



The  
Queen's  
Nursing  
Institute



Mark Holmes, Alcohol Lead Nurse for Nottinghamshire Healthcare Trust presenting at the QNI's Substance Misuse and Homelessness event in October 2016

# Homeless Health News

#50 December 2016-January 2017





This learning day is ideal for health professionals, students, housing and voluntary sector support professionals and people with lived experience of homelessness, interested in furthering their knowledge, meeting others in their sector and contributing their own experiences to help improve care.

**The Speakers include:**

- **Wendy Nicholson**  
National Lead Nurse for Children, Young people and Families, Public Health England
- **Maxine Jenkins**  
Specialist Health Visitor for Homeless Families, Leicestershire Partnership NHS Foundation Trust
- **Rosalynde Lowe CBE**  
Chair, QNI Homeless Health National Advisory Group



# Healthcare for homeless families

**Birmingham**  
**17 March 2017**

[Click here to book](#)

# Practice

## Foot health within the homeless population

By Deborah Monk, Podiatrist BSc Hons, Founder of Forgotten Feet Project

### The project

The Forgotten Feet Project was set up in August 2013 to address the needs of the homeless population by offering a podiatry service to those most in need, and with the least means of being able to access podiatry.

I have been volunteering at two locations on a regular basis during which time the client base has grown tremendously as trust has been gained over time. I see regulars as well as people new to the area, and it has been shown that those attending the podiatry drop in service held at the homeless centres are more likely to access other healthcare services offered. The podiatry service has proven useful in helping to break down barriers.

### Shoes and socks

There are numerous foot health issues we encounter, some we can deal with and resolve, whilst others more difficult due to the living conditions of this population. Footwear causes major issues, ill-fitting shoes can cause wounds, blisters and sores, so we collect predominantly trainers, which we give out in the right size. Trainers are great because they are supportive, adjustable and comfortable for people always on their feet. In addition, clean socks are given out with every treatment to help promote foot health and improve things at least temporarily. Dealing with wounds can be very challenging due to the chaotic and transient lifestyle of some of the clients, who often don't return, or get help from anywhere else. It is very much the case of doing the best you can with what you have, minimising invasive treatments so infection isn't introduced to deeper layers and creating a clean local environment by using dry non-adherent dressings and clean socks.

### Nail and skin infections



Very long nails, often thickened and onychomycotic along with fungal skin infections are very common within this population. These are often exacerbated by damp, sweaty feet, poor living conditions, lowered immunity through ill health, or poor nutrition. Clotrimazole (antifungal) cream would be great to give out as some people would use it effectively and are interested in helping themselves where possible.

Pitting keratolysis crops up more frequently in the homeless population than in others – again caused by damp conditions and a bacterial infection, usually very superficial, seen mainly on the plantar surfaces of the heels and forefoot, particularly where there is a build-up of callus. This

can be difficult to treat for the service users, as it requires potassium permanganate foot soaks and clean dry conditions. Debriding callus and foot health advice is usually what we can offer.



### **Corns and Calluses**

Corns and calluses are again a very common occurrence amongst any population; but perhaps the easiest thing to resolve from a podiatry perspective (again can be caused by ill-fitting footwear). Extravasation and aseptic breakdown are often seen on the plantar surface below corns and callus, as might be expected with areas of pressure left untreated often for a long time.

### **Vascular disorders and neuropathy**

We often encounter vascular and vasospastic, disorders of varying severity, commonly associated with drug and alcohol abuse complicated by extremes of temperature, especially during winter. Neuropathy associated with alcohol abuse is also encountered along with wounds and or infection. These high-risk cases can be persuaded to see other health care professionals if clinics are easily accessed.



Gaining trust, making relationships and having a sympathetic ear are key to the success of any healthcare interventions within this population.

# Practice

## A specialist homeless health nurse writes a letter to one of her patients

Dear You,

They asked me to talk to you, to help you get over the death of your little brother. It is, they said, time for you to find closure and move on, maybe even get off the streets.

I explained to them that it doesn't work like that, that grief isn't fixed or cured, I am not sure they heard. But you agreed to meet me anyway.

You told me your story:  
of three lost babies, one drowned, one murdered, and one born asleep.

You told me your story:  
of the little brother who was the best of you and who you will never want to forget.

You told me your story:  
of a parent who was too drunk to care, and a parent who tried to burn you alive.

You told me your story:  
how you look after the others when they take 'dirty drugs',  
how you sleep on the beach, in the park, where you can;  
how you try to stay safe, and warm and get food in your belly.  
how you keep an eye on the others who are not so strong so they aren't bullied or cowed by the hunger too.

