Delivering an Integrated Service for Care Homes

Overview

From time to time, concerns are raised about the quality of care offered in care homes.

For example, it has been suggested that as many as 40% of residents who died in hospital did not have medical needs that required admission; that some 70% of care home residents have experienced at least one medication error; that there can be a lack of dignity in services provided to care home residents, resulting in such outcomes as end of life episodes that are not in accordance with the individual's wishes; and, finally, that high level of admissions can be attributed to preventable dehydration.

Around **70%** of care home residents have experienced a medication error

There are a number of alternative models of care that have been utilised to tackle some of the issues that have been identified in the literature, but one integrated solution to address all these concerns together could not be identified. This project was designed to address that gap.

Project Aims and Methods

The aim of this project was to fund the delivery of a high quality integrated GP and Medicines Management Service to the residents of care homes which incorporated the residents' wishes and addressed inappropriate hospital admissions, both as a proof of concept and to gather data that would support the roll out of similar services on a wider scale.

The key project deliverables included:

- Dedicated clinical and medicines management support to residents of care homes.
- 100% advance care plans completed for care home residents by the end of the year and within one month for each new resident thereafter.
- Evidence of 'allowing natural death' status and evidence of end of life pathways for all residents.
- Evidence of a reduction in the number of inappropriate admissions to secondary care.
- Statistical information to support further roll out.

The project provided a dedicated clinical team comprising specialist GPs, practice nurses and pharmacy staff who conducted:

- Routine visits.
- Medicines management.
- Urgent care.
- Management of EOL pathways and advance care planning.
- Out of hours advice.

450 care home residents were supported for six months, in seven care homes across Buckinghamshire and Milton Keynes.

Findings

- The project demonstrated that providing a dedicated stand-alone service for a population of care home residents can become the focal point for delivering high quality care to some of the most vulnerable people in our society.
- The project demonstrated a cost effective approach to the delivery of such services, through a centralised model operating at scale.
- There was a 40% reduction in hospital admissions across the period.
- A 17% reduction in general prescribing was achieved, with a significant reduction in the use of specials and a reduction in the dosages of anti-psychotic prescriptions.
- 89% of residents that died during the period of the project did so in their care home, the place of their choosing.

The project achieved **40%** reduction in hospital admissions across the period

Recommendation

The project demonstrated significant benefits to centralising an integrated GP and medicines management service, and to asking GPs locally to work within such a framework, rather than having a large number of autonomous practitioners working to variable standards. However, while this model has great potential for delivering change nationally, it has implications for the ways in which the boundaries between GP practices are currently managed. Further work needs to be done by commissioners to ensure that such a service is delivered at a scale which maximises the benefits.

Working with Thames Valley HIEC

Throughout the life of the project, The Practice plc was responsible for project management and delivery of the service. Thames Valley HIEC was responsible for project governance, reporting and facilitating engagement with stakeholders beyond those directly involved in delivering the project. The work was supported by funding from NHS South of England.

We can help you by:

- **Co-designing with you the delivery of a local integrated service for the residents of care homes.**
- **Project support and governance for your local service improvement work.**
- **Sharing with you the full report on Delivering an Integrated GP and Medicines Management Service for the Residents of Care Homes.**

Thames Valley Health Innovation and Education Cluster (HIEC)

Contact us:

Email: **knowledgeteam@tvhiec.org.uk**
Telephone: **01865 228191**
www.tvhiec.org.uk

NHS South of England

The Thames Valley HIEC KNOWLEDGE TEAM
Steering good ideas through to good practice.