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Optimal NHS Service Delivery to Care Homes

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OPTIMAL: Better health for care homes

OPTIMAL research team

- Claire Goodman ("the guru"), Sue Davies, Mel Handley @ UH
- John Gladman, Justine Schneider, Brian Bell, Maria Zubair @ Nottingham Univ.
- Julienne Meyer @ City Univ. and *My* Home Life
- Clive Bowman @ City Univ. and former medical director BUPA
- Finbarr Martin @ KCL
- Heather Gage @ University of Surrey
- Christina Victor @ Brunel University
- Steve Iliffe @ UCL

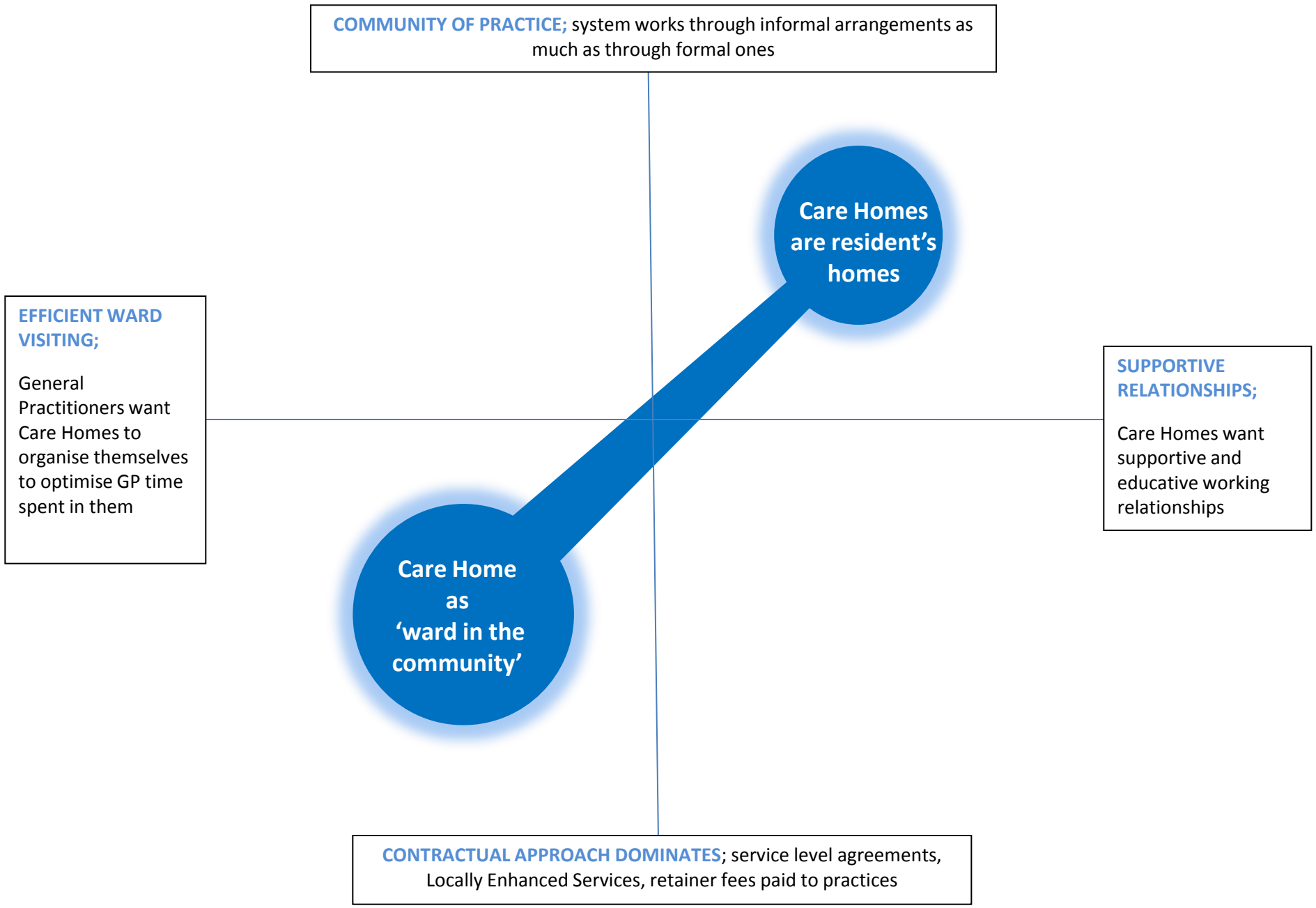
‘….he told shareholders at the annual meeting on Friday, the no-frills airline should henceforth try not to "unnecessarily piss people off”’.

