



Purpose of protocol: to prevent homelessness on discharge from hospital

Homeless Person: defined for Emergency Department and other hospital staff as a person with 'no fixed abode' (NFA) or a hostel dweller.

Process within Emergency Department

- Patient arrives in the Emergency Department and goes to reception
- The patient may disclose that they are homeless, but also may be reluctant to disclose in public
- The Emergency staff computer system (In Patient Manager) will automatically identify if the address the patient gives is a hostel
- The receptionist notes on records that patient is homeless if disclosed, or if patient's address is a hostel

Process on Admission to ED or Ward:

- Staff elicit NFA or hostel dweller status from patient (if not already apparent), as part of assessment in private
- If substance misuse issues are identified, referral to be made to substance misuse nurse (with patient consent)

Process for discharge planning:

(Discharge planning commences on admission of patient involving discussion with patient).

If patient consents, the following action should be taken:

- If the patient says they are of NFA, and if the patient is a Liverpool resident (a map showing the Liverpool boundary is attached in Appendix 1) the hospital staff involved with the patient should contact the Housing Options Service via Careline on telephone number 0151 233 3800. Careline will take basic details regarding the patient's situation over the phone (example copy of information required attached in Appendix 2). The Housing Options Service will prioritise the referral and respond by telephone within an hour of

receiving the referral (within office hours) Careline Emergency Duty Team
out of hours .

- If the referral criteria for the Housing Options Service is met (see attached leaflet), then an interview will be arranged with the patient at a suitable location (this may be within the hospital)
- If the referral criteria for the Housing Options Service is not met, an officer from the service will inform the hospital by phone and hospital staff should refer patient to the relevant local authority or to local homelessness agencies using Homeless in Liverpool leaflet
- Hospital staff should contact patient's Key worker (if they have one) or other service that the patient is contact with (for example, inform the patient's hostel to let hostel know patient is in hospital so they won't lose their bed)
- Hospital staff should consider other issues and arrange referral to Social Service under Section 2 of the Community Care (Delayed Discharges etc) Act 2003, if appropriate (NB in RLUH contact with Emergency Department social worker might mean this is not needed)

Other issues if patient admitted to ward:

- Patient required to undergo Multi-disciplinary Team Meeting unless discharge plan already in place – at Royal Liverpool University Hospital
- Patient Flow managers to be informed of patient on ward (in Aintree Hospital)

Issues to consider before discharge (similar to other patients):

- The suitability of accommodation the patient going to (can patient manage stairs, can they cook?)
- Transport – how get to accommodation
- Who is GP? If none ask patient for any preference
- If none, let them know of Brownlow Group Practice service for homeless people. (not relevant to Aintree hospital)

If patient takes own discharge:

- Inform Brownlow Group Practice
- Inform patient's own GP
- If the patient is staying in a hostel, inform the hostel
- If possible give the patient a leaflet re homelessness services

This protocol will be reviewed in six months time by the Homelessness Strategy Steering Group.

If the hospitals have any comments on the operation of the protocol regarding the Housing Options Service please contact Anne Doyle via email anne.doyle@liverpool.gov.uk

Protocol Agreed by Homelessness Strategy Steering Group: Date:20 May 2009

Agreed on behalf of Liverpool Primary Care Trust:

Signed by: _____ Print Name: _____

Date:

Agreed on behalf of Liverpool City Council

Signed by: _____ Print Name: _____

Date:

Agreed on behalf of the Royal Liverpool and Broadgreen University Hospitals NHS Trust

Signed by: _____ Print Name: _____

Date:

APPENDIX 2

Housing Options - Referral

Surname *	<input type="text"/>
Forename *	<input type="text"/>
Known as	<input type="text"/>
Date of birth *	Month <input type="text" value="MM"/> <input type="text" value="DD"/> Year <input type="text"/>
NI Number	<input type="text"/>
Contact Telephone Number	<input type="text"/>
SUIS Number (if applicable)	<input type="text"/>
SUIS searched? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUIS case open? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Alert? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Pool Reference	<input type="text"/>
BMS Referral Completed? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic violence involved? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racial harassment involved? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Asylum seeker? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Refugee? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description *	<input type="text"/>
Emergency Contact Number	<input type="text"/>
Name and relationship to customer	<input type="text"/>
Do you have dependent children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current or last address *	<input type="text"/>

Is this your current or last address?

Current Last

Are you the owner occupier or tenant?

Occupier Tenant

Details of landlord

Date to leave or date left accommodation

Month Year