

Directory of Service for the Homeless

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Westminster Homeless Health Coordination Project (HHCP)

Description of Service / What We Offer

The Westminster Homeless Health Coordination Project (HHCP) started in June 2015. The project supports 22 services across Westminster to improve health access and decrease health inequalities of those in supported housing projects.

What we do:

- Coordinate borough-wide training for staff and clients.
- Develop, implement and monitor CHAT (Common Health Assessment tool)
- Increase GP registration.
- Improve access to health services.
- Coordinate health screening events (TB, Flu Jab).
- Deliver the annual service users' health conference and wellbeing fair.
- Create quarterly newsletter
- Chair bimonthly Health Action Group meetings.
- Create and manage 300+ email distribution list.
- Coordinate the Acquired Brain Injury Project which aims to increase the awareness of brain injury within the homeless sector, and support clients through the health pathway.
- Coordinate delivery of this project by coordinating triborough training sessions.
- Create different quarterly and annual reports.

What we are Unable to Offer

We are unable to offer housing /health provision. However, we can signpost to the appropriate pathways/services.

Referral Criteria

There are no referral criteria or referral process. The HHCP is an umbrella for services which collect information/data, provides training to staff and works to coordinate the work of health and housing providers across Westminster to improve the health of service users. The HHCP works in partnership with 22 homeless services and numerous primary, secondary and community health and wellbeing services. The HHCP aims to improve access to health services and reduce health inequalities amongst supported housing service users and rough sleepers.

How to Access the Service / How to Refer to the Service

You can access this service by calling or emailing the project coordinator:

Nayer Ravandi

Mobile: 07808 343 221

Email: Nayer.Ravandi@MUNGOS.ORG

Interdependencies with other Services

We work closely with the Homeless Health Services, the JHT, Turning Point, CGL and Westminster CAS team

Westminster pathway teams

Church Army (Women's Day Centre)

Day Centres (The Passage / The Connection at St Martins / WLDC)

Hostels (including St Mungo's / Edward Alsop Court / Passage House / Church Army – this list is not

exhaustive)
Groundswell

Staff in the Service

One coordinator manages the whole project.

Service Contact Details

Nayer Ravandi, Project Coordinator
Homeless Health Coordination Project
29 Francis street, London SW1P 1QL
Mobile: 07808 343 221
Nayer.Ravandi@MUNGOS.ORG
www.westminsterhcop.org

Westminster Street Outreach Service (SOS)

Description of Service / What We Offer

Outreach services to people sleeping rough in the borough of Westminster.
Referrals into accommodation
Support to access services

What we are Unable to Offer

We are not able to support individuals who are not currently sleeping rough.

Referral Criteria

Individuals must be sleeping rough in the borough of Westminster to qualify for this service. The outreach team need to be able to find people and verify that they are sleeping rough.

How to Access the Service / How to Refer to the Service

The SOS team take referrals from StreetLink or from Day Centres in the borough. If you have any queries, please contact westminstersos@mungos.org

Interdependencies with other Services

The team works closely with day centres such as the Passage, Connection at St. Martin's and Seymour Place, as well as the hostels in the borough.
The team also work with health services in the borough such as Great Chapel Street and Dr. Hickey's surgery, as well as the Joint Homeless Team. Some of these services come out to the streets with us to assess clients on the streets.
We also work closely with the council

Staff in the Service

The team is made up of:

Manager- full time, day time mainly

Geographical coordinators- North of the borough Central parts of the borough and South parts- some shifts, but mainly day time.

Geographical outreach workers- Shifts work between 6am and 3am.

Information worker- works 8-4pm.

ASB coordinator- shifts

Partnership coordinator- mainly 9-5.

