

Improving care transfers for homeless patients after hospital discharge: a realist evaluation

Michelle Cornes,^{1*} Robert W Aldridge,²
Elizabeth Biswell,¹ Richard Byng,³ Michael Clark,⁴
Graham Foster,⁵ James Fuller,¹ Andrew Hayward,²
Nigel Hewett,⁶ Alan Kilmister,¹ Jill Manthorpe,¹
Joanne Neale,⁷ Michela Tinelli⁴ and
Martin Whiteford⁸

¹Health and Social Care Workforce Research Unit, King's College London, London, UK

²Institute of Health Informatics, University College London, London, UK

³Clinical Trials and Health Research, University of Plymouth, Plymouth, UK

⁴Care Policy and Evaluation Centre, London School of Economics and Political Science, London, UK

⁵Blizard Institute, Queen Mary University of London, London, UK

⁶Pathway and the Faculty for Homeless and Inclusion Health, London, UK

⁷National Addiction Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

⁸Department of Community Nursing and Community Health, Glasgow Caledonian University, Glasgow, UK

*Corresponding author michelle.cornes@kcl.ac.uk

In memory of Darren O'Shea (1977–2021).

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Plain English summary

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Plain English summary

In 2013, it was reported that 70% of patients who were homeless were discharged from hospital to the streets without having their care and support needs addressed. To stop this from happening, the government passed £10M to community and voluntary organisations to develop specialist homeless hospital discharge schemes. This money could also be spent on 'step-down' intermediate care (i.e. places where people can stay for a short time while they recover).

This report describes the evaluation of these schemes. The evaluation lasted from 2015 to 2019. The research involved listening to the stories and experiences of 70 homeless patients who were followed up for 3 months after their discharge from hospital. We linked information about 3882 patients to a national collection of information at NHS Digital. This allowed us to find out whether homeless patients had been to accident and emergency departments or had gone back into hospital after they had been discharged. We also looked at how much these specialist services cost and if they were a good use of public money. Our research team included people with experience of being homeless themselves.

We found that these schemes were very effective in supporting people to leave hospital safely, especially if they provided practical help and stayed in touch with people until other support arrived. Schemes that employed specialist general practitioners and nurses who had a good understanding of homelessness also helped people get the health care they needed after hospital. This was very important to keep people healthy and prevent them dying unnecessarily. We also discovered that homeless patients who received step-down support made fewer visits to accident and emergency (18% less) than those who did not. Once the pilot funding ended, some of the schemes struggled to continue and the positive benefits evaporated.

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