

GMS Contract in Wales 2008-09 Enhanced Service for Homeless Patients Specification

Introduction

The purpose of this paper is to provide an enhanced service specification for Local Health Boards when commissioning primary medical services for homeless people, both single people and families, in their area. It should be read in conjunction with the Welsh Assembly Government document - "Improving the Health of Homeless and Specific Vulnerable Groups – Standards 2008-09"

<http://www.wales.nhs.uk/newsitem.cfm?contentid=9077>

Definition of Homelessness

The definition for homelessness recommended by the Welsh Assembly Government is:

"Where a person lacks accommodation or where their tenure is not secure."

Homeless people may for example include those who sleep rough; living in insecure/temporary housing; living in short term hostels; living in bed and breakfast accommodation; living in domestic abuse refuges; moving frequently between relatives and friends; squatting; unable to remain in, or return to, housing due to poor conditions, overcrowding, affordability problems, domestic violence etc.

Data from 2006-07 suggest that there were 6802 individuals in Wales regarded as homeless and in priority need. Also in March 2007 a national count of rough sleepers found between 130 and 200 people sleeping rough in Wales although a truly accurate figure could never really be determined. Rough sleeping is the most extreme form of homelessness.

Local Health Boards

Local Health Boards (LHBs) have a statutory responsibility to assess and meet the healthcare needs of its population. The National Homelessness Strategy for Wales 2006-08 requires LHBs to:

1. review their Health, Social Care and Well Being Strategies in order to ensure that they have arrangements in place which address the specific health needs of homeless people;
2. play a full part in planning for homelessness services including through Supporting People Planning Groups;
3. work in partnership with local authorities to ensure health services maintain contact with homeless people, particularly with homeless families with young children, through referral arrangements.

(The National Homelessness Strategy will be superseded by the Homelessness Plan (One Wales 2007))

Why an Enhanced Service?

Enhanced services are elements of essential or additional services delivered to a higher specification, or medical services outside the normal scope of primary medical services, which are designed around the needs of the local population. The purpose of an enhanced service for homeless people would be to provide quality care to homeless people so as to enable them to benefit from the health and social care system thereby becoming and remaining healthier.

This can be achieved by primary health care teams devoting additional time and resource to such patients. They can establish a baseline of clinical history and health and social care needs and develop an ongoing relationship with the patient. This enhanced service recognises the time needed to provide a thorough service to address complex needs. There is also an advocacy role by staff on behalf of homeless people to ensure effective liaison with secondary care, statutory and voluntary services which can be time intensive.

Local Health Boards should be able to identify the needs of homeless people in their area. They should also explain how this enhanced service will complement other services in their area for homeless people, e.g. a homeless centre. This enhanced service must fit with the wider LHB plans to provide services to this and other vulnerable groups.

Working in Partnership

Meeting the health needs of homeless people requires effective partnership working between a number of organisations and agencies including:

GP practices

Local Health Boards

Local Authorities

Homelessness agencies

Hostels

Charities that support the homeless e.g. Cyrenians

NHS Trusts

Enhanced Service Specification

An enhanced service specification for homeless people follows at Annex 1.

ENHANCED SERVICE FOR HOMELESS PEOPLE SPECIFICATION

Introduction

1. All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients under the GMS contract. However it is acknowledged that some homeless and disadvantaged patients are excluded from mainstream services. The specification of this service therefore outlines the general and more specialised service to be provided that is beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.
2. Practices that do not provide this enhanced service are still obliged to provide essential and additional services to homeless people.

Background

3. There is a strong correlation between poor health and poor housing. The Welsh Assembly Government recommends the following definition of “homelessness” –

“where a person lacks accommodation or where their tenure is not secure.”

