healthwatch Islington

Experiences of integrated care & the Integrated Care Ageing Team

Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

As part of its work to gather views it has the right to visit services. It also gives local people information about local health, care and related complaints services.

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Aims and context

Healthwatch Islington was commissioned by Islington Clinical Commissioning Group (CCG) to carry out engagement and interviews with residents, relatives/carers and staff in local care homes. The aim of the research was to find out about users experiences of the Integrated Care Ageing Team (ICAT) service and how residents (and where appropriate relatives/carers) had been involved in their treatment, and in conversations about their end of life care.

The ICAT service has been set up so that patients are seen by a medical specialist in older people's health who considers their needs holistically and tries to coordinate their care. The ICAT service is based both at Whittington Health and University College Hospital.

Residents are visited by the ICAT service in the care home. If the resident needs to go to hospital, where possible they spend time with an ICAT staff member who will explain what is likely to happen and the treatment. If residents attend as an in-patient, they will, wherever possible and appropriate, be seen the same doctor in both the home and the hospital. Not all residents will have been admitted to hospital and will only have seen the doctor in the care home setting.

Methodology

1. Healthwatch Islington (HWI) worked initially with the CCG and ICAT service to identify service users who were eligible to participate in this research. The aim was to visit and interview at a cross-section of care homes across the borough served by the two local hospitals (Whittington Health and University College Hospital).

   It was expected by the CCG that the sample of service users for this research would be small, but the qualitative information yielded through the face to face interviews would provide valid findings on user and relative experience of the ICAT service.

2. HWI liaised with the CCG to alert care home staff of the planned visits and interviews of residents who had recently used the ICAT service. Where residents were not able to be interviewed, home managers were asked to provide relatives with information about our research and ask for permission to contact them. Most care homes were visited once but occasionally a second visit was needed to coincide with a visit by a relative to facilitate their interview.

3. Consent to the interviews was obtained from service users and relatives with the guarantee that individual responses would be treated as confidential and no personal details would be released.

4. The ICAT service provided a leaflet with a colour photograph and the name and title of the doctors providing the service. This was used to prompt interviewees about the ICAT service and the doctor that they will have seen.

5. HWI has a team of Enter and View volunteers who have been DBS checked, and trained in interviewing people for qualitative research. Members have also undertaken safeguarding training and some have undertaken dementia awareness training, which is relevant to many care home residents. HWI worked with this team to devise the questions used for this research and these took into account the findings of other similar research.

6. A draft version of this report has been discussed with the volunteer team and CCG to ensure that recommendations made are both appropriate and achievable.

The findings

Interview profile

In all, twenty interviews were conducted that provided information on eleven service users' experience of the ICAT service[1] . Seven interviews were held with the service user, three with a relative of the service user, and ten interviews were conducted with a member of staff closely associated with the care of the service user. In one care home, the manager provided additional information on their experience of the ICAT service.

The eleven service users were resident in five care homes in Islington. There are three consultant geriatricians and one doctor specialist in care of older people in the ICAT service team, two based at Whittington Health and one at University College Hospital as well as one GP specialist. The experiences of the service provided by the interviews for this research cover all four of these ICAT medical professionals.

Awareness of ICAT service

Most of those interviewed, especially service users who had been an in-patient in hospital and also relatives, were not aware of the separate identity of the ICAT service. Some of the comments made, on probing, referred more generally to health service staff.

Although the use of photographs of ICAT doctors and referring to treatment dates did help sometimes to prompt the memory of users and relatives, this was only occasionally the case. However where the doctor regularly saw the service user when making visits to the care home, this did help to aid recognition of this as a separate service. Even in these circumstances, however, the name or initials of the ICAT service was not recognised.

Initial meeting with ICAT doctor

Questions were asked that explored the ICAT doctor's awareness of the service user and their condition and current treatment to identify whether, as intended, this awareness negated the need for the user or their relative/carer to repeat the history and details. Interviewers showed service users and relatives/carers photographs of the ICAT doctors to help with recognition of the service.

Given that a number of the service users interviewed had degrees of dementia, it was not possible for many to respond to these questions.

Where available for interview and present when the patient first met the ICAT doctor, relatives/carers were asked to supplement the information that service users provided.

When service users did remember the first meeting, the response was generally positive:

'The doctor said hello to me and was friendly'

'She [the doctor] introduced herself and explained the connection with the home, was warm and knew my history'

'I remember her, she comes to the home…when I first met her, she knew all about me and I didn't have to repeat anything much'

Not all of those relatives that could be interviewed were present at the initial ICAT service meeting but one that was commented:

'She knew dad and he knew her, there was no need to repeat his story, there was continuity of care'

[1]In total twelve service users were identified as the focus for the interviews but one was too unwell to be interviewed and a relative could not be contacted

Any health improvements from the ICAT intervention

Service users, relatives if available and care home nursing staff were asked whether there had been any changes in the health and wellbeing of the resident, following intervention by the ICAT service.

Taking all these sources collectively, quite a lot of information was gathered in response to the questions about changes in health and wellbeing.

