



**Review of the Directed Enhanced
Service provision for Care Homes in
Newham**



Delivered by Healthwatch Newham

BACKGROUND

DIRECTED ENHANCED SERVICES

Enhanced services are defined as primary care services other than essential, out of hours and additional medical service. A Directed Enhanced Service (DES) ensures residents receive consistent care and enable care homes, primary care networks and community service providers to build strong working relationships. The service is offered to all GP practices nationally however, practices can choose to sign up to the service. DES services for residents living care homes are put in place to ensure that residents living in care accommodation should expect the same level of support as they would receive if they were living in their own homes.

HEALTHWATCH NEWHAM

Healthwatch Newham (as all other local Healthwatch organisations) became statutory services commissioned by local councils following the introduction of the Health and Social Care Act 2012. Healthwatch are independent organisations that bring forward consumer led issues within the health and social care sector.

Healthwatch Newham in partnership with the Healthwatches working together partnership in North East London (NEL) were commissioned by NHS NEL to deliver this project. This project aimed to evaluate care homes experience of GP services and review provision of the DES.

NEWHAM

Newham London's third most populous borough with a population that is rapidly expanding. 2021 mid-year estimates suggest its population size of 373,400 approximately which is 5% increase since 2020. Newham is very ethnically diverse with over 70% residents identifying with ethnic groups in the global majority. 46.4% of the population are from an Asian or mixed background, 19.9% are from Black African/Caribbean or mixed background and 5.9% of residents are from another global majority ethnic group.

Whilst Newham is the UK's youngest borough – median age of residents is 32.7y – 7.9% of all residents are over the age of 65¹. Over 1500 adults are living with learning disabilities in Newham and, 31% of this population are living in accommodation owned by Newham Council².

METHODOLOGY

The care home survey was co-developed by the Healthwatch NEL working together partnership. Each Healthwatch was tasked with engaging with care home in their respective boroughs. Within Newham, two engagement officers were tasked with contacting the 24

¹ [Newham Facts and Figures](#) (2021)

² Newham Public Health Fact Sheet: Learning Disabilities (Adults) September 2021 snapshot

care homes in the borough to complete the survey via telephone interview. The team engaged with care homes across the borough over June 2022.

In most cases, staff attempted to engage with each care home at least 3 times, twice by telephone and once via email – on each occasion the team made attempts to establish a rapport with care home staff and share highlight importance of survey participation. Despite this, the engagement rate was low (21%) with 5 out of 24 Newham’s care homes completing the survey.

A list of care homes who completed the survey can be found below:

- **167 Chandos Road**, located in Stratford providing residential care for a maximum of 7 service users
- **Helena Road**, located in Plaistow providing residential care for a maximum of 10 service users
- **Manor Farm Care Home**, located in East Ham providing residential care for a maximum of 81 service users
- **Nicolas Court**, located in Plaistow providing residential care for a maximum of 8 service users
- **Sahara Lodge**, located in Forest Gate providing residential care for a maximum of 9 service users

LIMITATIONS

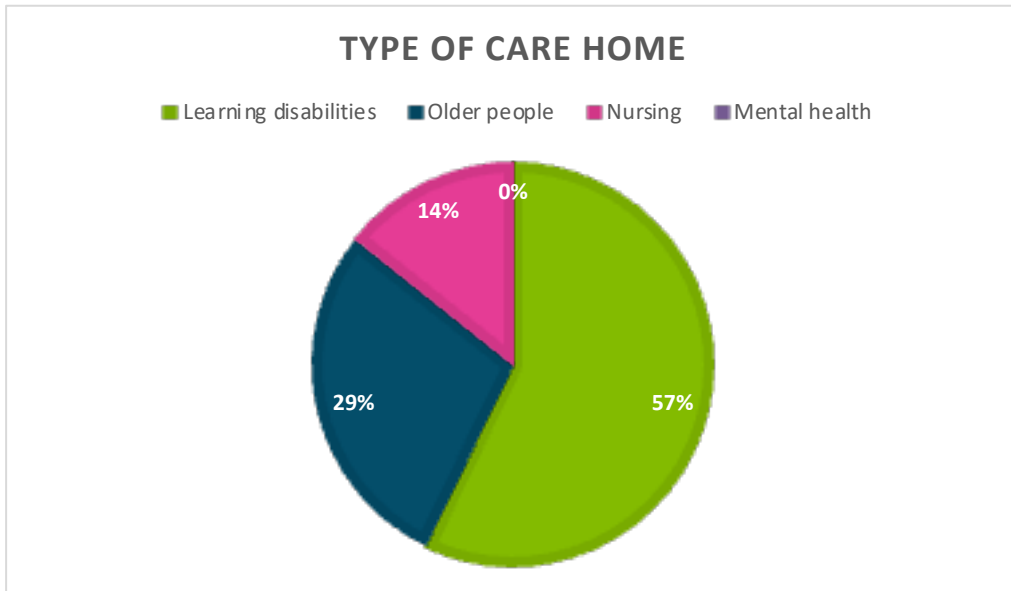
Healthwatch Newham contacted the unresponsive care homes over 3 times to attempt to arrange an interview slot. Despite this, many care home staff noted that their managers were offsite or unable to come to the phone to participate as they were busy or in other meetings. On occasion where the team were unable to reach care home managers directly – the survey link was shared via email so managers could respond at a time suitable to them at a managers request. Despite this, many never participated in the survey.