4. The causes of homelessness are multi-factorial and often include a complex health need. Causes might include:
 - ... Relationship breakdown
 - ... Domestic disputes or violence
 - ... A young person leaving care
 - ... A young offender with no home/family to return to
 - ... Alcohol, drug, mental health problems causing life breakdown
 - ... Loss of employment,
 - ... Leaving the services
 - ... Ex-offenderThis list is not exhaustive but is indicative of the variety of needs that these groups may present.
5. The health inequalities exacerbated by homelessness are well evidenced. Studies have shown that:
 - ... The life expectancy of a rough sleeper is 42 years
 - ... Rough sleepers tend to have special health needs relating to mental illness, alcohol abuse, and drug misuse.
 - ... Homeless children and young people have a 25% higher risk of severe ill health during childhood and are four times more likely to suffer mental illness
 - ... Homeless people may be vulnerable to accidents, assault, blood borne infections

- ... Chronic disease such as diabetes and epilepsy amongst homeless people can be more difficult to manage because of their irregular lifestyle

Aim of the enhanced service

6. The aim of this enhanced service is to address the specific healthcare needs of local homeless people. It seeks to provide homeless and vulnerable people with access to general medical services and referral to other services. LHBs should establish robust communication arrangements to ensure that homeless people are aware of the specialist services available. Practices who provide this enhanced service to homeless people who are also asylum seekers or refugees should receive payment under this enhanced service. There should be no double payment.
7. Homeless and vulnerable people will need differing levels of support at different stages. This support is likely to be more intensive at the start of their homelessness but they may still require support (greater than normal GMS) when they move on into a hostel owned shared house, or a first tenancy.
8. For the purposes of this enhanced service it is assumed that on average homeless people will be integrated into core primary medical services within 18 months. Therefore practices will receive payments for a minimum period of 18 months if the patient remains on the list. Where patients are still homeless or only in hostel shared housing after 18 months payments continue, but will cease 6 months after the patient has settled in a first tenancy.
9. Comprehensive clinical records will make an important contribution to this service to ensure continuity of care and to support effective management of complex needs.

Service Outline

10. This enhanced service will fund practices to:
 - i. Produce and maintain an up to date register of homeless patients.
 - ii. Register patients “permanently” (as early as possible) if they are likely to stay in the area for a substantial time.
 - iii. Develop a proposal that identifies how the service will be delivered in line with the proposal form contained in the attached Appendix
 - iv. Take a detailed medical history and appropriate examination to identify new and ongoing problems and initiate treatment, follow-up and/or referral. The assessment will be recorded in the patient record with a summary of needs and an individual patient plan
 - v. Work with local statutory services and homelessness agencies
 - vi. Ensure that practice staff demonstrate understanding and sensitivity towards homeless people.

Review

11. The practice is required to conduct a simple annual audit of care for homeless people as agreed in advance with their LHB to inform local service planning.

Accreditation

12. Doctors who provide services to homeless people should reflect on their learning needs in relation to this service and ensure that those are discussed at appraisal and addressed through their personal development plan.

Funding

13. All agreements to enter into these arrangements must be in writing. LHBs may commission this enhanced service at any time from the date the DES Directions have come into force. Until such time as the Directions are in place LHBs may, if they wish, commission this service as a local enhanced service.
14. LHBs, in liaison with the contractor, should determine a date for reviewing the service and the duration of the enhanced service.
15. A practice providing this service will receive an annual retainer of £1065 plus an annual payment per patient (paid quarterly in arrears) of £106 in respect of each financial year.

Disputes

16. Any disputes arising will be dealt with in the prescribed way. LHBs and contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure.

Appendix

Proposal to deliver enhanced service for homeless people

Practice Name:	Address:
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Briefly describe the service to be provided and facilities available including how homeless people will secure appointments at the practice.

Who will be providing the service?

How will you ensure that staff understand and are sensitive to the needs of homeless people?

How do you propose to liaise with local statutory services and homelessness agencies?

How will you monitor and audit service provision?

Practice Declaration:

The practice has understood the terms of the scheme and is seeking to provide a service on this basis. If the service is commissioned the practice will adhere to the terms of the scheme.

Signed: _____
As GP principal representative of the practice

Date: _____