Service Contact Details

Team email – westminstersos@mungos.org

Duty number – 02034892195

StreetLink contact details (for making new referrals) - www.streetlink.org.uk 0300 500 0914

Great Chapel Street Medical Centre

Description of Service / What We Offer

Primary Care / specialist nursing /health screening, vaccination, phlebotomy, chronic disease management, referrals to secondary care, care navigation and case management/ counselling / mental health assessment and support / dentistry / in-house Alcohol clinics via CGL/ in-house Hepatology clinics / legal, benefits and housing advice.

What we are Unable to Offer

Housing provision. We have no special access to housing however our advisor can give housing advice, make statutory applications to the local authorities, referrals to the private rented sector and signpost to the appropriate pathways.

We do not have referral rights into the night centres.

We do not offer methadone/buprenorphine prescriptions

We cannot offer a community alcohol detox

Referral Criteria

Homeless in Westminster and not well engaged with local GP service already.

How to Access the Service / How to Refer to the Service

Open Mon-Fri 9-5. Drop-in to register. GP and nurse drop-in appointments:

Nurse – 10am-12:30PM and 2pm-4:30pm

GP 11am-12:30pm (not Wed/Fri) and 2pm-4:30pm

Patients will complete a new patient health check and needs assessment and will be triaged to the multidisciplinary team accordingly.

Other services including counselling, advisory support, mental health, psychiatry, dental and podiatry on a drop in basis and some appointments offered.

Service users can self-refer to register/visit the practice.

Hostel workers/outreach teams/other health care professionals can refer for registration.

Interdependencies with other Services

We host CNWL consultant psychiatrist and mental health practitioner. We also host a CLCH Counsellor, a podiatrist and dental service.

We work closely with the Homeless Health Service, the JHT, Turning Point and CGL.

We collaborate with Westminster CAS team – outreach team who identify potential people living rough on the street who are not engaged with health/advisory services or who require more urgent health assessment. Practice nurses will do targeted outreach alongside CAS team to make contact with service users.

We also work with:

Westminster pathway teams

Church army (women's day centre)

Day centres (Passage/Connections St Martins/WLDC)

Hostels (including St Mungo's/Edward Alsopp Court/Passage House/Church army – this list is not exhaustive)

Groundswell/Hestia

Homeless pathway teams from main hospitals (UCLH/St Thomas)

Hospital discharge teams from main hospitals.

Staff in the Service

GP / nurse practitioner / advisor and primary health care manager / dentist / specialist homeless podiatrist / psychiatrist / mental health practitioner / specialist homeless counsellor / practice manager / reception manager.

Service Contact Details

Great Chapel Street Medical Centre

13 Great Chapel Street

London

W1F 8FL

T: 0207 437 9360

F: 0207 734 1475

www.greatchapelst.org.uk

info@greatchapelst.org.uk

Reception - 9am-5pm

Nurse – 10am-12:30PM and 2pm-4:30pm

GP 11am-12:30pm and 2pm-4:30pm

Other specialist clinic times available on website

NO GP ON WEDS AM OR FRI AM

The Dr Hickey Surgery

Description of Service / What We Offer

Primary care
Specialist nursing
Health screening
Vaccination
Phlebotomy
Chronic disease management
Spirometry
Wound Care
Referrals to secondary care
Care navigation and case management
Counselling
Mental health assessment and support
Substitute prescribing – drug and alcohol abuse
Homeopathy

What we are Unable to Offer

- We are unable to offer housing provision. We have no special access to housing. However, an advisor from the Gateway Team at Cardinal Hume Centre can give housing advice and signpost to the appropriate pathways
- We do not have referral rights into the night centres
- We do not prescribe Benzodiazepines

Referral Criteria

Homeless people and those not well engaged with a local GP service already.

How to Access the Service / How to Refer to the Service

Reception opening times :

09:00 – 18:30 Monday, Tuesday, Thursday, Friday.

09:00 – 13:30 Wednesday.

GP and nurse drop-in appointments:

Nurse: 09:30 - 12:30 and 14:00 - 16:00

GP: 09:30 – 12:30 and 14:00 – 16:00

Except Wednesday which is 09:30 – 12:30 only

An appointment with the doctor or nurse is not necessary but it is wise to come early as the surgery can be very busy and we try to give everyone the time they need. Patients are seen in order of arrival but emergencies will take precedence.