Healthwatch Newham would like to thank the care homes who participated for sharing their insights.

RESULTS

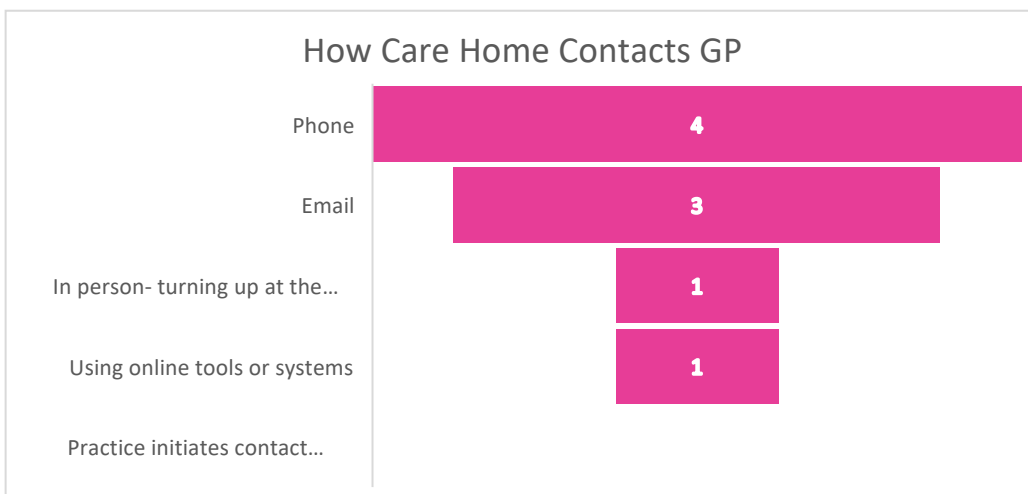
CARE HOME DATA

57% of care homes who participated catered to residents with learning disabilities and 29% catered to older residents.



CONTACT WITH GP PRACTICES

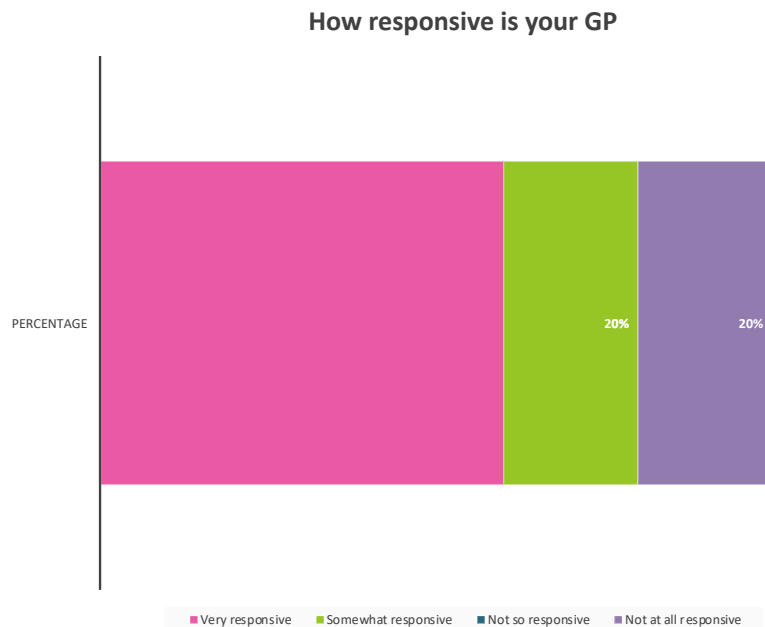
Many care homes contacted their assigned GP through phone and email. In person or virtual visits were less likely to be used. If out of hours service was required 40% of care homes reported that they would contact 111.



