

NIHR Greater Manchester PSTRC

## Plain English Publication Summary

Publication: [Comparative 4-year risk and type of hospital admission among homeless and housed emergency department attendees: longitudinal study of hospital records in England 2013–2018](#)

### Publication details (Vancouver format)

Moss C, Sutton M, Cheraghi-Sohi S, Sanders C, Allen T. Comparative 4-year risk and type of hospital admission among homeless and housed emergency department attendees: longitudinal study of hospital records in England 2013–2018. *BMJ open*. 2021 Jul 1;11(7):e049811.

### What are the most important findings/conclusions in this paper? Why are they important?

We found that people experiencing homelessness are admitted to hospital more frequently than people who are housed.

When we investigated the type of admissions, we found that only 11% of the extra admissions experienced by homeless patients compared with housed patients may have been avoided by receiving primary care at the time it was needed. This suggests that hospital admissions for homeless patients could be slightly reduced with improved access to primary care. But there is a limit to the effect this would have on hospital admissions, and other strategies are also needed.

### What did you do?

We used data from A&E attendances in England to identify two groups of patients: a group of patients who were recorded as homeless, and a group of patients who were similar, but who had an address recorded. We then compared how many hospital admissions each of these groups of patients had over the following four years, and the diagnoses they received at these admissions.

We looked at a smaller set of admissions known as “ambulatory care-sensitive admissions”. These are emergency admissions for certain conditions which could potentially be treated in a primary care setting.

**Why did you conduct this research?**

We did this research to try to gain a better understanding of how healthcare can be improved for people experiencing homelessness. We wanted to answer the question: do the types of hospital admissions experienced by homeless people indicate that improved access to primary care could reduce their emergency admissions?

**What was known before your paper was published?**

Evidence from England and other countries suggests that people experiencing homelessness use hospitals frequently.

A small number of studies have looked at ambulatory care-sensitive emergency admissions amongst patients experiencing homelessness. A study of 2,051 emergency admissions for people with “no fixed abode” in Ireland found that common ambulatory care-sensitive conditions were convulsions/epilepsy, cellulitis, and Chronic Obstructive Pulmonary Disease (COPD).

No previous study compared ambulatory care-sensitive admissions for patients experiencing homelessness with housed patients.

**What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?**

This paper can help to inform policies relating to healthcare for people experiencing homelessness.

I hope that this paper has shown that improving access to primary care for people experiencing homelessness may result in fewer emergency admissions for conditions that could be better managed in primary care. However, the fact that only 11% of admissions were ambulatory care-sensitive suggests other strategies are also needed.

**Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.**

N/A