Title Wound care in hard-to-reach populations: rough sleepers.

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Abstract 100-150 words

This article aims to increase the readers knowledge in the delivery of wound care in hard-to-reach populations of adults particularly those who are considered rough sleepers. The types of wounds this group present with is explored, and reference is made to initiatives that are trying to address the issues associated with wound care provision and services for this client group. The article concludes with a case study that examines the care of a rough sleeper who presented with a lower limb wound.

Keywords 5-6 searchable items

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Drug related wounds

Leg Ulceration

Abscesses and Cellulitis

Introduction

Rough sleeping can be defined as *'sleeping outside or in places that aren't designed for people to live in, including cars, doorways and abandoned buildings'* (Crisis 2022, no page). Although in 2010 guidance from Department for Communities and Local Government it was suggested that in order to count the number of people rough sleeping in an area the following definition should be applied '*people sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes")'.*

According to the Office for National Statistics (2023) 2,893 people were sleeping rough on the streets of England on a single night in June 2023. 167 were sleeping rough on a single night in August 2023 in Wales and 2,438 households reported sleeping rough before applying for council homelessness support between April 2022 and March 2023 in Scotland. However, London-only Combined Homelessness and Information Network (Chain) (2023) suggest that in the English capital alone 10,053 slept rough between April 2022 and March 2023. Whilst the collection of data across the United Kingdom differs from point prevalence snapshots on certain nights throughout the year to incidence reporting from applications for housing support, what is apparent is that the numbers of people sleeping rough are rising (Wilson & Barton 2022).

The average age of a rough sleeper is 26 years old; men outweigh women on a ratio of six to one and those who are impacted will encounter both physical and mental health problems (ONS 2023). Skin disorders, soft tissue infections and wounds are common health issues for people who sleep rough (Wright et al. 2020) and access to health care services vary due to

issues of trust, problems navigating health care services and perceptions of rough sleepers from healthcare staff.

Types of wounds rough sleepers present with

The types of wounds that homeless people sustain can vary from acute wounds such as burns, infected injection sites, abscesses and cellulitis to chronic wounds such as leg ulcers and pressure ulcers (Thomas 2019). Homeless and vulnerable adults have a high prevalence of the development of lower limb wounds. The types of wounds that present are varied and develop for multiple reasons.

The most common types of wounds that homeless and rough sleepers present with are skin and soft tissue infections (SSTI) (Wright et al. 2020). SSTI's are more common in people who inject drugs (PWID) either via subcutaneous or intramuscular routes. Coull & Sharpe (2018) highlight that drug users will use the same injection site repeatedly into the femoral vein until a successful injection is achieved (Coull & Sharp 2018). This will increase the user's risk of the development of common skin and soft tissue infections such as abscesses, cellulitis, and venous lower leg ulceration (Coull & Sharpe 2021), which can lead to more severe complications such as endocarditis, increased risk of deep vein thrombosis, sepsis wounds and even death (Wright et al. 2020).

Venous leg ulcers are also prevalent within this client group due to the damage that is caused to the arteries and veins through the continuous use of multiple injections within the same area of skin, which causes scarring and narrowing of the lumen (Doran et al. 2022). This can disrupt the venous return from the lower limb causing the backflow of blood and lymph fluid which in turn causes small breaks in the skin which then evolve into venous leg ulceration (Pieper 2019).

Rough sleepers are also prone to the development of pressure related skin injuries (Porter-O'Grady 2021). Pressure ulcers are defined by the European pressure ulcer advisory panel

(2019), as a break in the skin, which can be superficial in depth, which can evolve into deeper areas of ulceration where bone, tendon and fascia can be exposed (EPUAP 2019). The development of PUs can be multifactorial, however common causative factors in those who sleep rough include the lack of adequate sleeping provisions, poor footwear and a poor diet which is required to maintain normal skin function (Moor 2019)

People who rough sleep are also exposed to extreme weather-related injuries, such as sunburn, windburn, frostbite, and trench foot (Thomas 2019). They can also be prone to the development of common foot related injuries due to ill-fitting footwear such as tinea pedis, foot pain and functional limitations (To et al. 2016). Foot problems in this client group can be exacerbated in those who have diabetes, as these injuries can cause diabetic foot ulceration and nail pathologies (To et al. 2016).

Initiatives that are addressing the issue

Across England there are initiatives that have been developed to improve access to wound care services for those who sleep rough. The National Wound Care Strategy Programme currently provides a virtual platform to share some of these initiatives, ensuring iopportunity to learn about inclusive practices for those most underserved by the National Health Service (NHS). The National Institute of Health and Care Excellence and Public Health England also provide guidance to clinicians and providers of services to the homeless and those who inject drugs.

