith of Swansea Drugs Project. This ensures that individual clients receive the specialised help that they require whilst seeking to address the psychological issues that surround the nature of their addiction.

Final thought

One of the most important points that I wish to express within this report is how much I continue to enjoy working alongside the staff and clients at the centre. The experiences that I have had during my time here have been both challenging and rewarding. I can honestly say that I have been, and continue to be humbled by all of the clients that I have had the privilege of working with over the past 5 years.

Maura Walsh

MBACP, Post Grad. Dip. Counselling, BA (Hons) PGCE., Dip. Art.

Note: The counsellor is trained and qualified in Cognitive Behavioural Therapy (CBT), Humanistic and Psychotherapeutic Counselling. In addition to this she is trained and registered to the required standards of the British Association of Counselling & Psychotherapy (BACP). She is a fully trained Art Teacher and is currently training to become a state registered Art Psychotherapist to HPC standards.

How we make a difference

D, a fifty five year old homeless man was brought to the centre by his friends who were worried about his swollen belly and ankles and his increasing breathlessness and had been trying to persuade him to see his GP for over a week. D hadn't seen his GP for over 5 years. Assessment by the nurse at the centre identified that his problems were due to alcoholic liver disease. An emergency appointment was made with his GP and he was then taken to the surgery as he felt too anxious and afraid to go alone. He had been terrified that he would need to go into hospital but with gentle persuasion he agreed that this was the right course of action. He is now receiving medication and being monitored by his GP in conjunction with the nurse at the centre.

N was horrified when he was diagnosed with Hepatitis C. A homeless and chaotic drug user and prolific offender, he could see no way that this could be sorted out. He was referred for a methadone prescription with the Integrated Offender Service and was placed on the housing list. He started attending the Hepatitis C Support and Pre-Clinic Group. Three months on, N is stable on Methadone, is living in a hostel and has been referred to the Hepatology Service at the hospital. He attends individual and group support regularly. In his words "I didn't think I'd ever get treatment, let alone get my life back".

J joined the practice in 2009 when his partner, also heroin dependent, was diagnosed with breast cancer. Both were started on methadone maintenance treatment and assisted into housing. When his partner died, J suffered with significant depression and anxiety and began using other illicit substances to cope with his grief. Joint working with the Community Drug and Alcohol Team, his parents and the practice team helped him to find more effective ways of managing his feelings. Two years on J has stopped using all illicit substances and has started a computer course.

How we get the voices of homeless & vulnerable people heard

One of the most important roles that we have is of ensuring that the views and opinions of our patients are heard at every level. We do this by providing learning opportunities for interested students and colleagues, by attending a huge number of meetings and by speaking publicly. In 2011 we managed the following:

Presentations

April 2011 – Presentation at All-Wales Needle Exchange Forum Conference
October 2011 – Presentation to 2nd year student nurses
October 2011 – Presentation to Neath Port Talbot care providers
December 2011 – Presentation to Swansea School of Medicine

Meetings

Housing First & Individual Budgets
All-Wales Harm Reduction Group
ABM Child Protection Group
Homeless & Vulnerable Groups Health Action Plan
Future of Homelessness Policy in Wales
Mental Health Measure Part 1 - Task & Finish Group
ABM Reducing Alcohol Harm
City Health Community Network

Learning Opportunities for Others

5th Year Medical Student 12 week placement
January 2012 – provision of training session for support workers
1 week placement for medical student from Birmingham College of Medicine
15 medical student short placements
24 students nurse short placements
2 pharmacists
5 other professionals

Visits

November 2011 – visit by nurses from Gloucester Homeless Services
February 2012 – visit by Dean of Swansea School of Medicine

Christmas 2011

(Published on ABM website and in the South Wales Evening Post)

“At a time of year when we tend to be thinking of friends and family, gifts and turkeys, it’s easy to forget about people who are homeless. Becoming homeless is not a life choice; it’s something that happens, often unexpectedly, to many people every year. Although most think that the main reason for homelessness is drugs or alcohol, it’s actually relationship breakdown – a marriage that breaks down, a young person who can’t live with their step-parent any longer or a chap with depression who refuses to get help is asked to leave by his partner. It can happen to anyone.

