What is the case for care home medicine:
The geriatrician’s perspective

Dr Adam Gordon
Consultant and Honorary Associate Professor
Nottingham University Hospitals NHS Trust

Email: adam.gordon@nottingham.ac.uk

adamgordon1978
HEALTH WARNING:

Generalizable concepts will be presented. They will sometimes be viewed through an English prism.
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

Adam Lee Gordon¹, Matthew Franklin², Lucy Bradshaw¹,³, Pip Logan², Rachel Elliott², John R.F. Gladman¹

¹Division of Rehabilitation and Ageing, University of Nottingham, Medical School, Queens Medical Centre, Room B98, Nottingham NG7 2UH, UK
²School of Pharmacy, University of Nottingham, Nottingham, UK
³Division of Epidemiology and Public Health, University of Nottingham, Nottingham, UK

Address correspondence to: A. Gordon. Tel: 0115 924 9924 ext 64186; Fax: 0115 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
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

Bespoke Management Plan

Goals
What currently happens

- GP’s deliver care as part of GMS….although sometimes they don’t(!)
- GP:care home ratios vary 1:1-1:50
- Reactive care models predominate
- Multidisciplinary team access is limited
- Roles and responsibilities aren’t clearly specified
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.
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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Solutions have focused around...

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

1:1 relationship

- Trusting relationship with mutual respect
- “I wouldn’t wish our GP/care home on my worst enemy”
Similar issues face

- Open ended “social movement” models.
- Incentivisation with accountability (too much carrot not enough stick).
- Expertise without appropriate linkages.
- Inadequate remuneration (too much stick, not enough carrot).
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.
"The inverse absurdity rule"
Care Homes

• Present some particular challenges.
• Which demand particular solutions.
• And particular knowledge and skills.

• So there probably is such a thing as “care home medicine”

• But it is a concept in evolution – watch this space....