

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

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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.

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Health status of UK care home residents: a cohort study

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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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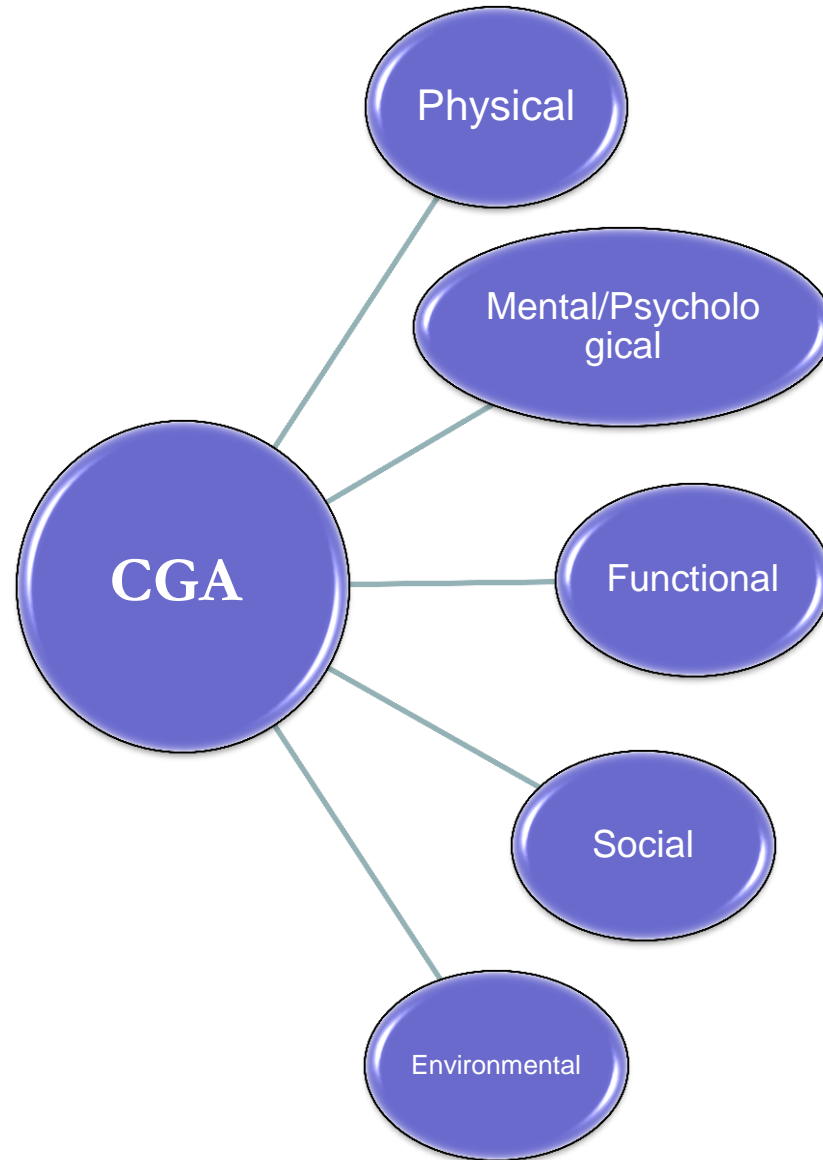