Homelessness comes in many guises. The most visible one is rough sleeping, but there are those who are living in hostels, bed & breakfast accommodation, squats and the biggest group by far, those who sofa surf – they move around from one place to another, a night here, a few nights there with friends, family and sometimes with people they hardly know but who are willing to allow them to sleep on their floor in exchange for a couple of pounds or a bottle of cider or whatever.

As Christmas approaches and the rest of us are probably beginning to feel a bit festive, homeless people find this the bleakest time of year. Often estranged from their families, and particularly children, there can be an overwhelming sense of loneliness, regret and of hopelessness. Depression can worsen. Many will try to blot it all out with a binge of alcohol or drugs. Some people will deliberately commit crime so that they get taken into prison where at least they will have a bed, food and the company of others in the same situation.

Over the past 5 years we have made huge strides in caring for homeless and vulnerable groups across ABM. We are committed to ensuring that their needs are met in a timely and effective way through collaborative working with statutory services and third sector organisations. Recently we have been looking at ways of managing homeless people in A&E – not just their physical health but also using the opportunity to help them to access housing services. And we’re about to undertake a survey of staff working in local health services to find out what the barriers are to skilled provision of care for homeless and vulnerable groups.

Medical students from the Swansea School of Medicine regularly give of their time to provide opportunistic health screening. If you want to do something to help you might consider buying a “Big Issue”. The vendors buy their magazines at cost price and then sell them on to you and keep the profit. Staff at the Big Issue help the vendors to get back into housing, to address their substance misuse issues and to get back on their feet. Volunteers are always needed for the outreach services that provide breakfast for rough sleepers and the night shelters that are opened in the coldest winter months or you might consider donating toiletries, socks, shoes, jeans or waterproof coats.

Caring for homeless people isn’t complicated. It’s about giving them the same respect and dignity that you would any other patient. Don’t stereotype or pre-judge them. Listen to their story – they’ve rarely had the sort of life that we would want for ourselves”.

Working in Partnership

Summary: A number of highly successful partnerships have been developed and new initiatives to improve care for homeless & vulnerable adults continue.

- Swansea LHB has commissioned a Local Enhanced Service for the Homeless.
- Cyrenians Cymru – In addition to providing the infrastructure around which much of the healthcare service is built, the centre team provide a great deal of healthy living advice and support.
[Healthy Living Report – Appendix 8](#)
- Swansea Blood Borne Virus Forum – Membership from High Street Surgery, CDAT, SDP, NPHS, Cyrenian’s Community Centre, Hepatology Services. The forum has developed a care pathway for the assessment & management of Hepatitis ABC that has been successfully piloted and has been integrated into the Welsh Blood Borne Virus Strategy.
[Hepatitis C Care Pathway & Screening Results – Appendix 1](#)
- Swansea Overdose Prevention Team – Membership from High Street Surgery, CDAT, CJIT, WGCADA, South Wales Police, Morriston Hospital A&E and Department of Psychological Medicine. The team provides a rapid follow up, support & advice service to anyone identified by emergency services as having suffered a drug overdose.
- Swansea Drugs Project – Staff from Swansea Drugs Project provide an outreach service for homeless & vulnerable patients who require an opportunistic and more flexible approach to managing their substance misuse issues. This joint work has been invaluable.
- WGCADA – Staff from WGCADA have assisted in the management of homeless people with substance misuse issues that require referral to rehabilitation services.
- Department of Psychological Medicine, Morriston Hospital – Staff have collaborated to provide a more responsive service to acute admission of any homeless people with mental health or substance misuse problems.
- ABMU Community Dental Service – Following the Homeless Health Day in November 2010 joint working has resulted in the development of a community dental service for homeless & vulnerable adults due to commence in May 2011.
[ABM Dental Service for Homeless People – Appendix 7](#)
- Big Issue Cymru – Nurses provide a weekly outreach service at the Swansea office of Big Issue Cymru lasting about 1.5 hours. They have

a large number of homeless clients who because of the demands of vending find it difficult to access primary care services. The early morning clinic provides a nurse led service, GP registration, advice and onward referral.

