Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

HOMELESS PEOPLE
LOCAL ENHANCED SERVICE SPECIFICATION

Version Control		
Version	**Date Amended**	**Summary of amendments**
Homeless People LES specification 2020	April 2022	Funding fees amended. Document Justified Termination period and GMPI information added Page no added
Homeless People LES specification 2022	May 2023	Funding fees amended.

1. Introduction

The purpose of this paper is to provide a local enhanced service specification for the provision of primary medical services for homeless people, both single people and families, in the Cardiff and Vale of Glamorgan area.

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.

Practices that do not provide this enhanced service are still obliged to provide essential and additional services to homeless people.

2. Background

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 can be categorised as;

- sleeping rough
- living in insecure/temporary housing, hostels or refuges
- living in bed and breakfast accommodation
- moving frequently between relatives and friends (sofa surfing)
- squatting

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
- Alcohol, drug, mental health problems causing life breakdown
- Loss of employment,
- Leaving the services
- Prison leavers and ex-offenders

This list is not exhaustive but is indicative of the variety of needs that these groups may present.

There is evidence to suggest a strong correlation between poor health/ morbidity and poor housing;

- 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

3. Definition of 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

compliment 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.

4. 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 – Housing and Neighbourhood Renewal (HANR)
Frontline Services, e.g. Hostels, Single Assessment Centre
Charities that support the homeless e.g. Salvation Army

5. Aim of the Enhanced Service

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.

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. The purpose of the enhanced service is to support the wrap around process of helping people achieve and sustain secured housing.

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.

The enhanced service also aims to develop joint working with the Cardiff HUB Team, and reduce inappropriate attendance at A&E for routine problems.

Comprehensive clinical records will make an important contribution to this service to ensure continuity of care and to support effective management of complex needs.

6. Service Outline

Geographic coverage/boundaries

This local enhanced service (LES) is aimed at practices contracted by Cardiff and Vale UHB wishing to register single homeless people and homeless families to enable them to access essential healthcare.

Location(s) of Service Delivery
The service will be provided from the practice premises, including branch surgeries, health centres and outreach clinics as appropriate.

7. Service Delivery

Practices participating in this enhanced service will be funded to;

a) Identify eligible patients
b) Produce and maintain an **up to date** register of homeless patients. **This register must be reviewed annually.**
c) Register patients "permanently" (as early as possible) if they are likely to stay in the area for a substantial time.
d) Carry out a mental, physical and social assessment of the patient on registration (within 8 weeks), and on an annual basis. The assessment will be recorded in the patient record with a summary of needs and an individual patient plan. The UHB has developed a "patient check" template for practices to use, Annex A,. If practices use their own templates, they must include all the criteria as stated in Annex A. Evidence of annual review must be saved in the Patient's Medical Record (PMR). If no annual review takes place, practices will be unable to claim.
e) Work with local statutory services, sharing important information and contributing to case management. A directory of key local service is provided at Annex B
f) Participate in local service planning, delivery and awareness sessions as arranged by the UHB and/or local authority. These sessions will be aimed at improving the joint working between service providers and keeping up to date on issues affecting homelessness and homeless people.

Remain open at all times during core GMS hours, 8.00 AM – 6.30 PM Monday to Friday with no half day closing.

8. Details of Service Monitoring, Evaluation and Review

This enhanced service aims to strengthen local multi-agency working arrangements and seeks to encourage joint working between healthcare providers and homeless support services.

The practice will be required to undertake an annual audit as agreed in advance with the UHB and provide the monitoring data to the UHB Primary Care team for annual review of the LES to inform service planning and to identify and share areas of good practice and/or areas for improvement where the service outline has not been met.

The UHB will be happy to work with practices to look at developing the portfolio of enhanced services to meet the needs of the homeless patient group, e.g. mental health and substance misuse enhanced services, in addition to counselling, smoking cessation, sexual health services, etc.

9. Accreditation, CPD and Activity

Clinicians should satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the service.

10. Practice responsibilities

Practices signing up to this LES must check and provide a general accreditation application to the UHB Primary Care team and include the names of all clinicians who undertake the services. The application must identify a lead clinician who will take over all accountability for the service.

