

Ref no: 117090920
From: Public
Date: 09/09/20
Subject: No fixed abode

RESPONSE & RESPONSE

1. Please provide the total number of A&E attendances by patients of No Fixed Abode for each of the financial years from 2009/10 to 2019/20.

2009/10	288
2010/11	194
2011/12	201
2012/13	185
2013/14	223
2014/15	215
2015/16	214
2016/17	141
2017/18	152
2018/19	154
2019/20	154

2. Please provide the total number of hospital admissions by patients of No Fixed Abode for each of the same financial years.

2009/10	117
2010/11	55
2011/12	80
2012/13	73
2013/14	86
2014/15	94
2015/16	82
2016/17	80
2017/18	143
2018/19	91
2019/20	84

3. Please provide the total annual bed days for these patients of No Fixed Abode (totals should be provided as a sum of all patients over the whole financial year, not broken down by individual patients).

2009/10	187
2010/11	148
2011/12	152
2012/13	86
2013/14	151
2014/15	160
2015/16	200
2016/17	190
2017/18	242
2018/19	117
2019/20	145

4. Please provide the number of long-stay patients of no fixed abode for the same financial years and the length of each stay. (long stay is defined by the NHS as 21 days or longer).

2009/10	<5*
2010/11	<5*
2011/12	<5*
2012/13	<5*
2013/14	<5*
2014/15	<5*
2015/16	<5*
2016/17	<5*
2017/18	<5*
2018/19	<5*
2019/20	<5*

5. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a hepatitis C infection code.

Information can only provide data for patients who have had a diagnosis of hepatitis C during their inpatient stay

2009/10	<5*
2010/11	<5*
2011/12	<5*
2012/13	<5*
2013/14	<5*
2014/15	10
2015/16	<5*

2016/17	<5*
2017/18	<5*
2019/20	<5*

6. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a hepatitis B infection code.

Information can only provide data for patients who have had a diagnosis of hepatitis B during their inpatient stay

2009/10	<5*
2010/11	<5*
2011/12	<5*
2012/13	<5*
2013/14	<5*
2014/15	<5*
2015/16	<5*
2016/17	<5*
2017/18	<5*
2018/19	<5*
2019/20	<5*

7. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a self-poisoning or self-harm code.

Information can only provide data for patients who have had a diagnosis of self-poisoning or self-harm code during their inpatient stay

The numbers below include

Self-poisoning intentional, Self-poisoning accidental, Self-harm in current stay and history of self-harm

2009/10	32
2010/11	16
2011/12	30
2012/13	11
2013/14	24
2014/15	23
2015/16	25
2016/17	29
2017/18	45
2018/19	29
2019/20	24

8. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with: 'drug related mental and behavioural disorders, poisoning by drug misuse or admissions where drug related mental and behavioural disorders were a factor. If your trust does not use these NHS England measures – please supply figures for your own drug misuse codes or labels.

Information can only provide data for patients who have had a diagnosis of self-poisoning or self-harm code and drug related mental behaviour during their inpatient stay

The numbers below include

Self-poisoning intentional, Self-poisoning accidental, Self-harm in current stay, history of self-harm and Drug related mental and behavioural disorders

2009/10	85
2010/11	44
2011/12	69
2012/13	61
2013/14	75
2014/15	80
2015/16	63
2016/17	67
2017/18	111
2018/19	77
2019/20	68

9. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a latent tuberculosis infection, or other tuberculosis, code.

2009/10	<5*
2010/11	<5*
2011/12	<5*
2012/13	<5*
2013/14	<5*
2014/15	<5*
2015/16	<5*
2016/17	<5*
2017/18	<5*
2018/19	<5*
2019/20	<5*

10. Since October 2018 how many times have referrals to local authorities been made under the Homelessness Reduction Act (2017) for patients identified as experiencing homelessness, or being at risk of homelessness within the next 56 days.

2009/10	117
2010/11	55
2011/12	80
2012/13	73
2013/14	86
2014/15	94
2015/16	82
2016/17	80
2017/18	143
2018/19	91
2019/20	84

11. Does the trust have formal admission and discharge policies in place to ensure homeless people are identified on admission, and that the discharge of homeless people should be notified to relevant primary health care and homelessness services?

The Trust does not have a policy written which covers the admission and discharge of the homeless.

12. Please confirm whether your trust has a Pathway team (GP-led in hospital management of homeless patients).

There is no pathway team for the management of homeless patients

13. Please confirm whether your trust has an alternative (non-Pathway model) team dedicated to co-ordinating the care/discharge/further needs outside the hospital of homeless patients. Please give the team name and describe its function.

All ward discharge coordinators and ward managers have been advised to contact the local council for the homeless person for the correct process. Since March 2020 many councils changed their process. For example patients could previously present themselves at town halls, now for many areas the triage is over the phone and then the patient can present themselves at a hostel

* **Please note:** We are unable to provide precise figures when those figures refer to individuals in volumes of 5 or less due to the risk that individuals will be re-identified, as we are required to protect their identity under the General Data Protection Regulations & Data Protection Act 2018. In such circumstances sections 40(2) and (3) of the Freedom of Information Act apply. In this case, our view is that disclosure would breach the first data protection principle. This states that personal data should be processed “lawfully, fairly and in a transparent manner”. It is the lawful aspect of this principle which, in our view, would be breached by disclosure. In such circumstances section 40 confers an absolute exemption on disclosure.