There are three caveats on this information:

- the health of some service users was very poor (for example with multiple strokes or other severe long term condition) and any improvement in their health and wellbeing was not and could not be expected

- not all service users had been offered and/or accepted additional treatment following ICAT intervention

- it was not always clear (despite probing through additional questions) whether any change in health and wellbeing could be attributed to the ICAT service as other health service professionals appeared to be involved.

Also, two service users had been a resident in the care home for such a short period that nursing staff were unable to observe any changes in such a short timescale.

Despite these caveats, there were examples from the interviews with service users, relatives and staff of changes in health and wellbeing that was positively identified with the intervention of the ICAT service. Where the service user's health and wellbeing was said to have improved and attributed to ICAT intervention, the following comments were made :

'The infections had weakened him and the tablets prescribed were making him drowsy and sleepy and they were reduced'
(Interview with relative)

'He was becoming drowsy and confused... medication was reviewed and reduced. The infection was weakened by the antibiotics and the medication was again making him drowsy and was reduced again. Now he is much more alert, although dementia is present. Better communication now that he is more alert and in better shape'
(Interview with staff about same service user)

'The hospital discovered sleep apnoea and provided a machine to remedy this and this has improved my health"
(Interview with service user)

'The resident is now sleeping better and always confident and engages in good conversation'
(Interview with staff about same service user)

Improvements identified in the wellbeing of the service user with dietary changes, new dentures provided and feedback provided to general practitioner who attends the home every week
(Interview with staff)

Service user had been seriously ill and admitted to hospital on an emergency - 'the doctor recommended that the food is pureed and this has happened and made a great deal of difference. He perked up and looked so much better... (On discharge) the dietician came to the home and gave advice to the staff here'
(Interview with relative)

His condition was such that they would not expect to see significant changes but identified that the liquid food had improved his diet and he had not suffered from dehydration as before
(Interview with staff about same service user)

'They tried everything with me to get rid of the pain...then I went into a deep sleep and when I woke the pain was gone, I could not have wished for anything better...I was in such pain but they did solve it'
(Interview with service user)

'My mother was in so much pain but the doctor (at hospital) went to such levels to try and resolve it. They called in different specialists and asked them to recommend what to do'
(Interview with relative about same service user)

'It was helpful in some instances. We talked about my illness. Maybe I've had three strokes. I haven't got any real ability anymore, I can't walk but she talked to me and was interested in investigating whether I had Parkinson's and that was the main topic of conversation'
(Interview with service user)

'She was originally one of the youngest to come to the care home and I think the service has helped her'
(Interview with staff about same service user)

'It was suggested by the doctor that we put him on a diet and now that has improved his health'
(Interview with staff)

'The ICAT service has made an obvious difference to his overall health and wellbeing. The doctor has reduced the number of hospital admissions by reviewing medication and carrying out simple procedures that a GP may have previously referred to hospital. He used to be admitted regularly so this has made a positive difference to his physical and psychological wellbeing'
(Interview with staff about service user)

- It is a positive outcome that improvements to health and wellbeing that are attributed to the ICAT (sometimes delivered in collaboration with other health service professionals) were identified for eight out of the eleven service users in receipt of the service.

Service users and relatives listened to and involved in decisions

Interviews with the service users and relatives identified that most felt listened too and involved by the ICAT staff. As service users commented:

'All the tests were explained properly and there was good communication between the hospitals, care home staff and me about the new equipment'

'They took the time to provide the treatment I needed and talked to me about what they wanted to do and why'

'They listened to me and took account of what I said. Yes, I did have control over the decision and I told them that I did not want the dose of the medicine increased and they said fine and it was my decision'

'As far as anything that happened, I felt that I had got control over what could be done' but with the additional comment that 'I tend to go along with what the professionals say or suggest because they know what is best'

For a number of service users, their poor health condition meant that much of the communication and involvement was often with relatives. Examples were given of good listening and feeling in control of the decisions made:

'I felt that they listened...they did want to give him anti-depressants but we said no – he has suffered enough – and they agreed not to, so we were in charge and they didn't push anything'

'The doctor was very efficient and did explain everything to us...and I felt that we were involved in all the decisions'

The interviews did not identify any examples where service users or relatives felt that they had not been listened to or in control. However, some service users were not able to comment in detail because of poor recollection of events.

Relationship between service user and ICAT doctor

Where service users and/or their relative provided feedback on the relationship with the ICAT doctor, the comments made were positive and some reinforced the objective of the service to take a holistic approach:

'Very kind'
(Interview with service user)

'Good, warm... She is caring and takes interest in you as a person as well as the health condition'
(Interview with service user)

'It was very good indeed'
(Interview with relative)

'With [ICAT doctor] I felt extremely well handled and very engaged and she knows all about geriatrics and strokes. She has a wonderful attitude and so well organised. The service is more than good, it's excellent'
(Interview with service user)

Although the responses to this question were not always as detailed as others made during the interview, there were indications in the replies more widely that the relationships between service users and the ICAT doctor were positive.

