



Identifying Best Practice in the Delivery of Primary Health Care for Homeless People: An Assessment of Primary Health Care Access at Merchants Quay Ireland

Structure of Presentation

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| ⌘ Aims & Objectives of the study | <u>Key Findings</u> |
| ⌘ Methodology | ⌘ Profile of sample |
| ⌘ Literature & Policy Context | ⌘ Assessment of service access/current model MQI |
| ⌘ MQI Primary Care Services | ⌘ Gaps in broader service provision |
| | ⌘ Generalist vs. Specialist Services |
| | ⌘ Best Practice |

Study Aims and Objectives

- ⌘ Profile the health care needs of clients accessing the services at MQI.
- ⌘ Examine whether the service effectively addresses clients health needs
- ⌘ Strengths and Weaknesses of specialist services model
- ⌘ Examine links between specialist & generalist services
- ⌘ Identify barriers experienced by service users in accessing health services
- ⌘ Identify gaps in voluntary & statutory services
- ⌘ Outline best practice

Literature & Policy Context

- ⌘ Mortality and Morbidity rates
- ⌘ Not an homogenous group
- ⌘ Drug use compounds health issues
- ⌘ Risk behaviours
- ⌘ Barriers: personal & structural
- ⌘ Primary Care Strategy, 2001/A Vision for Change, 2006, Homelessness Policies
- ⌘ Specialist or Generalist Services?

MQI Primary Care Unit

- | | |
|-------------------|--|
| ⌘ Nursing Staff | ⌘ Shared care, low threshold model for working with the target group |
| ⌘ GP | |
| ⌘ Counsellor | |
| ⌘ Dental Practice | |
| ⌘ Chiropody | |
| ⌘ Accupuncture | ⌘ Part of <i>SafetyNet</i> |
| ⌘ Needle Exchange | |

Methodology

- ⌘ Survey of 30 clients accessing the PHU at MQI – Convenience sample
- ⌘ One-to-one interviews with staff working within MQI (5)
- ⌘ One-to-one interviews with service providers/policy makers (5)
- ⌘ Analysis: SPSS, Nud*st 6

Profile of Sample

- ⌘ 77% Male
- ⌘ 26-39 yrs (43%), 40-64 yrs (37%)
- ⌘ Irish (83%)
- ⌘ Long-term homeless
- ⌘ High rates of polydrug use
- ⌘ High rates of health complaints

Specialised Service – Client Assessment

	N	Mean	Range
Staff Welcoming?	30	4.70	3-5
Waiting times not too long?	30	4.57	1-5
Service could address your needs?	28	4.79	3-5
Easy to understand staff?	28	4.96	4-5
Not embarrassed to use the service?	29	4.14	1-5
Confidential Service?	29	4.28	1-5
Enough time given to visits?	30	4.83	1-5

Service Needs – Client Perspectives

- ⌘ GP on permanent basis
- ⌘ Greater availability of the dental service
- ⌘ Longer needle exchange opening hours
- ⌘ A safer injecting facility
- ⌘ Faster access to drug services
- ⌘ Separate health service/NEX entrances

MQI Services. Service Provider Perspectives – Key Strengths (1)

- ⌘ **Drop-In**
Well, if you wanted to run it like [other similar services] you wouldn't have any clients. A lot of our clients would find it very hard to keep appointments. And so for that reason, if they drop-in on a day and I'm free, I'll see them there and then. (HCP, MQI)
- ⌘ **Accessibility of Staff to Clients**
- ⌘ **Crisis Intervention**
I think primarily, the service at MQI is crisis intervention and will always be and will always be needed. But the beauty of that is how you meet someone within the service.. and then they move on and then also they may have another crisis, [and MQI is there to facilitate those needs]. (HCP, MQI)
- ⌘ **Access to Medical Card Prescriptions**

MQI Services. Service Provider Perspectives – Key Strengths (2)

- ⌘ **In-house referrals**
- ⌘ **Client Information Exchange**
Two years ago [accessing information about a client] would have taken weeks, but now because of [working closely] with the nurse and the doctor [at MQI], ... it's just so easy... It's a 'onestop' shop. (HCP, MQI)
- ⌘ **Prioritising Needs**
- ⌘ **Working at the Clients Pace**
And, if you know, you feel that they can't cope [with having the tests done at that time] you might suggest they come back or they do counselling and then come back. (HCP, MQI)

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MQI Services. Service Provider Perspectives – Challenges (1)

- ⌘ **Record Keeping**
You see many people all the time, so if you were to try and reflect on that and write up on that and develop it every day, you'd be addled. You'd never have any time to do anything else. (HCP, MQI)
- ⌘ **Internal Staff Communications**
A couple of us [staff] members try to have a meeting about clients, but it's very, very hard to find the time in here. (HCP, MQI)
- ⌘ **Opening hours (Weekends)**
- ⌘ **Consistency of Service Provision**
- ⌘ **Changing Client Profile**
That would have lately, presented a huge problem for us in terms of the language barrier, trying to organise prescriptions, trying to get a proper assessment done. You can't get a proper assessment done on somebody you can't talk to. (HCP, MQI)

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MQI Services. Service Provider Perspectives – Challenges (2)

- ⌘ **Health promotion**
We are all very much dealing with the crisis end of things here. If it is quiet I will try to do some health promotion work. But, it's very hard to get the time. (HCP, MQI)
- ⌘ **Mental Health Services**
..it's not like general health where you bring the person in and see them quickly.. You know, we need to observe, assess, take time and get to know the person. That doesn't happen through meeting somebody once for an hour.. (HCP, MQI)
- ⌘ **Development: in-house nurse prescribing, sexual health services, vaccination schedules, overdose management**

