Islington Hostel Outreach GP Service

ISLINGTON GP FEDERATION

WHO WE ARE

We are a team of local GP and healthcare professionals working within primary care services in Islington

Dr Polly Wootton, Service Clinical Lead

Dr Sarah Yamamoto, GP Lead for Highbury Cluster

Dr Toby Donati, GP Lead for Angel Cluster

Dr Brigid Shepperd, GP Lead for Hilltop Cluster

Jess Bains
Inequalities Outreach Nurse

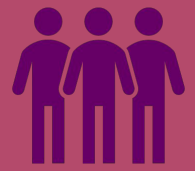
Associate
Lorna Thomson
Outreach Nurse
Rough Sleepers

Service PILLARS

HEALTHCARE

Reduce health inequality

Improve the health outcomes of people experiencing homelessness (PEH) in Islington



PEOPLE

Our clients are at the forefront of everything we do

We adopt a holistic personalised care approach to people's health and wellbeing

COLLABORATION

Strong focus on partnership working

We work closely with peers from community, secondary care and third sector groups

LEARNING

Work to foster a learned and lived experience partnership to help us better understand the health needs of PEH

We share our learning with our primary care colleagues to support a culture change with mainstream primary care’s interactions with PEH

EFFORT

Regularly review our model and make changes when needed

We adopt a growth mindset and use our learning to make improvements to our service delivery

Clinical Model

4 x GP sessions per month

- Islington divided into four geographical clusters; Angel, Highbury, Hilltop and Holloway
- Each GP works exclusively with a dedicated cluster of hostels
- GPs visit their cluster of hostels once per month on an agreed day
- Clients can book to see the GP in advance or opportunistically during the visit
- Monthly GP drop-in hub clinic every third Wednesday of the month at Solidarity Hub, Seven Sisters Road

