



# WOMEN'S HEALTH IMPROVEMENT PROJECT

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# WE HELD A PROJECT FOCUS GROUP AND ASKED WOMEN EXPERIENCING HOMELESSNESS ABOUT THEIR HEALTH EXPERIENCES – THEY SAID

Sometimes homelessness health services were felt to be aimed more at men/populated by men so aren't appropriate for women/feel intimidating.

Difficulty of maintaining good physical/mental/dental health with unreliable access to healthy food/regular water and having to sleep outside/ on uncomfortable mattresses.

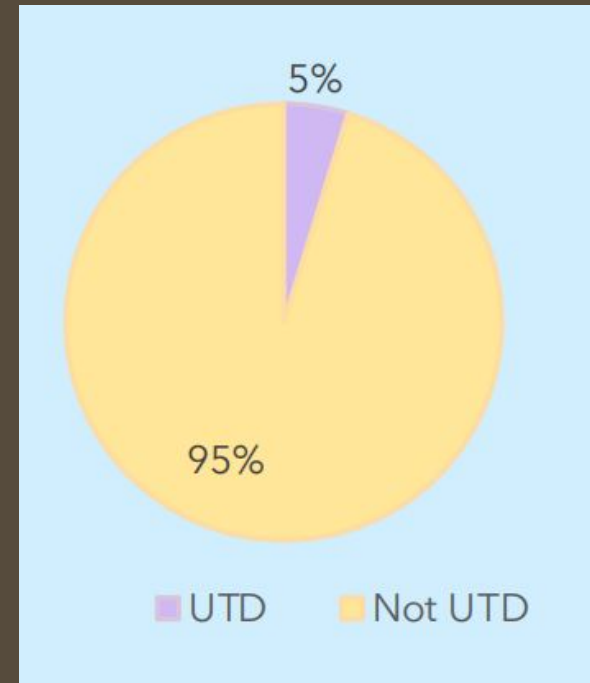
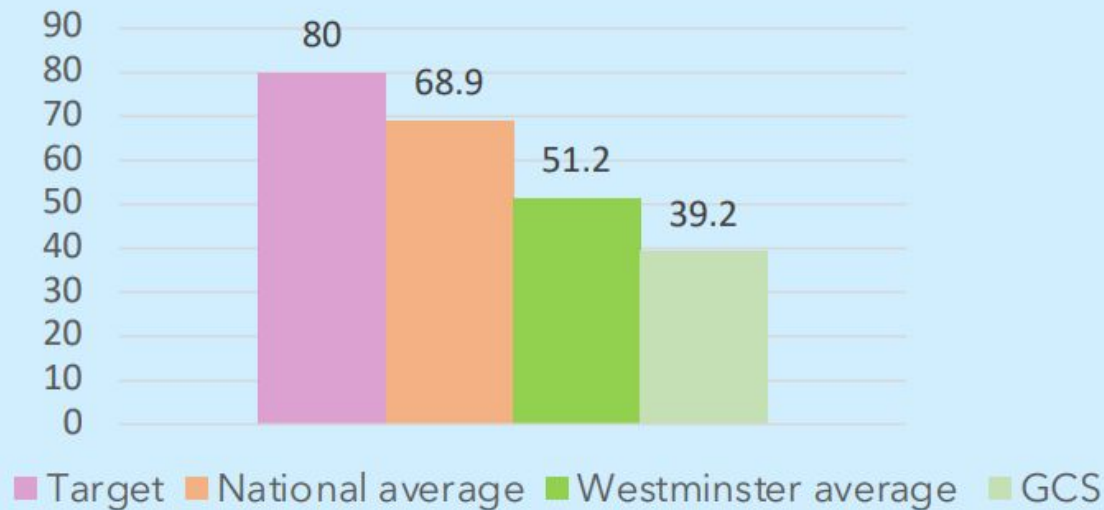
Initially some of the women I spoke to were reluctant to even the idea of healthcare intervention (e.g. sexual health screens, vaccination), but after some discussion and explanation they were enquiring about where/when they could access services. A need for more health education in this group?

Health problems and how well they were managed effected self esteem for patient, especially skin conditions and problems with teeth. This could be a barrier to accessing healthcare and other support.

Health was viewed to be equally important as housing/food needs. Women all voiced that they wanted to look after their health needs.

# EVIDENCE THAT EXTRA SUPPORT IS REQUIRED.

Uptake of smears nationwide (%)



**The average age of death for people experiencing homelessness is just 45 for men and 43 for women. Compared to the national average age of death in the UK (79.4 for men and 83.1 for women) this is shocking.**

# WHAT THE PROJECT PLANS TO DO

## Systems change

Systems change to increase screening uptake by trying to challenge barriers and support from care navigator

Improving pathways to improve health outcomes in women experiencing homelessness

Involvement in Pan London improving screening uptake for those experiencing homelessness

Monthly MDT regarding pregnant women to ensure all services aware and working together

Women's clinic Friday morning (will be men attending other appointments at the clinic)

## Caseloads

Care navigator caseload for women who need additional support to attend medical appointments, or need to support to access appropriate medical services for example – homeless GP registration/ GP instead of frequent a and e attendance

Health rep at the women's VAWG

Small nurse caseload of women experiencing complex medical/suspected medical conditions that need additional support

# CRITERIA

Female

Homeless in Westminster – rough sleeping/sofa-surfing/hostels

Will need to consent to be registered temporarily at GCS – will not take away from main GP (Ebony will do that at first contact)

Pregnancy/suspected pregnancy

Concerns regarding specific health condition that requires extra support  
or health worries that are yet to be investigated and confirmed

Health screening – smears/mammograms/bowel screening/sexual health

Needs GP registration or support with appointments

# REFERRAL

All services can refer – e.g outreach/hostels/homeless health/GPs/Hospitals/Substance misuse and alcohol teams etc.

Referrals will need to have a specific goal in mind and this will need to be stated on the referral form.

All additional support needs referral via same form.

No set time on caseload – will be determined by Nurse and Care navigator

Will not hold a waiting list but will accept re referrals if caseload is currently full

# CONTACT DETAILS

Great Chapel Street Medical centre –  
02074379360

Ebony – 07395318863

Maggie – 07387778452

# ACHIEVEMENTS AND PLANS FOR FUTURE SINCE START OF PROJECT

- We have successfully set up monthly MDT for vulnerable pregnant women in Westminster – attended by us, outreach, Social services and safeguarding midwives from UCLH and SMH.
- We have completed searches and reviewed all women between 45-55 coded as having depression or on anti-depressants to ensure peri/menopause symptoms had been considered.
- I have taken on the health lead role at VAWG forum and attend monthly meetings.
- We have set a start date to provide Roma women with health education sessions at a day centre alongside Roma support/translator
- We are in discussions with local drug service to offer health clinic at drop in sessions once a month to encourage GP registration with those who do not attend primary care services
- In discussions with SMH around making mammograms much more accessible to women experiencing homelessness – with ideas around walk in slot once a month allocated to us.

# CONTINUED

- In discussions with groundswell/hostel lead in a response for a request for training around supporting pregnant women
- We have also supported between 20 and 30 women through complex case management, advocacy and support to get to and during medical appointments
- Asking Ebony about her successes in the past week
- Ebony has managed to support a pregnant lady to have treatment for syphilis and to booking appointments and scans that she would not have managed to navigate on her own. During the scans there has been an anomaly found and Ebony has ensured that appropriate support has been put in place to ensure that not only not the patient have a translator but that this is also someone with cultural awareness around difficult circumstances.