

## COVID-19 Pandemic

# Management of Homeless Patients on discharge from Hospital to GLA pan London hotels

### Discharge pathways

**In the first instance, discharge for patients experiencing or at risk of homelessness should follow the usual approach, making use of local step down or local authority provision in the first instance.** The statutory 'duty to refer' remains a legal requirement during this time, and therefore anyone experiencing, or at risk of, homelessness must be referred to the local authority housing department.

Some Local Authorities have created their own new temporary accommodation provision for people experiencing homelessness during the COVID pandemic. Discharge to assess pathways should also apply in the same way to this group.

Capacity in GLA hotels to discharged patients is limited and these will be prioritised based on clinical need. Only where all local options and existing services have been exhausted for discharge, can a referral can be made to pan London GLA COVID hotel provision. A full process map for this can be seen in Appendix A. Please note this will only be suitable for patients with low level health needs (see Principles – COVID Protect).

There are two types of hotels available through this route:

1. COVID PROTECT - for asymptomatic but vulnerable patients (>55, clinical risk criteria for influenza vaccine, co-morbidities)
2. COVID CARE - COVID symptomatic and positive patients.

### Patients referred into GLA hotel accommodation will have the following needs assessed:

- Out of hospital care needs
- Drugs and alcohol treatment including substitute prescribing
- Any current primary care treatment and prescriptions (if registered with a GP)
- Mental health
- Palliative care
- Non-medical support needs

### Principles – COVID Protect

1. For patients being discharged local connection should be the starting point for local provision, moving then to sub-regional or STP area and only if that is not possible to wider pan London provision.
2. Protect hotel sites provide accommodation and some low-level non-medical support.
3. Individuals referred into protect sites should not have significant social care needs as these sites cannot provide suitable support. Advice or assessment can be sought from the Hospital Social Work Team as required.
4. Limited health support is available within protect hotels, with little on-site health support, and therefore this is not a suitable environment for managing complex health needs.

## Principles – COVID Care

1. COVID-Care is suitable for:
  - a. patients with suspected (new or worsening persistent dry cough and/or a self-reported fever/temperature over 37.8C) or confirmed COVID-19 who are hospital inpatients and are considered an **infection risk** (within 14 days of onset of clinical symptoms) and are assessed by the Acute Care Team as medically stable and fit for discharge.
  - b. Patients with suspected or confirmed COVID-19 who are presenting at A&E services and are assessed by the Acute Care Team as medically stable and not in need of Hospital Admission can also be referred into the COVID CARE site using the referral attached.
2. Should there be more demand than beds available, referral into COVID-Care sites will be prioritised based on the clinical needs of the patient, assuming they are suitable to be housed on a hotel site.
3. All referrals will need to be medically led and approved prior to transfer/admission including a documented hand-over from one clinician to the next.

### On both sites individuals:

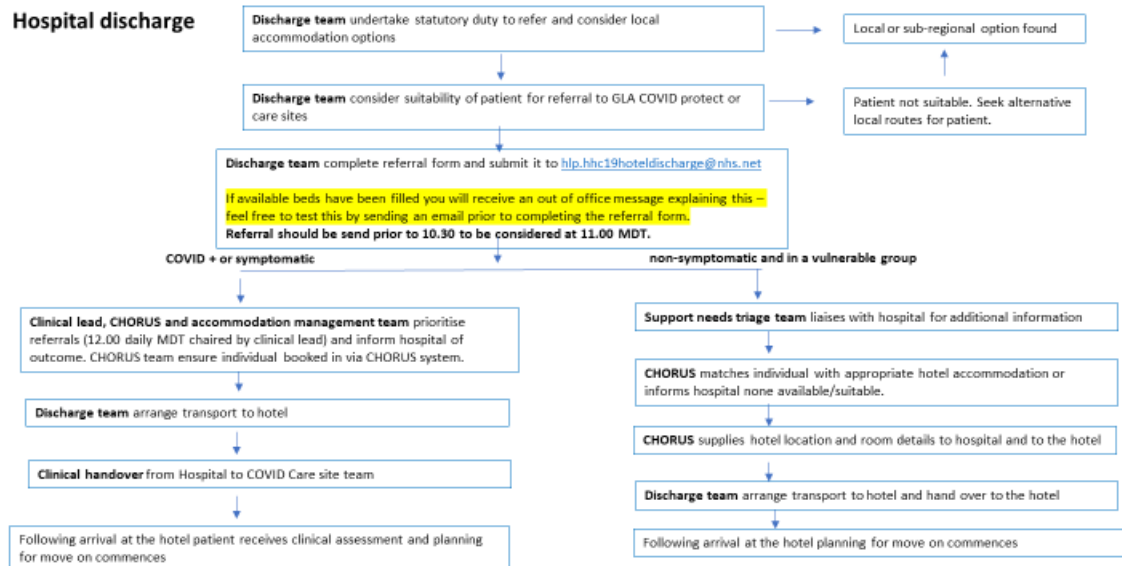
- **Should be able to self-contain and manage with some support in a hotel setting.**
- **Should not exhibit chaotic or uncontrolled behaviour due to unmanaged substance use or excessive alcohol use.**
- **Should not be at risk of exhibiting violent behaviour towards others.**