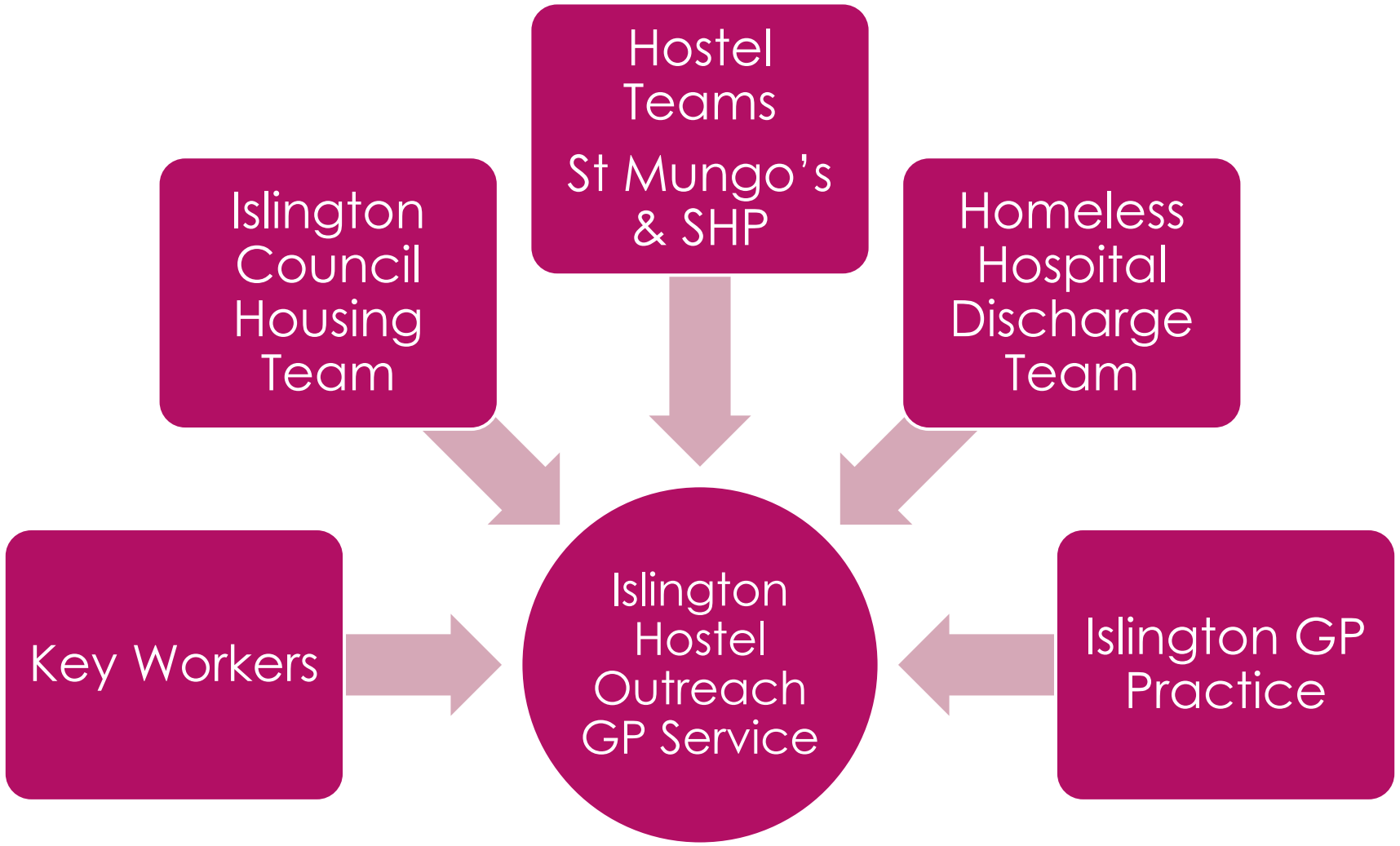
2 x Nurse sessions per week

- Nurse works pan-Islington and supports all GPs with their cluster hostels
- Weekly nurse drop-in clinic every Monday for women at Solidarity Hub, Seven Sisters Road
- Facilitates joint visits with cluster GP to assess street homeless clients

Services provided by our outreach nurse

- ✔ Wound care surveillance and wound dressing
- ✔ Phlebotomy
- ✔ Point of Care Hepatitis and HIV testing
- ✔ Cervical screening
- ✔ Long term condition reviews
- ✔ Routine diagnostic screening (B/P, urinalysis, BMI)