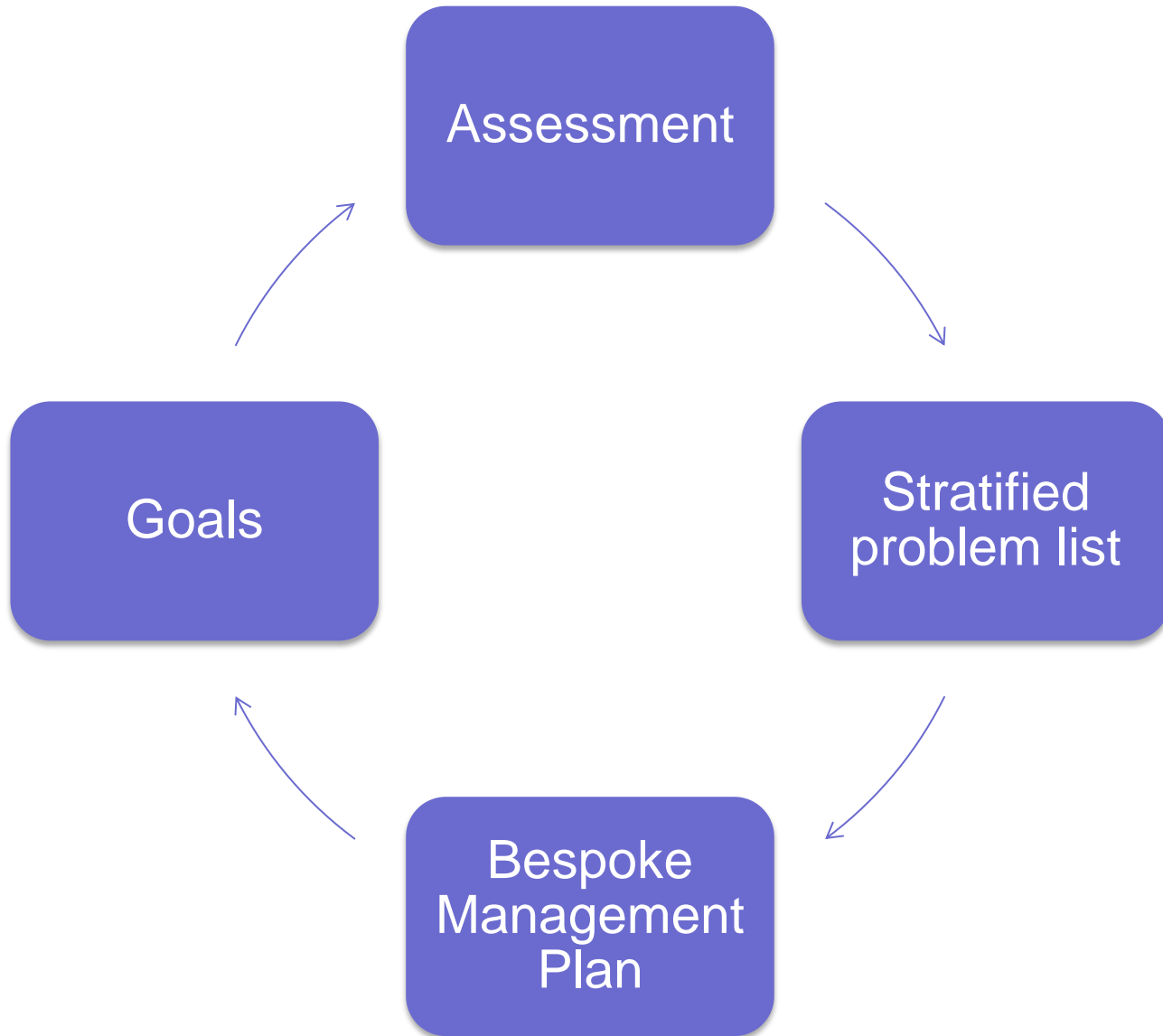
Issue



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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

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Health services research

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

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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.

