

Introduction

- People experiencing homelessness (PEH) often face significant barriers to accessing healthcare, including wound care, due to challenges such as transportation, psychosocial factors, flexibility of healthcare systems and service coordination¹.
- In 2021, the Welsh Assembly Government (WAG) launched their action plan for Ending Homelessness in Wales. The Covid19 pandemic up-ended previous models of supporting PEH, accelerating changes to the existing system. WAG's action plan emphasises that the responsibility of ending homelessness in Wales sits with all stakeholders, including healthcare².
- PEH are regularly referred to our service for wound care. However, it was noticed a high number of Did Not Attend's within this patient group resulting in lost clinic time and poor healing outcomes. With approximately 90 lost appointments within a year (equating to 45 hours of clinical time), it was clear that a change in service delivery was required to support this patient group more appropriately.
- Following engagement with key stakeholders including Infection Control, Health & Safety and the Homelessness Nursing Team, our pilot service was launched in partnership with The Wallich Charity.

Aims

- The primary objective of this pilot project is to improve access to timely and effective wound care for PEH, by removing barriers to care.
- By integrating healthcare with broader social support, we aim to deliver more holistic care that addresses both the immediate and underlying needs of PEH, removing the barriers to healthcare through the adoption of tailored approaches to care³.

Methods

- Our team partnered with The Wallich to utilise their mobile clinical bus "Dilys" as a platform for delivering wound care directly to PEH, providing an accessible, safe, and familiar environment for individuals who may face significant challenges in attending traditional healthcare facilities (Figure 1).
- The pilot service delivers a weekly mobile clinic at a predetermined location where PEH are known to congregate and is therefore easily accessible for them. Hot drinks and light snacks are provided to those in attendance, to help in creating a welcoming, friendly environment and facilitate building positive relationships⁴.
- A Multidisciplinary team (MDT), consisting of wound care nurses, homelessness nurses, The Wallich outreach workers and social care professionals, assess, treat, and follow up with patients. Data on patient engagement, treatment outcomes, and feedback are being collected to evaluate the success of the pilot (Figure 2).

References

¹McNeill, S., O'Donovan, D., Hart, N. 2022. Access to healthcare for People Experiencing Homelessness in the UK and Ireland: a scoping exercise. *BMC Health Services Research*. 22:910.

²Welsh Assembly Government. 2021. *Ending Homelessness in Wales: A high-level action plan 2021-2026*. Wales.

³Carmichael, C et al. 2023. Barriers and facilitators to health care access for people experiencing homelessness in four European countries: an exploratory qualitative study. *International Journal for Equality in Health*. 22:206.

⁴Ramsay, N., Hossain, R., Moore, M., Milo, Michael., Brown, A. 2019. Health Care While Homeless: Barriers, Facilitators, and The Lived Experiences of Homeless Individuals Accessing Health Care in a Canadian Regional Municipality. *Qualitative Health Research*. 29(13).