Stakeholders and partnerships



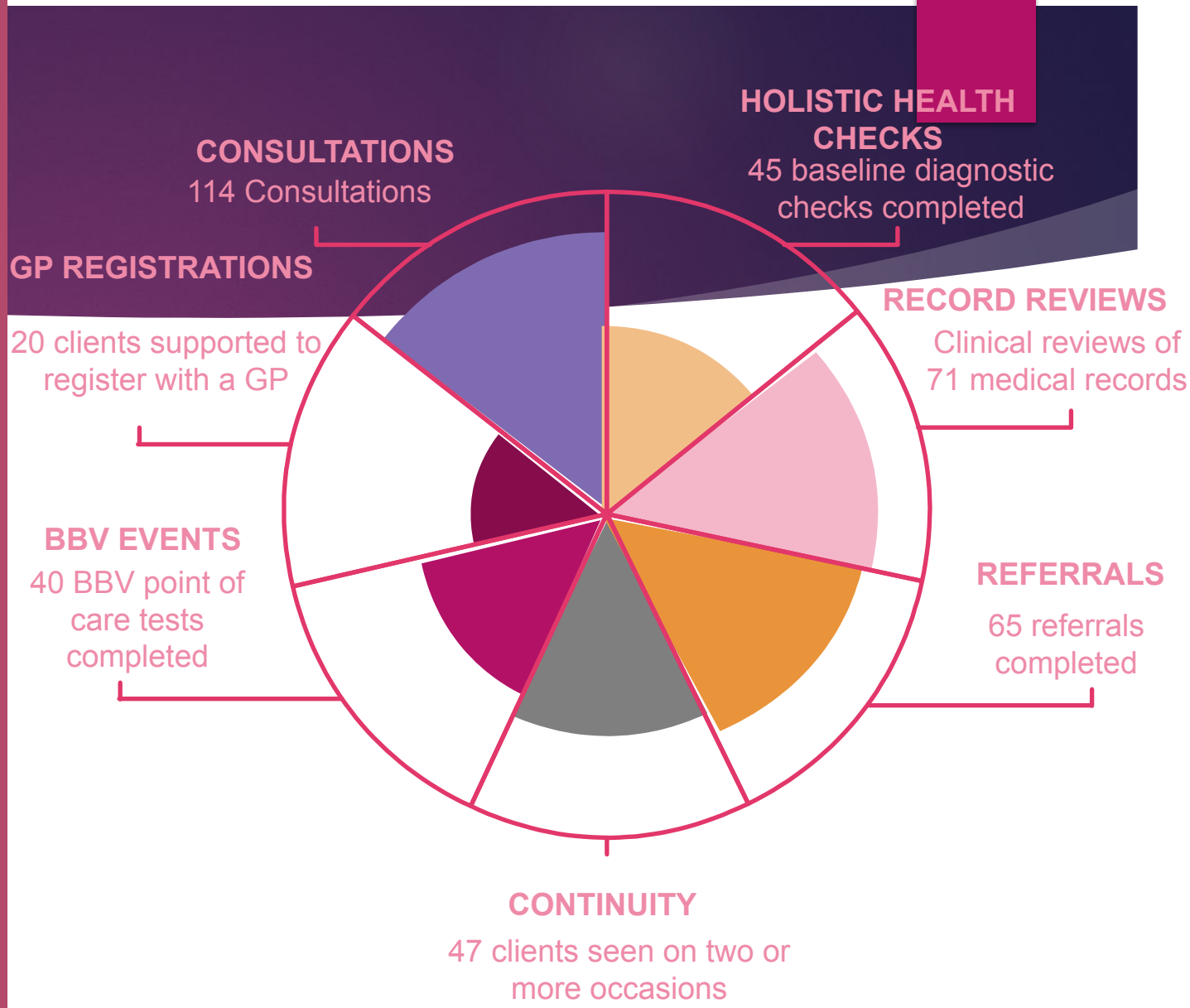
Pilot DATA

Over the course of the pilot, we have conducted 114 consultations and supported 20 patients to register with an Islington GP surgery. 23 of these contacts were with patients who are street homeless (rough sleeping).

We have made 65 onward referrals over this time to secondary care (38), Community services (10) and signposting to other local services (15) and have arranged two 2WW fast track suspected cancer referrals . We estimate that we have prevented 3 A&E attendances and 4 GP call outs over this time.

The clinical team have offered BBV point of care testing over the last few months as part of our collaboration with UCH Find and Treat Service. We have referred two patients to the UCL Find and Treat service for treatment. The BBV collaboration also included two outreach events in March at The Manna day centre and Vibast Community Centre, the latter which was attended by the Islington Council housing team and Streets Kitchen.

68% of all client contacts are as a result of opportunistic engagement, underlining the importance of 'taking the care to the client' with this population



WHAT DID OUR PILOT SERVICE TEACH US?

1

MARATHON OR A SPRINT?

Prepare for a **slow burn** service.

It took us months to make real progress with some clients. Although we see ourselves as an extension of primary care, it is primary care, not as we know it.

Set appointment time duration, DNA rate, patient disengagement – we had to let go of all the normal rules of general practice

We have built a high tolerance for failure into our model, accepting that some sessions may result in no activity at all let alone any actual healthcare.

The truth is, this is a marathon and perseverance is key

Building relationships with clients and support / key workers is the first step

The healthcare comes later

2

WHAT SKILLS?

Soft skills are just as important as clinical skills

Our team believes passionately in the service we are delivering

None of our clinical team had any experience of working in PEH healthcare beforehand

Over the course of the pilot, we have educated ourselves through various formal and informal pathways and by networking with other service providers in the commercial, charity and healthcare sectors. This has been invaluable

We feel that one of the most important factors in determining the success of the service is the clinician's own capacity for empathy and a determination to understand the unique needs of each client

CHALLENGES

1

IT & CONNECTIVITY

No standardised template

Issues with EMIS platform

Poor Wi-Fi options at hostels

2

DATA CAPTURE

Limitations with EMIS Enterprise

Information Governance

Small data set so tricky to analyse

3

HUB LOCATION

Working in non-clinical space

Access and privacy issues

Staff safety

4

VISIBILITY

Legitimacy of new service

Referrals low in first months

Limited GP Cover across month

5

LIVED EXPERIENCE VOICE

Difficult to engage cohort for input into service design

6

ENGAGEMENT

Clients that most need to be seen, are often the clients who won't engage

KPI's for 2023-24 Service

Care planning and Guidance

- KPI 1. Care Plan

Assessment by clinician of clients immediate and future needs. This includes the clients own priorities for accessing the service