80% of care homes noted that the GPs were very – somewhat responsive to their requests. Managers noted: *“Triage is mostly recommended by GPs and they call within two to three days”*

“They are really responsive, usually we get answers on the same day for any queries or support we need”

In anthesis, 20% reported that GPs were not responsive at all noting: *“The practice is a nightmare to get through and to obtain appointments. However, Dr B. is very responsive”*

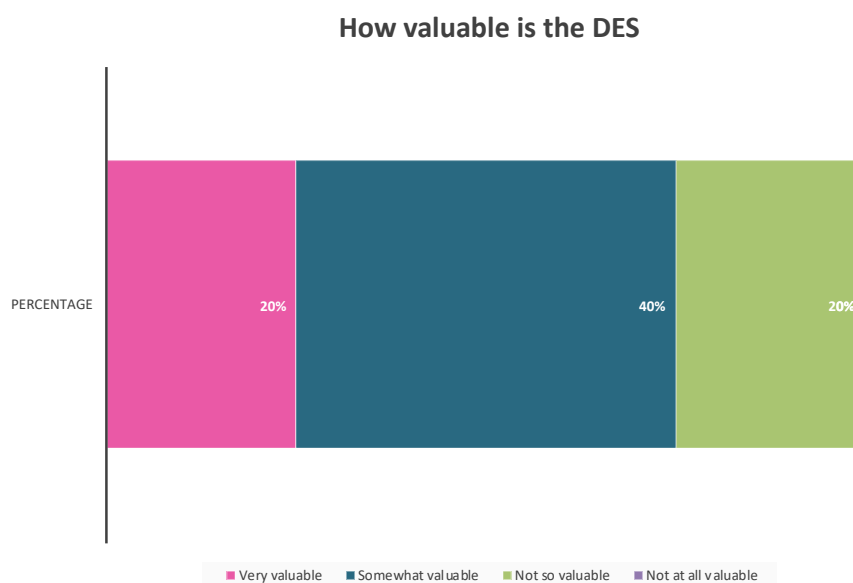


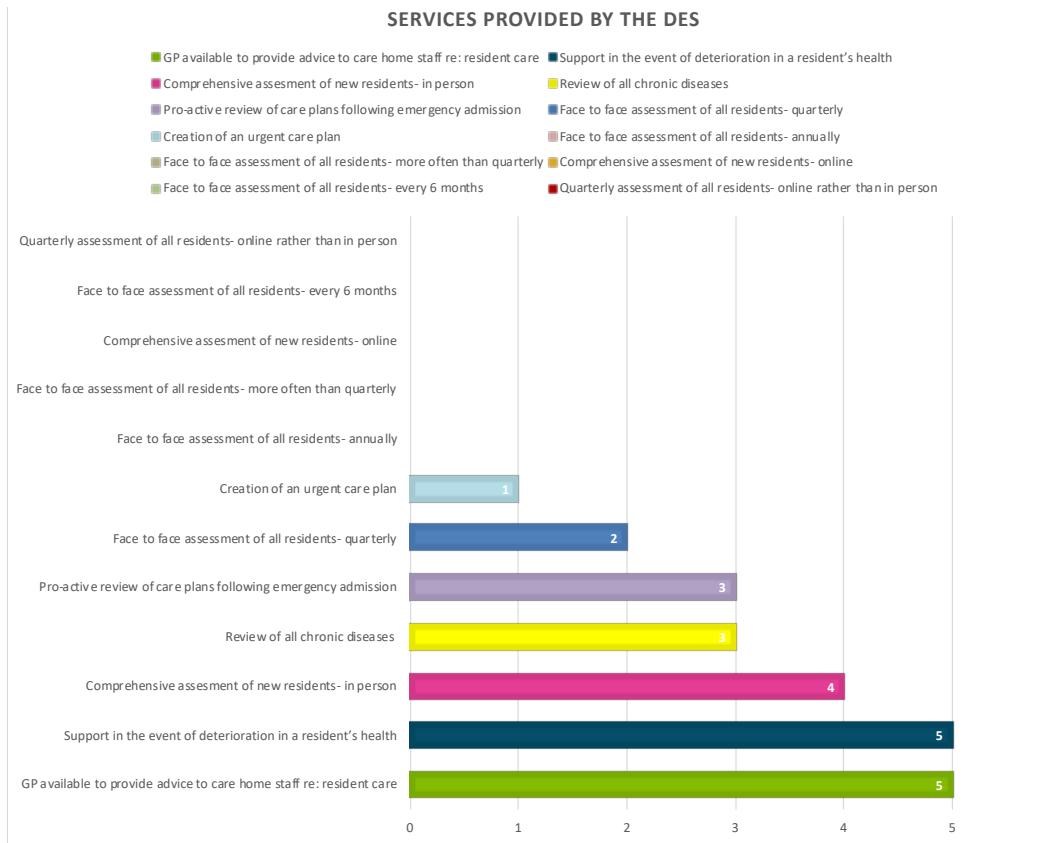
SATISFACTION WITH THE DES

60% of care homes found the DES somewhat to very valuable. Managers noted:

“We have a direct link to Dr B. who is helpful and allows the staff at the home to call her directly”

“We feel we get the support we need”



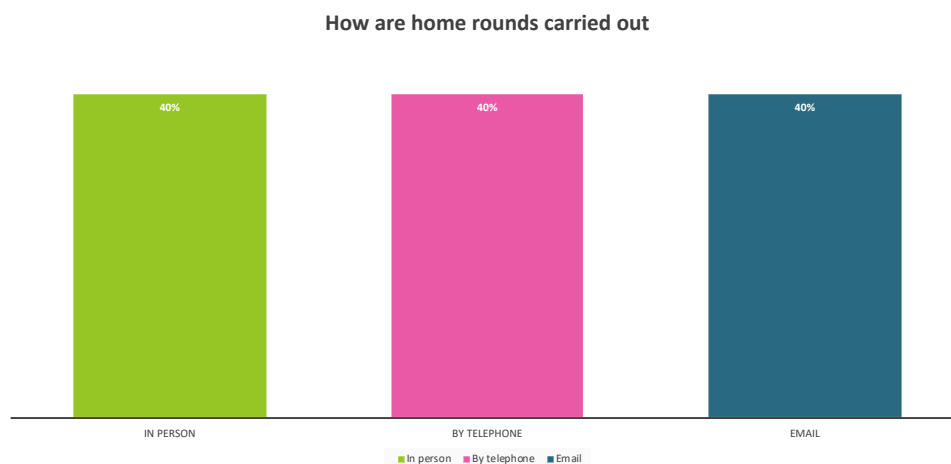


Most common services provided by the DES were: GP advice on resident care, support for residents with deteriorating health and comprehensive in person assessments of new residents. Furthermore, 1 home also utilised specialist referrals when necessary.

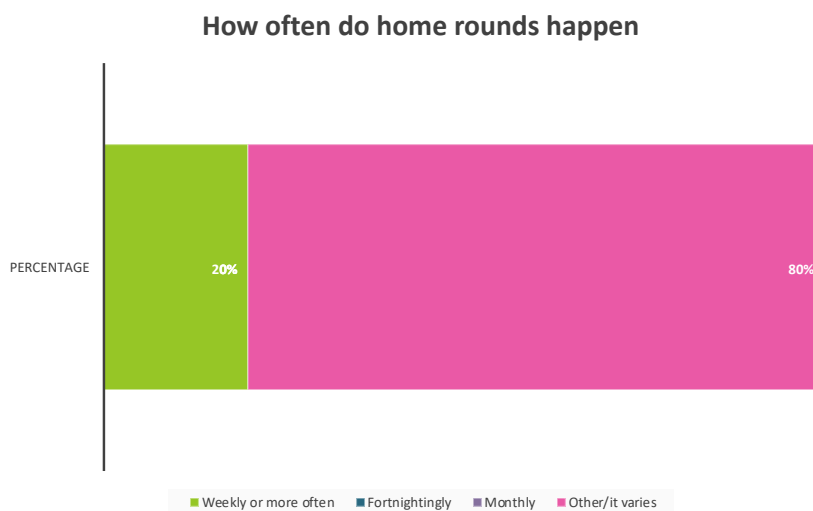
When asked which services care homes had issues accessing 2 managers responded, noting issues accessing adult social care and mental health services respectively.

