

Barts Health NHS Trust – Whipps Cross Emergency Department response to Healthwatch report “Talking with the homeless community in Waltham Forest”, June 2015		
What the report said	What we have done	Time Frame
<p>There were inconsistencies in the level and quality of information provided to the homeless community whilst attending the Emergency department.</p>	<p><b>Background:</b> We agree, ensuring that the information provided is current and of value is an important aspect of care provision and health promotion. Some of the challenges in the past arose from services which are temporarily funded, but that funding is not secured permanently. This frequently leads to information becoming out of date.</p> <p><b>Action:</b> The formulation of a team within the Emergency Department to lead on differing aspects of care provision to our homeless community, with link nurses being identified within each nursing group. This will facilitate the gathering and maintenance of relevant information which can be constructed into a useful leaflet format covering aspects of care such as;</p> <ul style="list-style-type: none"> <li>• Discharge and follow up advice.</li> <li>• How register for GP/Community services.</li> <li>• Hostel access and services available in local community.</li> <li>• Registering for access to housing.</li> <li>• Health promotion advice.</li> <li>• Access to drug and alcohol services for those with substance dependency.</li> <li>• Information in relation to what the Emergency Department can offer in relation to treatment / medications.</li> <li>• Access to Mental Health services.</li> <li>• Access to specialist addiction services for alcohol and narcotic use.</li> </ul>	<p><b>Completed – nursing team identified</b></p> <p><b>8/9/15</b></p> <p><b>Information resources to be completed by 30/9/15</b></p> <p><b>Training expected by 21/10/15 (CGD)</b></p>
<p>Excessive use of security at times which can make the community</p>	<p><b>Background:</b> As with every service the safety and comfort of our patients, environment</p>	



<p>feel subjected to prejudicial treatment in relation to staff attitude and approach</p>	<p>and staff is our main priority. The incident referred to within the report, pertains to an incident whereby a service user had openly discussed using narcotics within the department, and subsequently the staff member informed the departmental security team.</p> <p>It is unacceptable to use alcohol or narcotics within the hospital setting, and this should have been made clear, but should not have led to their health needs not being addressed or treated.</p> <p><b>Action:</b> An education package to be created involving the link nurses previously identified, and the departments practice development nurse, to raise awareness and understanding of the unique challenges service users from this community experience. This package will include the following themes;</p> <ul style="list-style-type: none"> <li>• Challenging perceptions and reflecting upon experiences of care provision for this group of service users.</li> <li>• Managing alcohol and substance dependence sensitively whilst adhering to local policy.</li> <li>• Use of security and maintaining safety within the department, utilising a stand back and observe approach.</li> <li>• Discussing a compassionate approach to all our patients, and addressing specifically the challenges which can be faced by the homeless community and potential solutions to common problems.</li> </ul> <p>It is also felt that patient stories are most effective when challenging perceptions and driving changes within practice, and the utilisation of these within our Clinical Governance structure would be something we would encourage this in turn will strengthen our links with our local</p>	<p>21/10/15</p>
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	<p>community working with our partners such as 'Turning Point'. This could be achieved through inviting members of our local homeless community to discuss their experiences with staff on our Clinical Governance Day (a study day which comprises of medical and nursing staff, and members of the patient panel), or by the sharing of stories collected such as the Healthwatch report.</p> <p>The Healthwatch report to be disseminated to all Emergency Department staff.</p>	<p><b>C Pinch to Liaise with Jaime Walsh</b></p> <p><b>Completed 8/9/15</b></p>
<p>Mental Health issues not given enough priority, and perception that no access to mental health services 24 hours per day.</p>	<p><b>Background:</b> The needs of patients requiring mental health services have long posed challenges for Emergency Department's with access to these services improving significantly over the last decade, but with much work still required. Whipps Cross Emergency Department provides access to mental health services 24 hours per day 7 days per week, a service which is provided by our partners in NELFT (North East London Foundation Trust), with substance abuse services being provided by Lifeline (office hours Monday to Friday, NELFT outside of these hours).</p> <p><b>Action:</b> This pertains to the information provided to our service users in relation to accessing Mental Health services, and ensuring that where there is a delay in service for reasons such as high demand of service or delay in assessment due to intoxication, that this is clearly communicated to the patient.</p> <p>We are currently looking at the use of space within the department in relation to improving the service our patients requiring access to mental Health services; however this would require structural building work and is</p>	<p><b>30/9/15</b></p> <p><b>Awaiting Business Case</b></p>