- The Wallich – This organisation provides a daily breakfast service at Zac’s Place, George Street, Swansea for homeless people and runs Dinas Fechan Hostel. Nurses work closely with staff to identify health issues and to plan on-going health care of those presenting at either venue.
- Community Mental Health Team – In response to a number of issues in relation to the assessment and management needs of homeless and vulnerable patients the CMHT is looking at the development of a new post for a mental health worker based at the Cyrenian’s Community Centre.
- Accident & Emergency Department Liaison nursing team – Work has been undertaken between A&E, the nurse for homeless people and Swansea Housing Options to address the issues of homeless people accessing unscheduled care.
[The use of unscheduled care by homeless people - Appendix 2](#)
[Training Session for Support Staff Working with Homeless People - “Better Health & Well-Being for Alcohol Dependent People” – Appendix 3](#)
- CDAT – shared care methadone maintenance prescribing services.
[Methadone Shared Care Urine Drug Testing Audit – Appendix 4](#)
- University of Wales, Swansea – A Learning Opportunities in the Clinical Setting (LOCS) is provided by medical and nursing staff at the centre. This involves spending time with the nurse and with the GP undertaking the weekly clinic at the centre. Students have developed a volunteering link with the centre to assist with health activities and further learning opportunities for medical students
- British Red Cross staff continue to provide weekly first aid training (including resuscitation) to services users at the centre. Attendees report that their new skills have been invaluable in helping to save lives and reduce harm. In addition British Red Cross staff are involved in the discharge planning process for homeless people presenting to A&E.
- City & County of Swansea Housing Options – As part of work being undertaken by Swansea LHB and its partners addressing Homelessness (HAVGAP), meetings have been held between nursing staff at centre, A&E and housing to develop a more co-ordinated approach to addressing the needs of homeless people presenting in A&E and other acute services. Joint working with housing, A&E and healthcare for homeless people has identified issues relating to use of unscheduled care including onward referral of patients who present

themselves at A&E stating that they are homeless. These activities have been assisted by the British Red Cross.

[Unscheduled Care Projects - Appendix 2](#)

- Department of Genito-Urinary Medicine ABMU – In addition to providing sexual health services for the young person's clinic, a collaborative approach to care for chaotic drug users has been developed in conjunction with Christine Vivian, Sexual Health Advisor at ABMU Trust GUM department. This has resulted in a more accessible service for sexual health and family planning for people with multiple complex needs. A Sexual Health Toolkit has been developed that has been distributed to existing partner agencies.
- Terrence Higgins Trust – staff provide sexual health education at the centre and are partners in the Hepatitis C Support Group and “Pre – Clinic” run monthly.
[Hepatitis C Support Group & “Pre-Clinic” - Appendix 6](#)
- Swansea Hope Night Shelter – When the Night Shelter opened on 4th January 2012, nurses worked closely with staff and volunteers to identify health issues and to plan on-going health care of those presenting.
[Swansea Hope Night Shelter Report – Appendix 5](#)
- Further joint working with other care providers is planned for 2012/2013

Healthcare for Homeless People

Patient Satisfaction Survey

2011

Homeless people suffer high levels of morbidity and mortality. They have multiple complex physical, mental, psycho-social and substance misuse needs that require a different approach to their care. As a small urban practice, High Street Surgery was already delivering care to a number of homeless and vulnerable adults when it was granted an enhanced service by the local health board in 2006. The aim of our service is to improve the health and life outcomes of homeless & vulnerable adults.

The multi-faceted approach to care delivered through a daily nurse-led opportunistic health clinic, weekly GP clinics held at the local homeless centre and weekly nurse-led clinics at the local Big Issue office. Blood borne virus testing and immunisation against Hepatitis is offered opportunistically to anyone requesting it and recognising the role of substance misuse on homelessness, the practice provides shared-care methadone prescription. Multi-agency working is an essential part of the service provided. Many patients with a long history of being removed from other surgeries have been successfully managed and retained by High Street Surgery. Attendance levels are high at the methadone shared-care clinic and housing outcomes in these people have demonstrably improved.

Patient satisfaction is an essential part of the service that is provided. A survey is conducted annually with homeless people. Not all of the patients are registered at High Street Surgery.

Summary of results

25 people responded to the questionnaire over a two day period in March 2012.

Overall, those who responded to the questionnaire were happy with the vast majority of the service that they received.

60% thought that the length of time waiting to see the doctor or nurse was good, very good or excellent.

92% thought that the opportunities to access health promotion sessions was good, very good or excellent.