11. Clinical and Corporate Governance

Service Providers must ensure that they adhere to all relevant legislation and best practice

12. Funding

Each Practice contracted to provide the enhanced service will be eligible to claim the following;

- £126.66 per patient, per year (paid quarterly in arrears) to cover services outlined in section 7, parts a-h.

13. Claims

Practices must ensure all claims are submitted via FPPS within 6 months from the end of the quarter in which the service was delivered. Practices will be paid quarterly in arrears and will be subject to post payment verification (PPV).

14. Termination Period

Should the practice wish to cease providing the Enhanced Service, it will be required to provide 3 months' notice in writing to the Health Board. Should the practice wish to suspend providing the Enhanced Service it should contact the Health Board for guidance prior to any action being taken.

If, for any reason, a practice terminates/suspends the Enhanced Service and, if claims have been made during the current financial year, any reporting/auditing requirements outlined in the specification must be submitted upon request.

15. General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS ‘primary medical services’ as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely “primary medical services” which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:

(a) section 41(2) (primary medical services);
(b) section 42(1) (general medical services contracts);
(c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster-based health professional is providing direct care to the practice’s registered patients.
GP Locums who are registered with and working to the terms of the All Wales Locum Register (AWLT) for Wales have access to the scheme for GMPI.

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ANNEX A
Homeless People LES Registration/Assessment Form

Section 1: Patient Details

Full Name:	
Current address: Postcode:	
Contact telephone:	NHS No.
Date of Birth:	Sex:
Level of Literacy:	
Current housing status (i.e. street homeless, sofa surfing, temporary hostel accommodation):	
Registered as homeless with Local Authority: Yes/No Length of time registered as homeless (if known):	

Section 2: General Physical Health

Weight: (kg/stone)	Height: (meters/feet)
Blood Pressure:	Urine Analysis:(if indicated)
Smoking Status:	Alcohol: (units per week)
Body Mass Index:	Drug Use:
Family History:	

Summary of Medical History – This need only include major acute and significant chronic illness. As with any health summary it will be for GP to exercise discretion in deciding whether to include or exclude an illness.

Current Health Status – Comment generally on the patient's current state of health particularly whether this has changed in recent months or since last reviewed. Are there any suspected problems with Physical Health?

Current Active Illness – Briefly note any significant current illnesses or changes in the severity of any chronic disease

Current Medication – List repeat medication, with the current dosage listed

Drug	Dose	Side effects	Levels (if indicated)

Physical/Learning Disabilities – Note any significant physical or learning disabilities that the patient may have

Sexual Health – Note **if applicable** if the patient is sexually active, relationship status & contraception methods used and any advice given.

Is a smear indicated? YES / NO

If yes when was last smear?

When is next due?

Breast Screening & Mammography – this should be arranged in line with the national screening programme and as per local practice

Is a mammography indicated and has it been offered YES / NO

Section 3: Health Promotion and Disease Prevention

Lifestyle Risk Factors – List adverse lifestyle factors, where known. Significant negative responses should be included.

Health Advice Offered – Include a very brief outline of any general health advice or Interventions offered, e.g. dietary advice

Immunisation

Has the patient completed a full course of recommended vaccinations? YES / NO

If NO, has the patient been offered the recommended top up vaccinations? YES / NO
Please list below:

Section 4: Mental Health

Current Mental Health Status - Comment on the current mental health status, general mood and general well being as based upon the most recent contact

Recent Mental Health History – Note any significant psychiatric related incidents or episodes of trauma in the past 12 months and the responses to those incidents

Section 5: Social Circumstances

Current Social Circumstances – This question relates to the social circumstances of the patient, where known, including accommodation, occupational status, social and family contact. What if any support they are receiving? Are these circumstances changing?

Dependant Children – Are there any dependant children? If so, how many and how old?

Section 6: Summary

Please list the key findings from the review

Section 7: Actions

Please list the actions that have arisen as a result of the review and indicate how these have been dealt with.

Assessment undertaken by:

Position:
Date: