

# Supported Accommodation for Destitute TB patients

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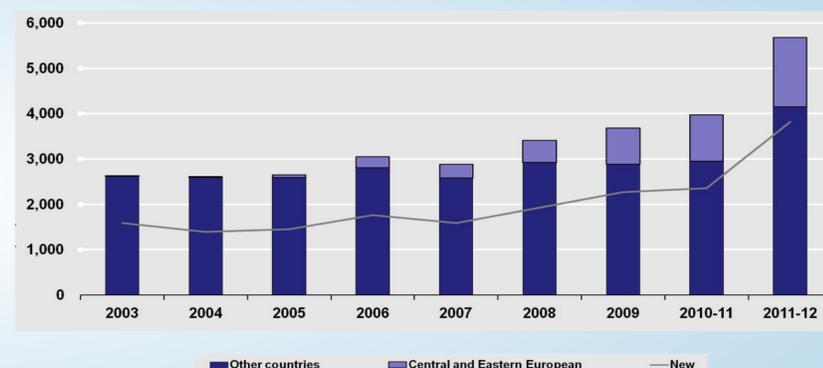
1. Find&Treat, University College London Hospitals NHS Foundation Trust  
2. Olallo House, St John of God Hospitaller Services



## Background

- In 2011, there were 872,000 A8[1] migrants living in the UK. Many migrants were not able to find work, have no recourse to public funds (NRPF) [2] and became homeless. The number of rough sleepers in London has been increasing since 2007, and in 2012 Central and Eastern Europeans accounted for over a third – see figure 1
- Individuals with NRPF, who become homeless, have very few avenues for support that are accessible to them, face destitution and services can find it difficult to engage with them (Homeless Link, 2013).
- TB rates in London have been increasing since 1987 and have doubled in the past 10 years (HPA 2013). Disadvantaged communities, such as those experiencing homelessness and drug and alcohol dependence, are disproportionately affected by the increase. Homeless TB patients are at very high risk of poor treatment outcomes.
- Access to suitable accommodation is pre-requisite to TB treatment and recommended by the National Institute for Health and Care Excellence (NICE). Despite this, there is no standardised approach to providing accommodation to homeless TB patients, and most either stay in hospital at a cost of upwards of £500 per day or are released back to the street. A review of 100 homeless TB patients with NRPF referred to Find&Treat[3] found that more than half had become lost to follow up care, many of them infectious and with drug resistant TB.

Figure 1 - Rough sleepers in London



Ref: CHAIN data, Thamesreach annual report 2012

## Action

- Using Homeless Link Transition Fund monies [4], Find&Treat worked collaboratively with the national charity St John of God Hospitaller Services to establish a 5-bedded residential unit for destitute Eastern European TB patients in a central-London hostel (Olallo House)[5].
- The Olallo TB Unit is available to all (30) TB services in London. Referrals would come through Find&Treat.
- The unit has a dedicated support worker and each resident has an individual care plan focusing on their particular needs. Daily routine is structured and residents are expected to engage in the Olallo programme (see fig 3).

Figure 2 - Olallo House



Figure 3 - Daily Routine



## Eligibility

- Eastern European men who are currently homeless or who are at risk of becoming homeless with a confirmed diagnosis of TB.

## Clinical and Social Profile (see Table i – Social profile of TB residents)

- To date, Find&Treat received over 25 referrals. With more referrals than spaces a waiting list is in operation.
- During the first 64 weeks, the project has supported 11 (10 with tuberculosis) Eastern European men with histories of rough sleeping, addiction, imprisonment and mental ill-health (see table i). All patients were pulmonary and were smear and culture positive. Six (60%) residents had drug resistance (1 XDR, 3 MDR and 2 INH resistant).
- The 11 residents had accrued 26 weeks of delayed hospital discharge prior to going to the Olallo. At a cost of more than £500 per night, this accounts for approximately £91,000.
- Average length of stay at the unit was 31 weeks.