92% thought that the opportunities to access specialist services such as a drugs worker and counsellor were good, very good or excellent.

80% were satisfied overall with the care given by the doctor or nurse.

80% were satisfied in the ability of the doctor or nurse to really listen to them.

84% were confident in the doctor or nurse's ability.

84% were happy or extremely happy with the opportunity given by the doctor or nurse to express concerns or fears.

86% were happy or extremely happy with the level of respect that they were given by the doctor or the nurse.

84% were happy or extremely happy with the amount of time that they were given by the doctor or nurse.

84% were happy or extremely happy with the consideration that was given to their personal situation.

84% were happy or extremely happy with the concern for them as a person that was shown by the doctor or nurse.

84% would recommend the doctor or nurse to their friends or family.

Appendix 1

Hepatitis C Care Pathway & Hepatitis B & C Screening Results

Testing for Hepatitis B&C

Testing for Hepatitis B & C, and immunisation against Hepatitis A&B has been opportunistically available to all service users of the Cyrenian's Community Centre since 2007. There has been a dramatic improvement in numbers of drug users immunised against Hepatitis A&B following institution of a Hepatitis Care Pathway developed in conjunction with other local services.

Testing remains a central part of the Healthcare for Homeless People Service and for all substance misusers accessing advice and care at the Cyrenian's Community Centre.

A care pathway for management of Hepatitis A,B & C was developed by a Blood Borne Virus Forum (comprising staff at the centre, and representatives from CDAT, SANDS, GUM, Terence Higgins Trust, Swansea LHB, Swansea NHS Trust & healthcare staff from HMP Swansea) in 2007 and has been augmented by both the Welsh Assembly Government BBV strategy and most recently by the ABMU Hepatitis C Care Pathway.

Improved opportunistic testing for Blood Borne Viruses has led to an increase in new diagnoses of hepatitis C.

In the period 1.4.11 – 31.3.12 **144 blood tests have been performed**. Of these tests **57 (39.5%) were abnormal**. This is an increase from 27.7% in 2010.

No cases of Hepatitis B positive were reported.

8 (5.5%) were found to be Hepatitis C positive with negative viral load (PCR negative) ie. they had previously had the infection but had now cleared the virus and were no longer infected.

49 (34%) were diagnosed as being Hepatitis C positive with positive viral load (PCR positive).

Of the 49 patients diagnosed as being Hepatitis C positive with positive viral load, 8 have yet to make contact to receive their results in spite of multiple attempts to contact the patient by letter, telephone call and messages left with other agencies for patient to contact the nurse by telephone or in person.

37 patients have been referred to the Hepatology Service at Singleton Hospital.

4 patients were offered referral to the Hepatology Service but declined referral at the time. All have been advised that they can be referred at any time in the future should they change their mind.

Appendix 2

The Use of Unscheduled Care by Homeless People

The Use of Unscheduled Care by Homeless People

A joint working project between Community Liaison Nurse ABMU Accident & Emergency Department, Nurse for Homeless & Vulnerable Adults and Housing Options, Swansea

The Welsh Assembly Government is committed to reducing health inequalities and aims to ensure that there is an equitable level of health service access for all people. To this end it has set out a number of standards that it expects Health Boards and Local Authorities to meet in relation to improving the health of Homeless people, Asylum Seekers, Refugees, Migrant Workers and Gypsy Travellers. There are five standards that cover leadership, joint working, health intelligence, access to healthcare and the development of a local health of homeless and vulnerable groups action plan.

A Homeless & Vulnerable Groups Health Action Plan was produced by partners in Swansea to highlight and address some of the main challenges faced by this population in maintaining their health and well-being and, or, in accessing healthcare services. Partners involved have included the City and County of Swansea, Abertawe Bro Morgannwg University (ABMU) Health Board, Swansea Council for Voluntary Service (SCVS). The plan has also been informed by input from third sector organisations and service users and highlights key actions required to address these priorities by:

- Working in Partnership
- Profiling of the target populations
- Assessing health and healthcare needs
- Developing solutions to address identified needs
- Developing the ability of mainstream and specialist service provision to ensure continuous improvements in health.
- Evaluating specialist and generic healthcare services
- Integrating strategic planning and delivery