Patients registering for the first time are asked to see the practice nurse who takes a history and checks blood pressure, urine, weight and height.

Advice and treatment is available for substance misuse problems. An appointment with the appropriate clinician is made after consultation with the nurse. Referrals may be made to psychiatric services and for inpatient detoxification and rehabilitation.

The Community Psychiatric Nurse visits weekly and sees patients by appointment. Referrals may be made to the psychiatrist, psychologist and advice given on treatment.

A general counsellor is available at this practice who deals with a very wide range of problems, including bereavement, anxiety, depression and abuse. Patients are referred only after consultation with the doctor or nurse.

Interdependencies with other Services

We host a CNWL mental health practitioner and a counsellor from CLCH. We also host a homeopath who visits weekly. We work closely with the Homeless Health Service, the JHT, DAWS (Drug and Alcohol Service) CGL (Change, Live and Grow).

We collaborate with Westminster CAS team – outreach team who identify potential people living rough on the street who are not engaged with health/advisory services or who require more urgent health assessment. Outreach Nurse and GP will do targeted outreach alongside the CAS team to make contact with service users who are rough sleeping and (or) hard to engage.

We also work with:

- Cardinal Hume Centre (Access to Housing Advice, Benefits Advice & Support, ESOL, Computer and Work Clubs)
- Day Centres (the Passage / The Connection at St Martins / West London Day Centre)
- Hostels (English Church Housing, St Mungo's / Look Ahead Hostels(Edward Alsop Court & Hopkinson House) Passage House Hostel / Queen Mary Hostel this list is not exhaustive)
- Groundswell – Peer Advocacy Service
- Abbey Community Centre – hot food service Mon& Tues 6pm – 7pm
- Discharge Prison Teams
- Discharge teams from main hospitals
- Homeless pathway teams at Guys & St Thomas Hospital, University College Hospital and St Mary's Hospital.

Staff in the Service

GP (2 partners, 3 salaried)
Advanced Nurse practitioner
Practice Nurse
Outreach Nurse
Mental health practitioner
Specialist homeless counsellors
Practice manager
Receptionists
Administrator
Cleaners

Service Contact Details

The Doctor Hickey Surgery
Cardinal Hume Centre
3-7 Arneway Street
Westminster
London SW1P 2BG

Tel: 0207 222 8593

Fax: 0207 799 4222

drhickey.surgery@nhs.net

www.drhickeyspg.org.uk

<https://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=40342>

Reception – Monday to Friday, 09:00 – 18:30 (except Wednesday which is 09:00 – 13:30)

Nurse – Monday to Friday 09:30 – 12:30 and 14:00 – 16:00 (except Wednesday which is 09:30 – 12:30)

GP – Monday to Friday 09:30 -12:30 and 14:00 – 16:00 (except Wednesday which is 09:30 – 12:30).

Central London Community Healthcare Homeless Health Service

Description of Service / What We Offer

- Outreach Nursing and counselling for those living on the streets and in hostels within Westminster.
- General minor injury/illness care
- Screening
- Vaccination
- Prescribing
- Health engagement and advocacy.
- Referral to GP and secondary care.
- Partnership working with daycentres, Hostel inreach and health promotion.
- 1 to 1 and group counselling.

What we are Unable to Offer

- Long term illness/chronic disease management
- Substance misuse interventions
- Acute mental illness intervention

Referral Criteria

Any homeless person who is not currently cared for by the NHS or is experiencing problems with their care

How to Access the Service / How to Refer to the Service

Patients will be either roughsleeping and found by outreach nurses or can attend one of our three daycentres Monday to Friday, no appointment necessary.

Interdependencies with other Services

- Close working and live note sharing with Great Chapel Street and Dr Hickey surgeries.
- Partnership working with Connection at St Martins, Passage and West London Mission charities as well as Westminster City Council outreach (CAS) service.

