An outreach nurse model – High Wycombe

When and how project was set up:
The outreach nurse model pilot started in June 2014. It is collaboration between the local health service (Chiltern CCG) and the staff of the Old Tea Warehouse.

Funding was secured for some equipment, such as a hand held spirometer, and so the service worked with local surgeries to keep costs down.

Where project is based:
The project is based at The Old Tea Warehouse, High Wycombe, Bucks.

The Old Tea Warehouse (OTW) run by Riverside Housing, provides supported housing to 60 people - 42 of these people have medium to high needs because they have recently experienced some form of chaos in their lives. Initially they are offered accommodation in the Old Tea Warehouse where they live in one of the 9 cluster flats, sharing bathrooms and kitchens with 4 or 5 others – there is one flat dedicated to females. The remaining 18 people live in 6 three-bedroom houses – residents move into these properties when they have demonstrated that they are on the way to being able to live independently.

What project provides:
This population group can experience high levels of relationship breakdown, all forms of abuse, mental health issues, alcohol or drug misuse and a lack of a support network, (Bowdler and Barrell, 1987; Breakey et al, 1989; Randall and Brown, 1999). These clients also delay is seeking help due to lack of knowledge about their condition, the health care system or they do not want to experience the stigma and prejudice related to their homelessness from health care professionals, (Kemp, Neale and Robertson,2006; Riley et al, 2003 ; Wright, Smeeth and Heath, 2003).

There are different models and services aimed at providing health care for these people which do make a difference for them, (Brickner et al, 1986: Wright and Tompkins, 2006). Gelberg et al (2000) found in their study that there were better health outcomes if there was an accessible community clinic or GP. Riley et al (2003) suggests that access to primary care is an important way of addressing the multiple health needs of this client group. Despite this, lack of access remains an issue for the general population but especially for homeless men (Bunce, 2000).

The commonest provision of health care delivery to a local homeless community is by providing a nurse or a team who provide clinical treatment, advice and support to this vulnerable group. These may be delivered by individual GP practices operating a Local Enhanced Service (LES) to meet the needs of homeless people within their locality (John and Law, 2011). There is also third sector involvement such as Luther Street in Oxford.

The outreach nurse role provides nursing care supporting patients' access to health care. It supports the OTW by providing two separate drop-in sessions on site for 8 hours a month.

Values of project:
The role is slightly different as the aim is to encourage and help clients to access mainstream health services and to be their advocate. It provides common services such as:

- Baseline health Assessments
- Medication reviews
- Health Screening
- Health Education
- Minor illness
- Supporting access to referral pathways to other Health professionals.
- Training for Hostel Staff in health issues

The main aspect of the role is supporting clients to access existing services. This may be diagnosing a minor illness and informing the client where they can access help to manage their condition. The philosophy behind this service is that these clients will be self- sufficient in the future and may not then need access to a specialised service.

The benefits are that this collaborative care between a GP, hospital and the client who has homelessness problems means there are fewer inappropriate admissions to acute services, reducing costs and transforming the experience of unscheduled care (Bax, 2014).

Impact and Patient feedback:
The patient feedback has seen high levels of patient satisfaction about education and support about self-management. The clients have been keen to engage and take up offers of screening, monitoring and advice.

There has been earlier recognition of health problems that have resulted in treatment and prevented utilisation of inappropriate urgent services.

One patient had been attending his GP practice but felt he was not been taken seriously by the staff. He presented with symptoms that did not reflect his existing diagnosis. After further investigation and several letters/ emails to his GP the nurse was able to have the patient referred to a respiratory clinic where they diagnosed a significant tear in his diaphragm. Prior to this he had been attending A&E for help with his symptoms.

Future development:
The next stage involves delivering educational sessions on site led by a mixture of health and third sector agencies. Another initiative is to support clients to become peer trainers and mentors as suggested by Wright and Tompkins (2006).

How funding was obtained:
The project is a year-long pilot initiated in collaboration with the local Consortium and the staff of the Old Tea Warehouse.

Advice for other areas – 3 top tips

- Do not be anxious about trying out new initiatives and discovering what works and what doesn't. This is often new ground!
- Be patient : it can take a little time to order equipment.
- Take time to get to know your client base.

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