The Guardian, April 2013

- Health care delivery to care homes remains the primary responsibility of the NHS.

- The core aspects of health care delivery to care homes are covered under the GMS contract.

APPROACH model of relationships between General Practice and Care Homes:
practices and homes negotiate positions along the continuum from 'Ward in the community' to 'Residents' homes'.



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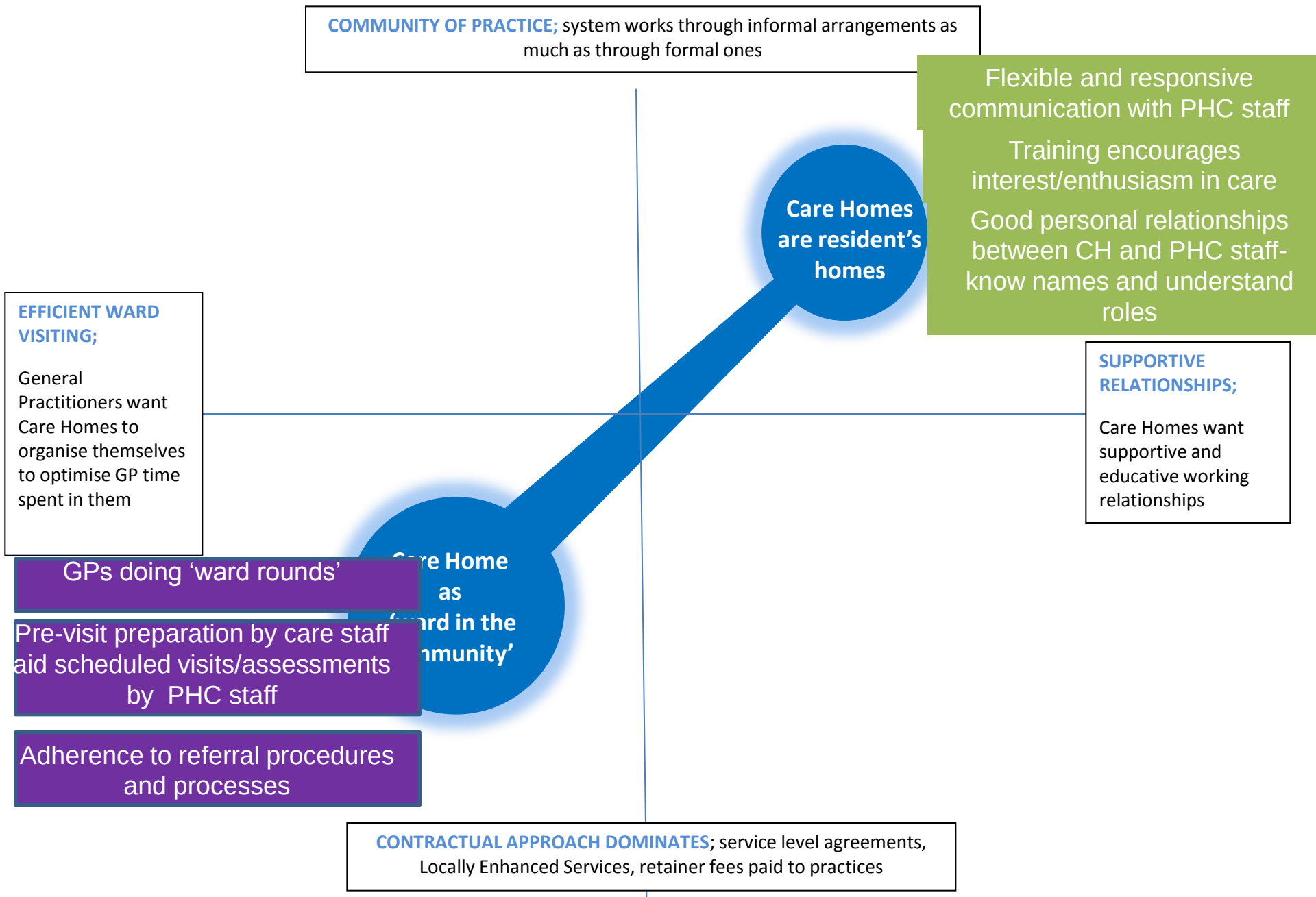