Staff in the Service

- Six band 6 specialist nurses. Three are nurse prescribers with one currently training. All have completed advanced assessment skills courses and are experienced primary care nurses.
- One band 7 lead nurse (a nurse practitioner and nurse prescriber)
- One band 7 lead counsellor
- Two band 6 counsellors

Service Contact Details

0207 534 6594

clcht.homeless@nhs.net

Referrals are self-referrals or from daycentres staff/local hospitals. Patients can walk-in to the sites below

Nursing: Mon-Fri 09:00-13:00

Connection at St Martins

12 Adelaide Street

WC2N 4HW

Passage Daycentre

St Vincent's

Carlisle Place

SW1P 1NL

West London Daycentre

134 Seymour Place

W1H 1NT

Counselling

Walk-in Monday and Friday AM (appointments Wednesday)

Great Chapel Street Medical Centre

13 Great Chapel Street

London W1F 8FL

Tel: 02074379360

Website: <http://www.greatchapelst.org.uk>

By referral from GP

The Dr Hickey Surgery

3 Arneway Street

London

SW1P 2BG

Tel: 020 7222 8593

Fax: 020 7799 4222

Tri-borough Alcohol Service (Change, Grow, Live)

Description of Service / What We Offer

Assessment of individual needs at home, GP, or satellite clinics
Counselling for service users
Access to education, training and employment
Assessment, referral, advice and information
Access to community and in-patient detoxification and residential rehabilitation
Counselling
Home visits
Specialist key working sessions
Health and wellbeing checks
Family and carer support in dealing with a loved one with alcohol misuse issue
Training for professionals
Peer mentor training
Volunteering

What we are Unable to Offer

We are unable to offer support with service users who have difficulties using both alcohol and (opiate based) drugs, but we work closely with Turning Point who can offer support with this and we can work with service users who are experiencing difficulties mainly with alcohol but who are also using non opiate based drugs.

We are unable to provide support with housing, but can signpost to organisations who provide support with this and other factors associated with homelessness (e.g. Groundswell).

We are unable to provide blood tests, but can provide a letter for your GP to take bloods and share the results with us, where necessary.

Referral Criteria

Service users aged 18 and over who are experiencing difficulty with alcohol usage living within the three boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster.

How to Access the Service / How to Refer to the Service

We operate from various locations within our three London boroughs.

Our main office is at 2 - 4 Old Queen Street, Westminster, but we do not provide a walk-in service at this location, so if you would like to register with the service please call us on 0800 0147 440 or email us on thealcoholservice.info@cgl.org.uk, and we can arrange an appropriate location to meet you.

We have a drop-in coffee morning every Wednesday and Thursday from 10am - 12pm at Lytton Community Hall, North End Crescent, West Kensington W14 8TE.

We also have a coffee afternoon every Monday from 2pm till 4:30pm at 2-4 Old Queen St, London,

Westminster SW1H 9HB.

Our third coffee morning is every Thursday from 10am-12pm at the Stove Centre 258 Harrow Rd, London W2 5ES.

Our Fourth coffee morning is every Monday from 11am-12:30pm at Edward Woods 60 Norland Rd, London W11 4TX.

The coffee morning offer the opportunity for advice and an informal chat regarding accessing the service

Interdependencies with other Services

DAWS/Blenheim/Turning Point- The New Coach House 370-375 Uxbridge Rd, London W12 7LL

T:0330 303 8080

Groundswell- T:03000 039 600 W: www.groundswell.org.uk

SASH (Support and Advice on Sexual Health) T:020 7851 2955 E: info@SASHLondon.org

W@wellbeing.turning-point.co.uk

Staff in the Service

Consultant Psychiatrist

Speciality Doctor

Counsellors

Nurses

Alcohol practitioners

Engagement workers

Peer mentors

Volunteers

Service Contact Details

The Alcohol Service - Change, Grow, Live (CGL)

2-4 Old Queen St

Westminster

London

SW1H 9HB

T: 0800 014 7440

www.changegrowlive.org

thealcoholservice.info@cgl.org.uk

The Connection at St Martins

Description of Service / What We Offer

Advice, Housing & Mental Health Service (Monday – Friday: 9.00am-12.30pm). We assess anyone regardless of local connection but assessment of needs may lead to an offer of reconnection to local area if appropriate.