This joint working venture between Community Liaison Nurse ABMU Accident & Emergency Department, Nurse for Homeless & Vulnerable Adults and Housing Options, Swansea, encompasses a series of projects that resulted from the Homeless & Vulnerable Groups Health Action Plan (HAVGHAP) meetings from 2009 to date. Its aim is to ensure that care of homeless people in the Accident & Emergency Department is planned, delivered and evaluated in partnership, promoting a cohesive approach to addressing need. In previous years the focus has been on prevention of unnecessary attendances and developing a discharge care pathway for homeless people in the following:

- Targeted multi-disciplinary intervention for homeless people repeatedly attending A&E
- Agreement of a method for data capture for homeless people attending A&E
- Development of Discharge from A&E Care Pathway

- Patient survey on use of unscheduled care services
- Provision of Training for A&E staff on housing and homelessness issues
- Training Session for Support Staff Working with Homeless People “Using the NHS effectively”

Anecdotally, staff at Morriston Hospital Accident & Emergency (A&E) Department reported high levels of use of their service by homeless people. Data collection on this group of patients has been problematical as data retrieval has been limited relying on completion of an address field on the computer system. To address this issue it was agreed that reception staff in A&E would record their homeless status by entering the address “160 High Street, Swansea” into the requisite address field of the patient’s clinical sheet. This is the address of a primary care surgery that provides a Local Enhanced Service to homeless people. By identifying the patients in this way it is now possible to collate data about the numbers of so-called “homeless” people using A&E services at Morriston Hospital over any period since 1st June 2010.

Review of A&E use by homeless people since 1st January 2011.

66 patients declared themselves homeless when they presented at A&E between 1st January 2011 and 31st August 2011. The 66 patients presented on 90 occasions, ie. 12 patients attended on more than one occasion; one patient on 5 separate occasions.

Of these 66 patients only 27 were known to homeless services. 39 patients were unknown to homeless services.

	Number of patients	Number of attendances
Total	66	90
Known Homeless	27	41
Unknown Homeless	39	49

Of the 27 known homeless people 6 of these patients accounted for 20 of the attendances. 2 had been seen on 2 occasions each, 2 patients on 3 occasions each and a further 2 patients on 5 occasions each.

Of the 39 patients that were unknown to any homeless services 6 of these accounted for 14 attendances. 4 had been seen on 2 occasions each and 2 patients had attended on 3 occasions each.

Mode of transport to A&E

The vast majority of patients were transported to A&E via ambulance.

Mode of transport	Known Homeless	Unknown Homeless
Ambulance	33	43
Private vehicle	3	3
Police car	2	5
Walked		1

Reason for attendance at A&E

	Known homeless	Unknown Homeless
Alcohol related	14	17
Drug related	6	7
Bony injury	5	4
Assault	3	3
Lacerations	1	6
Psychological	1	0
Other	11	12

Conclusions

- Many patients who presented themselves to A&E staff as being homeless are not known to any homeless services
- Half of the attendances were related to alcohol or drug misuse
- Nearly all of the patients were transported to the department by ambulance
- 12 of the patients were responsible for over one third of the 90 attendances

Action taken

- Homeless patients known to services have received targeted intervention to limit further unnecessary attendances where possible including assessment and referrals for alcohol detoxification, to the community mental health team, to tenancy support services and to housing
- A pro-forma has been developed by Housing Options that can be completed by A&E staff for those people who present themselves as homeless (attached). A&E staff can telephone Housing Options during office hours for advice and to make referrals using the information provided by the patient. Alternatively, the completed form can be faxed to Housing Options who can then make arrangements for those who are seeking assistance with housing to receive assessment and advice.
- Further training has been arranged for staff supporting homeless people in the community on a variety of health related topics
- Further review of attendances of those presenting themselves to A&E as homeless will be conducted in 2012.

Homelessness Trigger Questions – Patients attempting to register as NFA in Swansea

What was your last address?

When did you leave there?

Why did you leave there?

Can you go back there? (If not why?)

Have you applied to any council as homeless and what did they say / do?

- Details of which council
- When the application was made
- What the council said about the homelessness

- Details of any temporary housing is provided by them

(If the patient is without somewhere to stay even on a temporary basis when discharged):

Can we contact the local homeless department for help and advice?

