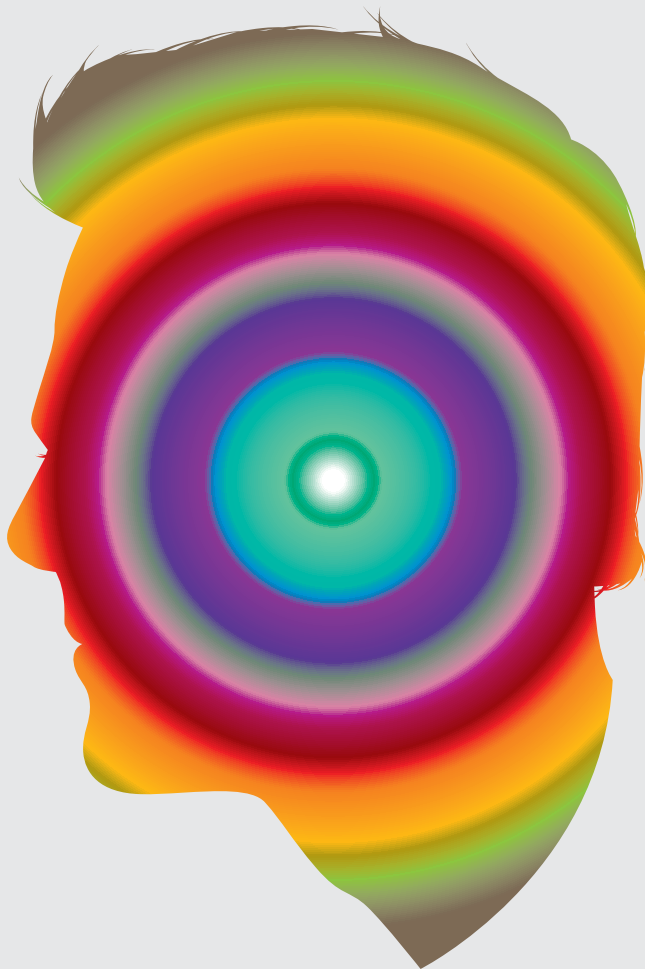


# Delivering Healthy Ambitions Better for Less



## Overview.

Providing enhanced primary medical services to residents in nursing and residential care homes can improve management of chronic conditions, medicines management, address end of life care and dramatically reduce hospital admissions.

# Why care homes?

We currently have over 37,000 care and nursing home beds across Yorkshire and the Humber. The residents of care and nursing homes represent some of the most frail and vulnerable members of our society.

The role of care and nursing homes is likely to increase in the future. The number of people aged 80 or over is projected to rise by over 80% in Yorkshire and the Humber between 2005 and 2030.

The cost of providing health services to the elderly is significantly higher than other populations, for example in 2007-08 over 70s account for 11% of the population but 35% of NHS costs.

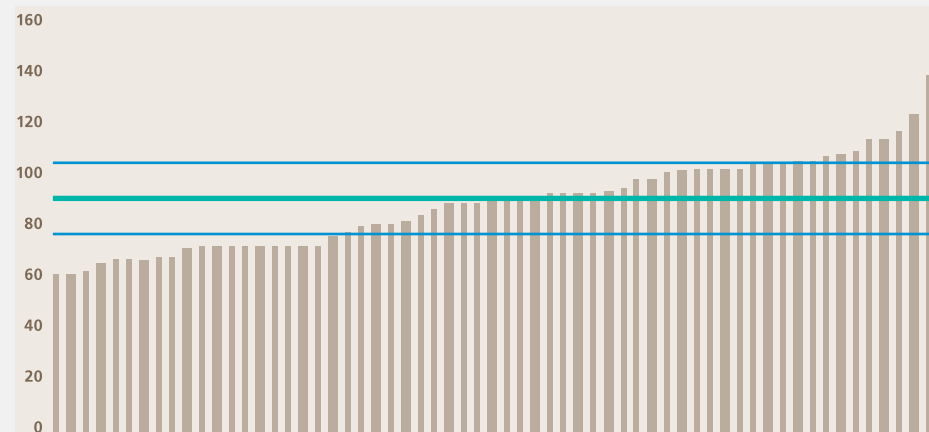
25% of emergency admissions from care homes are avoidable. 40% of which are exacerbations of longterm conditions.

## What is the challenge?

We know that emergency admission rates are high and very variable across practices in Yorkshire and the Humber. Many of these emergency admissions are avoidable, and the way that patients are managed in primary care through secondary prevention can significantly reduce emergency admissions.

This graph demonstrates a large variation of approx 30 emergency admissions per 1000 population between the upper and lower quartile PBC Consortium in the region.

Fig 1 Variation in emergency admissions by PBC consortia



The way in which general medical services are provided to care homes varies considerably and this leads to very wide variations in emergency admissions resulting from care homes.

Recent trends have seen a rise in emergency admissions from care homes and an increase in variation in emergency admissions between different care homes, for example in Sheffield the rate varies from 16/100 to 135/100 beds per annum.

A bed usage survey in Sheffield PCT showed that 25% of admissions from care homes were avoidable. 40% of emergency admissions were exacerbations of long term condition (LTC).

