

Specialist Health Care for Care Homes

Dr Adam Gordon

Consultant and Honorary Associate Professor
Nottingham University Hospitals NHS Trust

Email: adam.gordon@nottingham.ac.uk



adamgordon1978



‘...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.

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Health status of UK care home residents: a cohort study

ADAM LEE GORDON¹, MATTHEW FRANKLIN², LUCY BRADSHAW^{1,3}, PIP LOGAN³, RACHEL ELLIOTT²,
JOHN R.F. GLADMAN¹

¹ Division of Rehabilitation and Ageing, University of Nottingham, Medical School, Queens Medical Centre, Room B98, Nottingham NG7 2UH, UK

² School of Pharmacy, University of Nottingham, Nottingham, UK

³ Division of Epidemiology and Public Health, University of Nottingham, Nottingham, UK

Address correspondence to: A. Gordon. Tel: 01 15 924 9924 ext 64186; Fax: 01 15 970 9947. Email: adam.gordon@nottingham.ac.uk

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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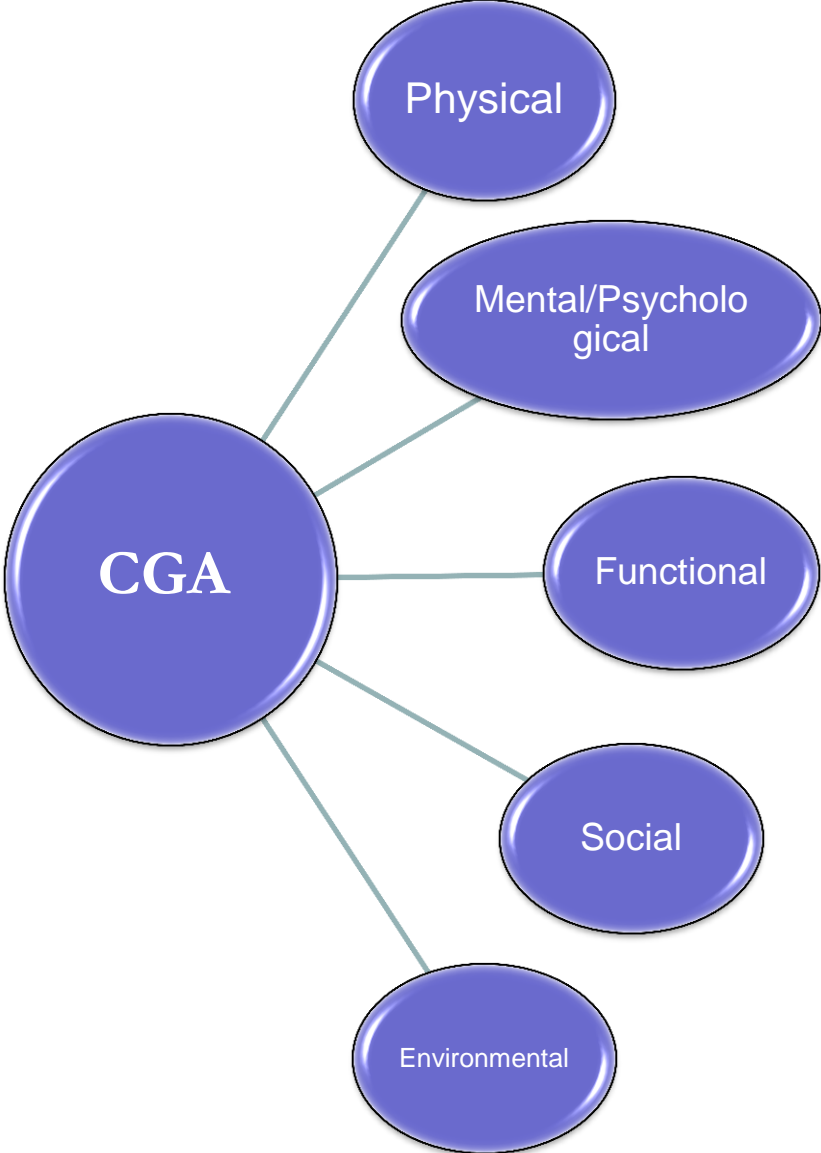


