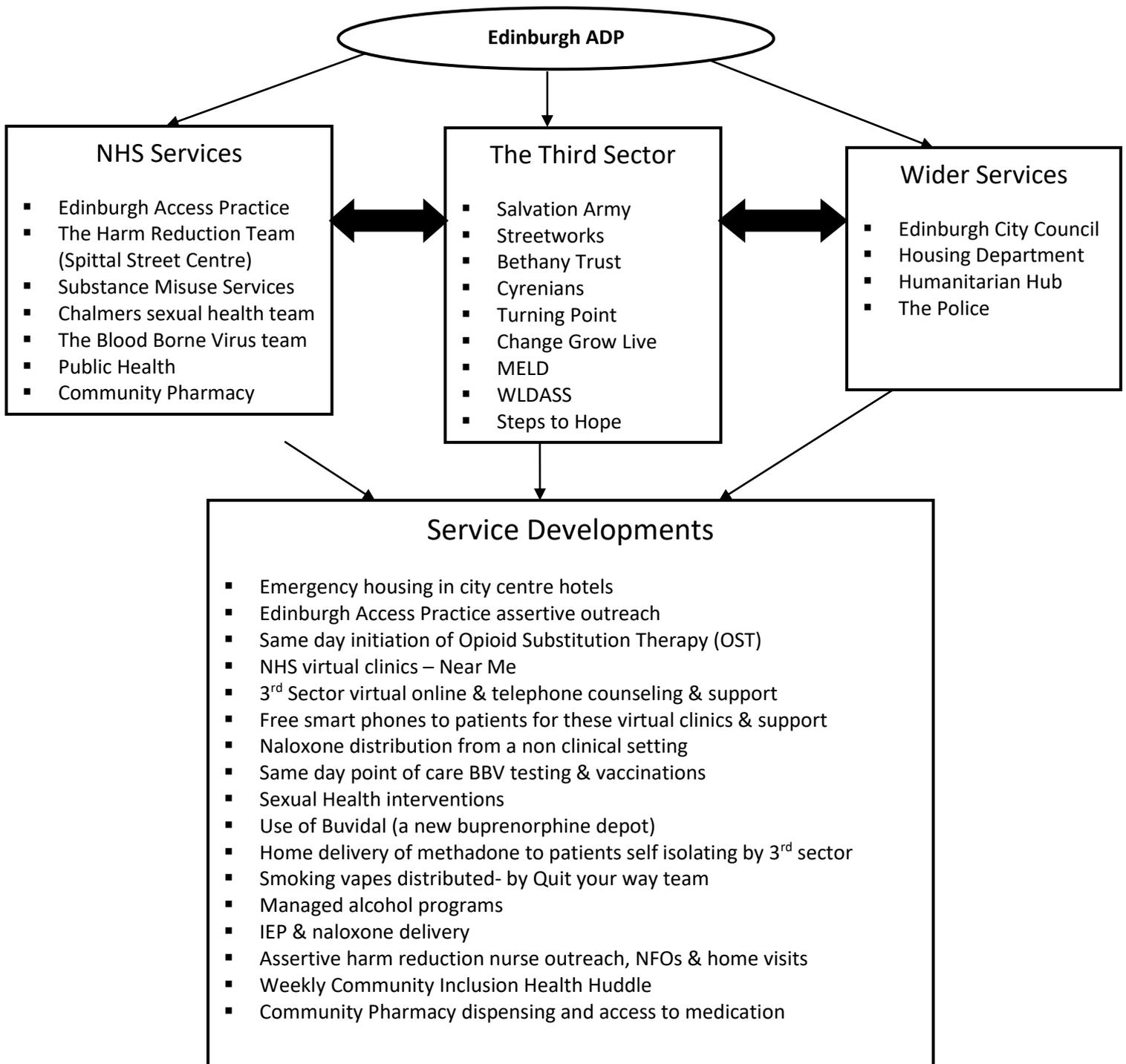


**Covid 19 Pandemic- The Edinburgh Response by Homelessness & Drug & Alcohol Services**  
**Partnership Working at its Best**

In Edinburgh there has been a swift and sizeable response to Covid 19 from drug, alcohol and homeless services. Vast contingency plans have been established and services have been transformed at a rapid pace. The very nature of drug, alcohol and homeless services lie within the collaboration between the NHS, third sector, social work, and housing. Covid-19 has seen these organisations come together to work as one team. There is much to be learned from this work moving forward to reduce the harm to vulnerable people.