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Gaps in Voluntary & Statutory Services – Service Providers/Policy makers

- ⌘ **Mental Health Services**
If someone needs hospital admission (for mental health issues) we still have to get the mainstream services to look after them and that means you have to send them through casualty and casualty just doesn't work for our clients. (HCP, MQI)
- ⌘ **Knowledge of Mental Health Issues in the Community Setting**
- ⌘ **Accessible Hospital Based Clinics**
We have a relationship with the wound clinic in [a local hospital] and they have been very helpful to us... if we ask them to see someone urgently they do respond. The difficulty with our clients is that sometimes they're not able to make those appointments. (HCP, MQI)

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Gaps in Voluntary & Statutory Services – Service Providers/Policy makers (2)


- ⌘ **Advocacy Services**
Obviously people challenged in all sorts of ways won't come here unless they have, for example, a key worker with them. So we do rely a lot on the homeless services to actually physically bring clients to us. I mean for every person that does arrive and gets seen to, there must be dozens out there who don't. (Practice Based GP)
- ⌘ **Medical Card Services**
I feel strongly that those services should be detached from a patients need to sign up with a GP because they still need those services but they may not be able to get a GP or they may not be in a 'place' where they are not ready for that structure yet. (HCP, MQI)
- ⌘ **Discharge Procedures/Follow-Up Care**
- ⌘ **Post discharge Respite**

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Gaps in Voluntary & Statutory Services – Service Providers/Policy makers (3)

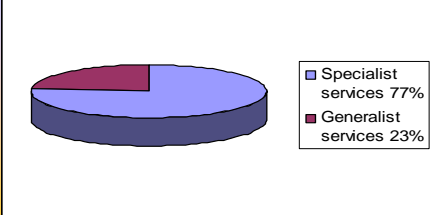
- ⌘ **Drug Services (Methadone/Detox)**
- ⌘ **Accommodation**
It's the old problem of if a person is a drug user there is a very limited amount of places (accommodation) that they can go anyway. I think accommodation needs to be at the top, and then everything else would follow.

You get people coming back to you time and again saying..."This is what I'm fed up about.. I'm fed up with going through the homeless persons unit. I'm fed up with them telling me that I can't get a B&B and I can't get this and I can't get that and every time they send me to the (names hostel) and I'm not going there. I'd rather sleep on the streets..." That's not something I can resolve!. (Hospital Based Health Care Professional)

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Specialist or Generalist Services?

⌘ Client Perspectives



Service Type	Percentage
Specialist services	77%
Generalist services	23%

Client Perspectives cont..

⌘ **Specialist**

I think there should be services for homeless people. I wouldn't be embarrassed using them because of my drug use, as I am [when] in hospital. (Service User)

Special services. Because some people in general health services don't have time to sit and talk to clients. (Service User)

⌘ **Generic**

I think I would prefer one that caters for everyone. It would make everyone more open and accepting to homeless people. (Service User)

Specialist or Generic Services – Service Providers Perspectives

⌘ **Stepping Stone**

Well, I think [specialist services] can be a stepping stone. I mean I think motivation usually comes after action. And, because [clients] can come somewhere like here, then we can motivate them to go to other places. But if we're not here to begin with, you mightn't have anything. (HCP, MQI)

⌘ **Moving on as a Process Rather than an End**

There is a time when clients where some clients have moved on and are doing really well. They are able to fit into the structure of appointments and things like that, or it suits their life because they're in a more organised place in their own lives. But, there's a huge big journey and it can be much longer than you might imagine it could be before you're able to do that. Some people just never are [able] so it's not de facto that people will move on.. (HCP, MQI)

Specialist or Generic Services Service Providers Perspectives (2)

⌘ **Specialist and Generic**

There's two ways of looking at it. One is that we're developing a separate service that is away from the danger of becoming a parallel service. And there's another way, ... we are not developing a separate service at all, but just developing outreach services from [mainstream locations]. (Policy Maker)

⌘ **Focus on Eliminating Barriers**

To be honest I don't care if it is a specialist service for the homeless, or if it's a statutory service for everybody. I suppose ethically you would like to think that people would be treated the same. But from a practical point of view, I would like to be able to refer somebody to [a service] quite easily, without barriers and walls. (Hospital based HCP)

⌘ **Balancing the Risks**

While you are trying to bounce people back up to the mainstream, there are people who will stay with you and it is a difficult one, but we are aware of trying to counter that - but at the same time we don't want to be rigid as we'd end up losing people because of it, excluding those who would gain from the services. (Policy Maker and Service Provider)

Best Practice

- ⌘ **Nurses (General) Nurse-led Service**
- ⌘ **GP**
- ⌘ **Mental Health Nurse**
- ⌘ **Counsellor**
- ⌘ **Dentist**
- ⌘ **Chiropodist**
- ⌘ **Administrator/Co-ordinator**
- ⌘ **Needle Exchange**
- ⌘ **Safer Injecting Facility**
- ⌘ **Auxiliary services**

Service Approach

- ⌘ **Drop-In, Out of Hours**
- ⌘ **Nurse Prescribing**
- ⌘ **Consistency in service provision**
- ⌘ **Emphasis on harm reduction**
- ⌘ **Ongoing training for staff**
- ⌘ **Feed into the SafetyNet System**
- ⌘ **Medical Card (Visit) Access**

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Links between specialist and generalist services

- ⌘ More formalised links between the specialist and generalist services
- ⌘ Out-of-hours, drop-in hospital based clinics
- ⌘ More robust hospital discharge procedures
- ⌘ Community based crisis mental health team
- ⌘ Respite Services
- ⌘ Fast access to drug services
- ⌘ GP Access
- ⌘ Training on issues related to homelessness for health professionals in generalist settings

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Thank You