You told me your story and I listened and heard and believed. It took every active listening skill I had ever been taught not to weep for you there and then.

But that would have been about me and this is your story.

You told me your story: how music makes your heart fly, and all you want is a future.

You told me you would give up your own life to bring your brother back.

You told me your story and I saw a kind gentle man who was brave and strong, and a small frightened child who is angry and afraid.

Your support worker told me every word of your story was true, she didn't need to, I believed you anyway.

I told you I would keep your story safe.

You said tell the world my story.

So I will.

Yours sincerely,

Me

# News, learning, and opportunities

## Improving the quality of health assessment

Do you use the QNI's Health Assessment Guidance resources? Have you downloaded it, used it for extra learning and integrated it into your practice? If so, we would like to hear your views to ensure it meets your needs by [completing the survey](#) . If you have not seen it yet, please go to the [free online health assessment guidance](#) . It features guidance on holding an initial assessment with a patient experiencing homelessness and includes template care plans, and read codes so you can use it in practice.

## New right to healthcare cards and commissioning guidance for London

The London Homeless Health Programme, a part of the Healthy London Partnership has commissioned the charity Groundswell to produce 'my right to access healthcare' to give to people who are homeless. The cards are designed to help people who are homeless to register at GP practices and highlight that a fixed address and ID are not needed to register.

The new commissioning guidance aims to support commissioners in London's clinical commissioning groups to improve health services for people who are homeless. There are many examples of good practice across London, simple ideas that can be adopted locally within regular healthcare settings to ensure people experiencing homelessness have the same access to healthcare as people who are securely housed.

- [Find out more](#)

## Care Quality Commission consulting on new approaches

The CQC is consulting widely on new approaches and a new strategy of health and care regulation, *Shaping the future: CQC's strategy for 2016-21*.

The new approach includes a strengthened approach to assessing the quality of end of life care. New questions the CQC is planning to ask of organisations they inspect include:

*"How are services delivered and coordinated to ensure that everyone who may be approaching the end of life is identified, including those with a protected characteristic and people whose circumstances may make them vulnerable, and that this information is shared?"*

This responds to the commitment CQC made in the report on end of life care and inequalities called *A different ending*. The consultation also proposes that hospices are assessed under the health assessment framework, and become the responsibility of the Chief Inspector of Hospitals.

- [Have your say](#)

## Patient safety awards

Has your team made a difference for patient safety last year? If so, you may want to enter the patient safety awards 2017.

- [Find out more and enter](#)

## NICE consultation on Alcohol-use disorders: diagnosis and management of physical complications

The consultation on this draft NICE addendum and its supporting evidence closes on 24<sup>th</sup> January 2017. We hope that you will submit comments - it is a valuable opportunity. If your organisation intends to submit comments on the draft guideline, please see the [instructions](#) on our website.

- [Further queries](#)

# News, learning, and opportunities

## **New standards for TB treatment published by NICE**

The National Institute for Health and Care Excellence (NICE) has released a new quality standard in relation to the treatment of [Tuberculosis](#).

## **Free e Learning on antimicrobial resistance**

Health Education England (HEE) has developed and launched an introductory free e-Learning session, [Reducing Antimicrobial Resistance](#) that supports all health and social care staff to understand the threats posed by antimicrobial resistance and the ways they can help to tackle it.

## **Training programmes for professionals working with children of people in prison**

If you are working with children of people in prison, the i-HOP network, has a series of [training programmes](#).

## **The Millennium Healthcare Bursary 2017**

A bursary for primary health care professionals to enhance the health care of children and families in inner London who, through socio-economic deprivation or other adverse social factors are at risk of physical and psychological illness. The bursary is for research projects and further training. The bursary can be up to £10,000 paid over 2 years. The deadline for applications is 31st March 2017.

- [Find out more](#)

## **PHE health visiting and school nursing events**

Public Health England is inviting health visitors and school nurses to regional networking events on the following dates: 1 Feb-London, 8 Feb-Bristol, 15 Feb-Birmingham, 23 Feb-Leeds

- [Email for a place](#)

## **Open Talk: Free masterclass on open decision making in CAMHS**

The Anna Freud National Centre for Children and Families and Common Room Consulting are offering a free masterclass for CAMHS professionals on 'engaging children and families in decisions'. This training has been developed in collaboration with children, young people and CAMHS professionals.

- [Email](#) for more information

## **'What is QI?' learning session**

This session provides an overview of managing change and quality improvement and is designed for all staff working in or with general practice.

- [Further details](#)

## **Endnotes**

**Editor:** David Parker-Radford

Please submit ideas and articles, [by 28th February](#) for the next Newsletter. Publication will be at the full discretion of the Editor.

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