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](#), MRCP, [Maria Zubair](#), PhD, [Clive Bowman](#), MBChB, FRCP, FFPH, [Christina Victor](#), PhD, [Finbarr C. Martin](#), MD, FRCP

Open Access

DOI: <http://dx.doi.org/10.1016/j.jamda.2015.01.072>

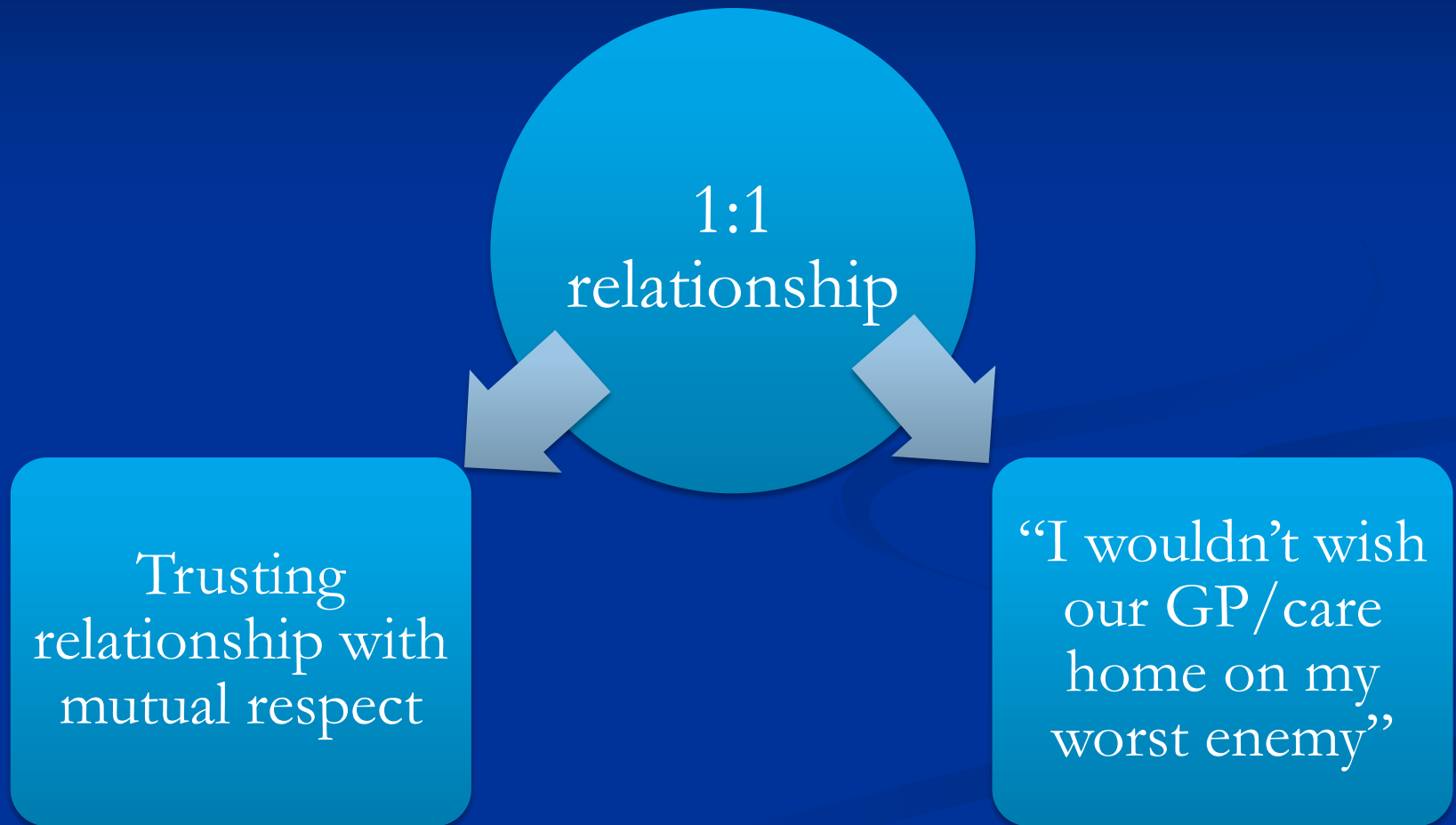
Open access funded by Department of Health UK

Publication stage: In Press Corrected Proof

Solutions have focused around...