Taking account of needs and respect for privacy

Again not all service users were able to respond to these questions because of the impact of dementia but the response from the three relatives interviewed were positive especially in the respect of the service user's privacy. As one relative commented:

'Oh God yes his privacy was respected...he was respected and the staff were lovely (referring to hospital staff as well as ICAT)'

Four service users who felt able to respond to these questions were also positive in the views expressed including:

'Yes, I felt my privacy was respected, very much so, it was very good and the attitude of the doctor was nice and comfortable...She did take account of my needs and what I wanted'

'Yes it was, if you respect people then they respect you'

One service user who expressed very positive satisfaction with the ICAT service commented in response to the question about whether they had taken account of her needs:

'Yes, 95% but I can't imagine what the other 5% would be!'

Discharge from hospital

Five of the service users had received in-hospital treatment, although it was not always evident that this was following or associated with the intervention of the ICAT service. One service user in particular described that she had been very ready to leave and, on discharge, a member of hospital staff had trained the care home staff on the use of specialist equipment needed for her on-going treatment and wellbeing.

One relative described that the hospital was 'in a hurry for my mother to leave' but also said that 'we understand that as they need the beds'.

One service user who had been a hospital in-patient on a number of occasions said that she had not always been ready to leave but 'it's for the doctors to say and not me'.

End of Life Care

Those interviewed were asked specific questions about whether there had been any discussions with the ICAT team about end of life care and their views on how well these conversations had been handled.

Only two service users appeared from the responses to have had this discussion with ICAT staff, although two said that they could not remember. For one service user, this discussion took place with the relative because of his poor health and inability to communicate. The relative commented that 'it was sensitively handled'. One service user said that she had discussed this with the doctor from the ICAT service but also described an earlier occasion when it had been insensitively raised by her general practitioner with her relative:

'I felt comfortable when they (ICAT doctor) talked to me about it. Previously it was our GP who had spoken to my daughter about it and it was completely wrong...my daughter was shocked and started crying and was upset'

There were other examples provided in the interviews of discussions with other medical staff, especially general practitioners, about end of life care. On one occasion, a service user said that she had been told when an in-patient at a hospital (not one of the two local hospitals serving Islington) that 'do not resuscitate' was on her medical record but she said she had not been consulted about this. In another interview, the relative had been consulted by a doctor (but not part of the ICAT team) on end of life care but felt it could have been handled more sensitively and would have preferred this to have been discussed with the doctor she knew from the ICAT service.

From our interviews, it was evident that service users and relatives could be comfortable and welcome talking about end of life care but this was not always handled sensitively or in the most appropriate circumstances by medical staff outside the ICAT service. Providing the opportunity to discuss end of life care maybe should have a higher priority within the services provided by the ICAT team.

Relationship with Care Home staff

In discussions with care home staff and management, some made comments about the ICAT service more generally and the way in which it had contributed positively to their role:

- The involvement of ICAT staff was identified as improving the communication between service user, relative and care home staff on the health and wellbeing of residents
- It had helped to facilitate better continuity of care by providing practical information and instruction to care home staff on, for example, use of specialist equipment and dietary changes
- There were examples where the involvement of the ICAT service had reduced the need for hospital attendance by the doctor providing the necessary treatment within the care home setting
- The ICAT service has helped nursing staff at the care home to better assess and care for residents with good exchange of information and by the ICAT doctor who attends 'letting us know what we need to know and do, they help us to know which areas to prioritise'
- In contrast however, at one care home, staff said that medical records are not always made available from general practice and when the ICAT doctor attends, the previous medical record may not be available and this is a disadvantage
- One manager said that the ICAT service had been very useful in providing short training sessions for care home staff, for example on stroke care and dietary issues

Conclusions and recommendations

It was noted that service users and relatives were not particularly aware of the ICAT service specifically. It may be that the CCG decide that they would like staff to re-iterate this more frequently to service users and relatives. Though from this piece of work it did not seem that this was important to residents and relatives. Similarly, from HWI's wider work, patients and carers are more interested in how they are being treated than in which part of the NHS is treating them.

Integration seems to be working with the service. Service users who could remember, and relatives, generally reported that the service had known who they were and that the service user's story had not needed to be repeated. Nursing home staff also noted that the ICAT service had enabled them to provide a better service to the users.

It was difficult for users, relatives and sometimes nursing home staff to attribute specific developments to treatment by the ICAT service in particular, though where it was possible, comments were generally positive.

- It could be useful to reinforce conversations about End of Life care and treat this with higher priority.

There was positive feedback about service users and relatives being involved appropriately in service users' care and similarly about respect for their privacy in the delivery of care.

Points to consider for future engagement work

- We expected it to be difficult to communicate with users of this service. It was difficult to find a balance between visiting soon enough that patients could remember the service, but giving a bit of time for a change in the person's well-being to be noticeable
- It was very positive to include the views of carers and relatives to make the evidence collection more robust
- Carried out over a longer period it would be possible to get greater feedback
- The work could not have been carried out without the cooperation of both the ICAT doctors and the nursing home staff.

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