

RESPIRATORY OUTREACH CLINIC

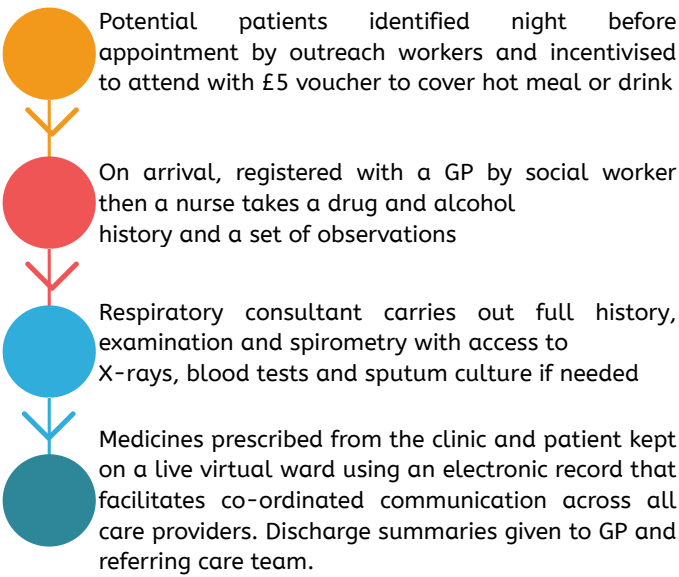
In partnership with Framework, Nottingham CityCare, Nottinghamshire University Hospitals NHS Foundation Trust (NUH) and Nottinghamshire Healthcare NHS Foundation Trust

Service Overview

The clinic, led by Professor Dominick Shaw, provides hospital-level respiratory care to homeless people in Nottingham at the Nottingham Recovery Network Wellbeing Hub. It has just been awarded Urgent and Emergency Care Safety Initiative of the Year at the Health Service Journal's 2025 Patient Safety Congress & Awards. Click [here](#) to watch a video about the service.



Patient Pathway



Clinic Impact



Identifying the Need

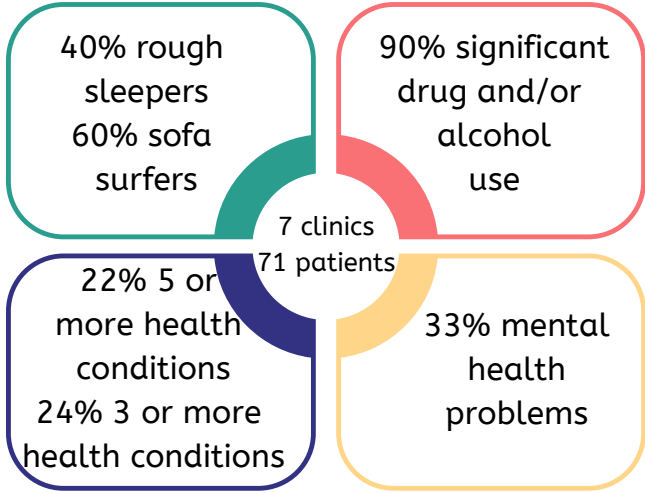
Respiratory disease is the 4th commonest cause of death in homeless people with a mean age of death of 45 for men and 43 for women¹. Shocked by these statistics, Professor Shaw realised there was no specialist respiratory provision for homeless people in Nottingham. Previous attempts to develop clinics held in hospitals or at GP surgeries in other locations had not been successful due to poor attendance. Professor Shaw felt this was because care needs to be brought closer to the homeless. He reached out to Emmanuel House and Framework. Speaking to their staff highlighted the major need for such a service ultimately leading to development of the clinic.

Service Development

The clinic was set up at the Wellbeing hub due to co-location with other established services such as drug and alcohol support, social support and mental health support. This has enabled the clinic to offer more holistic care. The clinic is held for half a day on a monthly basis and many of the staff are voluntary. Agreements with NUH mean that patients can be given dedicated X-ray and phlebotomy appointments at the hospital with taxi fees covered to get them there. Professor Shaw’s ultimate aim is to create a ‘polyclinic’ providing medical care spanning a variety of specialities, dental care, wound care and nutritional support in addition to the pre-existing services, with access to rapid point of care testing for sputum and wound swabs.



Profile of clinic attendees*



Most discharged back to care of GP for ongoing prescriptions. 3 referred on for hospital care.

Case Studies

Former barber Jason was treated for chronic obstructive pulmonary disease by the clinic and said: *"I just feel like I've always got help here. I'd probably be in a coffin now if it wasn't for this place. My breathing has been loads better, and I'm on the right medication. Because I've been on the streets for so long and not been registered to a doctors or anything like that, I didn't realise I was ill."*

Rough sleeper Ross was diagnosed with severe asthma and treated by the clinic. *"They prolong your life, I'd have probably been dead now if it weren't for people like these. Even for somebody who has got no family or no one who cares about them, they can come to a service like this and you can see people actually care."*

Learning Points

- Person-centred care is crucial
- Taking care as close as possible to the homeless patient improves attendance, reduces their concerns and stigma surrounding hospital care
- Integration and co-location of care has huge benefits
- Good triage and infection control processes are needed
- Importance of data sharing to improve co-ordination of care across primary, secondary and third-sector care providers

