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The Wet Clinic

Version:	Owner:	Created:
1.2	Dr Rhiannon Turney & Dr Liz Lawrence	01/03/2025
Published:	**Approving Director:**	**Next Review**
15/09/2026	Rhys Hancock (Director of Nursing, AHPs and Governance.)	15/09/2028

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INTRODUCTION AND PURPOSE

This document sets out the scope of the Wet Clinic, the current funding for which is for three clinical sessions a week from 1st April 2026 until 1st April 2028. After this point, funding will be reviewed. Funding was reviewed in April 2026 and a change made to how the wet clinics are structured. The Tuesday and Wednesday wet clinics were continued, but the Thursday clinic has been changed to a Street Outreach session each week which currently takes place on a Wednesday morning. The clinics are a collaboration between the Homeless Health Service (Brisdoc) and Bristol Drugs Project (BDP)/Horizons and are a "drop in" session for people in Bristol who struggle to access health care due to alcohol dependence. The Street Outreach session is a collaboration between a GP from the Homeless Health Service, and St Mungo's Street Outreach Workers.

OBJECTIVES

The objectives of this protocol are to:

- Discuss the premise of the Wet Clinic and the demand for this service

- Ensure that the aims and objectives of the Wet Clinic are clearly set out and can be adhered to by clinical staff

- Detail the eligibility of patients to access the clinic

- Detail the processes and protocols for setting up and running the Wet Clinic

- Discuss how we can monitor outcomes to show that it is having an impact

BACKGROUND

Alcohol misuse contributes in some way to 200 health conditions, many of which lead to hospital admission. These can be conditions due to acute alcohol intoxication or due to chronic toxic use of alcohol over time, such as cardiovascular disease, cancers, depression and liver disease[1].

In Bristol alcohol misuse is higher than any other area in the UK and has a wide- reaching effect on the community. The rate of alcohol-related hospital admissions in Bristol was 675 per 100,000 population in 2022/23 (national average 494 per 100,000) [2]. Nearly 200 people in Bristol die each year from alcohol related conditions [3].

The Drug and Alcohol Strategy for Bristol 2021-2025 states that Bristol aspires to be a vibrant, inclusive and compassionate city where prevention is prioritised and everyone has the right to physical health and mental wellbeing, safe from the harms of alcohol and other drugs. It states there are 6500 alcohol dependent adults in Bristol. The strategy aims to reduce alcohol related deaths and improve engagement with treatment [4].

Alcohol misuse is more prevalent in men than women, and in more deprived populations in Bristol[2]. Street drinkers are often homeless or in temporary housing and are one of the most vulnerable groups in society, often having untreated mental and physical health conditions. This population often struggles to access healthcare, made more difficult due to the added barrier of being unable to attend a GP practice intoxicated, and navigate appointment pathways. The "UK

clinical guidelines for alcohol treatment: core elements of alcohol treatment" published in October 2023 by the government, outline ways in which to engage alcohol dependent patients and help them access recovery. It states that "several vulnerable and socially excluded groups, including people experiencing severe and multiple disadvantage, are less likely to approach services or engage with standard assessment processes" and that assertive outreach, similar to that provided by the Wet Clinic, can help these patients to access treatment[5].

The Wet Clinic was set up in 2008 as a facility where these patients could attend on a "drop in" basis, and didn't have to stop drinking. It was seen as a non-judgemental setting and place of refuge, to address addiction, improve health, social circumstances, safety, and offer support with criminal justice processes. A service user once described the Wet Clinic as "the first step for many people and helps to slowly gain confidence in speaking to services"[6].

In April 2026 it was noticed that the Thursday Wet Clinic in Bedminster was not getting the same footfall as other Wet Clinics, and discussions were had around how we could better use this clinical time to reach patients who we were failing to engage. It was recognised that many of our alcohol-dependent patients are street homeless and it was decided that a collaborative approach with St Mungo's Street Outreach team may help us target patients across the city who are not otherwise being seen. Some of the Wet Clinic funding was therefore redirected to Street Outreach and the Thursday Wet Clinic ended – see Street Outreach SOP.

FUNDING

The clinic is funded by Bristol City Council who provide an annual contract amount. This includes cover for a GP for the three sessions and a nurse for one wet clinic, with the remaining clinic being attended by a nurse from Sirona. It also includes 4 hours a month of GP time to do wet clinic admin and promotion, connecting with local services and promoting the Wet Clinic in the community. Administrative support is provided by the Homeless Health Service.

BDP/Horizons and Sirona provide staff from their own budget.