BMJ Open

BMJ Open 2013;**3**:e003178 doi:10.1136/bmjopen-2013-003178

Health services research

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

Isabella Robbins[1], **Adam Gordon**[1], **Jane Dyas**[2], **Philippa Logan**[1], **John Gladman**[1]

+ Author Affiliations

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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.

Primary Health Care Research & Development, page 1 of 16
doi:10.1017/S1463423615000250

RESEARCH

Provision of NHS generalist and specialist services to care homes in England: review of surveys

Steve Iliffe[1], **Susan L. Davies**[2], **Adam L. Gordon**[3], **Justine Schneider**[4], **Tom Dening**[4], **Clive Bowman**[5], **Heather Gage**[6], **Finbarr C. Martin**[7], **John R.F. Gladman**[8], **Christina Victor**[9], **Julienne Meyer**[5] and **Claire Goodman**[10]

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[5]School of Health Sciences, City University, London, UK
[6]School of Economics, University of Surrey, Guildford, UK
[7]Division of Health and Social Care Research, Kings College London, London, UK
[8]Division of Rehabilitation and Ageing, University of Nottingham, UK
[9]Department of Community Health Nursing and Health Studies, Brunel University, Middlesex, UK
[10]Centre for Research in Primary and Community Care, University of Hertfordshire, Hertfordshire, UK

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

JAMDA
The Journal of Post-Acute and Long-Term Care Medicine

Article in Press

Relationships, Expertise, Incentives, and Governance: Supporting Care Home Residents' Access to Health Care. An Interview Study From England

Claire Goodman, PhD, RN, DN, FQNI, Sue L. Davies, MSC, RN, Adam L. Gordon, PhD, MBChB, MMedSci (Clin Ed), FRCPEdin, Julienne Meyer, PhD, RN, Tom Dening, MD, FRCPsych, John R.F. Gladman, BSc, DM, FRCP, Steve Iliffe, MRCGP, Maria Zubair, PhD, Clive Bowman, MBChB, FRCP, FFPH, Christina Victor, PhD, Finbarr C. Martin, MD, FRCP