	currently being considered in relation to business casing.	
<p>Service Users interviewed discussed being ‘turned away’ from services.</p>	<p><b>Background:</b> The ‘Front Door’ to the Emergency Department is managed by our partners in PELC (Partnership of East London Co-operatives), and provide this service to ensure that patients attending the Emergency Department are directed to the most appropriate service to address their healthcare needs.</p> <p><b>Action:</b> We have currently undertaken a piece of joint work with PELC, and further sharing this report will highlight the issues the homeless community face in accessing healthcare. When the information is collated by the Emergency Department Link Nurses, this will also be shared to ensure this community is provided with all possible options for their care needs / situation.</p>	<p><b>Completed 14/9/15</b></p>
<p>Service users discussed the frustration in relaying medical histories / methadone programmes / current needs, and called for a system of identifying these needs earlier by means of integrated IT systems and other method of identification.</p>	<p><b>Background:</b> Access to methadone within Emergency Department’s has long since posed multiple complications due to the potential of its abuse where a registered and established plan for managing withdrawal has not been established. The national policy pertains to baseline doses of methadone only being available to patients who are admitted as inpatients within the hospital (until the patients individual regime can be clarified by either the GP or specialist addiction unit service), and not within the Emergency Department, therefore methadone is never available within this area. It is important that patients, who suffer from substance abuse, are engaged with their treatment plans, which is why patients are not admitted via the Emergency department for withdrawal from any substance. When patients are in the acute stages of withdrawal, this is treated within the</p>	



	<p>Emergency Department, and may require admission to hospital, at which point a treatment plan will be made.</p> <p><b>Action:</b></p> <p>Currently there are no plans to change this national policy, although there are specific areas of work which will improve access to the services required by this group of service users namely;</p> <ul style="list-style-type: none"> <li>• Introduction of the nationally recognised CiWa (Clinical institute of Withdrawal from Alcohol) scoring tool, to ensure prompt and early recognition of actual and potential withdrawal from alcohol and its subsequent management with medication (this does not constitute a withdrawal programme and is only utilised whilst in the department or as an inpatient).</li> <li>• Information relating to accessing services from specialist addiction units on discharge from the emergency Department.</li> <li>• Enhanced utilisation of the Alcohol dependence service provided by Lifeline (in hours) and NELFT (out of hours).</li> </ul>	<p><b>Information leaflet</b> <b>30/9/15</b></p> <p><b>CiWa Scoring</b> <b>31/10/15</b></p>
<p>The community expressed the need for more nurses and Doctors for overstretched services, and inconsistencies in waiting times within the emergency Department.</p>	<p><b>Background:</b></p> <p>Emergency Departments experience a range of pressures on any given day, and these may range from acuity levels of patients, volume of patients, complexities of cases and staffing ratios.</p> <p>These issues can be difficult to predict, and challenging to manage, and will inevitably lead to inconsistencies in waiting times, dependent upon a patients need from the point of access.</p> <p><b>Action:</b></p> <p>At Barts Health NHS Trust we are committed to offering our patients the fastest, safest and highest quality access to healthcare. As part of this commitment many projects are on-</p>	<p><b>Completed and ongoing.</b></p>



	<p>going to ensure that our services remain as safe and efficient as possible. These have ranged from changes to our assessment and admission processes, and include work relating to ensuring flow is maintained throughout the hospital system which has a positive impact on the efficiency of the Emergency Department as a whole. Our current staffing levels are based upon the 'safer staffing' model although this can be difficult to predict within the remit of Emergency Care provision. Establishments are reviewed on a yearly basis to ensure they meet with the demand of the service, and most notable we have received an increase in both our medical and nursing numbers.</p>	
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