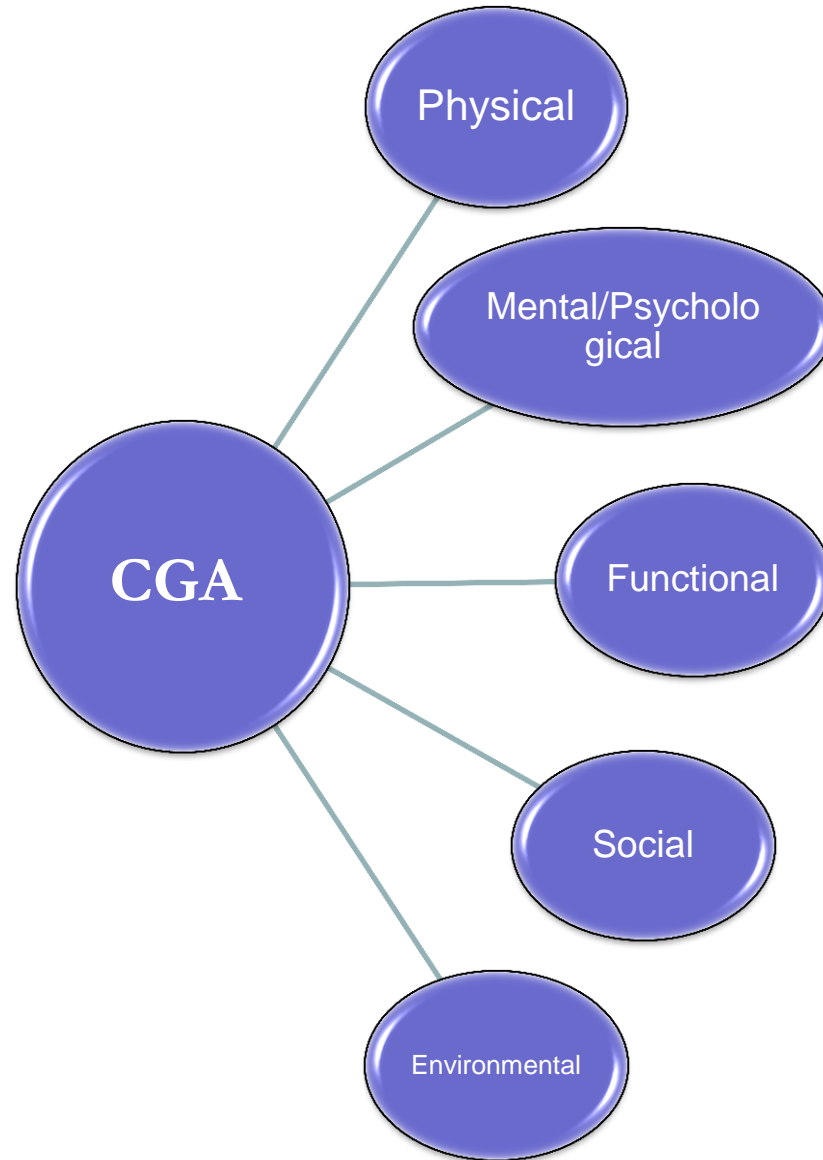
- Remuneration – carrot.
- Regulation – stick.
- Parachuting in troops.
- Generating social movements.

