

## Services

The Nurses are unique team working in an innovative way to establish a primary care based service that can identify the many physical, social, economic and mental health needs of the homeless. They provide a local focussed service incorporating an effective skill mix, multi agency working and collaborative working with other professionals. The aim is to ensure there are no health inequalities to homeless people by assessing needs to deliver a package of care by linking health, social care, housing and voluntary services. They also aim to reduce unnecessary attendances to A/E, Walk in Centres, GP practices and secondary care admissions and prevent inappropriate hospital discharge and emergency re-admission. They also advise staff of WCAP on appropriate use of resources.

Overall the aim is to maximise access to effective health care for this vulnerable group in a way that provides responsive treatment as well as preventative care in line with current government initiatives.

The homeless population appear as victims of the “Inverse care law” i.e health services are least used by those in need. We recognised the need for innovation in assessing health needs of this marginalized section of our community and often act as advocates for people who have difficulty in expressing their needs. Poor access to primary health care leads to a demand for secondary care and this group of people are more likely to go into hospital as unplanned acute admissions.

The homeless have a higher physical/psychiatric morbidity compared to the general population and there is increased incidence of suicide, schizophrenia, malnutrition, T.B, respiratory problems, peripheral vascular disease, infestations, DVT, infectious diseases such as Hepatitis and dental caries-all requiring our advice, intervention or referral to appropriate services. The nurses also identify risks regarding QOF and identify targets that need to be met and encourage monitoring.

The aim to reduce the stigma and perceived stereotypes that condemns individuals as responsible for their own exclusion by acting as a triage system to ensure referrals are appropriate. They offer minor illness/ailments service and provide “over the counter” medications which Dr. Shyamal Mukherjee is the governance lead in.

A successful innovation has been the introduction of aromatherapy (one member of staff is a qualified aromatherapist. This has proved popular and helped in situations of panic, anxiety insomnia without the need for medication.

The service is constantly reassessed in order to address highlighted deficiencies and by having one to one contact they are able to tailor the service to client's requests when appropriate. Examples are a more detailed health check has been introduced this year and identification of those needing monitoring for QOF