Care Homes Direct Enhanced Service (DES) Survey – Phase 2

Healthwatch Redbridge (lead), Barking & Dagenham, Waltham Forest and Havering

"[The Directed Enhanced Service] is an important relationship that takes care of the service user and helps us do our work much better."

North East London Care Home Manager

North East London March - May 2023

1. BACKGROUND

Following phase one of the DES survey, Healthwatch across North East London came together to deliver this additionally commissioned project seeking insight into GP services provided to Care Home residents, in each of the eight boroughs in the region. The project was commissioned through the North East London Integrated Care Board, now known as NEL NHS.

Direct Enhanced Service's (the-framework-for-enhanced-health-in-care-homes-v2-0.pdf (england.nhs.uk)) are defined as primary medical services other than essential services, additional services or out-of-hours services. GPs are additionally funded to provide these services.

There is a Direct Enhanced Service for Care Homes which provides services such as enhanced primary care and community care support, access to out of hours/urgent care when needed, multi-disciplinary team support, end-of-life care, home rounds, GP care plans and more.

The Healthwatch data team devised further questions designed to extract data from those Homes where the DES was deemed to be working well during Phase one. Healthwatch teams across five Boroughs were requested to:

i) Interview Care Home Managers for a qualitative evaluation; and,

ii) Interview Care Home Residents in the form of a focus group.

We spoke to 13 Care Home Managers and 26 Residents across 6 Care Homes.

2. METHODOLOGY

Given that we had established relationships with the majority of Care Home managers, we were able to access further interviews with a small selection of managers whose Care Homes identified positive experiences. Some staff changes had been made since our last visit.

i) Care Homes where the DES was working well were picked at random by the borough completing the survey. The majority of the Care Home Managers were interviewed in person, and a minority over the telephone. These interviews were completed by 13 members of staff and volunteers.

ii) The focus groups were completed in person within the care home setting which included residents that consented and volunteered to take part. There were 6 focus groups in total held by staff and volunteers.

To ensure we collected accurate and honest data we explained to all participants that answers and comments will be kept anonymous and we would not require any personal details. Our aim is to listen to what service users tell us about local health and care services and then work with the people who run the services to try to improve them.

3. FINDINGS

We selected Care Homes where the DES was reported to be working well with the aim to find common themes between Care Home managers and from the responses from Residents.

Whilst the data set was relatively small, we were able to extract key themes.

Managers and Residents

- GPs are in regular contact, normally attending the care home weekly
- GPs will support staff or attend outside of the regular visit if required
- Most Care Homes have regular access to additional services such as chiropody, physiotherapy and opticians
- Most Care Homes have good access to a Dentist

Issues arising from surveys

- One Care Home does not have access to a dental service
- One resident at a Care Home is awaiting a referral to the wheelchair service
- One resident at a Care Home believes the staff should communicate more with residents

CARE HOME MANAGER INTERVIEW THEMES

INITIAL PRACTICES
Initial assessment should include resident, relatives, care home manager and GP
Care plan should be in place as soon as possible
Establish a single point of contact/lead GP
Urgent care plan in place as early as possible
Essential that care is personalised/person with GP

ONGOING PRACTICES
Standard weekly visits within the Care Home
Single point of contact/lead GP
This GP should be contactable directly - via email, telephone or both
Assessments completed at least quarterly and monitored
Resident should be reassessed at change of circumstance
GPs offer flexible resident appointments and attend when requested (or by video call)

HOSPITAL ADMISSIONS
Hospital passports (or something similar) should be prepared in case of hospital admissions
All health provisions are utilised with the Care Home before admission to hospital
Review completed post hospital admission
Residents discharged with letter including medication changes which GP should be sent immediately

MISCELLANEOUS
District nurse should be available
Some homes involve relatives depending on heath and care needs
Specialist referral process should be easy to navigate
All staff, not only senior staff, should know who the GP is and feel comfortable contacting them

RESIDENT FOCUS GROUP THEMES

GP PRACTICES
All residents agree they are able to see a GP when they need to, at different frequencies
Some residents have their care overseen by a registered nurse in the Care Home as this suits their needs
All residents agree they are able to see the GP at short notice as they attend the home on a regular basis
70% of patients agreed they were mostly seen by the same GPs
Residents who were seen by different GPs did not view this negatively as a whole. One resident preferred to see the same GP as they knew their medical history

MEDICAL APPOINTMENTS
Residents in 5 out of the 6 homes have seen a dentist in the last year. Regular appointments are 6 or 12 monthly, with further appointments available if required
In the home where there are issues with dentistry the main issue is accessibility as the surgery has stairs. The residents have asked if a dentist could visit the home
A Chiropodist visits the homes where required every 6 weeks, this is a paid service. Some patients need to attend hospital appointments with a podiatrist
One home uses an Optician service who visit the home
Physiotherapists are normally only available post hospital discharge via a GP referral.

