Has the provision of a GP led Local Enhanced Service to a nursing home reduced hospital admissions?

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Introduction

The UK population is ageing. This is mounting pressure on the social infrastructure designed to support elderly and vulnerable people. There are an estimated 3,636 nursing homes and 10,445 residential homes in the UK. As of April 2012, there are 43,550 elderly and disabled people living in residential and nursing care.

How high quality medical care is provided to care home residents in the UK, is a key question facing the NHS. Recently, strong criticism of the provision of care homes has been made by the British Geriatric Society and the Care Quality Commission.

Local enhanced services (LES) - schemes agreed by a Clinical Commissioning Group (CCG) in response to local needs and priorities, sometimes adopting national specifications.

Method

Three six month periods between 2010-12 were analysed to establish an audit cycle.

1. During the first six months the GP surgery affiliated with the Nursing Home responded to medical needs at the request of nursing staff.
2. The second data collection followed a six month period during which a GP visited the Nursing Home proactively on a weekly basis in an informal enhanced service manner.
3. The final six months analysed a period after a formal contractual agreement of the LES with the CCG.

Advanced searches of electronic patient databases generated lists of residents during these time frames. All the residents’ medical notes were examined to assess whether they had been admitted and percentage rates of admission were calculated. A secondary outcome of average length of patient stay in hospital was also calculated.

Conclusion

Introduction of one dedicated GP session per week to a nursing home via a contracted LES has shown a statistically significant reduction in admission to hospital in our audit. Of the patients admitted in this study a reduction was also seen in the length of stay in hospital.

References

1. Later in Life in the United Kingdom. Age UK; October 2013

Results

<table>
<thead>
<tr>
<th>Dates covered</th>
<th>Total patients</th>
<th>Total number of admissions</th>
<th>Number of different patients admitted (%)</th>
<th>Average hospital stay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2010 - Mar 2011</td>
<td>52</td>
<td>15</td>
<td>28*</td>
<td>9.1</td>
</tr>
<tr>
<td>Jul 2011 - Dec 2011</td>
<td>58</td>
<td>12</td>
<td>21</td>
<td>6.4</td>
</tr>
<tr>
<td>Apr 2012 - Nov 2012</td>
<td>68</td>
<td>8</td>
<td>8.8*</td>
<td>4.9</td>
</tr>
</tbody>
</table>

1. A 67% (p < 0.05*) reduction in admissions was seen from before the start of weekly, informal LES type services and following its full implementation.
2. A 47% reduction in length of hospital stay was also seen in the comparable time.

Discussion

The results would seem to show that one of the main aims of the LES is achievable - reducing admissions. With GPs providing a weekly “ward round” and an annual care plan for every resident, decisions regarding admission can be based on experience of the patient over time.

Preventing avoidable admissions largely depends on the way elderly patients are managed through secondary prevention in primary care. Many admissions result from exacerbations of long term conditions (LTCs). Pro-active management of LTCs can avoid crisis management in hospital settings. By avoiding unnecessary admissions, the impact of distressing and unsettling hospital attendances can be minimised for residents. Costs of the LES should be readily recouped not only by fewer and shorter admissions but also by less ambulance call outs, less non-routine GP visits, better medicines management and end of life planning.

This is a small audit, conducted over a short time period, with the intervention provided by one GP and the generalisability of this should be considered. Furthermore, it is worth noting that the six month periods of analysis were at different times of the year which may have skewed the results. Admissions are generally recognised to be lower over the summer months and this correlates with when the re-auditing of admission rates was performed.

Larger, multicentred studies will add to the growing evidence base and establish whether enhanced services can be extended as successfully to residential homes.