HOME ROUNDS

Home rounds function as the contact between GPs and care home residents. When asked about how these are carried out, each care home reported a different response. Interestingly, each with different modes of action: in person, over email, by phone. Two care home further reported that they did not have home rounds at all or only when these were directed by the doctor.



80% of home rounds were reported to occur at varying frequency with only 20% of care homes having these scheduled in regularly.



50% of managers felt as though that home rounds happened as frequently as they were needed however, the other half of managers felt as though these happened less frequently than needed by residents.

Managers reported:

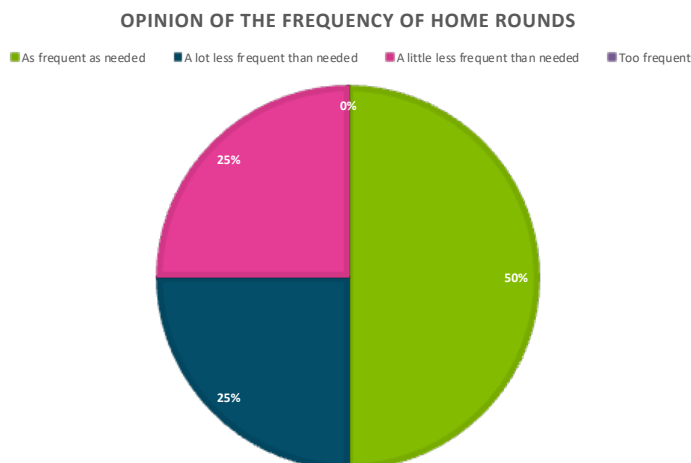
“GP rarely comes round”

“We have never had a GP visit the home from the practice since I have been in post. However, we did have COVID going on”

“We do not have home rounds, only when requested”

“We are a learning disability service so home rounds take place as required”

“Doctors don't really come out. However, they do give direction of what to do such as calling an ambulance, give prescriptions based on the symptoms provided over the phone and make referrals if need be to district nurses.”



80% of managers felt comfortable contacting their GPs outside of home rounds

Would you feel comfortable contacting GP outside of home rounds?



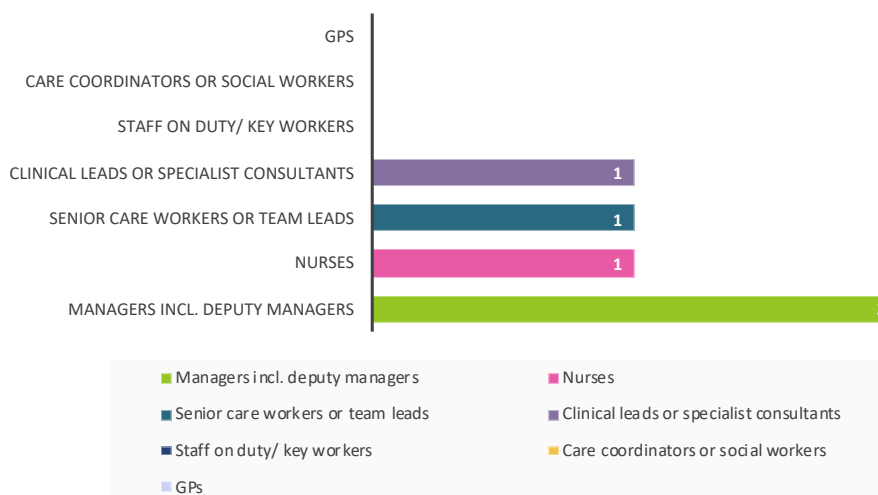
Furthermore, when managers were asked to comment on any improvements that could be made to home rounds they mentioned a greater focus on face-to-face care where possible and greater recognition of managers in resident care.

“It would be helpful for the residents to be seen face to face by their GP but with the recent changes, this is not always possible.”

“The GP to recognise that there is a registered manager in post and to document outcomes of their round with each resident, which is currently not the case.”