Figure 1. "Dilys" the clinical bus utilised for the pilot service



Figure 2. Staff working on the launch day of the pilot

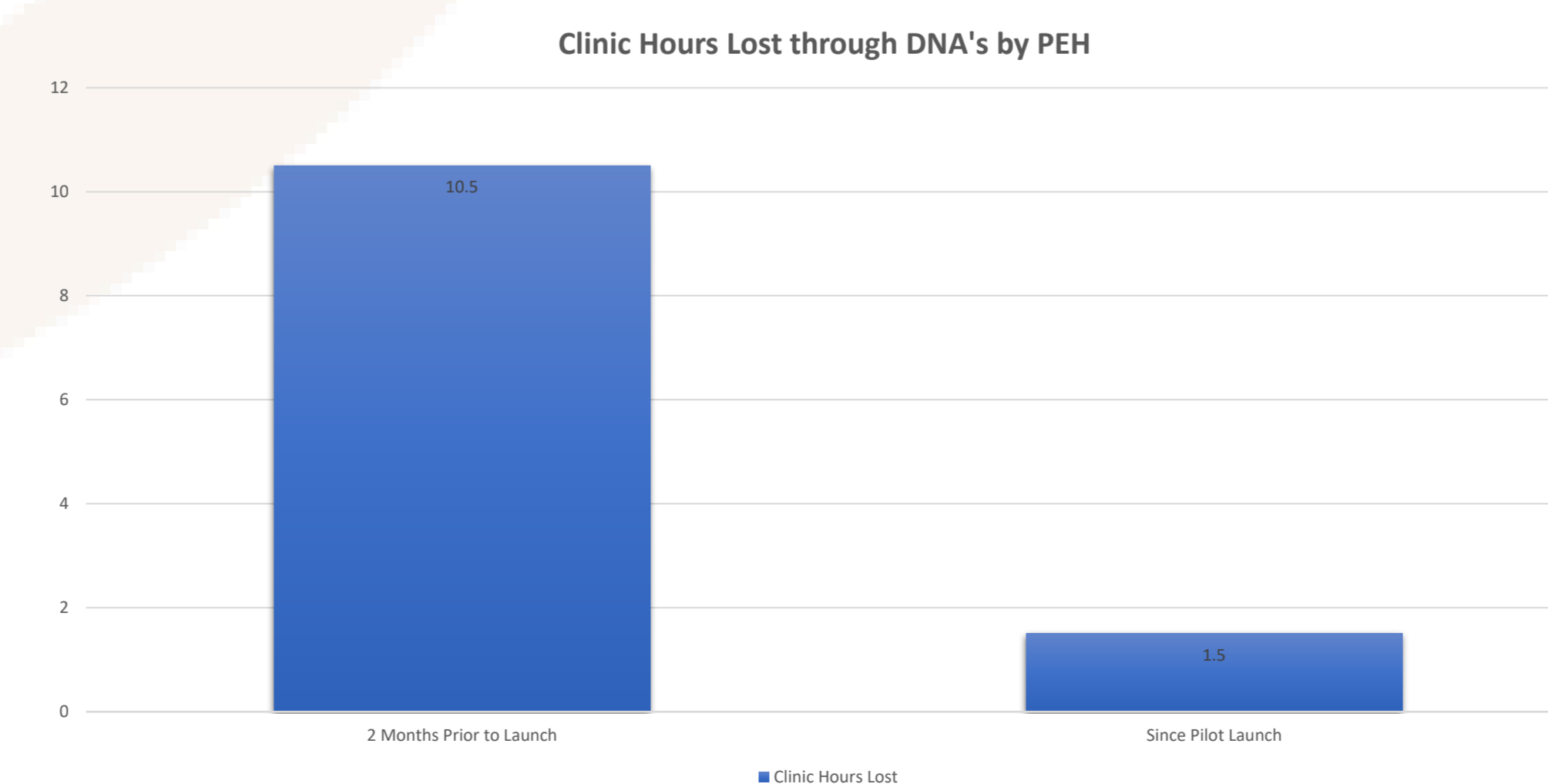


Figure 3. Chart showing reduction in clinic hours lost since pilot launch

Outcomes

- Preliminary outcomes demonstrate that this model of care improves engagement among PEH. Feedback from PEH who have utilised the service has been positive and trusting relationships are being formed.
- We hope to achieve improved healing rates, reduced hospital admissions for wound-related complications, and increased patient satisfaction due to the convenience and accessibility of the service.
- The cost-saving element is clear, as less appointments have been lost within the Wound Clinic Services, via reduced numbers of DNA's. In the 2 months prior to the pilot launching, there were 21 DNA's by PEH (Approximately 10.5 hours of clinic time). Since the launch, there has only been 3 recorded DNA's within this patient group (85.7% reduction), evidencing the value of this service for both patients and services (Figure 3).
- The close collaboration with other support services has also led to improvements in addressing the social determinants of health, including housing and substance misuse support and is facilitating the development of positive relationships between healthcare professionals and PEH.
- The delivery of seasonal flu vaccinations by the homelessness nursing team has also been carried out during these clinics, ensuring this vulnerable groups needs are met. We have reached out to our local podiatry team in the hope they could deliver much needed foot care to PEH during these sessions.

Conclusion

- This pilot service demonstrates the potential for innovative, mobile healthcare solutions to meet the complex needs of PEH.
- Our partnership with The Wallich and other services has proven effective in improving access to wound care, enhancing patient outcomes, and building trust within this population. This type of service delivery falls in line with the WAG plan for Ending Homelessness in Wales.
- The next steps involve evaluating the sustainability of the project and expanding the service to other vulnerable groups within the community. The recruitment of other services including podiatry is also ongoing, to amplify the level of holistic care we are able to give to PEH.

Keywords

Homelessness, Wound Care, Mobile Health Service, Outreach, Multidisciplinary Care, Health Inequalities, Pilot Service, Holistic Care, The Wallich

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