Care Home Commissioning

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Recommendations for directly commissioning care homes

• Local authorities and NHS should jointly commission and review care in care homes.
• It was felt this would reduce administration and improve commissioning arrangements.
Commissioning care homes

- Commissioners should adopt a clinical quality based tool to inform them on the provision of care provided
- NHS Tees 9 domain tool which is evidence based
- Includes: nutrition and hydration, pressure care management, falls risk management, infection prevention and control, dementia care management, urinary continence management, end of life care, care planning and supervision and leadership
Commissioning care homes

• Patient and relative experience of care homes should be routinely measured and used as an outcome measure in the commissioning framework.
Commissioning care homes

• Adoption of a regional approach to making decisions in advance should be made part of the commissioning process with care homes.

• Anticipatory care planning - emergency health care plans, advance decision to refuse treatment, DNACPR

Commissioning care homes

• Commissioning with care homes need to ensure that care homes will store any NHS information in accordance with NHS information governance regulations.
Commissioning care homes

- Adoption of either the Gold Standards Framework (GSF) for care homes or the *Route to success* for end of life care in care homes should be made compulsory for all care homes and commissioners should evidence that these programmes are being followed by care home staff.

- More information on ‘*Route to success*’ which is a free programme can be found at:

  - [http://www.endoflifecare.nhs.uk/assets/downloads/RtS_Care_Homes_Final_20100804.pdf](http://www.endoflifecare.nhs.uk/assets/downloads/RtS_Care_Homes_Final_20100804.pdf)
Commissioning care homes

• Commissioners should specify what information should be made available to care home residents on entering a home and this information should form part of the monitoring process.

• **Suggestions for compulsory information included:**
  
  • Care home vision and philosophy
  • Information about primary care services
  • Anticipatory care planning patient information
  • Complaints procedure
  • Some documentation about information storage
  • Activity time table in the home
  • Menus and information on food provided
Commissioning care homes

- Leadership in care homes was a constant theme and it was advised that leadership development be built into the commissioning requirements.
Commissioning care homes

- Commissioners should ensure themselves that homes are providing dignified care.

- **Dignity is difficult to measure but some markers of dignified care suggested include:**

  - Is there and examination or treatment room where individuals can be seen in private?
  
  - Are there safeguarding adults issues in the home and are there procedures in place to correct these?
Commissioning care homes

• Commissioners should ensure that care home staff undertakes training appropriate to their role and should ensure that training requirements are included in service specifications.

• **Suggestions for training included:**

  • Dementia

  • End of life care to become familiar with either GSF for care homes or *Route to success* for end of life care in care homes
Education

- Anticipatory care planning
- Nutrition
- Falls prevention
- Pressure area care including prevention
- Medication management
Recommendations for commissioners who are commissioning NHS care into care homes
Anticipatory care planning using appropriate documentation should be offered to all residents and be part of commissioning plans. Anticipatory care planning should be offered within 6 weeks of admission.
For those people who lack capacity a best interest decision should be made. A check list is available in Deciding Right


If it is decided as a result of the best interest decision that someone would not want hospitalisation an emergency health care plan should be completed and lodged with care home staff, GP, Ambulance Service, secondary care and out of hours services.
NHS Care

- The 1 GP : 1 care model was thought to be the best way to provide high quality care from a primary care prospective
Proactive management of care home residents was considered essential. All patients should be reviewed within 2 weeks of admission to a care home.
Proactive Management

- Medication – are all medications still needed, are any blood tests needed to monitor medications, are medications contributing to falls, does the patient have disabling postural hypotension, is the dosage appropriate bearing in mind age and renal function.
- Evidence based medication review
- Nutritional status
- Pressure area assessment
- Falls risk and appropriate actions to reduce risk
Proactive Management

• Assessment to ensure optimum function and if there is scope for improvement to allow either independent living if wished or transfer to a residential bed if currently in nursing care.

• Review of medical conditions to make sure treatment is optimised

• Continence assessment

• A care plan should be developed in conjunction with care home staff and shared with key health care professionals eg OOH, GP, community nurses, care home staff.
NHS Care

- Health care professionals should visit on at least 1 weekly basis to provide proactive care and residents should be offered a holistic review at least yearly.
NHS Care

- Commissioners should consider what clinical outcomes they wish to commission for. These may include;
  - Reduction in falls
  - Reduction in unnecessary admissions
  - % of people who achieve preferred place of care
  - Patient or relative experience of care
NHS Care

- Commissioners should consider developing a patient pathway to ensure that patients have had all reversible causes explored before they enter a care home. The British Geriatric Society recommends that everyone should have a comprehensive geriatric assessment prior to admission to a care home:

NHS Care

Commissioners should ensure that nursing and residential home patients have equitable access to NHS services e.g. physiotherapist, dietician, old age psychiatry. Commissioners should check other service specification to ensure there is no discrimination against residents of care homes in terms of access to NHS services.
NHS Care

• Commissioners should consider commissioning for specialist geriatric support to help with the complex medical problems of some residents in care homes. This has had success in some areas.
Questions?

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