When asked about the involvement of staff in home round discussions most care homes reported care home managers/deputy managers as the most likely to attend these discussions. Most care homes reported that they had regular conversations with the resident and families about the outcome of home round discussions. Managers reported:

Staff involved in home round discussions



“There are key working sessions and reviews that involve families. Surveys are also developed for the families”

“If the service user wants a discussion with their family and we have permission, or they hold LPA”

“We discuss all care needs/outcomes with customer families as the customers we support lack capacity”

“Families and relevant others are always involved in residents plans of care”

Conversations with resident & family about outcomes



WORKING IN THE MULTIDISCIPLINARY TEAM (MDT)

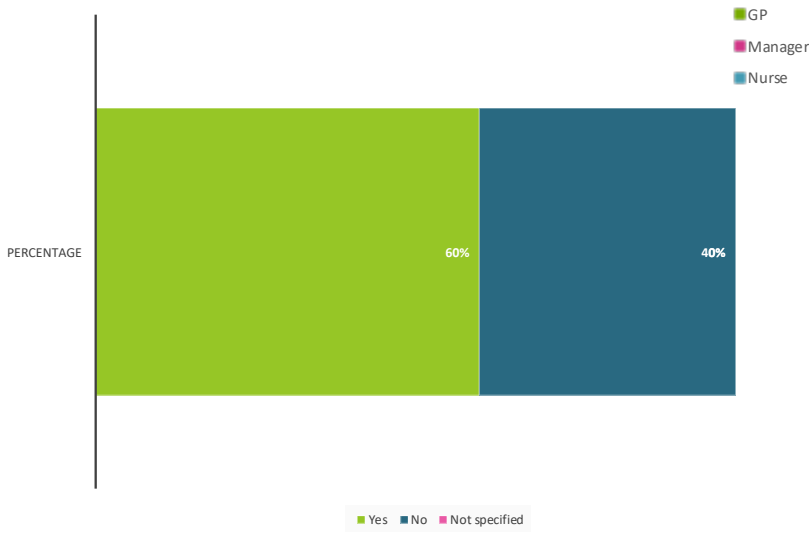
60% of managers reported that care home staff felt involved in MDT meetings. In all cases these team meetings are led by GPs and in 60% of cases take place as and when needed. Managers reported using these meetings:

“To have specific meetings regarding residents- this is normally led by the commissioning team”

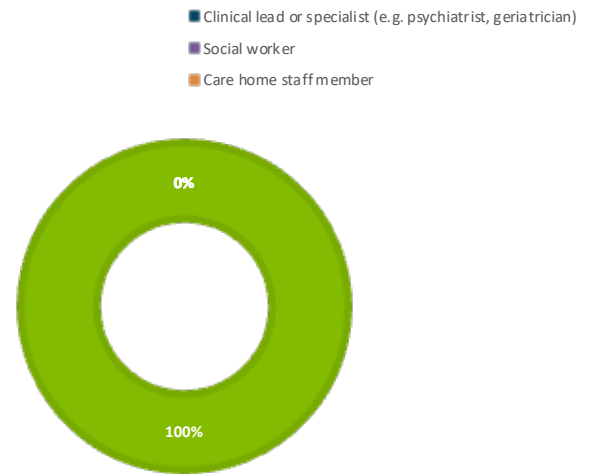
“To support individuals to raise their concerns”

“For feedback, working with other professionals and to ensure that care plans and risk assessments are accurate.”

Care home staff involved in MDT meetings

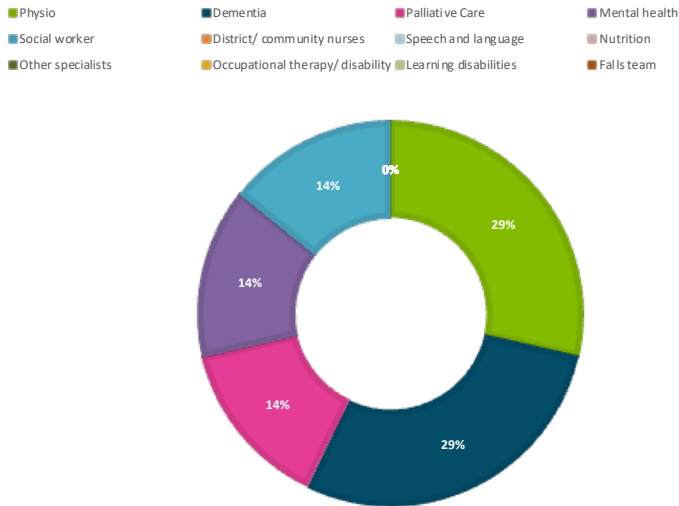


WHO LEADS THE MDT MEETING?



The MDT meetings are mainly used to discuss physiotherapy (29%) and dementia (29%) needs of residents, but other focuses include: social and palliative care and mental health support. In 80% of meetings other specialists are present to facilitate discussions.