Table i - Social Profile of TB residents

- Rough sleeping
- Alcohol and illicit drug use
- Forensic histories
- Mental health problems
- Co-morbidities (i.e. HIV, diabetes)
- Poor language skills
- No recourse to public funds
- No family / No social networks
- Unemployed
- No GP
- No income

## Results and lessons learnt: (see table ii – outcome)

- Prior to coming to the Olallo, 10 of the residents had long-term drug & alcohol dependence. During their stay 6 had managed to reduce their drug and alcohol use. On arrival none of the residents qualified for social security benefits, but on leaving the Olallo 9 residents were in receipt of benefits, meaning they could move-on into independent, self-supported accommodation.
- Prior to coming to the Olallo, all of the residents had missed some doses of TB medication at some point. At the Olallo, DOT was provided to 9 of the residents (with one refusing), accounting for over 2,100 individual DOT episodes. None of the residents disengaged with treatment, none were re-admitted to hospital and no A&E attendance. 6 of the residents have completed treatment and have successfully moved-on into independent accommodation. The remaining 4 residents continue on treatment with over 90% compliance.

Table ii - Outcome

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>6 residents have reduced their substance misuse</li> <li>9 now in receipt of benefits</li> <li>11 now registered with a GP</li> <li>5 now in work or in search of work</li> <li>6 have successfully completed TB treatment (and have left)</li> </ul> | <ul style="list-style-type: none"> <li>4 still on treatment (with 90% adherence)</li> <li>None lost to follow-up</li> <li>None re-admitted to hospital</li> <li>One arrested and imprisoned &amp; released back to the project to complete treatment</li> </ul> |
|--|---|

## Conclusions and next steps:

- Despite NICE guidelines recommending accommodation for destitute TB patients, in practice many local services are reluctant to fund and support accommodation for destitute TB patients. Many patients remain homeless, without support and in an extremely vulnerable situation.
- This supported housing model appears highly effective in engaging and improving the health and social circumstances of destitute TB patients. The service prevents loss to follow up care and unplanned hospital admission and preliminary health economic analysis demonstrates high cost effectiveness.

## Quotes

"Without the input of The Olallo House team I believe it would have been unlikely that the patient would have completed his treatment" TB nurse specialist.

"The hostel has helped me a lot. Staff here have supported me to keep my important appointments and always made sure I had my medication. I now feel much better and I'm happy that I agreed to move in to The Olallo". Former TB unit resident

## Case Study

- Andrius is a 39 year-old Lithuanian man. He came to London in 2005. He had no profession or skills and could not find work. He soon became street homeless and started to use heroin.
- His health started to deteriorate and he started to lose weight. His GP suspected TB and he was admitted to hospital. He was diagnosed with MDR TB and will require 18-24 months treatment. Andrius was in hospital for 3 months. A referral was made to the Olallo
- At the Olallo Andrius registered with a local drug agency and started to reduce his drug use. He is developing independent living skills and has expressed an interest in finding employment. Andrius has another 10 months of treatment to go, and with the support of the Olallo will not be returning to the streets on completion of treatment.

## Footnotes

- [1] Citizens from Poland, Czech Republic, Latvia, Lithuania, Slovakia, Slovenia, Hungary, Estonia that have the right to work and reside in the UK  
[2] People who are not entitled to welfare benefits, Home Office asylum support for asylum seekers, or public housing. Unemployed migrants from Central and Eastern Europe  
[3] Find&Treat was established in 2007 and is a multi-disciplinary pan-London service to strengthen TB control among hard-to-reach groups. A Health Protection Agency evaluation deemed innovative and cost effective  
[4] Olallo house is a 35-bed residential hostel in central London for people from A10 countries (Poland, Lithuania, Estonia, Slovakia, Slovenia, The Czech Republic, Hungary, Romania, Bulgaria) who have experiencing homelessness and don't have recourse to public funds. The 5-bedded residential unit for TB patients is located on the top floor. The main focus of the unit is to provide holistic support addressing multiple issues like medical, psychological, physical, substance misuse, educational, employment, life skills and independent living skills.  
[5] Homeless Link Transition Fund is a grant available to projects dedicated to protecting homeless services and ending rough sleeping

## References

- Hartston, Macgregor (London, 1953). Tuberculosis Hostels – a Contribution to the Welfare of the Homeless Phthisic. Jul; 34(7): 180-4 Tubercule 1953  
HPA (2013) - Tuberculosis Annual report  
Homeless Link (2013) NRPF Good practice guide <http://homeless.org.uk/migrants-nrpf-guidance-good-practice#.UmzuJuhFC70> (accessed October 2013)  
Thamesreach (2013) Homeless Facts and Figures <http://www.thamesreach.org.uk/news-and-views/homelessness-facts-and-figures/> (accessed October 2013)