Workspace – Employment, Education and Training Service and Volunteering (Monday – Friday: 9.00am-12.30pm).

CAS – Street Outreach Team (until April 2018)

Day Centre – 9.00am – 1.00pm every day except Wednesday when the service closes at 12.30pm

Night Centre – Accommodates up to 45 people (can only be referred by Westminster Street outreach teams or referred into for 4 nights by the Homeless Health Service)

Immigration Advice for Outreach clients

Benefits Advice - Mon and Friday - appointment only
Tuesday and Thursday – drop in from 9.30am–1.00pm

Homeless Health Service – NHS medical service with nurses and a podiatrist on Wednesday mornings

What we are Unable to Offer

We do not offer:

Direct access into housing / night centre

Storage space for luggage for everybody (locker space is limited)

Free food (lunch vouchers given in exceptional circumstances and almost always as a one-off)

Sleeping bags or clothing

Referral Criteria

Anyone can access the service for initial assessment.

How to Access the Service / How to Refer to the Service

Drop in service – Entry into the building from 9.00am – 1.00pm (12.30pm on Wednesdays).

Interdependencies with other Services

Homeless Health Service

The Joint Homelessness Team

Turning Point and CGL

Passage Day Centre

Great Chapel Street Medical Centre

Dr Hickeys Surgery

Routes Home

Homeless pathway teams from main hospitals (UCLH/St Thomas)

Staff in the Service

Advice and Housing Team (including 1 young person specialist, 2 mental health specialist and 1 Private rented accommodation worker)

Day Centre Team

Workspace Team

Westminster CAS Outreach Team (till April 2018)

DWP worker (Monday and Friday – appointment only; Tuesday and Thursday – drop in)

Immigration Worker

Homeless Health Team Nurse

Service Contact Details

The Connection at St Martin's

12 Adelaide Street

London

WC2N 4HW

Main switchboard 020 7766 5544

info@cstm.org.uk

Opening times

Reception: Monday – Friday 9.00am – 5.00pm

Client drop in: 9.00am – 1.00pm every day except Wednesday when the service closes at 12.30pm

Groundswell Homeless Health Peer Advocacy Service

Description of Service / What We Offer

- The Groundswell Homeless Health Peer Advocacy Service (HHPA) supports people experiencing homelessness to address physical and mental health issues.
- We work to improve people's confidence in using health services and increase their ability to access healthcare independently.
- We accompany people who are homeless to their health appointments and advocate on their behalf to ensure they understand the information that is being given to them and can make informed choices about their treatment.
- We can cover travel costs to a reasonable level.
-

What we are Unable to Offer

- **We do not offer support** to appointments with benefit agencies
- **We do not offer support** with Housing appointments
- **We do not support** any appointments not directly related to mental and physical health

Referral Criteria

People accessing homelessness services in the borough of Westminster

How to Access the Service / How to Refer to the Service

Referrals can be made by email to HHPA@groundswell.org.uk

Interdependencies with other Services

We work very closely with:

- Westminster Homeless Health Team
- Great Chapel Street Medical Centre
- Dr Hickeys
- Look Ahead - Edward Alsop Court
- Look Ahead - Hopkinson House
- Day Centres (the Passage / The Connection at St Martins (Especially Compass Team) / WLDC) Westminster CAS team
- Homeless pathway teams from main hospitals (UCLH/St Thomas)
- Hospital discharge teams from main hospitals

