LONDON HEALTH COMMISSION
CASE STUDIES FOR EVIDENCE

These case studies were submitted to the London Health Commission in 2014 as evidence of the need for change in 3 areas:

- the need for integrated IT and data sharing
- the need to address GP registration for people experiencing homelessness
- the need to overcome local connection issues

1. SC – the case for integrated IT

SC has had a pattern of homelessness and frequent attendance that probably goes back to 2002. She has been registered in hospitals under **at least 10 different names**, although generally the same date of birth. She suffers from alcoholism, hypertension, fits and asthma, and has a left sided weakness after a stroke.

Her attendances are being collated for the 5 years 2009 – 2013. So far we have tracked **508 A&E attendances and 59 admissions** across 8 hospitals. Complete data is still missing from 3 of these hospitals (particularly admissions data), but she is known to have been at least 13 hospitals during this period. In St. Thomas' data she has arrived at A&E **via LAS 72% of the time**. If you only cost the actual A&E attendances, LAS calls and admissions that we know about this comes to **£222,208 over the 5 years**, however if you include missing data from other hospitals is likely this is nearer £300,000, and may even be double this sum. This lady may well have been 'living in hospital', and she is not the only person displaying this pattern of behaviour – there are many.

The reason this pattern continued is because there is no easy way for professionals to communicate within hospitals, let alone across hospitals, other health services, and with allied agencies. The full extent of SC's pattern was suspected by many, but nobody had the time required to resolve the situation without a very high degree of time and e-mail input (which was eventually operationalised).

SC's case was raised at a very high level in Brent, and they agreed to fund an appropriate nursing home placement without ever having formally assessed her for this. SC is now in a care home in Brent, and has settled in well.

2. JA – GPs <u>are</u> refusing to register homeless clients

JA is a 73 year Nigerian man who was legal resident of UK from 1962 - 1976, and then went back to Nigeria. JA re-entered the country in 1999, and has remained here as an illegal migrant ever since. He has filed two legal claims for 'leave to remain' both of which have failed. The UKBA however, has no plans immediate plans to remove him (contact has been made with the UKBA caseowner). He is required to 'report' 6 monthly. JA says he stays in churches, ministries and on buses, so there are no bedded down CHAIN contacts for him. There are currently no accommodation options available to him.

JA is an insulin dependent diabetic. He was refused GP registration by 4 different practices, and another expressed reservations. The refusals have been on the basis of his homelessness, not his immigration status.

JA lost his previous GP after telling them he being evicted from the garage-like accommodation where he had been staying, and was now NFA in another area. Several weeks later he was admitted to Kings in ketoacidosis.

On discharge from hospital, the practice was contacted to see if they would re-register him, but they refused, saying they were unable to register NFA clients. The nearest homeless practice to the area he says he stays in (Merton) was then contacted, but they said they would need proof that he was NFA in Croydon (i.e. he would need to have been seen street sleeping in Croydon) to register him. He was then escorted him to a large practice in Lewisham (because he has outpatient appointments that he attends at Lewisham hospital) by a nurse, and his situation was explained face-to-face. He was again refused. During this time he was re-admitted for 5 days to Lewisham hospital.

JA was then seen at the Walk-In Centre in Croydon and given an interim prescription. However they then told him he would need to register with a homeless practice to get future prescriptions. He then took himself to a homeless practice in Westminster. The practice gave him a sandwich and cup of tea, and made some enquiries, and referred him on to the specialist asylum seeker and refugee GP service at the Pavilion practice in Brixton. He did not fit their criteria, but they agreed to book an appointment for him. He did not turn up. During this time attended Kings A&E seeking medication.

He has now been registered at a practice in Merton.

3. **BW – proving homelessness and 'local connection' issues**

BW was in A&E 9 times, and admitted 3 times in a 6 month period for a deteriorating neurological condition. On two occasions he was directed to Housing Options by himself on discharge. Although he had family (including grown-up children) in the borough he was applying to, and wanted to stay there, he had split from his wife in that borough several years previously. Since then he had been sleeping at work in Wembley, until having to leave work due to sickness, although he had no proof of this. **He was turned down for housing on both occasions, apparently due to a lack of proof of homelessness, and an unclear local connection, although he was not given a formal decision letter in either case.**

On the third occasion he was escorted to Housing Options by an experienced Housing Advocacy worker, and was (somewhat reluctantly) housed in temporary accommodation by the same borough. He has returned to hospital since, but now has a care package in place in the temporary accommodation, and his hospital attendances have stopped. There is no doubt that he needed appropriate housing to stop the revolving door.

This simple case demonstrates the value of having experienced housing workers based in hospitals, but does suggest housing and health would benefit from working more collaboratively together pan London.