The Venues are charged at nominal peppercorn rent.

Thiamine is supplied by Homeless Health under FP34.

AIMS OF THE WET CLINIC SERVICE

Current aims of the Wet Clinic are to reduce disease burden and long-term health complications associated with alcohol dependence, improve mental health and identify and manage underlying physical health conditions which may otherwise go undiagnosed.

In order to achieve this, our objective is to:

- Reduce barriers to accessing healthcare for those who are street drinking
- Act as a bridge into Health and Substance use services, encouraging future engagement with services.
- Provide harm reduction

SCOPE

Below are more specific details of what services the Wet Clinic aims to provide. The aim of this clinic should be to engage patients and reduce harm from alcohol. Where possible, we should be promoting and enabling patients to engage with their own GP practices for long-term management of health conditions, for blood tests and referrals.

Assessment of alcohol intake

Records of alcohol consumption

AUDIT score

Alcohol withdrawal score

Harm Reduction

Oral and/or IM thiamine where appropriate (see Appendix A7, the Brisdoc IM Thiamine SOP [8] and rationale behind it in Appendix B [5])

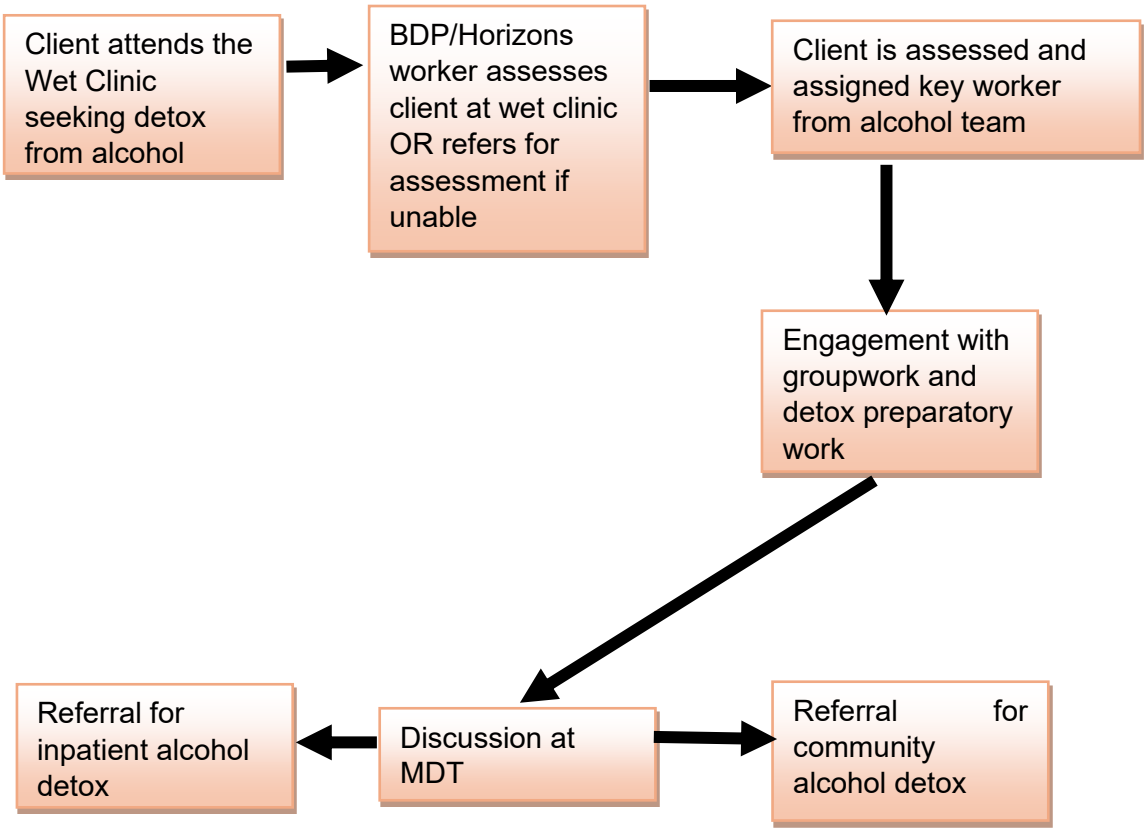
Advice and education regarding safe alcohol withdrawal.[9]

Nutritional assessment

Support to reduce alcohol intake

Signposting and referral into Substance misuse services and detox work-up where appropriate. See figure 1.

Figure 1. Referral route into alcohol detoxification from the Wet Clinic.



