

Pursuing rigour in care home research – an NIHR programme grant in practice

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NHS Service Delivery and Organisation
R & D Programme



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Medical Crises in Older People

5 year £2m project, from August 2008

3 workstreams in older people:

- admitted to general hospitals with mental health problems
- attending and discharged from acute medical units (interface)
- care homes

Team:

- medics: Harwood, Sahota, Masud, Jones, Conroy and Gordon
- economics, therapy, nursing, mental health, statistics, psychology

Publications & outputs:

<http://www.nottingham.ac.uk/mcop/index.aspx>



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Care home workstream

Aim: understand the medical needs, degree to which met, barriers to doing so, and most promising approaches

- Review of care home specific RCT evidence
- Cohort study of care home residents
- Interview study of care home staff and GPs
- Case studies and service evaluations



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Initial caveats

GPs are responsible for people in care homes, not geriatricians

Many geriatricians have little knowledge of care homes



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Quiz

How many people enter a care home each day in the UK?

How many people are in care homes in the UK?

Means testing occurs below what level of assets?

What proportion of care homes is in the private sector?

What is the average weekly cost of a council residential home?

What is the average weekly cost of a private residential home?

How much profit is made per bed per year?

What is the average size of a nursing home?

What is the average size of a residential home?



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Quiz

How many people enter a care home each day? **100**

How many people are in care homes in the UK? **450,000**

Means testing occurs below what level of assets? **£23k**

What proportion of care homes is in the private sector? **75%**

The average weekly cost of a council residential home? **£716**

The average weekly cost of a private residential home? **£420**

How much profit is made per bed per year? **£11,000**

What is the average size of a nursing home? **48**

What is the average size of a residential home? **27**



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Some research findings

Residents of care homes are often immobile, dependent or incontinent

There is incredible heterogeneity in care home provision:

- Big, small, private, voluntary, public, case mix, geography

Care home staff are the main determinants of health care:

- Monitoring & interpreting changes in health
- Establishing capacity and best interests
- Intermediary with health care services

Care home staff:

- Feel themselves heavily regulated
- Have conflicts: advocacy vs profitability



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Some research findings

There is incredible heterogeneity in GP provision:

- Practices per home and homes per practice
- Reactive, regular, pro-active

GPs:

- Are only part of the health care picture: mental health, tissue viability, falls, pharmacists, continence, end of life care, dietetics, ambulance
- Have conflicts: time vs quality
- And care home staff - attitudinal dissonance



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Some research findings

Experimentation:

- Local Enhanced Service agreements
- Nurse practitioners (practice or PCT)
- Health teams, care home practices
- Health and social care teams
- Community geriatricians

Evaluation of experimentation:

- Health-care driven
- Quality is low
- Interest in avoidance of admission is strong
- Interest in quality of care is weak



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The service evidence base

US: Evercare nurse practitioners seem cheaper, reduce admissions and have high satisfaction



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What does this mean?

The UK has not got a system that makes health care easy!

Try to make the GP model work?

- promote one practice per home model
- payment
- resolve the dissonance
- use nurse practitioners

See care homes as a sector?

- teams, “nursing home physicians”

Will need to show value for money

- saving through reduction of emergency care / spending
- measuring, valuing, quality of care



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