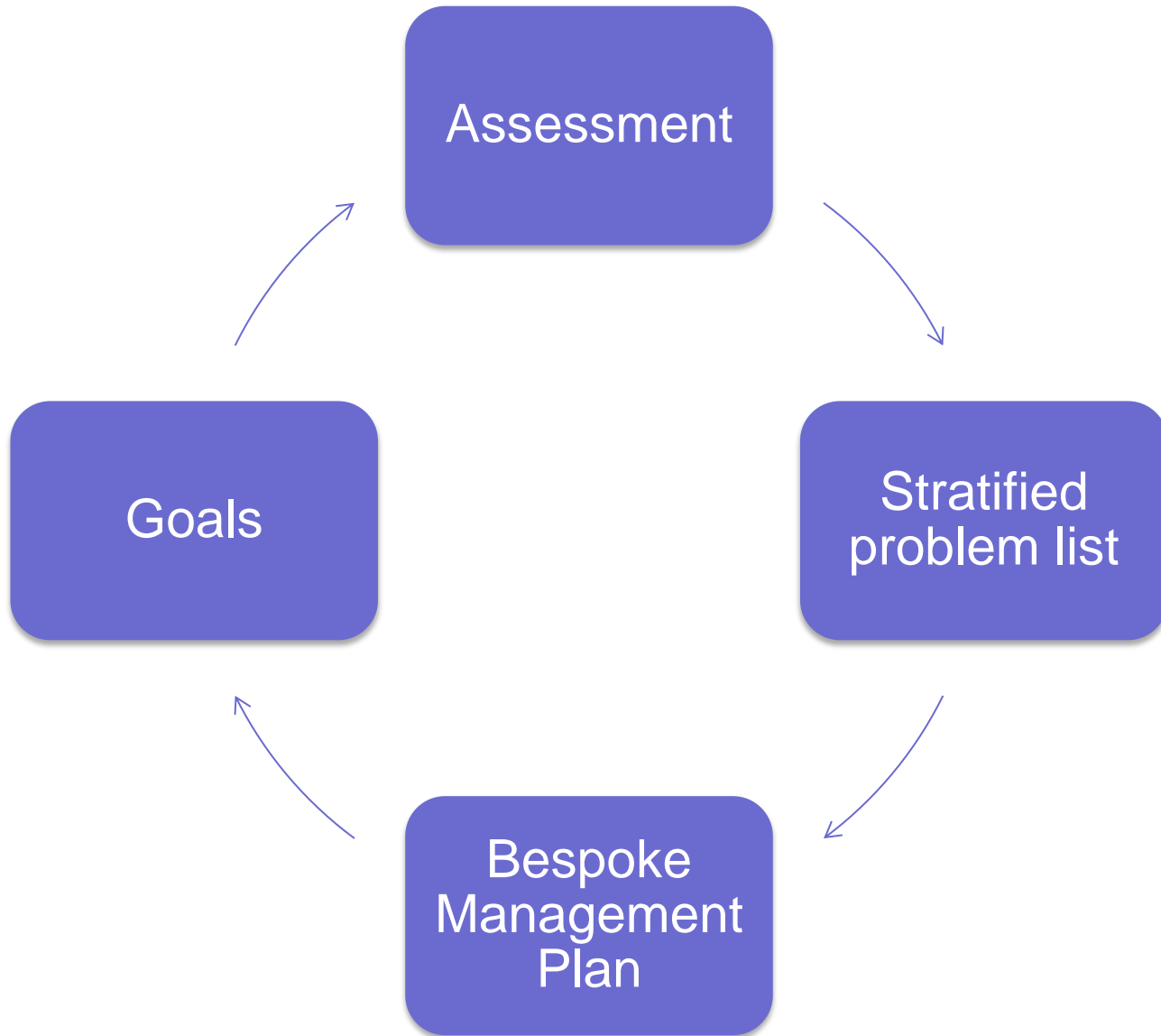
Be careful what you wish for....