- KPI 4. Update to GP with recommendations

Summary report sent to registered GP to highlight clients unique needs, service care plan and recommend EMIS coding. Link to supportive training for practice staff also added to document

- KPI 5. Follow Up Wellbeing Check

All clients offered a follow up appointment within one month

Holistic Health Care & Diagnostics

- KPI 2. Holistic Health Check

General physical health check with baseline diagnostics including; blood pressure, urinalysis, BMI, MH and lifestyle history

- KPI 3. Health Screening

Routine screening at first or second consultation including; point of care hepatitis and HIV screening or blood test, STI screening, Cervical Smear test

Ambitions for the future

Developing a supported MH Pathway

Outline Idea: Develop a pathway for patients as a preparatory route to formal MH/Psychotherapy engagement

Proposal

1.Practical training delivered by a Behaviour Therapist to key workers and hostel teams as well as outreach nurse

2. Ongoing monthly supervision sessions for key workers and outreach nurse

3.Regular support offer to patient from hostel team to embed coping techniques using motivational interviewing. This can be 1:1 meeting in formal or informal setting such as cup of tea at local café or walk in park with outreach nurse or appointment at Solidarity Hub

Outcome

A supportive package for the patient to bridge the gap between time of referral to MH/therapy services and the commencement of treatment. The aim is to empower the patient with practical skills and techniques to prepare them for more formal therapy routes

Hybrid GP sessions

Outline Idea: Pilot a hybrid GP hostel visit sessions that would split the session to incorporate a drop in hub at local day centres

Proposal

Joint clinic with GP and outreach nurse to deliver outreach drop in events at Islington based day / community centres. The clinics would last 1-2 hours

Clients can access the clinicians for basic healthcare, facilitation to other services or simply advice on staying healthy

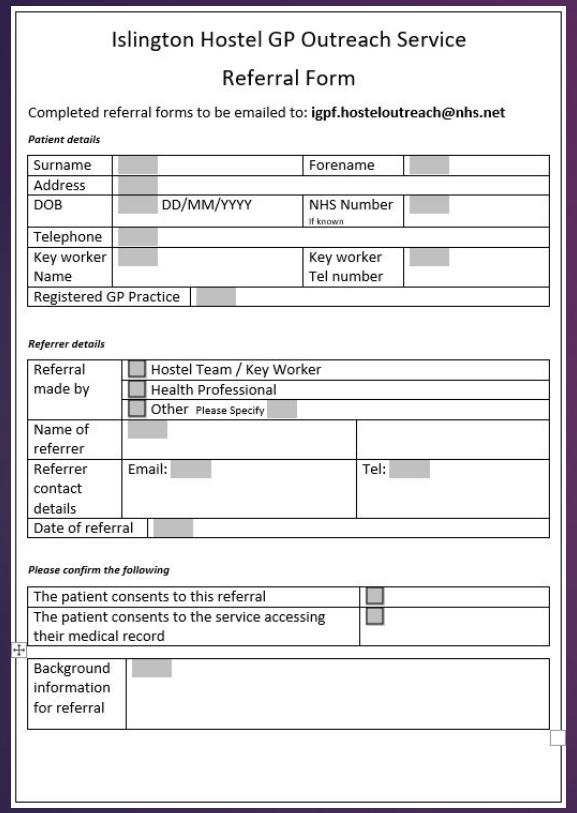
Any person attending the day centre could access the service, though priority would be given to street homeless clients

Outcome

Extending the reach of the service, especially among rough sleepers who are often highly mobile across many boroughs and are not accessing healthcare. Engaging with clients who cannot attend Solidarity Hub

Referrals & Criteria

Clients based in Islington
Do not require emergency or urgent care



Islington Hostel GP Outreach Service

Referral Form

Completed referral forms to be emailed to: **igpf.hosteloutreach@nhs.net**

Patient details

Surname		Forename	
Address			
DOB	DD/MM/YYYY	NHS Number If known	
Telephone			
Key worker Name		Key worker Tel number	
Registered GP Practice			

Referrer details

Referral made by	☐ Hostel Team / Key Worker ☐ Health Professional ☐ Other Please Specify	
Name of referrer		
Referrer contact details	Email:	Tel:
Date of referral		

Please confirm the following

The patient consents to this referral	☐
The patient consents to the service accessing their medical record	☐

Background information for referral	

For all referrals and service enquiries

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