MDT MEETINGS BY TOPIC/ SPECIALTY



MDT meeting including other specialists

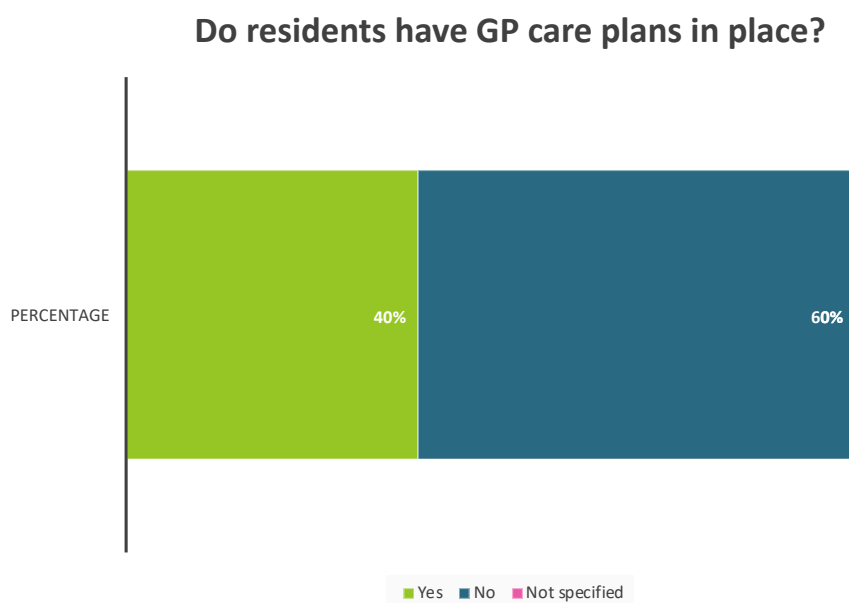


CARE PLANS

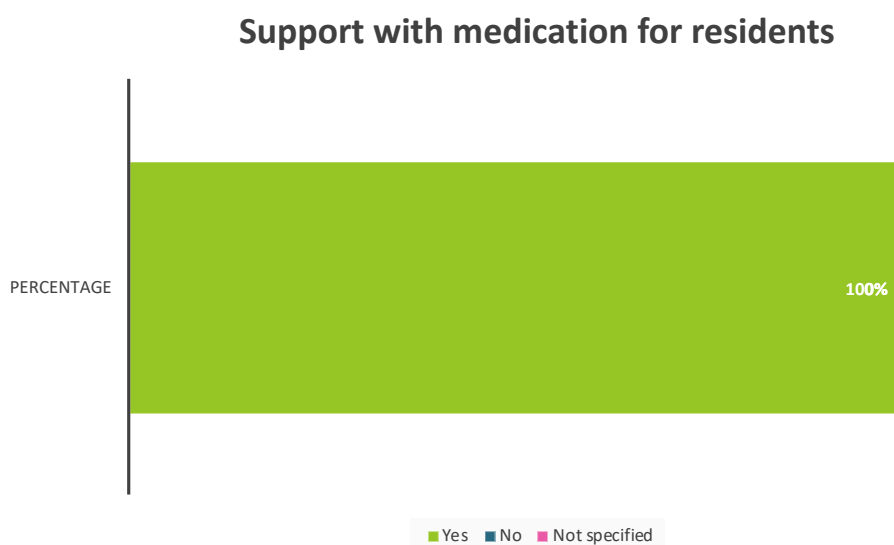
Most care home managers (60%) reported that residents did not have GP care plans in place. However, we note that some care home managers could have been confused by the interpretation of this question. Those that noted having care plans used them to:

“Update with any changes and actions under the HAP Health action plan. All staff have access to via Nourish”

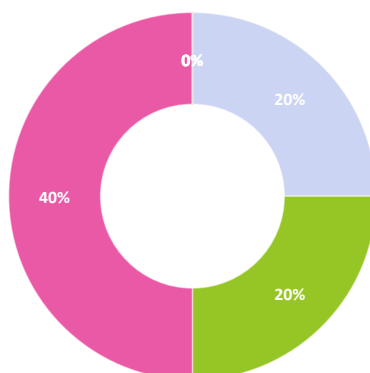
“To complete monthly in-house reviews and to up-date families”



All care homes felt as though they were supported with medications for their residents with 80% mentioning that these medications were reviewed regularly every 3-6 months.