- Primary health care
    - Opportunistic health checks as per EMIS template (blood pressure checks and weight, signpost towards where they can get blood tests done if needed)
    - Health promotion including lifestyle advice and advice regarding smoking cessation
    - Management of acute or chronic health needs that are not currently being addressed by another GP
- Referrals to secondary care services if required and appropriate
- Medication prescribing when appropriate with close attention to Connecting Care
- Advice and signposting to social issues such as housing and benefits
- BBV monitoring. See Hepatitis C Treatment SOP [10]
- Encouragement to register and engage with local primary health care service when able
- Advice on homelessness, housing and night shelters from a St Mungo's worker when available.

ELIGIBILITY

Triaging of patients should take place by the GP or nurse on site, with full review of patient notes on EMIS and Connecting Care.

All patients accessing the clinic must be:

- 18 years or over
- Alcohol dependent (Use AUDIT (Alcohol Use Disorders Identification Test)) 11
- Homeless or with a tenancy for less than one year
- Not engaging with regular GP care

Patients can be excluded from the service if their behaviour has breached agreed rules and standards.

Staff roles and responsibilities

Staff who regularly attend include:

GP – A GP from the Homeless Health Service will attend the clinic each week and see patients for the scope of care outlined above. For support or advice, this GP should contact the lead GP for that day at the Homeless Health Service.

Nurse – A nurse from the Homeless Health Service (on a Wednesday) or from Sirona (on a Tuesday) will provide basic health checks, thiamine injections and blood tests if needed. Blood tests should be pre-agreed for patients who are struggling to get these done elsewhere. If possible, blood tests should be carried out at a patient's GP practice or the BRI hospital.

BDP/Horizons staff – Will offer referral into their alcohol recovery services and BBV screening tests.

St Mungo's worker – When possible, a St Mungo's worker will attend the Wet Clinics, both bringing patients in to the service who didn't previously know about it, and providing advice for patients on housing and signposting to their groups including those for mental health support.

Staff requirements:

All clinical and support staff working within the Wet Clinic are expected to have relevant experience in managing patients with alcohol dependence and associated complex needs, working with homeless and marginalised populations, harm reduction principles and recognising and responding to medical emergencies, safeguarding concerns, and mental health crises.

Minimum staff requirements:

- All staff should have experience in primary care and preferably in substance misuse or homeless health.
- GPs and nurses must have up to date Basic Life Support (BLS) training including training in Anaphylaxis and Level 3 safeguarding training
- GPs and nurses must be competent in IM injection administration, blood taking and familiarity with the "useful resources" listed at the end of this document
- Nurses must be competent in wound care, IM injection administration, and basic health assessments.
- BDP/Horizons staff must be trained in harm reduction, BBV testing, and substance misuse interventions.
- Ability to work collaboratively in a multidisciplinary, non-judgemental setting
- Knowledge of Trauma Informed Care

All new staff should read our Wet Clinic SOP and locum GPs will be sent a "locum pack" of information about the Wet Clinic and useful educational resources. Ideally they should shadow an experienced team member before independent practice.

Continued learning and development

Staff attending the Wet Clinic will ensure continued learning and development by attending regular multidisciplinary debriefs and case discussions both on site at the Wet Clinic and at their base station (i.e the Homeless Health Service or Horizons/BDP). They should keep to up date with alcohol and substance misuse guidance and best practice.

SITE SELECTION AND SET UP

The sites of the Wet Clinic are:

Emmanuel Meeting House, Narrow Lewins Mead, Bristol, BS1 2NN. This clinic runs every Tuesday between 2pm-4pm.

The Wild Goose Drop-in Centre, 32 Stapleton Road, Easton, Bristol, BS5 0QY. This clinic runs every Wednesday 2pm-4pm.

Set-up will involve snacks and hot drinks provided by BDP/Horizons.

They will also be responsible for providing BBV screening tests.

The attending GP will bring basic medical kit (at the Wild Goose this is left on site in a lockable cupboard). Weighing scales and a dynamometer to assess hand grip strength should ideally be left at the site.

Nursing staff will be responsible for bringing basic nursing equipment including dressings, intramuscular thiamine and adrenaline and when pre-agreed, phlebotomy equipment. At the Wild Goose we have a lockable cupboard so that this equipment can be left on site. They should also be responsible for ensuring there is a sharps bin on site which is regularly emptied.

There is a defibrillator present at the Wild Goose which should be checked weekly by the attending nurse or doctor.

