Specialist Health Care for Care Homes

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‘….he told shareholders at the annual meeting on Friday, the no-frills airline should henceforth try not to "unnecessarily piss people off"’.

The Guardian, April 2013
“I am a GP- this was very irritating. Never see a geriatrician in our care homes. Should come to my world- i.e. the real world…….”

(Minority) Disenchanted Audience Participant
RCPE
March 2015
• Confusion as to who are specialists in medicine for older people.

• Tendency to prefer to think about “specialists” as meaning cardiologists and respiratory physicians, rather than geriatricians/GPs.
Health care to care homes remains the primary responsibility of the NHS
Care Homes

• Who lives in them?
• What do they need?
• How is care currently provided and does it meet their needs?
• Challenges unique to the care home setting.

• Some ways forward.
Health status of UK care home residents: a cohort study

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In the Care Home Outcome study....

The proportion of care home residents with cognitive impairment was:

• 0-25%
• 26-50%
• 51-75%
• 76-100%
In the Care Home Outcome study....

The proportion of care home residents with urinary incontinence was:

• 0-25%
• 26-50%
• 51-75%
• 76-100%
In the Care Home Outcome study....

The proportion of care home residents who were bed- or chair-bound was:

- 0-25%
- 26-50%
- 51-75%
- 76-100%
Some other headline figures....

- Average number of diagnoses – 6.2
- Median number of medications – 8
- 2/3 had some form of behavioural symptom
- 30% malnourished
- 56% at risk of malnutrition
- Average life expectancy
  - 1 year for nursing homes
  - 2 years for residential homes
Effective healthcare responses will....

• Have expertise in management of:
  – Multiple diagnoses
  – Immobility
  – Incontinence
  – Challenging behaviour
  – Polypharmacy
  – Malnutrition
  – End-of-life care
Perspective

Comprehensive geriatric assessment – a guide for the non-specialist

T. J. Welsh*, A. L. Gordon and J. R. Gladman

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CGA

Physical

Mental/Psychological

Functional

Social

Environmental
Assessment

Stratified problem list

Goals

Bespoke Management Plan
Care Home Manager

- Occupational therapist
- Physiotherapist
- Social worker
- GP
Provision of NHS generalist and specialist services to care homes in England: review of surveys

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What currently happens

- GP:care home ratio between 30:1 and 1:1.

- Some GPs did weekly clinics, while others visited only on request.

- Up to 8 different types of nurses providing in-reach services.

- 25% of trusts reported unequal access to physiotherapy and occupational therapy.

- 35% reported unequal access to district nursing.
Most importantly:

- 56% of residents reported good access to and support from GPs
- 55% of staff reported that residents got enough support from general practitioners
Health services research

Explaining the barriers to and tensions in delivering effective healthcare in UK care homes: a qualitative study

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Common problems

- Older people are very complicated.
- Trajectories are difficult to predict.
- Don’t have the training.
- Resources are tight.
- Regulation is always present.
- Roles and responsibilities aren’t clear.
- Communication is a problem.
Relationships, Expertise, Incentives, and Governance: Supporting Care Home Residents' Access to Health Care. An Interview Study From England

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Solutions have focused around...

- Remuneration – carrot.
- Regulation – stick.
- Parachuting in troops.
- Generating social movements.
Be careful what you wish for....

1:1 relationship

"I wouldn’t wish our GP/care home on my worst enemy"

Trusting relationship with mutual respect
Similar issues face

- Open ended “social movement” models.
- Incentivisation without accountability (too much carrot not enough stick).
- Expertise without appropriate linkages.
- Inadequate remuneration (too much stick, not enough carrot).
Everybody’s talking care homes
“The head bone’s connected to the neck bone”
Commissioning for Excellence in Care Homes

Download the [2-page guidance here](#) (pdf format)

Nearly 400,000 older people live in care homes in the UK, nearly 20 per cent of those aged 85+. Their health and social care needs are complex. All have some disability, many have dementia, and collectively they have high rates of both necessary and avoidable hospital admissions. Standard healthcare provision meets their needs poorly, but well-tailored services can make a significant difference.

The British Geriatrics Society (BGS) report [Quest for Quality](#) describes current NHS support for care homes and makes recommendations as to how care home residents’ quality of care can be improved. This campaign describes the clinical and service priorities for meeting care home residents’ needs and details the outcomes needed from commissioned services and suggests how these can be achieved.
Care Homes

• Frailest & most vulnerable members of society.

• Lots of problems

• Need joined up health (and social) care provision.

• Special (but joined up) commissioning responses.