(Housing Options can be contacted on 01792 533100 during office hours, 01792 636000 and ask for the homelessness officer out of hours)

Appendix 3

Training Session for Support
Staff Working with Homeless
People

**“Better Health & Well-Being
for Alcohol Dependent
People”**

Training Session for Support Staff Working with Alcohol Dependent Individuals - “Better Health & Well Being for Alcohol Dependent People”

This training was provided as a result of data collated from hospital wards and Morriston Emergency Department indicating that some agencies were having problems managing the physical and mental health of alcohol dependent people in their care. In particular, people suffering epilepsy or alcohol related seizures (fits) were frequent attenders at the emergency department.

Work undertaken with the Accident and Emergency Liaison Nursing Team at Morriston Hospital to address unscheduled care and hospital discharge needs of homeless people in 2011, indicated amongst other things, that some people using the emergency department did so when an untreated chronic problem had become an acute problem. This suggested that earlier intervention from primary care (GP or OOH) services might have prevented the situation arising. However, for early intervention to occur support staff would need the skills and knowledge.

The aim of the training was to ensure that staff working with alcohol dependent people had knowledge of the long term effects of alcohol on the body and how this might affect their physical and mental abilities. A great deal of attention was paid to alcohol related seizures as these are the cause of many A&E attendances and 999 ambulance calls. The session covered all aspects of alcohol related seizures including first aid, record keeping, medication monitoring, the importance of GP review and when to call an ambulance and refer the patients to hospital.

The free training session was provided at the Cyrenian’s Community Centre in High Street from 1.30 pm – 4pm on 18th January 2012. Invitations were sent out to all agencies who work with or support alcohol dependent people in the Swansea area. The training consisted of presentations on the effects of alcohol on the body, recognition and management of seizures (fits) and problem solving.

28 people attended the training from a variety of agencies including Housing Options, The Wallich, Cyrenians Cymru, Access Point, Community Mental Health Team, Swansea Young Single Homeless Project (YSHP) British Red Cross, WGCADA, Swansea, Targetted Intervention Workers and Swansea Drugs Project.

Those attending the training were asked to complete the questionnaire at the end of the session.

At the end of the training all 28 people reported that they found the session on the effects of alcohol on the body useful or very useful.

This simple training session was well received by those attending with the overwhelming majority of staff working with homeless people reporting that their knowledge of alcohol related health and well-being issues had improved

and that they felt more confident in their ability to assist their clients effectively.

Appendix 4

Audit of Urine Drug Testing At Shared Care Methadone Clinic

Review of Substance Misuse Services at High Street Surgery & Healthcare for Homeless People

High Street Surgery staff provide the following services in relation to care of all patients with substance misuse problems:

- All patients registering with the GP providing an enhanced service for homeless people receive a substance misuse assessment.
- Where appropriate, homeless and vulnerable patients with heroin dependency are referred to CDAT for further assessment and management / methadone prescription.
- *Where appropriate, homeless and vulnerable patients with other substance misuse problems are referred to Swansea Drugs Project, West Glamorgan Council on Alcohol and Drug Addiction (WGCADA) for further assessment and management.*
- Swansea Drugs Project has provided assistance with rapid opportunistic assessment of homeless and vulnerable people in significant need.
- A weekly outreach service is provided at Swansea Drugs Project to provide hepatitis A&B immunisation and blood borne virus testing.
- In conjunction with the Morriston Hospital Inpatient Psychiatry Team, a care pathway for patients admitted to hospital with deliberate self-harm has been developed.
- Patients who repeatedly attend Accident & Emergency Department with physical and / or mental ill health are identified. Multi-agency case conferences are arranged to share information, maximise support, prevent readmission and to develop a patient centred plan of care.
- Joint working relationships have been established with the Morriston Hospital Inpatient Psychiatry Team to improve care of patients who are homeless or who have complex needs.
- A counsellor has been employed by Cyrenians Cymru at the centre to provide a weekly service offering help with any aspect of mental health including management of aggression, depression, substance misuse and anxiety. The counsellor also provides harm minimisation advice.
- Swansea Overdose Prevention Team – membership from High Street Surgery, CDAT, CJIT, WGCADA, South Wales Police, Morriston Hospital A&E and Department of Psychological Medicine. The team provides a rapid follow up, support & advice service to anyone identified by emergency services as having suffered a drug overdose.
- The first meeting of Swansea Addictions Forum was held in March 2009. This is a forum open to any professional working with substance misuse and is being led and organised by staff at High Street Surgery. Meetings are held 3 times a year.
- Working in partnership with Swansea CDAT, a Shared Care Methadone Prescribing Scheme is provided at High Street Surgery. The scheme has been extremely successful with positive outcomes for patients.