Cleaning of the site after clinic will be the responsibility of the attending doctor and nurse, and equipment and furniture will be wiped down with antibacterial wipes. General cleaning of the venue will be the responsibility of the venue owner.

Street Outreach in partnership with Horizons and St Mungos Wednesday 9-11

As part of the ongoing development of healthcare services for people experiencing homelessness and multiple disadvantage, Homeless Health Service (HHS) will participate in a City Outreach in partnership with Bristol Drugs Project (BDP), Horizons and St Mungo's. The pilot aims to improve access to primary care, harm reduction, screening, and preventative healthcare for individuals who may not engage with traditional healthcare settings.

The outreach model will provide street based clinical assessment, treatment, advice, referral and health promotion services.

RECORD KEEPING

All record keeping will take place on EMIS. The GP covering the Wet Clinic will use a laptop provided by the Homeless Health Centre. They should have a “smartcard” in order to access the patient’s full records and should use Connecting Care to ensure there is no cross-prescribing by the patients registered GP practice.

To see a patient at the Wet Clinic, patients must temporarily register with the Homeless Health Service by completing a paper registration form. It is important to note that notes recorded at the

Wet Clinic will not be uploaded to “Connecting Care” if a patient is only temporarily registered but should be visible to the patients registered GP using the “All Records” option on EMIS.

Where there is a significant event in a patient’s care that needs to be highlighted to their own GP, communication should be made via phone call or e-mail.

RISK MANAGEMNT

There is a full risk assessment completed annually for the Wet Clinics.

It should be noted that the clinic must always have two staff members to run and if there are less than this number, the clinic should be cancelled to avoid lone working.

The nature of the clinics is that anyone can walk in off the street to see a clinician and the door is difficult to manage. Individual risk assessments must therefore be carried out on patients attending the clinic. Any patients deemed to be at high risk of aggression or who have had warnings for inappropriate behaviour towards staff, should not be seen at the wet clinics.

All staff must carry mobile phones and at the Wild Goose they have alarms provided by the venue for use in emergency.

PATIENT CONFIDENTIALITY AND DATA PROTECTION

The Wet Clinic is committed to upholding the highest standards of patient confidentiality and data protection in accordance with the General Data Protection Regulation (GDPR). All patient information is treated with utmost care and is only accessible to authorised personnel involved in their care. We ensure that personal data is collected, processed, and stored securely, and patients have the right to access their information and request corrections as needed. Our practices are designed to protect patient privacy while delivering safe and effective healthcare services.

OUTCOME MONITORING

Outcome monitoring is notoriously difficult in alcohol services. Performance metrics often do not demonstrate the full positive impact of services [4]. We have agreed with Bristol City Council on the below outcomes to monitor. When seeing a patient at the Wet Clinic, we will use an EMIS template specific to the Wet Clinic in order to collect this data. It will be collected on request from the council.

- Numbers of patient attending and repeat attendance,
- For each patient- data will be recorded as follows:
  - Accommodation status
  - Alcohol consumption
  - Other substance use
  - Alcohol use disorders identification test (AUDIT)
  - Alcohol Harm Reduction advice
  - Thiamine offered (oral/IM)
  - Referral and signposting to alcohol services
  - Referral to Hepatology services
  - Investigations

- Hep C and BBV testing
- Liver function and other bloods
- Fibroscan
- Safeguarding
- Risk of domestic violence
- Contact with children under 16
- Mental health review
- Other primary health interventions
- Blood pressure
- Weight
- hand grip strength
- smoking status and smoking cessation advice given

PATIENT FEEDBACK

We also aim to obtain patient feedback for our clinics in the form of patient testimonials, ideally obtained through third party organisations to allow for honest opinions which can help to shape our service going forward.

HEALTH AND SAFETY

The Wet Clinic prioritises the health and safety of both patients and staff by implementing robust protocols to manage potential risks, including aggressive behaviour. All team members should be trained to recognise and respond to safety concerns, ensuring a secure environment for providing care. NHS England e-learning for health module on Conflict Resolution can be accessed to help with this.