Staff in the Service

Martin Murphy – Project Manager – 3 days

Dennis Rogers – Targeted Case Worker and HHPA Advocate – Full time

Marcin Troc – Eastern European Case Worker and HHPA Advocate – 2 days

5 Volunteer Advocates – 15 hours per week each

Service Contact Details

Martin Murphy – martin@groundswell.org.uk

HHPA Referrals – hpa@groundswell.org.uk

[Confidential NHS E-mail - martin.murphy9@nhs.net](mailto:martin.murphy9@nhs.net)

Main Office Telephone – 03000 039 600

Main Office Fax – 020 7587 0480

Imperial College Healthcare NHS Trust – Complex Discharge Team

Description of Service / What We Offer

- Assistance with discharge from hospital for patients with complex needs, including homelessness

What we are Unable to Offer

- Immediate accommodation for patients with no medical issues who are homeless
- Outpatient drug or alcohol detox

Referral Criteria

From hospital teams. The patient must be an inpatient at Imperial

How to Access the Service / How to Refer to the Service

Referral via a bleep system from clinical staff to complex discharge team

Interdependencies with other Services

Interdependencies with all clinical teams including the Emergency Department and Social Services

Staff in the Service

Variable depending on site and time of day

Service Contact Details

Bleep number via main hospital switch board

Joint Homelessness Team

Description of Service / What We Offer

- Health, housing and social care assessments for people who are homeless and have mental health needs, and who are unwilling or unable to access mainstream mental health services
- Care coordination and case management for people with a rough-sleeping history who have severe and enduring mental health problems
- Advice and support to agencies working with people who do not meet the criteria for JHT case management
- Bespoke training packages to other agencies working with homeless people with mental health issues

What we are Unable to Offer

- Ongoing support to people whose primary issue is substance misuse, learning disability or a physical disability

Referral Criteria

- Evidence that the person is rough-sleeping in Westminster (usually verified on CHAIN)
- Evidence that the person has a mental health issue

How to Access the Service / How to Refer to the Service

Referrals can be made by calling the JHT duty desk on **0207 854 4206** or emailing jhtduty@nhs.net. Duty operates from 9am – 5pm Monday – Friday, except Thursdays when it operates from 9am – 1pm.

Interdependencies with other Services

We work closely with Great Chapel Street and Dr. Hickey's Practice, and accept all referrals made by these practices. Our team's psychiatrists carry out joint outreach sessions with the Hickey Practice. We attend and contribute to the monthly ICN Network meetings.

We carry out 2 targeted outreach sessions per week with Westminster CAS, and bespoke outreach with the Compass Teams.

We have 3 link sessions per week at the Passage Resource Centre, The Connection at St. Martin's and Seymour Place (formerly West London Day Centre) respectively, during which we assess people referred to us via these agencies. We also work with the Homeless Health Team in these settings.

We have established links with the hostels and work very closely with Westminster Housing Options. We have regular contact with the providers of mental health supported accommodation in the borough of Westminster, particularly those to which we have direct referral rights (including 93-95 Shirland Road and 217 Harrow Road).

We work alongside other services provided by Central and North West London NHS Foundation

Trust, including the Home Treatment Teams, the Dual Diagnosis Team, Older Adults, the locality Community Mental Health Teams, the Community Rehabilitation Team, the Single Point of Access (SPA) and Mental Health Liaison at St. Mary's Hospital. This is not an exhaustive list.

Staff in the Service

Manager – **Dan Jones**
Deputy Manager – **Andy Knight**
0.5 fte Consultant Psychiatrist – **Dr. Frances Klemperer**
Specialist registrar
Band 7 Senior Nurse Practitioner – **Emily Cooper**
2 x Band 6 Registered Community Mental Health Nurses
3 x Social Workers
2 x Approved Mental Health Professionals/ Social Workers
Senior Administrator/ Finance Officer
Administrator

Service Contact Details

Joint Homelessness Team
190 Vauxhall Bridge Road
London
SW1V 1DX

T: 0207 844 4206

F: 0207 931 8087

[**jhtduty@nhs.net**](mailto:jhtduty@nhs.net)

Duty – Monday to Friday, 9am-5pm (except Thursday – 9am – 1pm)

Out of office hours, please contact the **Single Point of Access (SPA)** on **0800 0234 650**.