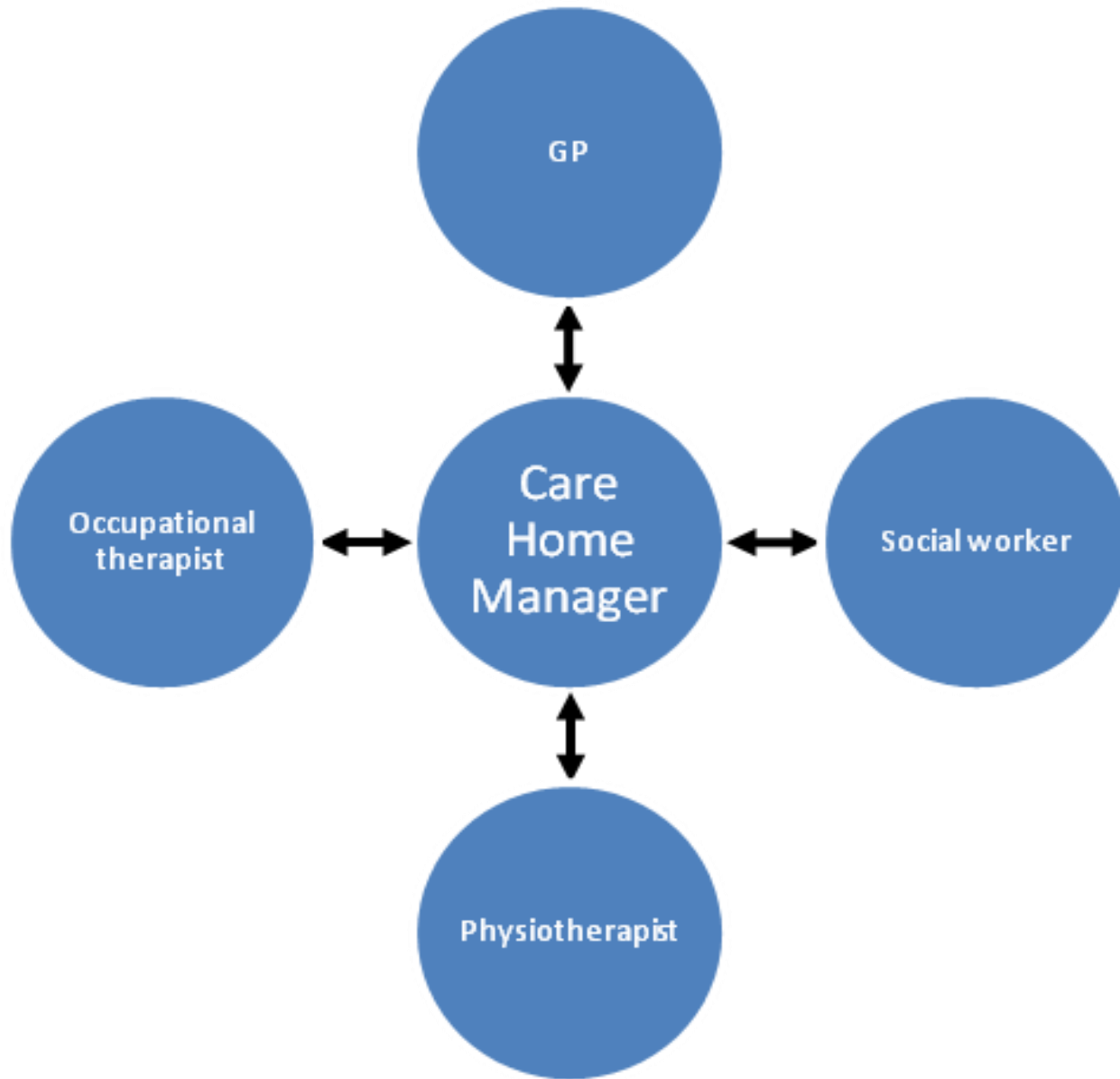


Similar issues face

- Open ended “social movement” models.
- Incentivisation with accountability (too much carrot not enough stick).
- Expertise without appropriate linkages.
- Inadequate remuneration (too much stick, not enough carrot).