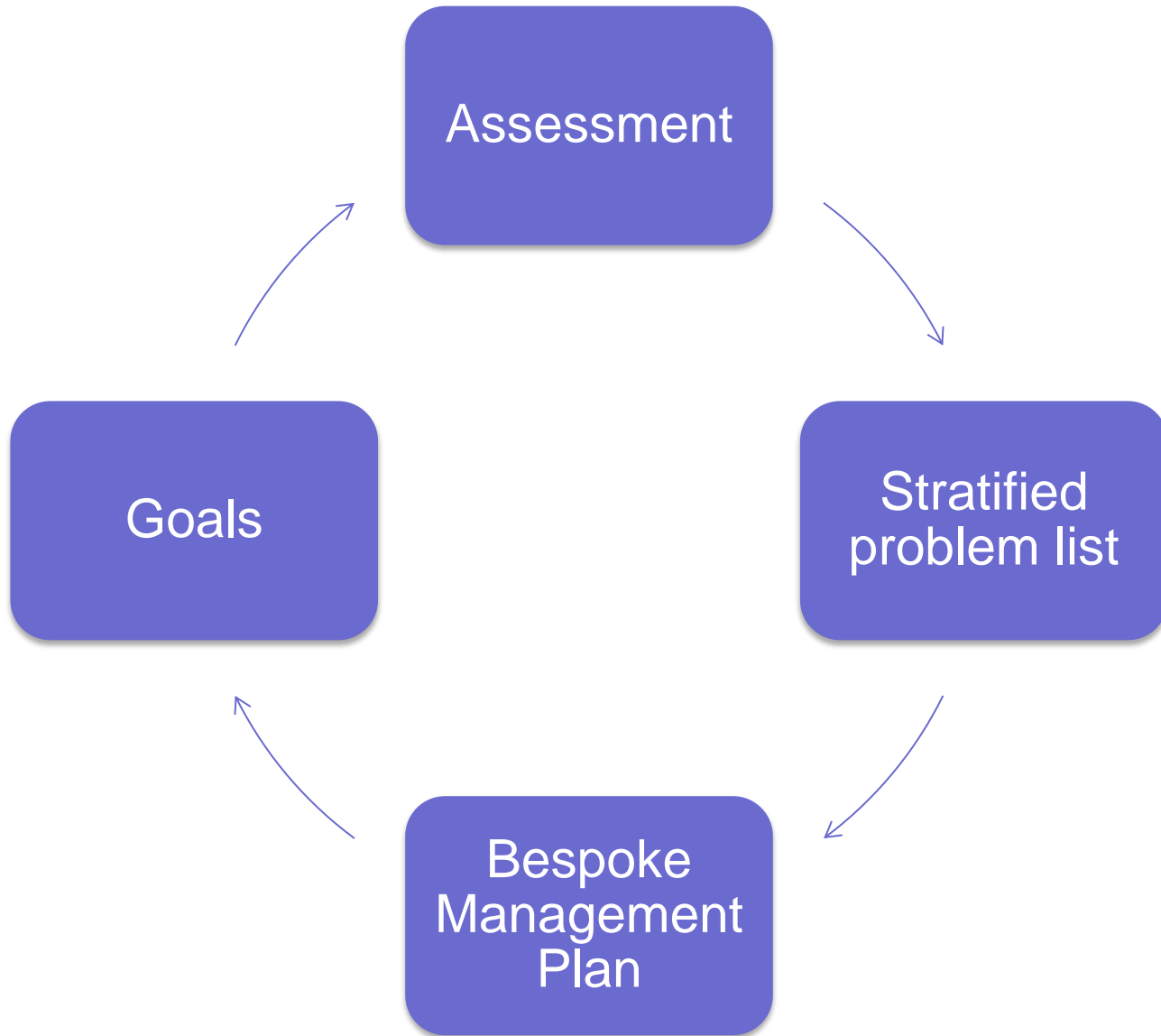
Issue



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

Steve Iliffe¹, Susan L. Davies², Adam L. Gordon³, Justine Schneider⁴, Tom Dening⁴, Clive Bowman⁵, Heather Gage⁶, Finbarr C. Martin⁷, John R.F. Gladman⁸, Christina Victor⁹, Julienne Meyer⁵ and Claire Goodman¹⁰

¹Department of Primary Care & Population Health, University College London, London, UK

²Centre for Research in Primary and Community Care, University of Hertfordshire, Hertfordshire, UK

³Division of Rehabilitation and Ageing, University of Nottingham, Nottingham, UK

⁴Institute of Mental Health, University of Nottingham, Nottingham, UK

⁵School of Health Sciences, City University, London, UK

⁶School of Economics, University of Surrey, Guildford, UK

⁷Division of Health and Social Care Research, Kings College London, London, UK

⁸Division of Rehabilitation and Ageing, University of Nottingham, UK

⁹Department of Community Health Nursing and Health Studies, Brunel University, Middlesex, UK

¹⁰Centre 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

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

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Health services research

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

Isabella Robbins¹, Adam Gordon¹, Jane Dyas², Philippa Logan¹, John Gladman¹

 Author Affiliations

Correspondence to

Dr Isabella Joy Robbins; isabella.robbins@nottingham.ac.uk

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.