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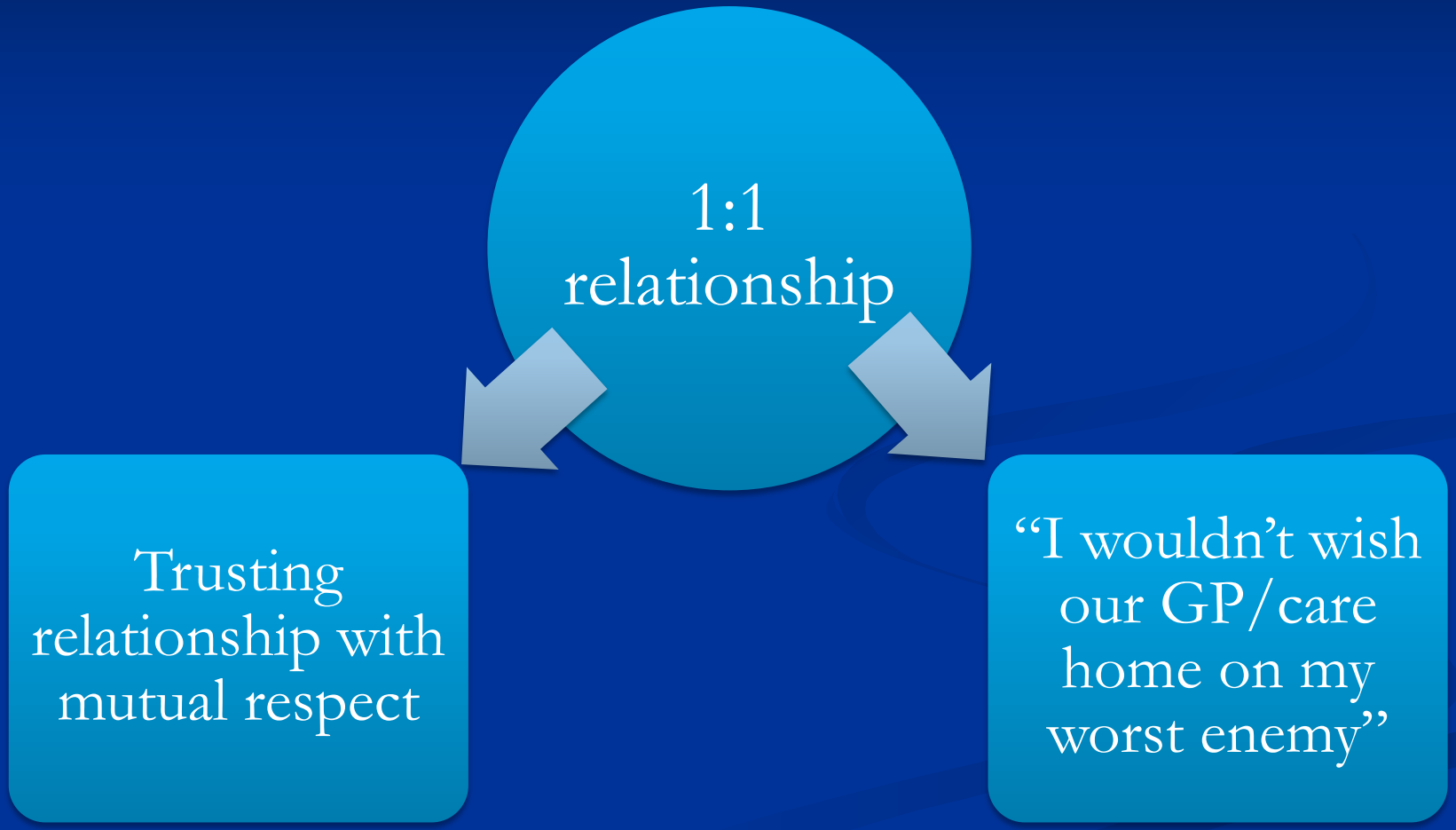
Publication stage: In Press Corrected Proof

Solutions have focused around…

- Remuneration – carrot.
- Regulation – stick.
- Parachuting in troops.
- Generating social movements.

Be careful what you wish for….



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).