See Appendix A Hospital Discharge Process map

See Appendix B Referral form from hospital

## Appendix A: Hospital Discharge Process Map

NB: the pathway will be refined based on experience when launched



London COVID19 Homeless Health Operational Team (LCHOC)  
Team: For Health referrals

CHORUS Team: COVID Homeless Health Rough Sleepers Team  
central team managing allocations to GLA hotel sites

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**Appendix B: Referral form**

**(see next page, for reference only, please use separate template form on website)**



## Homeless Health COVID-19

### Referral form for Hospital Discharge – Acute Care

(including inpatients, emergency department and mental health wards)

NHS Patient Identifying Number (if known):

Family name:

Given name(s):

Phone number:

Current address/known address (if avail.):

Date of birth:

Sex:  M  F  I

Date:

Referring Hospital:

Referrer contact details:

This information is confidential and is provided for medical purposes

TRANSFER TO:

1. **COVID-CARE** – (symptomatic or positive, or less than 14 days since onset of illness)
2. **COVID-PROTECT** – (vulnerable but COVID negative / asymptomatic – no symptoms in last 14 days)

Send form to: [hlp.hhc19hoteldischarge@nhs.net](mailto:hlp.hhc19hoteldischarge@nhs.net)

Placement in the hotels is a last resort and a short-term measure.

You should also make a **duty to refer** for anyone who is homeless or threatened with homelessness. Always contact your discharge coordinator and pursue normal housing channels as well.

**Please discuss rules of self-isolation with the patient**

Original reason for admission:

Brief discharge summary with key conditions and ongoing care needs (cut and paste as necessary):

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**Registered General Practitioner**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Contact details:  Address:  Phone Number:
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**Known COVID + ve**

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date symptoms began:  Currently symptomatic:  <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Unknown COVID Status**

Current COVID symptoms:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date symptoms began:  Awaiting test result:
Were they admitted with symptoms:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did symptoms start more than 14 days ago:

**Medical and other vulnerabilities:**

<input type="checkbox"/> >55	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD/bronchitis	<input type="checkbox"/> Chronic Heart Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Chronic Liver Disease	<input type="checkbox"/> Chronic Neurological Disease (PD/MND/LD etc)
<input type="checkbox"/> Splenic Dysfunction/removal	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Cancer Treatment	<input type="checkbox"/> Weakened Immune system	<input type="checkbox"/> Obesity (BMI >40)
<input type="checkbox"/> On immunosuppressant therapy	<input type="checkbox"/> Malnutrition or low BMI (<17.5)	<input type="checkbox"/> Low white cell count	<input type="checkbox"/> Sickle cell	<input type="checkbox"/> Other (rare conditions like severe anaemia, mineral deficiency):

Additional comments re health or circumstances e.g. mobility issues, medical equipment, care package in place or community psychiatric nurse or community nurse visits, please provide details:

**Medications:**

Methadone / buprenorphine	Dose prescribed:  When was the last dose given:  Has a prescription been given and / or doses given to take away:  If yes, please include details:
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Medication list, or attach discharge summary

Does the client have 2 weeks medication:  (preferably in blister pack)	<input type="checkbox"/> Yes <input type="checkbox"/> No  If not, please specify:  Amount:	Pharmacy details:
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Last date of medication dispensing:	Next dispensing date:
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Any allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
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**Substance misuse and mental health:**

	Assessment	Supports / main contact
<p><b>ALCOHOL USE</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>-Withdrawal risk? E.g. seizure, blackouts</p> <p>- Alcohol management plan (alcohol type, how much/often)</p>		
<p><b>DRUG USE</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<ul style="list-style-type: none"> <li>- Drug type &amp; method/poly?</li> <li>- Drug management plan (how much/often?)</li> <li>- Risk of overdose?</li> <li>- Risk of benzo withdrawal?</li> <li>- Prescriber informed of move?</li> </ul>		
<p><b><u>MENTAL/EMOTIONAL HEALTH</u></b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>- any self-harm or suicide ideation, current medication</li> <li>- Consultant &amp; community mental health nurse names</li> </ul>		
<p><b><u>RISK TO/FROM OTHERS</u></b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>-violence/intimidation</li> </ul>		
<p>Any cognitive issues:</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>If yes, please provide details:</b></p>
<p><b>IF KNOWN: Where client originally came from – Street/Hostel/Shelter and geographical location:</b></p>		
<p>Interpreter needed: <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Languages required:</p>	<p>Smoker: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p><b>Next of kin information:</b></p>	<p>Name/Contact details:</p> <p>Address:</p> <p>Phone Number:</p>	
<p><b>Key worker / case worker details:</b></p>	<p>Name:</p> <p>Organisation:</p> <p>Contact details:</p>	
	<p>Name:</p>	





	Organisation: Contact details:
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**Any additional information:**

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**Medical Officer Authorisation**

<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
UPON COMPLETION PLEASE EMAIL TO: <a href="mailto:hlp.hhc19hoteldischarge@nhs.net">hlp.hhc19hoteldischarge@nhs.net</a>	