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

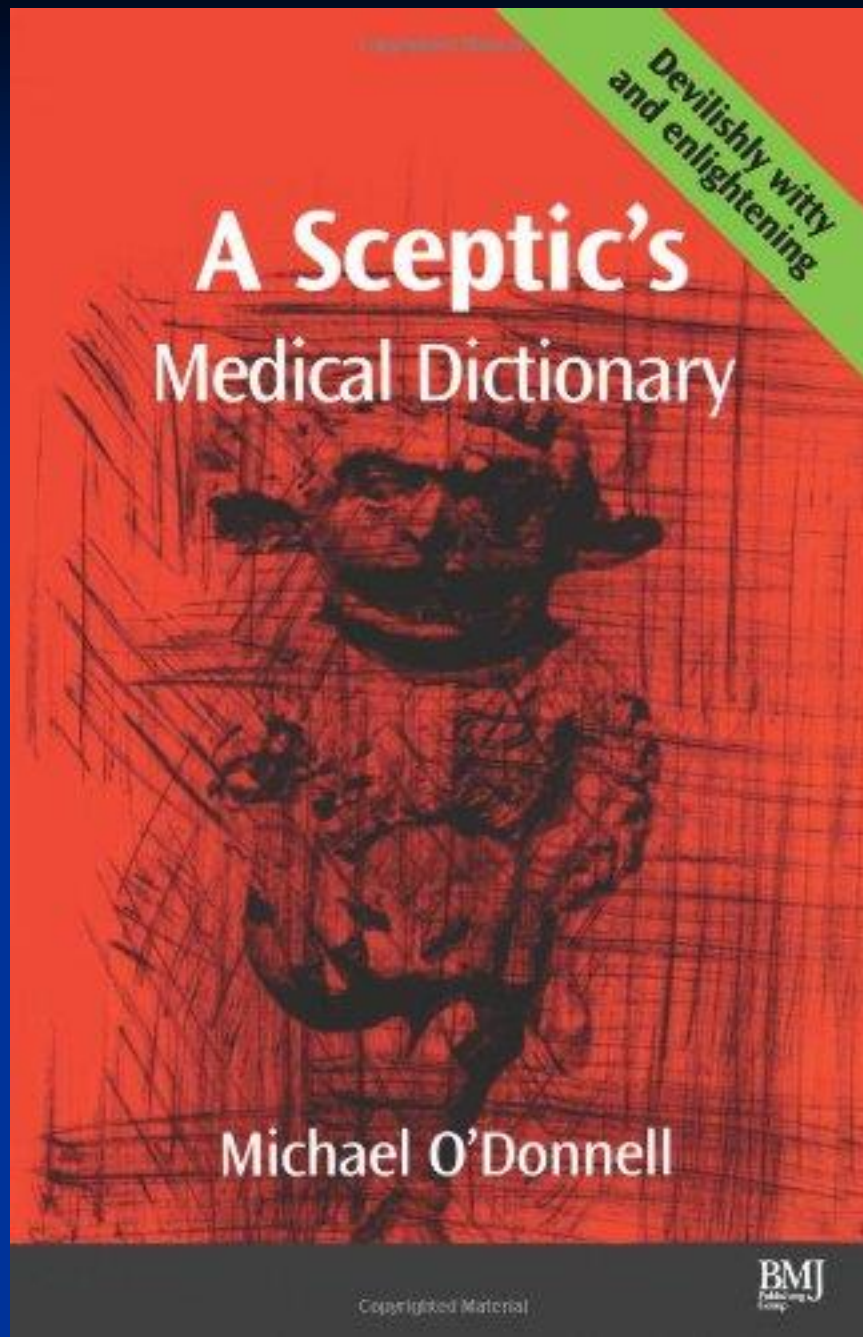
Calderdale - Medicines
Governance

Yorkshire and Humber

Barking and Dagenahm

Adur, Arun, Worthing
LES spec

Wyvern Health - GP
Complex Care



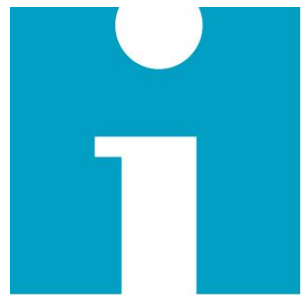
“The inverse
absurdity
rule”



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The Dunhill Medical Trust



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



THE PEACH STUDY

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....