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# Homelessness and the NHS

A briefing on a freedom of information request with NHS Trusts.

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# 1. INTRODUCTION

Much of the work of The Salvation Army is always to look at the individual. Whether it's a victim of modern slavery, a family struggling on benefits or a rough sleeper, we always try to make sure that it is the individual's experience that guides the decisions of key stakeholders.

However, in this day of competing social justice causes and funding pressures everywhere to be seen, it is more and more important to demonstrate the wide-reaching impact of social issues. That is why we have used this opportunity to shine a light on the impact that homelessness can have on one of the most pressurized institutions in the country: The NHS.

The reality is you cannot talk about homelessness without talking about healthcare. This is evident through many heart-breaking stories like the death of Gyula Remes outside the Houses of Parliament (19 December, 2018). It is also a staggering fact that the average age of death for people experiencing homelessness is 45 for males and 43 for women[1].

With all of this in mind, this briefing sets out analysis of the current impact those registered as having no fixed abode are having on the NHS through A&E attendance and admittance to acute hospitals.

[1] Deaths of homeless people in England and Wales: 2021 registrations, ONS, November 2022

# 2. METHODOLOGY

In early 2023, we submitted a freedom of information request to 201 NHS trusts in England with questions focusing on how many times individuals of no fixed abode had attended A&E or been admitted to hospital. The questions in our freedom of information request are not relevant to all NHS Trusts as some do not offer A&E or Hospital services.

We received 114 responses from NHS Trusts who have an A&E Department/Hospital. With 33 Trusts failing to respond or acknowledge the FOI was not relevant to them, this represented a 78% response rate. A further 54 Trusts reached out to say the request was not relevant to them – these have not been included within the response rate.

***What does 'No Fixed Abode' mean?***

'No Fixed Abode' is a category used in many public services to refer to any individual who has no fixed address. In many cases this will mean someone is homeless, however it can also refer to someone required to live on a boat, ship, oil rig etc. as well as nomadic groups. In many cases it is accepted as a proxy for homelessness.

It should however also be noted that certain homeless groups will not be counted within this category. Those in temporary accommodation or staying with friends/family will be able to provide an address despite still being homeless.

# 3. KEY FINDINGS

***Every 9 Minutes, a homeless person attends A&E.***

***No Fixed Abode***

- In 2021/2022, there were more than 57,500 instances where people attended A&E with 'no fixed abode'. This equates to a cost to the NHS of more than £9.5 Million[2].
- In 2021/2022, there were more than 21,000 instances where people were admitted to hospital with 'no fixed abode'. This equates to a cost of over £41 Million.

***Changes Over Time***

The data also revealed considerable changes over the last few years. For both A&E attendance and Hospital Admittance, there has been a significant rise for those of no fixed abode.

- Since 2017, there has been a 33% rise in A&E attendance.
- The 33% rise in A&E attendance for those of no fixed abode far outstrips that of the general population where there has been a 2.5% rise over the same period[3].
- Since 2017, there has been a 60% rise in hospital admittance of people with no fixed abode compared to a 4% decline in admittance amongst the general population.

***Prevalence of Drug Use***

- In 2021/2022, there were more than 4000 instances where people were admitted to A&E with 'no fixed abode' and due to a primary/secondary diagnosis of drug poisoning. This equates to a cost of almost £700,000.
- In 2021/2022, there were more than 11,000 instances where people were admitted to hospital with 'no fixed abode' and due to a primary secondary diagnosis of drug poisoning. This equates to a cost of almost £22 Million.

[2] According to the Greater Manchester Combined Authority Unit Database (2019), the average cost of an A&E attendance is £166 and an average inpatient admittance costs £1935. **https://www.greatermanchester-ca.gov.uk/media/2007/unit-cost-database-v20.xlsx**

[3] NHS England, Annual A&E Activity and Emergency Admissions Statistics

# 4. DISCUSSION

***Links between homelessness and health***

In reality, any attendance to A&E incurs a cost for the NHS. While not all attendances by those of 'no fixed abode' can be attributed to conditions directly related to their housing situation, research shows that particularly for those rough sleeping, they are far more likely to have poor health outcomes[4].

This can manifest in various different ways, including[5]:

- Being more vulnerable to assault/abuse.
- Poorer immune systems making them more vulnerable to viral and infectious conditions like tuberculosis, HIV and hepatitis C.
- Alcohol and drug use increased to help sleep/cope with pain and trauma of sleeping rough.
- Limited access to GP compared to the rest of the population.
- Direct exposure to poor weather can lead to health complications.

***Data Consistency Is Lacking***

This freedom of information request revealed a stark variation in terms of ease of access to data. Despite much NHS data being stored consistently across trusts, we received the following range of responses:

- Clear data for each question as requested.
- Refusal based on all of the evidence taking too long to source.
- Inability to respond based on a lack of information on 'drug poisoning'.
- Inability to respond based on lack of information relating to A&E diagnosis.
- Inability to provide historic data relating to no fixed abode' due top patient demographic data being updated.
- Inability to provide data up to 20217/2018 (This is why we cite data since 2017 within this briefing)

This breadth in responses show that important data relating to homelessness is not readily available in the same ways in each local area. In all areas of public policy, access to accurate data is vital in assessing trends and establishing the positives/need for change.

[4] The Impact of Homelessness On Health, Local Government Association, 2017
[5] Ibid

# 5. RECOMMENDATIONS

This research has highlighted a trend that we believe is in urgent need of investigation. The fact that homeless attendance and admittance to A&E and Hospital have risen far quicker than that of the general population is a great cause for concern.

It is vital that new research explores why this trend has emerged and thus develop a clearer understanding of how we can best support people experiencing homelessness with their health.

The importance of addressing this issue goes beyond those experiencing homelessness, but as this work shows, that of the pressure on the NHS.

The Salvation Army is calling for:

- Government funding for homelessness and rough sleeping to rise in line with inflation. This will help the sector to meet the needs of those currently and at risk of homelessness.
- Addictions and mental health support should be prioritised within future homelessness spending plans.
- Local authorities should introduce mental health and addictions targets, as part of their refreshing of their homelessness strategies.
- NHS England should introduce codes to ensure homelessness is captured as a fixed category for both A&E and Hospital attendance in all NHS trusts.
- England to learn lessons from Wales and Scotland, where people living on the streets are now recognised as being in priority need for local authority support and accommodation.

# 6. FREEDOM OF INFORMATION REQUEST QUESTIONS

1. Please provide the total number of A&E attendances by patients of No Fixed Abode/Address for each of the financial years from 2011/12 to 2021/2022.

2. Please also provide the number of these individuals (as outlined in Q1) who were admitted with a primary/secondary diagnosis of drug poisoning.
3. Please provide the total number of hospital admissions by patients of No Fixed Abode/Address for each of the same financial years.
4. Please also provide the number of these individuals (as outlined in Q3) who were admitted with a primary/secondary diagnosis of drug poisoning.