Audit of Urine Drug Testing Results March 2012

Urine testing is an important part of the Shared Care Methadone Clinic. The presence or absence of opiates in the urine gives an indication of the patient's stability, as does the presence or absence of other drugs. An absence of Methadone in the urine indicates that the prescription is being diverted (usually sold on the streets) and would require the prescription being stopped immediately.

Staff undertaking Shared Care clinics use the results of urine tests to direct discussion about the patient's progress and treatment.

Criteria:

1. All patients will have a sample of urine tested as part of their Methadone Shared Care
2. All samples of urine will be positive for the presence of the metabolites of Methadone

The standard was set at 100%.

19 samples of urine were tested. All 19 were within the required temperature parameters ie. none of the samples had been tampered with.

All 19 samples were positive for the presence of Methadone metabolites.

Although the standard of 100% was achieved the following was also noted.

12 of the 19 samples were positive to the presence of benzodiazepines. Polydrug use, and in particular benzodiazepines, is a factor in increased risk of overdose.

6 of the samples were also positive to opiates. This indicates that the patient is continuing to use street heroin or other opiates (co-codamol, tramadol, co-dydramol, codeine). These six patients were also positive to benzodiazepines and methadone. This substantially increases their risks of overdose.

2 of the 19 samples were positive to PCP.

1 of the samples was positive to cocaine.

12 of the samples were positive to Cannabis.

All patients who were positive for the presence of other drugs other than Methadone were counselled about the risks of overdose and advised of the need for future urine tests to be negative to opiates and benzodiazepines. Two further positive tests would result in the prescription for Methadone being reviewed and probably stopped.

The audit will be repeated in 6 months.

Appendix 5

Swansea Hope Night Shelter

Swansea Hope Night Shelter

Sleeping rough on the streets of Swansea has been a necessity for many over the years, either because homeless people were not eligible for other types of accommodation such as bed and breakfast or a place in a hostel, or because their substance misuse or behaviour was too problematical. There is one emergency bed in Swansea located in the laundry room at Dinas Fechan Hostel and this is allocated on a daily basis during the week to the person deemed most in need on the day. The problems of sleeping rough are magnified during winter months.

In 2011 a group of churches working as an ecumenical team in Swansea proposed a solution. Seven churches would each offer one night a week to provide a safe, warm and secure place for those who would otherwise be forced to sleep rough during January and February 2012. The churches would be staffed by volunteers who would provide teas and coffees and a hot meal on the arrival of their homeless guests between 7.30pm and 8pm. Referral to the night shelter is required. Those who might benefit from the scheme would be assessed and referred by the many agencies who work with homeless people every day.

At 11pm the guests could climb into their beds – an inflatable mattress with a sheet, pillow and duvet and settle down for a warm, safe night's sleep. In the morning their bedding would be rolled up and placed in a bag with their name on and transported to the next church in readiness for their arrival. Breakfast would be provided before they leave as well as a map and directions for their destination for that night's venue.

The Night Shelter was oped from 3rd January to the end of February 2012. The average number of guests each night was seven.

Night shelter guest outcomes:

- Weight gain
- Reduced alcohol consumption
- Improved personal hygiene
- Improved sense of well-being
- Improved engagement with services
- Most of the people were subsequently housed either in hostels or more permanent accommodation as a result of accessing the night shelter.

Appendix 6

Hepatitis C Support Group and “Pre-Clinic”

Hepatitis C Support group and “Pre-Clinic”

In an audit of Hepatitis C (HCV) diagnosis, referral and treatment undertaken in 2010, it was noted that although many people were referred to Hepatology outpatients services, few actually ever attended clinic. There is currently a 26 week wait from referral to first Hepatology appointment. Although often initially enthusiastic about receiving treatment for their newly diagnosed Hepatitis, many reported that over time that they worried more about possible outcomes and were put off by information from other individuals. Others were “lost” to the system either because they changed address or became homeless.

