Homelessness and Palliative care: thinking about primary care needs for people who are homeless and currently in hotels and hostels during the COVID-19 pandemic.

Key messages

VULNERABILITY:
People who are homeless and living in hostels are often extremely vulnerable with multiple and complex needs. They have very high levels of multimorbidity, frailty, mental health difficulties and substance misuse issues. They are known to experience premature ageing with an average age of death in their 40's.

As a population they are probably as vulnerable to the impact of COVID-19 as a population of people living in a nursing home.

SOCIAL DISTANCING:
In light of this, government strategy in many parts of the country has been to move people who are unable to social distance ie. street homeless and people using winter night shelters, into hotels.

There is an urgent need for primary care support in these hotels. People moving into the hotels who are registered with a GP should remain registered, but arrangement may need to be made to transfer prescriptions over to a local pharmacy. Local primary care services may need to provide support for these individuals and to register people who have no GP.

However, this policy doesn't stretch to people living in hostels, who often have shared bathrooms, kitchens or even bedrooms and so are often unable to social distance or self-isolate.

PREPAREDNESS:
- o Consider having a link person from the PCN / CCG / STP to be the contact person for hostels
- o Consider active detection of symptomatic people by contacting hostels
- o Will the CCG / STP provide PPE? There are many incidents where hostels are struggling to secure this?
- o Ensure NOK is recorded – even if this is a hostel key worker
- o Review of frailty scores. Medical conditions could enable identification or appropriateness for transfer to hospital in the even if deterioration or if palliative care may be more appropriate
- o Highlight vulnerability and homelessness / hostel resident on EPR

THINGS TO CONSIDER IF SOMEONE IN A HOSTEL GETS ILL:
- o Due to the difficulty in self isolating, an alternative place of care may ned to be sought with support from the local authority
- o If someone is very unwell, consideration may be needed to advocate for care packages, fast track CHC support or admissions to hospital or a hospice setting – as death at home may not be safe for other residents or staff
- o Medication issues: Hostel staff are not able to give medication and storing it can also be challenging

Information from the London COVID-19 Homeless Health Operations Centre

- o If medication is needed in a hostel environment a nurse prescriber / mobile dispensing may be needed. If this doesn't exist, a safe in the hostel with a code for the district nurse to open has been used successfully in the past. Hostel support and planning in advance is often needed to overcome this challenge
- o Addiction support also needs careful consideration– to prevent alcohol and opiate withdrawal – so close liaison with a drug and alcohol team may be needed. Pain management also needs planning in advance given complexity of addictions
- o Hostel staff need to be treated like next of kin – in terms of sharing important information