

**LEICESTER CITY HEALTH AND WELLBEING BOARD  
27 OCTOBER 2015**

<b>Subject:</b>	Proposal for a new Primary Health Service for Leicester City Care Home Residents
<b>Presented to the Health and Wellbeing Board by:</b>	Sue Lock, Managing Director
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**EXECUTIVE SUMMARY:**

Leicester City Clinical Commissioning Group (LCCCG) is currently undertaking work to determine the optimum model of care for residents of care homes within the city boundary. Patients in care homes are the most medically complex and frail in the community. They sit at a complex interface between many different agencies such as primary care, acute care, community care, mental health, palliative care and statutory services. This often results in unnecessary admissions to hospital, lack of co-ordinated care and gaps in service provision.

The CCG is working on a proposal to establish a new multi-disciplinary primary care service to serve this cohort of patients.

**RECOMMENDATIONS:**

The Health and Wellbeing Board is requested to:

**Receive** this report on the Care Homes Primary Care Service Project and note progress.

## Care Homes Primary Care Service

### National background and evidence

1. Patients in care homes are the most medically complex and frail in the community. They sit at a complex interface between many different agencies such as primary care, acute care, community care, mental health, palliative care and statutory services. This often results in unnecessary admissions to hospital, lack of co-ordinated care and gaps in service provision.
2. The median period of survival from admission to a care home to death is 15 months. So care for these residents should largely be holistic and palliative. Instead, they tend to get reactive and acute care, with little continuity.
3. The issues relating to care home residents have been highlighted by a number of significant bodies. The complex needs of this group were highlighted in a British Geriatric Society paper –‘Quest for quality’, this showed:
  - 2/3 of care home residents are either immobile or need assistance with mobility;
  - 4/5 have dementia or other mental health impairment;
  - 2/3 live with urinary or faecal incontinence or both.
4. Another study (Chums report) showed that medication errors were more common than in the community, with around 2/3rds of residents being subject to medication errors.
5. A Nuffield Trust report showed that older people in care homes have 40-50% higher rate of acute admission and Accident and Emergency attendance, with fewer routine outpatient appointments than those that live in the community.
6. ‘Failing the frail’, a joint report by the BGS and CQC , highlighted important gaps in service provision and the inconsistent approach to providing care for care home residents. Gaps included medication reviews, care planning, access to normal primary care services and specialist mental health support. Too many patients were admitted to hospital, especially at the end of their lives.
7. Other studies have shown that proactive medical reviews and more responsive support for care home residents can reduce emergency admissions.

8. The Care Quality Commission ('State of Care Report' 2012/13), highlighted a number of issues in many care homes. These included risk, safety, safeguarding, medicines management and basic care.
9. A 'Pulse' survey in 2010 showed that 68% of GPs reported that care home work was a 'major source of stress', and 61% felt existing arrangements were unsatisfactory.

### **Local context**

10. In Leicester City, there are around 2660 people living in 107 care homes, representing approximately 1.2% of the city population. Yet they account for around 8% of the acute admissions. There is an uneven distribution of residents between practices; with some practices having none to some with over 200. They account for a disproportionate amount of GP time, in one practice, where care home residents form 2% of the total list, they account for 50% of the visits.
11. Care home managers often struggle to register patients with GP practices due to lack of capacity. Moreover, individual care homes will have multiple GP surgeries visiting (in one home there were 5 GP practices with patients; each practice having around 4 GPs, making a combination of 20 different GPs who could be visiting patients).
12. There are around twenty five external services that directly input into care homes. Some of these are specific for care homes, such as a care home pharmacist; care home district nurse service; and the mental health in reach team, but these services are not well integrated with primary care.

### **Improving care for this cohort of patients**

13. In order to address the issues mentioned above, the CCG is working on a proposal to improve the quality of care to residents of care homes within the city boundary. This would be a multi-disciplinary primary care service that can provide targeted and specialist input into the care of this cohort of patients.
13. The multi-disciplinary approach is aimed at ensuring care for the patient is better co-ordinated, there is a continuity of care for the patient, more specialist support leading to enhancements in care, more end of life patients will die in their normal place of residence and minimises the need to be admitted to hospital unnecessarily.

14. Engagement has taken place with care home patients and care home managers. Both were very supportive of developing more joined up services for this cohort of patients.
15. The exact form of the new service is currently under consideration and will be subject to a Business Case approval by Leicester City Clinical Commissioning Group's Governing Body either late 2015 or within the first quarter of 2016.

### **Recommendation**

The Health and Wellbeing Board is requested to:

**Receive** this report on the Care Homes Primary Care Service Project and note progress.