Candidate theories

Health care for older people resident in care homes achieves optimal outcomes when	How expressed in service delivery models/intervention research
Age appropriate care can be accessed by older people resident in long term care	Focus on maintenance and improvement of an individual's function, management of diseases and symptoms associated with old age through education, training and access to clinical experts
System based quality improvement mechanisms ensure staff (GPs and care home staff) review residents' health status.	Interventions that use financial payments, audit, sanctions and system alerts to improve particular health care outcomes and adherence to protocols and guidance
Professional/ relational approaches to promote integrated working between visiting health care and care home staff are used	Emphasis on shared education and training, continuity of contact with clinical experts, co design and facilitation of learning between health and care home staff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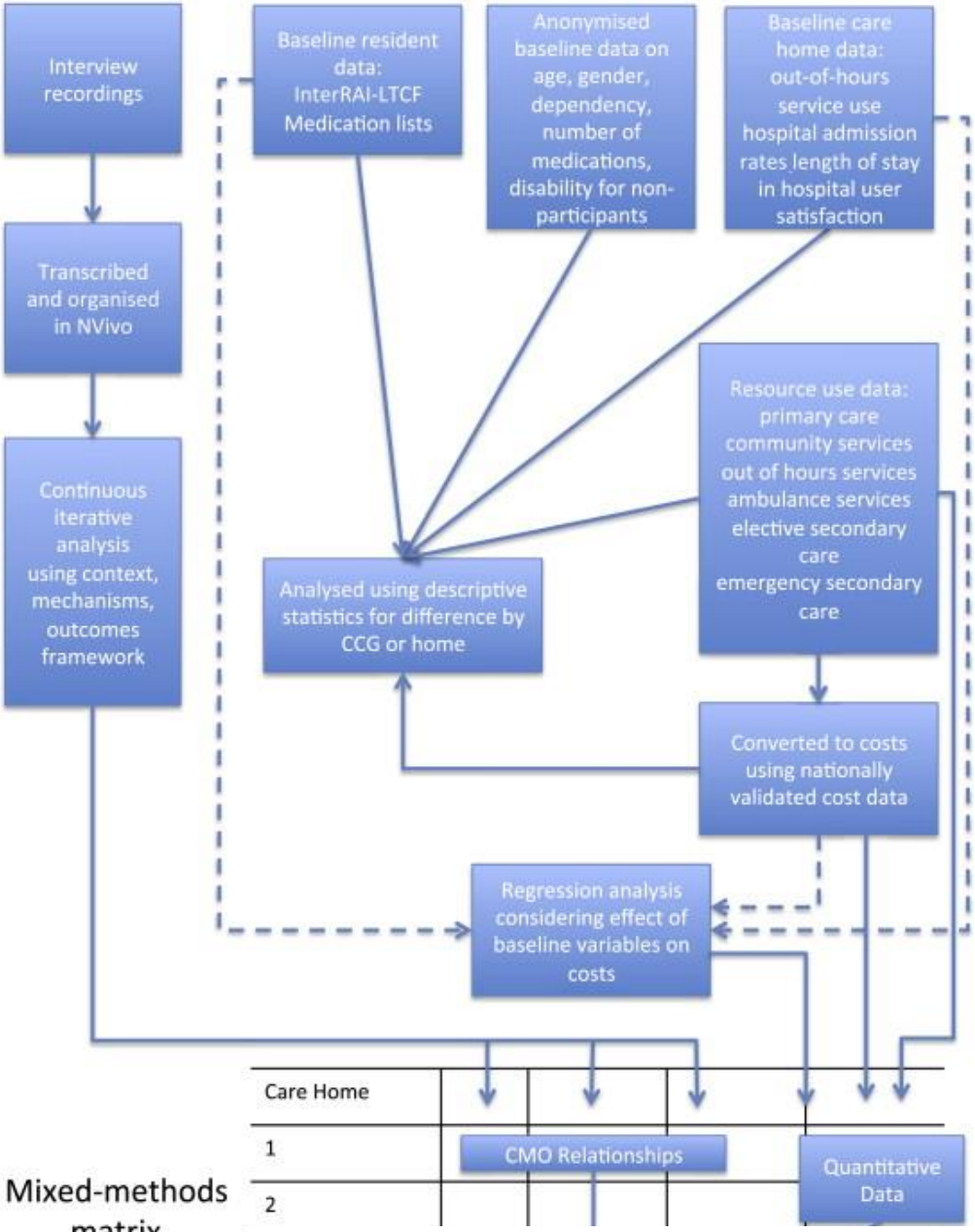
Interview recordings
Transcribed and organised in NVivo
Continuous iterative analysis using context, mechanisms, outcomes framework
Baseline resident data: InterRAI-LTCF Medication lists
Anonymised baseline data on age, gender, dependency, number of medications, disability for non-participants
Baseline care home data: out-of-hours service use hospital admission rates length of stay in hospital user satisfaction
Resource use data: primary care community services out of hours services ambulance services elective secondary care emergency secondary care
Analysed using descriptive statistics for difference by CCG or home
Converted to costs using nationally validated cost data
Regression analysis considering effect of baseline variables on costs
Care Home
1
2
CMO Relationships
Quantitative Data
Mixed-methods matrix