Regular reviews of health and safety practices will be conducted to maintain compliance and enhance the well-being of everyone involved in the clinic's operations. In particular it is important to note the risk of lone working, and we would recommend that there should always be two members of staff at the clinic. In the case of staff sickness where there are not two members of staff as a clinic, the decision to cancel the clinic that week should be made to promote safety and avoid lone working. Regular joint briefings with Horizons/BDP will take place at each clinic to share risk intelligence

See Brisdoc Health and Safety SOP[12] and Violence prevention and reduction policy [13]

CRISIS MANAGEMENT/BUSINESS PLANNING AND CONTINUITY

BrisDoc is committed to ensuring the safety and well-being of patients and staff at the Wet Clinic through a robust Crisis Management Plan and Business Continuity strategy. This plan outlines our approach to effectively respond to emergencies and maintain essential services during unforeseen disruptions. Key components include clear communication protocols, defined roles and responsibilities, and regular training to ensure staff readiness. Our goal is to minimise impact on patient care and ensure a swift return to normal operations, reinforcing our dedication to providing safe and reliable healthcare services.

See HHS Business continuity plan SOP[14]

See managing medical emergencies SOP [15]

COMMUNITY ENGAGEMENT

Developing a community engagement strategy is essential for promoting awareness of the Wet Clinic's services and fostering collaboration with local stakeholders. By actively engaging the community, we can enhance support for our initiatives, build trust, and improve access to care for those in need, ultimately contributing to the clinic's success. To help with this, there are 4 hours of funded GP outreach time per month, during which a GP from the Wet Clinic will be attending local services to promote and educate them about the clinic, liaise with them and gain their expertise in enhancing services, and will join St Mungo's for some street outreach. Collaboration between Homeless Health, BDP/Horizons, St Mungo's and Sirona engages multiple services and makes knowledge of the service further reaching.

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APPENDIX A [7]

Thiamine Prescribing Scoring System (Previously known as Pabrinex Prescribing Scoring System):

Pabrinex Prescribing Scoring System

Symptoms	Severity			
	No	Minor	Moderate	Major
Poor diet	Green 0	Green 0	Amber 1	Red 4
Weight loss	Green 0	Green 0	Amber 1	Red 4
Cognitive impairment	Green 0	Amber 1	Amber 1	Red 4
Vomiting	Green 0	Amber 1	Red 4	Red 4
Neurological symptoms	Green 0	Amber 1	Red 4	Red 4

Please circle the above as appropriate

- **Poor diet**; moderate= 1 meal a day, severe= < 1 meal a day
- **Weight loss**; moderate 1 stone in last 6 months, severe= > 1 stone in last 6 months
- **Cognitive impairment**; moderate= poor short-term memory and general forgetfulness
- **Vomiting**; moderate= > 3 times a week after food, severe= daily after food
- **Neurological symptoms**; moderate transient pins and needles, severe= permanent pins and needles +/- unsteadiness +/- in-coordination

Recommended treatment

- Green or 0 oral thiamine (100mg three times daily).
- Amber or 1- 3 oral thiamine (100mg three times daily) and observe for neurological signs and new cognitive impairment.
- Red or 4 or more IM Pabrinex one pair of ampoules for three days and oral thiamine (100mg three times daily).

Reference

Green A et al. (2013) A novel scoring system to guide risk assessment of Wernicke's encephalopathy. *Alcohol Clin Exp Res*; 37(5):885-9.

APPENDIX B – Rationale to give Pabrinex/IM Thiamine opportunistically, taken from [5]

"**Preventing Wernicke-Korsakoff syndrome (WKS) in people who continue to drink alcohol**

"There are opportunities to provide Pabrinex to people at high risk of developing WKS in primary care and other community settings, even if there are no plans for them to undergo medically assisted withdrawal. Acute WE does not occur only when people stop drinking, and people who are malnourished or have decompensated liver disease remain at risk while they continue to drink alcohol. Appropriately skilled and resourced services should assess and offer parenteral thiamine to people at high risk when they present to services, even if they do not imminently plan to undergo medically assisted withdrawal. The benefits of this outweigh the low risk of anaphylaxis."

APPENDIX C - Other useful resources for Clinicians working in this clinic

- Thiamine-IM-V1.0.pdfhttps://remedy.bnssg.icb.nhs.uk/adults/drug-and-alcohol-misuse/alcohol-misuse/
- https://www.radar-brisdoc.co.uk/knowledgebase/prescribing-for-addiction-treatment-at-the-homeless-health-service-hhs/
- https://www.radar-brisdoc.co.uk/knowledgebase/managing-medical-emergencies-homeless-health/
- https://www.radar-brisdoc.co.uk/knowledgebase/hep-c-treatment-homeless-health-service-hhs/
- https://remedy.bnssg.icb.nhs.uk/media/6606/wernickesencephalopathyandpabrinex-5_2.pdf

Version Control

Date	Version	Author	Change Details
29/10/2025	1.0	RT	New document uploaded.
7/9/26	1.2	RT	Updated version – Outreach