

Pathway to Home

A new approach to medical respite care for homeless hospital patients

Original concept & project philosophy

- Hospital **at Home** – for those who don't have one
- Step down facility in dedicated clinical space
- Medically led service within psychologically informed environment
- Focus on rehabilitation, convalescence and housing support
- Create new collaborative approach between voluntary/charity sector & NHS
- Pathway to commission an operator (UCLH) to run the service, providing all clinical staff
- Regional facility/facilities accepting patient transfers from all London hospitals
- Pilot phase to test out operational and business model prior to roll out
- Aim to improve post-acute patient care, reduce readmissions & generate cost savings

Resources

- Department of Health Grant (Homeless Hospital Discharge Fund) - £470k
- Additional contributions from Greater London Authority and Oak Foundation
- Project Board (co-chaired by UCLH Medical Director/Pathway Chief Executive)
- Project Team (Pathway staff, hospital staff, property adviser)

How tricky can it be...?

- Many attempts to get out the blocks
- Void NHS property
 - Not 'right fit'
 - Needed too much refurbishment
 - Cost barriers (rent, staffing prohibitive)
 - Complexity of cross borough arrangements
- Became clear having a dedicated, regional facility from the outset was unviable at this stage (cost, governance, logistics)

Layers of complexity

Difficulty bringing together many disparate elements

- NHS governance
 - Tight finances
 - Attitude to risk
 - Safe staffing levels
- NHS property
- Cross borough working (housing/local connection issues)
- Cross borough working (CCGs)
- Complex patient cases (tri-morbidity)
- Longer term viability (post pilot)

Undeterred...we have found a solution

Pathway to Home

- Changed tactic...look at smaller scale pilot to prove the medical respite concept
- Timely opportunity with hospital – launch of UCLH@Home
- Build on existing partnership with Olallo House
- Hostel beds available in nearby location
- Expand the UCLH@Home service to include patients who don't have a home

Pathway to Home: how does it work?

- Homeless patients who meet criteria transferred to designated health beds in hostel environment
- Complete their 'home based' treatment here:
 - Daily visits from UCLH@Home
 - Regular visits from Pathway homeless team
 - Support from hostel staff
 - Mix of low level medical care and other in-reach support
- Still under care of hospital consultant
- Time to complete treatment and work towards safe discharge
- Rigorous hospital governance procedure – with input from Pathway, UCLH and hostel staff

This approach makes sense...

- *Hostel and Pathway*: good philosophy match
- *Hostel and UCLH*: good track record through Find & Treat TB service
- *UCLH and Pathway*: build on strong foundation of Pathway hospital team
- *UCLH*: include homeless patients in 'at home' provision
- *UCLH*: be at forefront of innovation in homeless healthcare services
- All: chance to learn through small scale, relatively low risk pilot
- All: easily replicated/scaled up elsewhere

What happens next?

- Pathway to Home service launch – March 2015
- 6 month pilot
- Monitor health, social and financial impacts
 - Length of stay
 - Readmission rates
 - Bed day savings
 - Patient experience – satisfaction with service, onward destination
- Explore interest with other Trusts
- Consider scope for expanding/replicating