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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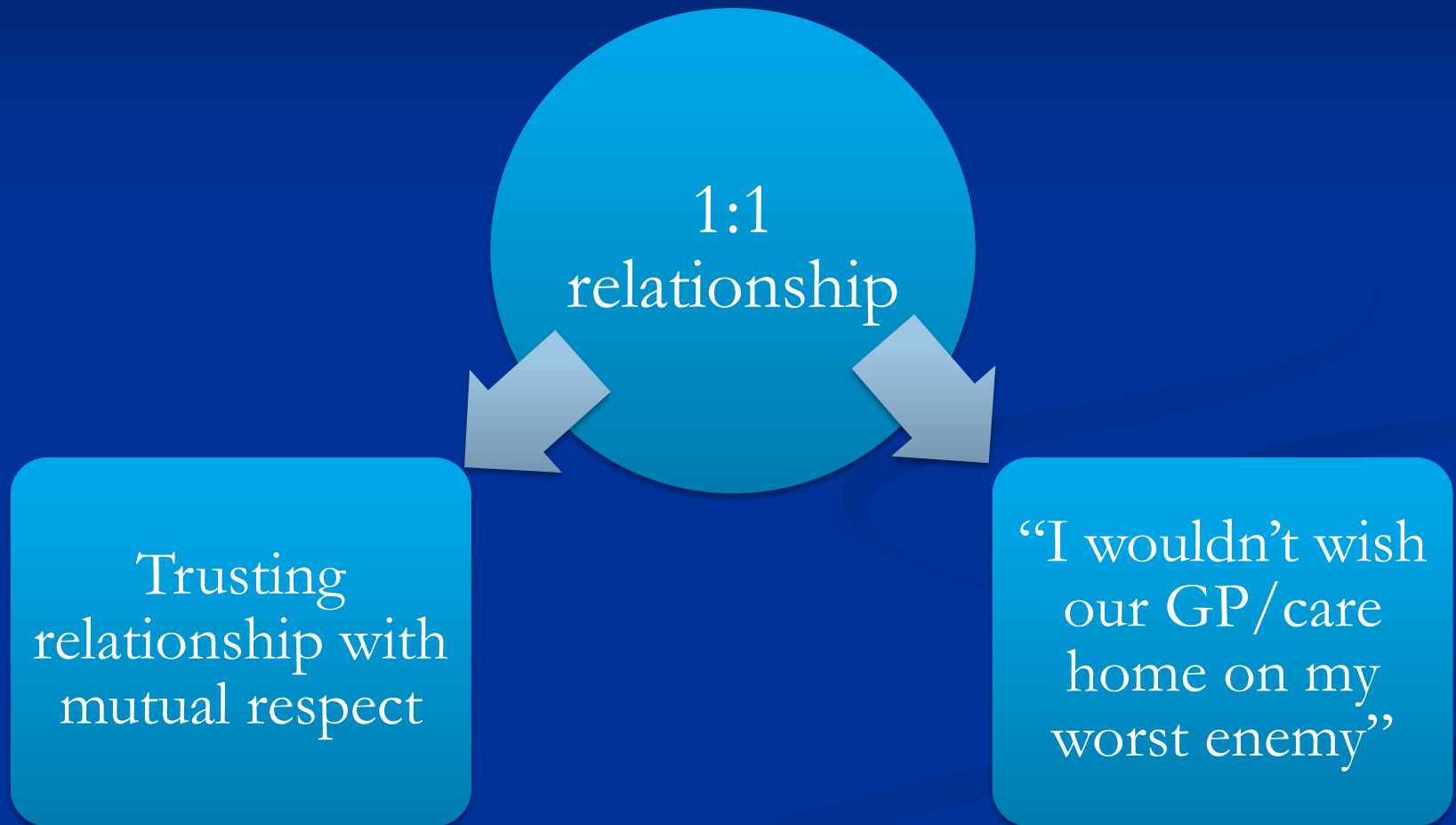
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Solutions have focused around...

- 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).

Everybody's talking care homes

**“The head bone’s connected to the
neck bone”**

RESOURCES (COMMISSIONING)

Commissioning Guidance:
High Quality Health Care for
Care Home Residents

Commissioning Guidance:
Supportive documentation
and evidence base

Quest for Quality

Failing the Frail

Silver Book

Campaign Home Page

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.

COMMISSIONING SERVICE EXAMPLES

CH Support -
Manchester

Integrated Care -
Sheffield

Calderdale - Medicines
Governance

Yorkshire and Humber

Barking and Dagenahm

Adur, Arun, Worthing
LES spec

Wyvern Health - GP
Complex Care

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.