Problems providing services to care home residents include:

- Over-reliance on emergency services for crisis management
- Residents of the same home may be registered with multiple practices leading to inefficient systems and poor communication
- Lack of pro-active care in managing chronic disease and medicines;
- Lack of care planning, especially around discharge and end of life (EOL);
- Uneven GP workload and some GPs not visiting
- Lack of resource or incentive for GPs to provide appropriate care.

Providing general practice to care homes can be resource intensive for general practice. Not only does it require the GP to visit rather than the person coming into the practice, but the care needs can also be complex. Rationalising the way general medical services are provided should provide major economies of scale through multiple consultations per visit and more thorough and co-ordinated management of long term conditions in primary care.

## How could we provide better care for less?

Commissioning an enhanced GP service to care home residents to improve their primary care, reduce avoidable hospital admissions and give patients a better service whilst saving money.

This service could be provided by the PCT agreeing a Locally Enhanced Service (LES) with practices.

The LES would contractually align every care home with a named practice and GPs. Residents not already a patient of the practice could be asked to consider the additional benefits of swapping registration.

The practice then provides a weekly 'ward round' and an annual care plan for every resident.

At each visit to the home the GP will review:

- All new patients regarding medication and any immediate problems;
- Any residents about whom the staff have concerns;
- Any resident discharged from hospital in the last week;
- Any resident about whom the home made contact with A&E or emergency services, such as ECPs in the last week;
- Any resident about whom a family member or other person actively involved in their care has directly contacted the practice.

Practices are paid an agreed fee per bed per year, unless a resident chooses not to register with the service provider.

The number of non-routine visits required will reduce as a result of the enhanced care being provided. Where there are concerns about a resident in between planned visits, the home is encouraged to seek telephone advice from the practice and the named GP where possible. If additional visits are required, the home is asked to make the request early in the morning, for all patients who need to be seen, to avoid multiple call-outs.

## Benefits of enhanced care home services

Negotiation is required between commissioner and local providers to establish the locally enhanced service. The focus of negotiation should be on the clear benefits to implementing this approach;

### Patient benefits

- Agreed annual care plan
- A full medicines review
- Regular monitoring and assessment as required
- Fewer exacerbations of LTCs
- Reduction in hospital visits. If hospital visits reduce there may be benefits for other family members, who no longer need to take leave from their own place of work to transport or accompany their relative to / from clinic
- Good regular relationship with GP

### Quality benefits

- Consistent medical care including annual care planning and medicine reviews to ensure patients are being cared for appropriately and chronic diseases are being managed.
- GP decisions can be made based on experience of patient over time

- Care home staff have a source of medical advice resulting in a reduction in inappropriate consultations and hospital visits
- Opportunity for end of life care planning.

### Efficiency benefits

There are potentially significant financial benefits to be generated from actively supporting care home residents in the community rather than allowing LTC exacerbations to result in emergency hospital admissions.

Savings are dependent on the scale of the LES but could be significant if implemented at scale. Costs are recouped in reduced avoidable emergency admissions, fewer ambulance call outs and non-routine GP attendances. Additional benefits accrue from improved medicines management (savings on unnecessary/ inappropriate prescriptions); better end of life care (fewer people taken to hospital to die) and better care planning for older people being discharged from hospital (reduced delays and LOS).

## Evidence

Evaluation of the Sheffield PCT scheme demonstrated that overall the care planning process was carried out well and there is widespread evidence of good relationships developing between practices and homes. Feedback from the pilot showed that:

### Of care home residents:

- 94% agreed that the GP service gave them the help they wanted and needed.
- 84% agreed that they felt they received better care with the new GP service.
- 93% agreed that they understood more about their health.

### Of care home staff

- 97% agreed that their relationship with GPs had improved
- 86% agreed that the new service helped them understand more about residents' health.

### Of family members

- 97% agreed that the person they care for received better care.

## Savings

Although the pilot in Sheffield has only been running for 18 months, the evidence on the benefits of the scheme are beginning to emerge. In year one of the scheme:

- The scheme reversed the trend of rising emergency admissions from care homes on the patch, and delivered a reduction in emergency admissions of 6 admissions per 100 care home beds (approximately 9%) compared with the year before. This translated into a gross saving of £145,000 in 2008-09 for the 500 care home beds taking part in this small scale pilot.
- The number of A&E attendances fell by 3 attendances per 100 care home beds (approximately 10%), at a time when A&E attendances were rising in other areas.
- The use of Emergency Care Practitioners (ECP) following 999 calls fell by approximately one third.

## Implementation

Enhanced medical services for nursing and care home residents could be delivered using a number of approaches. We describe an approach, piloted in Sheffield, that uses a locally enhanced service (LES) to effectively deliver these services.

### What needs to happen?

- Analysis of potential quality benefits and savings informed by number of care home residents in PCT
- Agree approach – if LES is preferred option then providers need to be identified to agree and deliver the LES. Every care home bed needs to be covered but not every practice needs to provide the LES
- Use contacts below and utilise templates and best practice from existing schemes to aid implementation

# Key contacts

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## Sheffield pilot scheme

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