Homeless and wound care

Accident and emergency departments (A&E) are often the pathways into healthcare for those who rough sleep. This is because traditional health and care systems often fail to meet the needs of this client group for a multitude of reasons including poor experiences, prejudice or being embarrassed by their condition. A&E admissions also fail to meet long term management of this client group and a revolving door approach takes place including at times, discharge to

the streets (Malik & Geraghty 2021). Fulfilling Lives in Islington and Camden (FLIC) and Camden Health Improvement Practice (CHIP) collaborated on two projects in 2019/2020, one of which was a nurse-led, specialist wound clinic for people experiencing homelessness in London. The specialist clinic ran 2 days a week for eight months to pilot a comprehensive lower limb service for people experiencing homelessness, who were at risk or living with an open wound or leg ulcer. The results of the clinic included the delivery of 113 patient reviews, 13 hours of telephone advice and delivery of 3 educational study days.

Wound aware: a resource for commissioners and providers of drug services

In 2021 Public Health England published a resource for commissioners and providers of drug services. 'Wound aware' is a document that highlights the life-threatening wounds and complications that can occur when people inject drugs. The document also provides guidance and support so that services can be become more 'wound aware' and identify wounds earlier, highlighting the risks and signs of wounds among people who inject drugs (PWID) and interventions to reduce the risk of harm from wound infections. The guidance also explores barriers to treatment and provides example case studies, links to resources and service user information on safer practices.

Integrated health and social care for people experiencing homelessness

In March 2022 NICE published guidance to assist in the provision of integrated health and social care services for people experiencing homelessness. The aim of the document was to improve access to and engagement with health and social care, with the goal of coordinated care across different services. The guidelines provide recommendations on many aspects of care delivery from planning and commissioning, models of delivery and improving access to services. The committee who wrote the document also make calls for further research in this area of care provision.

Case Study

Jim is a 63-year-old gentleman who has been classed as homeless for over 30 years. He is unable to determine exactly his time without a place that society classes as home, this is because his memory and interest for dates is minimal. In Jim's younger years he had always been in his words "a rumun" he didn't do very well at school and was easily distracted. He found it difficult to concentrate on reading and writing, feeling that the 'words moved around the page'. He left school at 14 and started to hang about with a local gang who were involved in petty crime, car theft and intimidation. He bounced between young offenders' units and sofa surfing. His family felt that his behaviour was detrimental to his younger siblings and that police and social worker intervention caused concern to the other family members.

During his formative years he was introduced to class A drugs and alcohol, something that he advises was to numb the pain of feeling neglected and worthless. As Jim's drug and alcohol addiction increased, he found that the need to have money increased too. This resulted in Jim needing to find ways to make money, this started a spiral of increased drug and alcohol use, petty to then increasingly more serious crimes. This would then begin a cycle of incarceration, substance abuse, rehabilitation and probationary services and a distrust of authoritative figures.

Jim presented at a community nurse clinic, without an appointment, he has asked to see the nurse so they could take a look at his leg. Following an initial assessment, it is noted that Jim weighs 39.6kg, his MUST (BAPEN 2003) score is 2, he advises that he hasn't eaten for two days as he was unable to go to his usual support in the city centre as he hasn't had any money for transport. He normally walks 6 miles into the city centre; however, his leg was hurting. From his presentation his clothes are soiled with food, vomit, alcohol, and general detritus. His left lower leg has a compression bandage on it that is soiled with urine, general debris, and exudate. On removal of the dressing, the compression was pushed down to his mid-calf with a clumsy attempt at re-establishing the dressing. There are new injection sites to his calf, with multiple wounds to his lateral lower leg, the largest measures 7cm x 6cm, 100% slough, the outer edges

are macerated, and there are local signs of infection. A swab of the wound is taken, then the wound is cleaned and redressed. This interaction also allows for time to talk to Jim about health promotion and having a good meal from one of the soup kitchen providers. Jim is also asked where he is sleeping that night, and would he consider a hostel placement until he feels better. This enables an opportunity to signpost Jim to the homeless support team. Jim replies with a wry smile *"Miss, you know I won't go to a hostel, can I have some dressings to take with me, I will be ok"*. The nurses try to arrange a follow-up appointment and write this information down on a card whilst reminding him that he must come on this date at this time. He nods, thanks the nurses, walks out of the clinic and everyone knows it might be two weeks before Jim is seen again.

Reflection

1. What type of wound do you think Jim would be diagnosed with?
2. What treatments might be prescribed?
3. What are the issues with reapplying compression to Jim's legs?
4. What health promotion advice might you give to Jim in the care of his wounds?

Conclusion

Nurses play an important role in ensuring adults who rough sleep are provided with access to care and management of their wounds. Competence in managing care delivery for patients from this client group includes the promotion of trust, non-discriminatory practice and a flexible clinical approach necessary to connect with the client and those supporting them. Common wounds rough sleepers develop varies from burns, infected injection sites, abscesses, cellulitis, leg ulcers and pressure ulcers. Innovative practices in the development and delivery of services and clinical guidelines have been developed to ensure efficient and safe care. Whilst most wounds can be managed by community services some can require urgent medical assistance due to the severity.

Key points

- Adults who rough sleep are at risk of developing wounds and skin and soft tissue infections.
- Innovative service provision is required to meet the needs of this underserved population.
- Compassion, empathy and a flexible clinical approach is necessary.

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