Perspective

Comprehensive geriatric assessment – a guide for the non-specialist

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

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Issue

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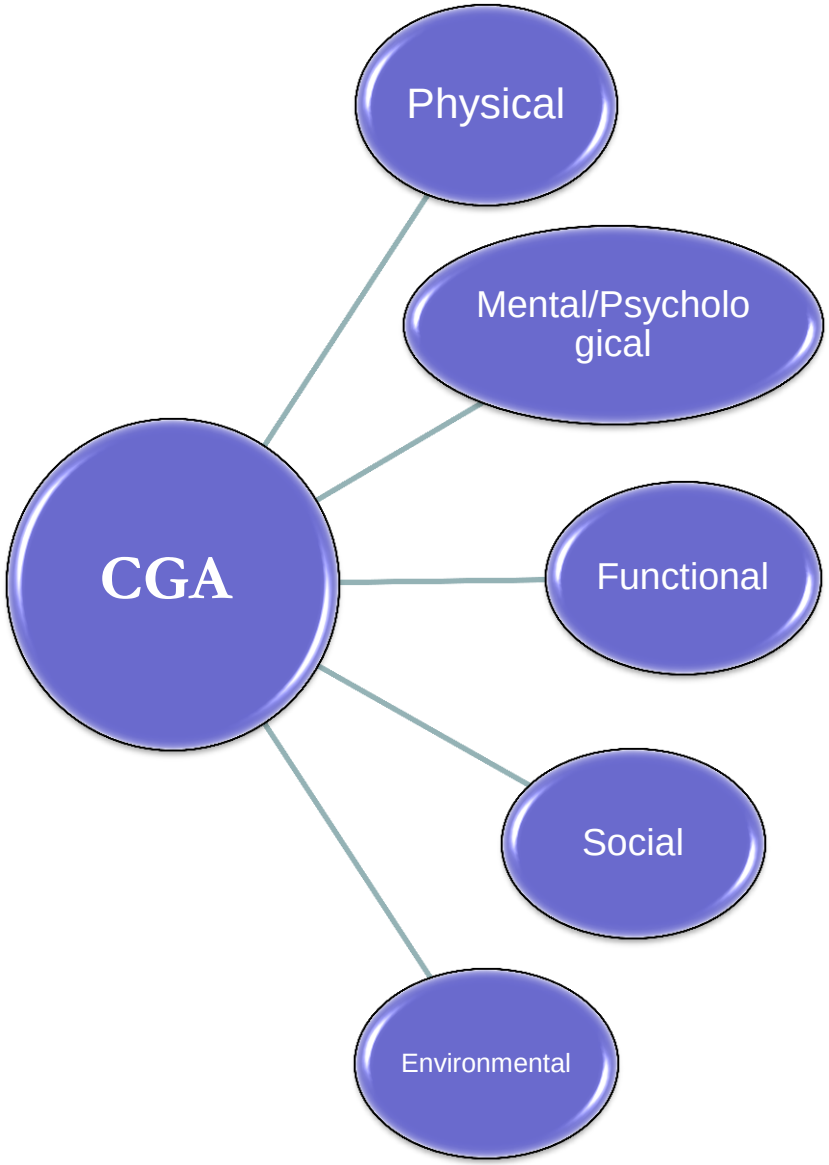
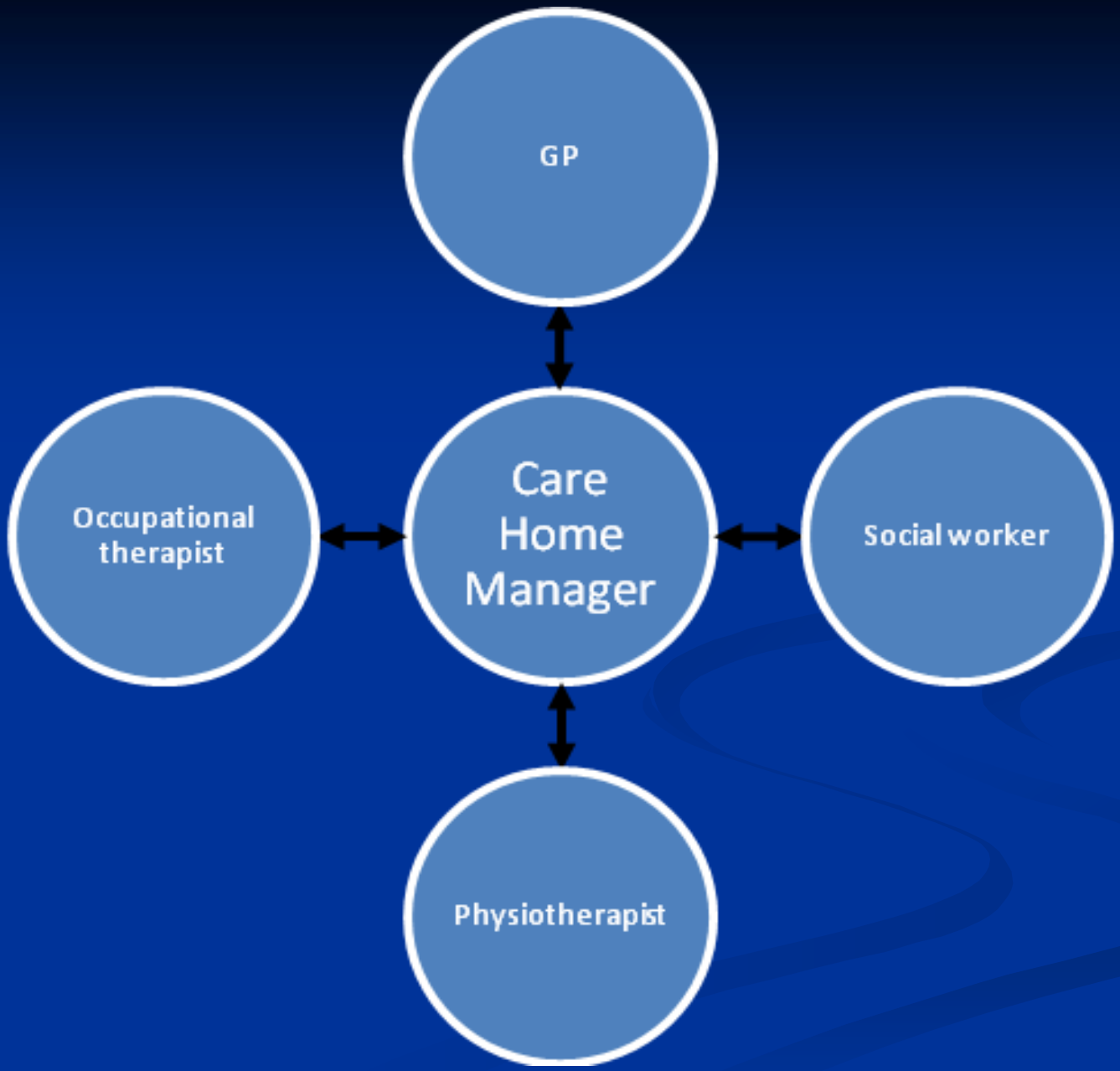
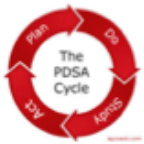

CGA
Physical
Mental/Psychological
Functional
Social
Environmental


Assessment
Stratified problem list
Bespoke Management Plan
Goals


GP
Occupational therapist
Care Home Manager
Social worker
Physiotherapist

The Dunhill Medical Trust

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
											
1st Meeting					2nd Meeting						3rd Meeting
	Teleconf 1		Teleconf 2				Teleconf 3		Teleconf 4		

THE PEACH STUDY

Questions