



**Maidstone and  
Tunbridge Wells**  
NHS Trust

Ref: FOI/GS/ID 6293

**Please reply to:**  
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26 January 2021

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Patients with no fixed abode.

*You asked:*

- 1. Please provide the total number of A&E attendances by patients of No Fixed Abode for each of the financial years from 2009/10 to 2019/20.*
- 2. Please provide the total number of hospital admissions by patients of No Fixed Abode for each of the same financial years.*
- 3. Please provide the total annual bed days for these patients of No Fixed Abode (totals should be provided as a sum of all patients over the whole financial year, not broken down by individual patients).*
- 4. Please provide the number of long-stay patients of no fixed abode for the same financial years and the length of each stay. (long stay is defined by the NHS as 21 days or longer).*
- 5. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a hepatitis C infection code.*
- 6. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a hepatitis B infection code.*
- 7. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a self-poisoning or self-harm code.*
- 8. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with: 'drug related mental and behavioural disorders, poisoning by drug misuse or admissions where drug related mental and behavioural disorders were a factor. If your trust does not use these NHS England measures – please supply figures for your own drug misuse codes or labels.*

9. Please provide the number of patients attending or admitted to hospital of No Fixed Abode (for each of the same financial years) categorised or marked with a latent tuberculosis infection, or other tuberculosis, code.
10. Since October 2018 how many times have referrals to local authorities been made under the Homelessness Reduction Act (2017) for patients identified as experiencing homelessness, or being at risk of homelessness within the next 56 days.
11. Does the trust have formal admission and discharge policies in place to ensure homeless people are identified on admission, and that the discharge of homeless people should be notified to relevant primary health care and homelessness services?
12. Please confirm whether your trust has a Pathway team (GP-led in hospital management of homeless patients).
13. Please confirm whether your trust has an alternative (non-Pathway model) team dedicated to co-ordinating the care/discharge/further needs outside the hospital of homeless patients. Please give the team name and describe its function.

Trust response:

1. Please note the A&E data starts only from the 2010/2011 financial year.

Contract_Year	Total
2010/2011	218
2011/2012	176
2012/2013	297
2013-2014	307
2014-2015	262
2015-2016	285
2016-2017	304
2017-2018	326
2018-2019	217
2019-2020	155

2. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Contract_Year	Total
2016/2017	58
2017/2018	77
2018/2019	83
2019/2020	88

3. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Contract_Year	Sum of LOS
2016/2017	64
2017/2018	156
2018/2019	79
2019/2020	64

4. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Contract_Year	Total
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2016/2017	0
2017/2018	2
2018/2019	0
2019/2020	1

5. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Please note that the data includes only hospital admissions as we do not capture A&E attendances for the following question.

<b>Contract_Year</b>	<b>Total of Hep - C</b>
2016/2017	0
2017/2018	2
2018/2019	0
2019/2020	1

6. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Please note that the data includes only hospital admissions as we do not capture A&E attendances for the following question.

<b>Contract_Year</b>	<b>Total of Hep B</b>
2016/2017	0
2017/2018	2
2018/2019	0
2019/2020	1

7. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Please note that the data includes only hospital admissions as we do not capture A&E attendances for the following question.

<b>Contract_Year</b>	<b>Total</b>
2016/2017	15
2017/2018	11
2018/2019	9
2019/2020	7

8. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Please note that the data includes only hospital admissions as we do not capture A&E attendances for the following question.

<b>Contract_Year</b>	<b>Total</b>
2016/2017	33
2017/2018	45
2018/2019	50
2019/2020	43

9. Please note that the inpatient data can be provided only starting from 2016 when AllScripts was introduced.

Please note that the data includes only hospital admissions as we do not capture A&E attendances for the following question.

<b>Contract_Year</b>	<b>Total</b>
2016/2017	0

2017/2018	0
2018/2019	0
2019/2020	0

10. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further. We do not annotate this particular group separately which it would require us to manually check all our discharge team records.

11. We do not have formal policies, we do however have housing teams working with our discharge team who assess and support patients who are homeless

12. We do not have a specific 'homeless' team

13. Yes – we have staff employed by the 4 district councils responsible for housing who work within our integrated discharge team to support homeless patients and identify discharge routes for these patients and linking them with services on discharge