In order to improve attendance outcomes it was decided to set up a Hepatitis C support group and “pre-clinic”. The premise was that at diagnosis that all new Hepatitis C sufferers seen at Swansea Drugs Project, Cyrenian’s Community Centre or through Sexual Health Outreach Services would be given an appointment at the next monthly “Pre-Clinic” session. As well as providing support for those already in treatment, those who had finished or failed treatment and for families of HCV sufferers, the regular contact would ensure accurate information about liver disease, treatment issues and outcomes and advice on health promotion, illness prevention and the many psychological and social impacts of this disease and its treatment.

The Support Group and “Pre-Clinic” is run in partnership with Healthcare for Homeless People, Terrence Higgins Trust (THT), Sexual Health Outreach Nurse, Swansea Drugs Project and ABM Hepatology Services. The group meets once a month on the first Wednesday of each month from 4pm – 6pm at Swansea Drugs Project.

To date sessions have covered the following topics:

- Managing sleep
- Is there a sex life after Hep?
- Keeping your liver healthy
- Coping with feelings
- Diagnosis and treatment

Although newly diagnosed patients are few there is a core of regular attenders who are at various stages of treatment. The sessions are informal and enjoyable. Those attending report that they feel more informed and well supported.

Appendix 7

ABM Community Dental Service for Homeless People

ABM Community Dental Service for Homeless People

The dental service for Homeless People is provided by ABM Community Dental Services with a dental surgeon Mr David Davies and a dental nurse Lisa Llewellyn. They are supported by a member of the Cyrenian's Community Centre. Staff from Dinas Fechan Hostel, Outreach and Big Issue ensure that patients are reminded about and escorted to their appointments wherever necessary.

Homeless people who request dental treatment first see the nurse for homeless & vulnerable adults for assessment of urgency and completion of a physical health check form. The completed form is sent to the community dental service office and if treatment is not deemed as urgent, the patient is allocated an appointment at the next "homeless clinic". Staff at the centre remind the patient of their appointments prior to the day and on the day or will liaise with agencies or workers providing support.

Clinics started in August 2011 and are held monthly in a mobile dental unit parked at Dragon Arts & Learning (DAL) Centre. It is sited away from other homeless services to ensure that interruptions are limited. DAL provide electricity and water for the unit and patients are able to wait in the centre prior to their appointment.

The dental service provides assessment, extraction and restorative treatments.

Up to 31st March 2012, 5 clinics have been provided. 7 patients have received up to five sessions of dental care each depending upon their need.

The service is rated very highly by the patients.

Appendix 8

Healthy Living Report

Clare Evans – Healthy Living Co-ordinator

April 2011- April 2012

During the last year at CCC many people have received advice on remaining healthy and preventing ill health. On average there is a health promotional event at CCC once a month where 40-60 people would access advice on that day. Health promotional materials are evidence based and resources are borrowed from Public Health Wales where appropriate. There is also on-going daily opportunistic health promotional advice.

The Owl and Parrot Café continues to provide approximately 25-40 healthy nutritious meals that are heavily subsidised by Cyrenians Cymru.

The following events took place;

7.5.11 Open Day at CCC

17.5.11 Sleeping bag demonstration (made out of Newspaper)

22.6.11 Stress and Relaxation Day

18.8.11 Sun Awareness Day

16.9.11 Vitamin C Day

18.10.11 Breast Awareness Day

20.10.11 Breast Awareness Day at DAL

25.10.11 5- a-Day Harvest festival

26.10.11 Designed to Smile at CCC (dental health promotion)

11.11.11 Public Health Wales consultation with Service Users

20.12.11 Cough and Cold prevention

21.12.11 Designed to Smile at CCC (dental health promotion)

26.1.12 Love Your Liver

14.2.12 Healthy Heart

14.3.12 No Smoking Day

The Community Dental partnership has commenced on 25.8.2011 and 5 sessions have been attended by 13 people who have had between 1-5 sessions each. The sessions are well attended and well supported by partner agencies such as Dinas Fechan and Big Issue Cymru who facilitate attendance.

There are 15 volunteers at CCC who provide immeasurable support by volunteering in the Kitchen, front desk or the Nine Carrot's food cooperative. The Nine Carrot's Food cooperative continues to go from strength to strength delivering approximately 70 bags of fruit, vegetable's and salad a week at £2 a bag.