

# DEFINING THE CHALLENGE



**20TH JUNE 2024**

Report of the second meeting of the Emergency Medicine at the Deep End Group. This hybrid event included thirty Emergency Physicians and interested professionals from across the UK seeking to explore the disproportionate impact that poverty, social deprivation and health inequality has on patients presenting to emergency care.

## **“of course there’s stigma”**

It was a real pleasure to have Mary Stewart, a public health registrar, join us to present work from Edinburgh on the **Experiences of Secondary Care amongst People Experiencing Homelessness**. Sadly, with almost 31 000 people experiencing homelessness in Scotland this important and heart breaking work is relevant to many of our patients.

They have mapped the patient journey showing complexities at all stages and identified four key themes:

- Clinical and relational neglect from staff
- Mistrust between people experiencing homelessness and staff
- Perceived hostility from staff
- Care not sufficiently recognising challenges in basic practicalities of life

They have also recorded the ongoing impact of some of these interactions including the emotional impact, influence on patient directed discharges and discouragement of future care seeking.

This highlights the essential need to protect ourselves and those working with us from burnout and compassion fatigue as we all recognise our potential to treat people less well when we’re on the edge. The participants recognised the need for psychological support for staff but also that we need to have greater understanding of the trauma and complexity that people are coming from. People experiencing homelessness and all those facing stigma due to addictions, social chaos and mental health issues need people to advocate and champion for them.

We look forward to sharing further publication of this work.



## FRAILITY

Of deep concern to the group is the inequality facing our frail patients who do not qualify for age-based frailty services. In the areas in Scotland which experience the greatest socio-economic deprivation the life expectancy is lower than the age cut off. This effectively means that services have been designed in a way that preferences those coming from more affluent backgrounds.

We are pleased to hear that West Lothian has adopted a more equitable needs-based approach. How do we, in a supportive and charitable way, help service providers to consider these issues?

For more information, please contact us.

## SNAPSHOT OF OTHER DISCUSSION TOPICS

The benefits and considerations of having authentic voice representation:

Not exploiting people/renumeration for time and using "composite person" such as examples from the research presented today to reduce re-traumatisation of people continually sharing their own experiences.

The importance of having easy referral pathways and places to send or signpost people to.

Not adding to the burden of work in EM.  
Making life easier for staff and patients.

Addiction and homelessness services, currently set up for in-hours and for inpatients. Little support available to Emergency Department Teams, particularly out-of-hours.

Preliminary results look promising for Navigator Intervention reducing subsequent emergency healthcare use.

This intervention, similar to the Pathway model in England, has support workers with lived experience engaging with people during or soon after an Emergency Department visit to help them engage with other services.

## NEXT STEPS

- Next meeting - October 4th
- Education sub group development
- Literature review on ED Interventions
- Mapping of services available in local areas
- Resources to be shared: Frequent attenders service information West Lothian, Mindfulness script Brighton, HIS economics report
- Group to work on vision statement before next meeting
- Website and infographics development

