Promoting compassionate healthcare for homeless people: learning from the project

Key findings

- Between May 2011 and April 2013, the Pathway service supported 578 inpatients at UCH, as well as 231 people who attended A&E.
- The service led to a 30% reduction in bed days taken up by homeless patients, by reducing the average length of stay.
- Service user feedback showed that for some individuals, the service had a very positive impact on their care experience, their willingness to stay in hospital and the quality of their lives once discharged.
- Regular multidisciplinary team meetings, involving people from all areas of a patient’s care, helped the service to achieve the best outcomes for the patient, change attitudes and establish a culture of collaboration.

Successes

- **Discharge planning:** Despite pressure to discharge patients as soon as they are ready, consultants and registrars became open to keeping homeless patients in hospital longer, when the Pathway team felt this was important for a safe and properly planned discharge.
- **Changing attitudes:** The Pathway team initially supported only admitted patients and A&E clinicians were sceptical about the presence of the service in the hospital. Over time, A&E clinicians came to accept and value the Pathway team and ask for help with homeless patients.
- **Continuing the service:** The team secured funding to continue the service at UCH, with the business case demonstrating that the service generates cost savings for the trust.
- **Introducing Pathway at other hospitals:** Following the success of the service at UCH, the team has supported the introduction of Pathway services at hospitals including the Royal Free, the Royal London and Brighton & Sussex University Hospitals.
Challenges

- **Measuring relationship change:** The team developed surveys to measure patient satisfaction at discharge and changes in junior doctors’ attitudes to homeless patients, but these surveys only produced a small amount of data. Instead, they had to rely on qualitative data obtained through patient stories and clinician feedback.

- **Data challenges:** The team had to accept potential weaknesses in the repeat admissions data, because patients could have found stable accommodation by the time they were readmitted, or the readmission could take place at a different hospital. Differences in how costs are calculated across UCH units meant the team was unable to obtain full cost data for patients they supported.

- **Recruiting care navigators:** The team had hoped to recruit more than one person to be a care navigator, but it proved difficult to find suitable candidates for such a challenging role. They also found challenges with securing honorary UCH employment contracts for care navigators, because the candidates did not fit the usual profile of hospital employees.

Advice to others

The team says that when introducing Pathway to a new hospital, it is important to consult everyone who will be involved in the service from the very start of the process, and to complete a needs assessment to confirm that there are enough service users to make the service economically viable.

They recommend embedding the model within the inpatient service before extending it to cover A&E, because the amount of time needed to support patients attending A&E can be substantial.