HOSPITAL/REFERRALS
None of the patients are currently waiting for a medical appointment from a referral
Of the recent referrals the patient in question received a follow up in 2 weeks
Those patients that require medication in a hospital setting are seen every 2-4 weeks, which they are satisfied with
One patient is waiting for a wheelchair via social services which has not yet been provided

Individual Resident Feedback
None of the residents felt there was a medical need that was not met
"We don't mind who we see as they care for us equally as good as one another, they are both lovely"
"Communication with our GP is easy, and we have a good relationship with him"
One patient felt that staff in the home did not always answer questions

4. THEMED CONCLUSIONS AND RECOMMENDATIONS

Best interests of the resident

Care Home Managers identifying that the DES was working well, highlighted care that was in the best interests of the residents. It is seen as essential to build a trusting relationship with the Care Home. One key way to do this was to develop a close, working relationship with one lead GP.

The outcome of this provided many benefits for residents. There were several themes within this:

- Flexibility
- Collaboration
- Prevention of escalation to urgent care
- Directly linked into the wider Health Service

Best interests: flexibility

Care Home Managers identified a need for a flexible relationship with their GP in order to achieve person-centred, responsive care, including ethical decision-making and consent:

> *"It all depends on the service user. One of our autistic residents was losing weight and he would not [give consent for] a blood test. We contacted the Multi-Disciplinary Team (MDT) to plan how to carry out this procedure. We also had to arrange a best interest meeting. MDT has supported us in arranging a blood test in the hospital with sedation."*

A flexible and responsive GP provision also supported the relationship between the Home and the Residents' family under the same best interests of the resident. At times, the concerns of family members could be in conflict with the residents' clinical needs, and the GP was a vital mediator:

> *"There was a situation where there was a family member who could not understand why the dad was declining. Home tried to put palliative care in place. Family insisted to have physio but the patient was too weak. GP was called three times, but she managed to calm the family and put the paperwork in place."*

Best interests: collaboration

Care Home Managers felt that a well-functioning DES led to better collaboration with the wider Health and Social Care network. This in turn enabled a more cohesive and holistic approach to residents' care planning:

> *"It {the DES] is very valuable. We get the support when we call relevant professionals. There are many moments when we feel unsure about one thing or another, for example, residents behaviour, and the best people to get those answers from are GP`s, psychiatrists etc. We support those people, but we are not specialists in everything, so we seek those answers from people who know best."*

The Care Home Managers interviewed were willing to ask for advice and to refer residents for specialist help. Further research could focus on the nature of Care Home leadership in relation to collaboration and teamwork.

The DES worked flexibly, being led by the needs of the resident and allowed personalised care to be the focus of planning:

"We make assessments as and when required. If there are no changes, then they happen every 6 months. They are always face to face, we have good relationship with residents` families. However, care reviews from Local Authority sometimes do not happen, and we need to try and follow that up."

One Care Home Manager identified the need for a more responsive service from the Local Authority. Most feedback involved the benefits of being part of a wider team serving the residents. The DES proved essential for this to take place:

"We cannot work without the help of all agencies involved. There are a lot of benefits of working together and we can see those benefits, even though change takes time to happen."

Some Managers felt that they had had to actively pursue the relationship but that the result made this worthwhile:

"One of the best things we've done - had to fight for it."

Best interests: the prevention of escalation

Care Home Managers and residents identified that a trusted and secure relationship with their lead GP enabled tailored and timely intervention which operated to prevent deterioration of the residents' wellbeing:

"We deal with any issues before they escalate…our close links with GP allows us to 'catch' things quickly"

Critical to this was the quality of the professional relationship, as the GP trusted the Home to call in order of priority:

"Medical professionals know us, and if we call that means it is important, and they always support us."

Care Home staff felt that this directly helped avoid unnecessary and disruptive admissions, with disorientating ambulance transfers.

Residents felt that they trusted the GP to respond to their medical needs.

"As stated, if there is a need for a medical professional, one is arranged for us"

"Our Doctors are very good at responding to our needs"

Best interests: Confidence of staff

Care Home Managers identified that new staff can be reluctant to contact GPs, and felt that this was related to their confidence:

"Staff work very closely with GP`s. We call them and email them if there are any concerns, or a behaviour of one our residents has changed. New staff can be a bit reluctant to contact GP`s, but once they are more confident in their role, they form close relationship."

Some Care Home Managers identified that there were other sources of help that could be prioritised, such as online support, but that the DES was a preferred option:

"I would personally recommend DES, as it is working very well for us and allows us to do our job. However that would depend on the care home manager – some people just prefer to look for information online. I think it is much better to ask questions, and also speaking to professionals allows to form a good working relationship."

Issues of staff confidence and knowledge in accessing GP support would therefore be vital to embedding the DES structure in other Care Homes.

Best interests: technology

Some Care Home Managers identified staff and GP hesitancy in using technology as a factor to negotiate whilst establishing the DES and enabling this to work well:

"GP's were not liking it, talked them round to embrace technology."

"Not everyone likes technology."

There was also a concern that the opposite could be the case:

"If it continues to be face to face it works well. Would not work if it had to be Zoom or any other technology."

It would therefore be worth establishing the technology preferences of the Home and GP to negotiate the best working relationship.

RECOMMENDATIONS

- To maintain a lead GP for each Care Home
- To continue to promote links with the wider Health Service
- For the DES to provide a trusted and flexible relationship between Care Home manager and GP
- Establish service user feedback forums in Care Homes as these worked well in gaining insight for the DES
- Establish the use of technology early in the DES relationship
- Further research into coproduction between the residents, Care Home staff and lead GP
- Care Home staff training on accessing lead GP support

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