Manager: dan.jones2@nhs.net

How to Access the Service / How to Refer to the Service

Referral via a bleep system from clinical staff to complex discharge team

Interdependencies with other Services

Interdependencies with all clinical teams including the Emergency Department and Social Services

Staff in the Service

Variable depending on site and time of day

Service Contact Details

Bleep number via main hospital switch board

KHP Health Partners (KHP) Pathway Homeless Team (Guy's and St Thomas')

Description of Service/What we Offer

- Holistic assessments of homeless patients presenting to GStT.
- Reconnection to all areas of London, UK and the rest of the world
- Patient advocacy
- Supporting access to services (homeless and healthcare)
- Befriending and trust building
- Assistance with benefit applications and ID
- Practical assistance: Travel, clothing and food
- Advice: immigration signposting/understanding, benefits,
- Frequent attenders case work and care planning

What we are Unable to Offer

- Outpatient appointments

Referral Criteria

- Any homeless person presenting to GSTT Emergency Department or admitted to any ward

How to Access the Service / How to Refer to the Service

- Referrals directly from ED or ward staff via EPR or telephone call.

Interdependencies with other Services

- Close working and note sharing with the Health Inclusion Team (Southwark, Lambeth and Lewisham)
- We also work closely with various hostels in the local area
- We also work closely with the KHP Pathways Teams are KCH and SLAM.

Staff in the Service

- 1 x Advanced Occupational Therapist
- 3.5 x Housing Workers (St Giles, St Mungo's and The Passage)
- 1 x Nurse Practitioner
- 1 x Groundswell peer support worker
- 1 x General Practitioner
- 1 x Business Manager
- 1 x Matron

Service Contact Details

- 020 7188 9595
- Email HomelessTeam@gstt.nhs.uk
- Open Mon-Fri 9am-5pm

London Ambulance Service NHS Trust

Description of Service / What We Offer

Emergency service answering 999 calls through a variety of means including hear and treat and see and treat according to what acuity the call is.

If an ambulance is required there are 4 categories that the call would be triaged within:

Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.

Category two is for emergency calls. These will be responded to in an average time of 18 minutes.

Category three is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.

Category four is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

What we are Unable to Offer

Ongoing care and support for patients. We only treat patients at the time of the 999 call and then refer them for ongoing care.

Referral Criteria

Calls for emergency (life-threatening) conditions is what we should answer but in reality we receive calls for all types of problems from very low acuity to the highest acuity possible.

How to Access the Service / How to Refer to the Service

999

Interdependencies with other Services

We work closely with the Metropolitan Police Service and the Emergency Departments. We also refer patients to GPs and into alternative care pathways (e.g. Rapid Response Teams)

Staff in the Service

A complete variety: Paramedics and Emergency Ambulance Crew work on ambulances. We also have advanced paramedics and clinical team leaders who work in our fast response cars.

In our management structure we have different teams including the frequent caller team which is made up of 2 social workers and an administrator, but they only tackle the top 50 frequent callers in London.

The stakeholder engagement team work across STPs and deals with all stakeholder engagement including frequent callers/attenders.

Service Contact Details

Catherine Wilson, Stakeholder Engagement Team for CWHHE, 07717807249,
Catherine.wilson@lond-amb.nhs.uk or Catherine.wilson12@nhs.net (secure email)
Catherine only deals with the frequent callers in CWHHE CCGs

Juliette Smyth, Community Social Work Liaison Officer, Frequent Caller Team, 020 3069 0374,
Juliette.Smyth@lond-amb.nhs.uk or juliette.smyth@nhs.net (secure email)
Juliette only deals with the top 50 frequent callers in London

October 2018