Improving safety and quality of care for the local care home population through integrated working in the community between primary and secondary care

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Aims

Improve quality and safety of patient care in local care home population through joint visits with local GPs and a consultant geriatrician, with a focus on medical reviews, medicine optimisation, advance care planning, sharing good practice and education.

Methods

Weekly afternoon sessions were used by the consultant geriatrician to visit care homes in one locality. Every session was based at a different care home and was led by the designated GP alongside a senior carer or manager for that home. Each patient was discussed individually, reviewing their medical history and acute problems, optimising medications, discussing advance care planning and resuscitation decisions if appropriate, and other issues as required. The patients and relatives were also seen if required or requested. There was time built in for the GP or care home staff to identify gaps in knowledge, allowing the consultant to share knowledge, experience and good practice. All of the homes were visited within 8 months (round 1), then revisited a year later with the same GPs and consultant (round 2).

Results

Round 1 – 8% reduction in non-elective admissions from care homes included in the scheme, as compared to 24% increase from local homes not included. 440 medications stopped (88 started). £79,000 saving.

Round 2 – Further 3% reduction in non-elective admissions. 298 medications stopped (41 started). £61,000 saving.

Secondary care interventions, appointments and scans were also rationalised if deemed no longer appropriate or necessary after review, with an attached cost saving.

As a secondary gain, 83% of involved GPs were more confident in reviewing care home patients at the end of the first round, and 44% GPs were more confident in reviewing medications. 100% care homes reported better working relationships with their GPs at the end of the scheme.

Conclusions

This proved a very successful and cost-effective model for our local community in improving the safety and quality of care for the care home population included in the scheme. It also improved these frail complex patients' access to secondary care input. It has been a great forum for sharing knowledge, experience and good practice. We hope the GPs' increased confidence in managing these patients could also be extrapolated to their older, frail, community-dwelling population. It has also forged excellent sustained working relationships between the GPs involved and the consultant geriatrician. The scheme is now rolling out across the CCG catchment area. ■

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