Co-ordination and support was delivered by the Edinburgh Alcohol and Drug Partnership (ADP). Together all have contributed significantly to the co-ordinated response. These are detailed below.



Edinburgh City Council funded emergency accommodation in hotels for those suffering from /or at risk of homelessness. Public Health co-ordinated covid isolation & cohorting units within the hotels and covid infection control measures. The hotels were run by third sector agencies Streetworks and Bethany Trust and this facilitated strong partnership working with NHS. NHS teams were able to outreach into the hotels to reach many who normally struggle to engage with health services. Many NHS teams were able to provide targeted health interventions.

The Edinburgh Access Practice (EAP) mobilised an outreach response for the homeless population. Those residing in emergency hotels were provided with daily contact with GP services and access to; covid testing; opioid substitution therapy (OST) for opioid dependence; alcohol detox; wound care; and a range of other primary & emergency care services. An outreach nurse dedicated to prescribing OST for the homeless population was provided. Smoking cessation vapes were distributed. Health and wellbeing/mental health first aid support for staff was also provided.

EAP also set up an intermediary care unit, to free up hospital COVID-19 capacity. The unit was for those who were homeless, or at high risk of homelessness, with complex health issues and who no longer needed full hospital care but were not fit for full discharge.

EAP also had Junior Doctors (FY1s) volunteering at clinics in the hotels, and had medical student volunteers delivering prescriptions to pharmacies and delivering methadone to patients whom were self isolating or shielding. To support this, an Inclusion Health training program was developed, covering areas such as trauma informed care, harm reduction and overdose prevention, which was delivered weekly through interactive online education sessions.

The Substance Misuse- Harm Reduction Team (HRT) at Spittal Street mirrored EAPs efforts for those patients who have a tenancy but are equally vulnerable. HRT provided an open access clinic for same day prescribing of OST. Together with EAP, 50 patients were engaged into OST treatment during the pandemic through low threshold, same day prescribing. The majority are still in treatment.

HRT provided the hotels with specialist harm reduction nurses to deliver point of care testing for blood borne viruses, wound care, clean injection equipment provision and naloxone training and distribution. They also provided nurses for assertive outreach, emergency home visits, and Non Fatal Overdose (NFO) follow ups, finding high risk patients and inviting them into treatment. HRT also conducted weekly Community Inclusion Health Huddles. This weekly huddle by teleconference was attended by assertive outreach staff, community police, public health representatives, prison representatives, EAP, hospital drug liaison nurses, pharmacy, and many more. This allowed those working across the city to come together and was a valuable source of co-ordinated support during the pandemic.

Virtual, online and telephone counseling was provided by third sector agencies such as the Salvation Army, Simpson House, ELCA, Crew, and many more. They also provided peer support with peer navigators, psychosocial online groups, and online activity groups. To help patients access this, smart phones were distributed free of charge. Naloxone training and distribution was available for the first time from a non clinical setting by the Salvation Army at Niddry Street. Change Grow Live supported the home delivery of methadone to patients who where self isolating or shielding. From this they also delivered valuable doorstep interventions and support. This Edinburgh wide service was essential in maintaining people in treatment and was a life line for many.

Community pharmacies also played a vital role in the response, they remained open during the pandemic enabling all patients to remain in treatments and access their medication.

I am very proud to have been a part of this response. I am indebted to the leadership of my colleagues Dr John Budd (EAP), Dr Joe Tay (EAP & HRT), Jim Shanely (HRT Manager), David Williams (Edin ADP) to name but a few.

By moving healthcare away from behind clinic walls and taking it out to the people, by walking with patients side by side, by us all working together- we can be more than the sum of our parts.

*Lauren Gibson, Lead Pharmacist for Substance Misuse & Prisons NHS Lothian.*