Medication reviewed- how often



Medication regularly reviewed



80% of managers were satisfied with their pharmacy supplier and mentioned:

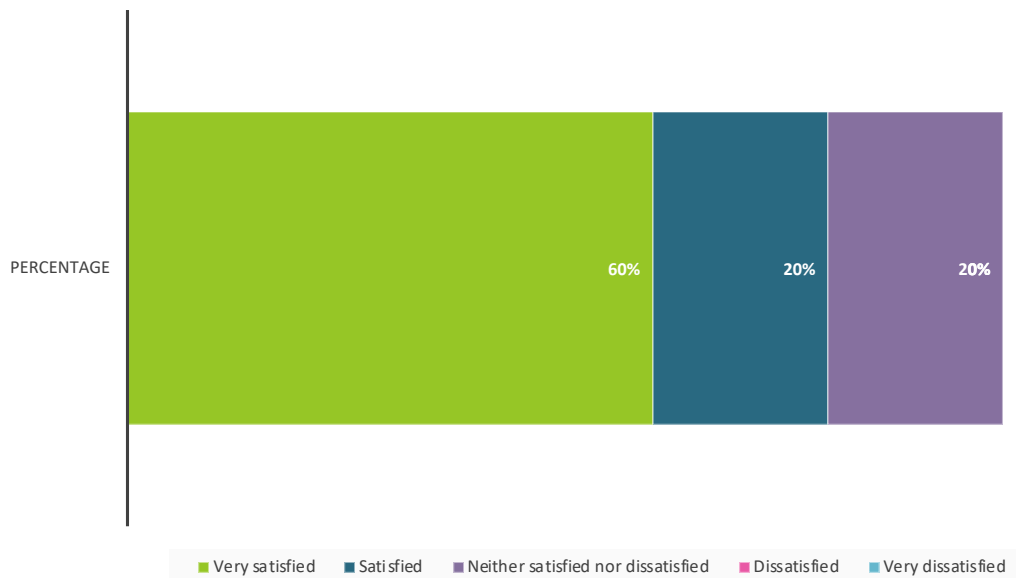
“They very prompt with processing prescriptions and dispensing, collecting prescription repeats and returning unwanted medications and deliveries”

“I really like the communication between the surgery and the pharmacy”

“Dossett they provide are brilliant, best that we have ever come across”

“The pharmacist is very approachable and supportive”

Experience of pharmacy supplier



END OF LIFE CARE

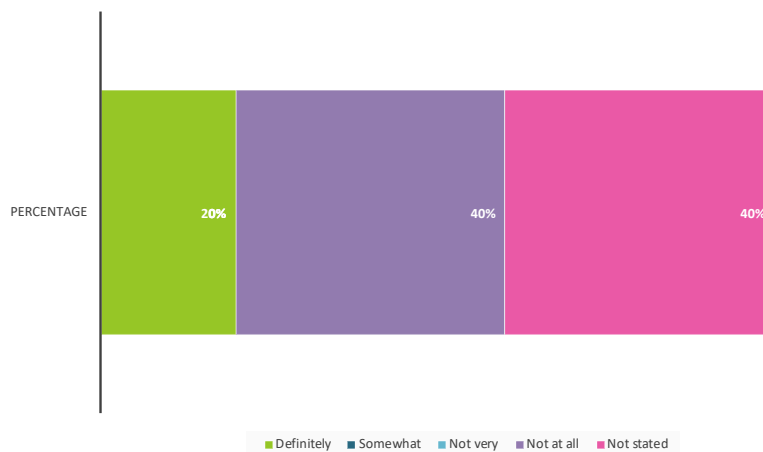
Some care home managers (40%) reported that after death care was not supported by the DES. This could be due to most of the care homes who responded to the survey managed residents with learning disabilities as opposed to those needing palliative care. When asked to comment on end of life care they mentioned:

“We have not used this service”

“It is not something that we would deal with at this care home, this would be a point where we would look at moving to nursing care”

“I have not had to work with anyone on end of life”

Is after death care supported by DES?



RECCOMENDATIONS

- Care homes should be empowered to use all services provided by the DES which is seen as valuable resource in Newham
- Communication between care home managers and GPs is valuable however care home staff should be involved in MDT meetings
- GP care plans should be put in place across all care homes and language from DES explained to care home managers to ensure they are aware of DES services
- GPs should regularly engage with care home and offer face to face home rounds every quarter – care homes should then decide if they wish to take GPs up on this offer