



**Providing GP Directed
Enhanced Services at
Care Homes in Redbridge**

August 2022

1. Introduction

1.1 Background to the project

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. This project was commissioned by North East London Clinical Commissioning Group (NEL CCG), now known as NEL NHS.

They want to find out how effective the GP Direct Enhanced Service is working in the North East London region and to evaluate the findings to better design future services for Care Homes in the region.

Directed Enhanced Service (DES)
Enhanced services 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 Directed Enhanced Service (DES) 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 idea of the DES is that people living in care homes should expect the same level of support as if they were living in their own home. The DES will enable consistency of care for people living in care homes, and help care homes, networks of GP practices and providers of community services to build the strong working relationships.

1.2 The wider determinants of health and wellbeing

Redbridge is one of the most diverse communities in the country. It is also the 13th largest borough in London, with a rapidly growing population.

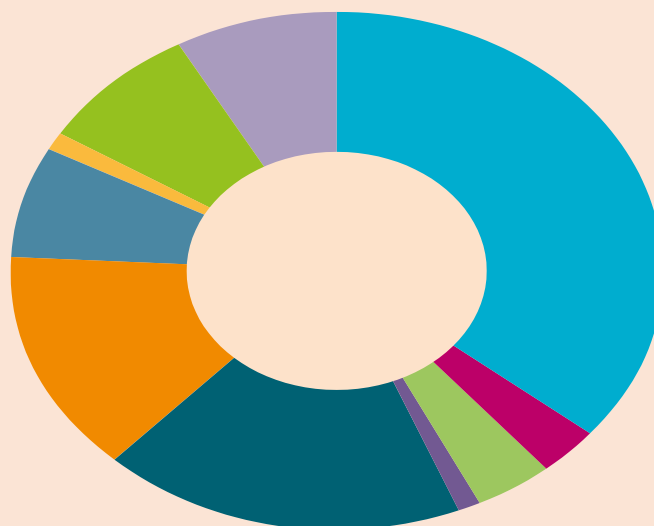
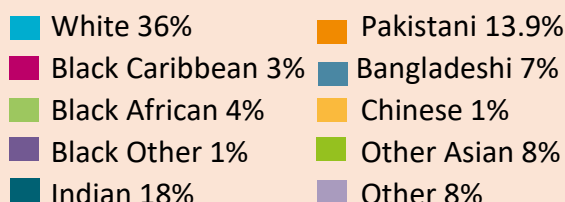


Resources are limited and may not keep pace with the needs of local people. Evidence shows that there will continue to be significant increases in the numbers of children and young people and people aged over 65 years living in Redbridge, many of whom require support from health and social care and other services.

Diversity

In 2017, 64% of Redbridge residents were from a Black or Minority Ethnic group.

The largest ethnic groups were Indian and Pakistani.



Redbridge has significant areas of deprivation and communities which experience poor health outcomes, alongside an increase in residents who have one or more long-term conditions or disabilities.

The consequences of population changes, in particular ageing and deprivation, is an increase in the need for interventions to protect and improve people's health and wellbeing, as well as an increase in demand for health and social care services provided by the NHS and the Council.

1.3 Methodology

We were able to conduct the survey with 47 Homes, giving a **64% completion rate**. Three Healthwatch staff members and 4 volunteers took part.

Each participant was given the task of contacting 10 Homes or more. Some homes were contacted a number of times to book the survey with the Care Home Manager. This equated to approximately 10 hours of work for each participant with attempted calls, calling back, and completing the survey itself.

Many Homes had not received the email from the NEL NHS informing them that we would call. This was in many instances because the Manager within the Care Home had changed and there was no forwarding information. It was also notable that telephone numbers were occasionally out of date.

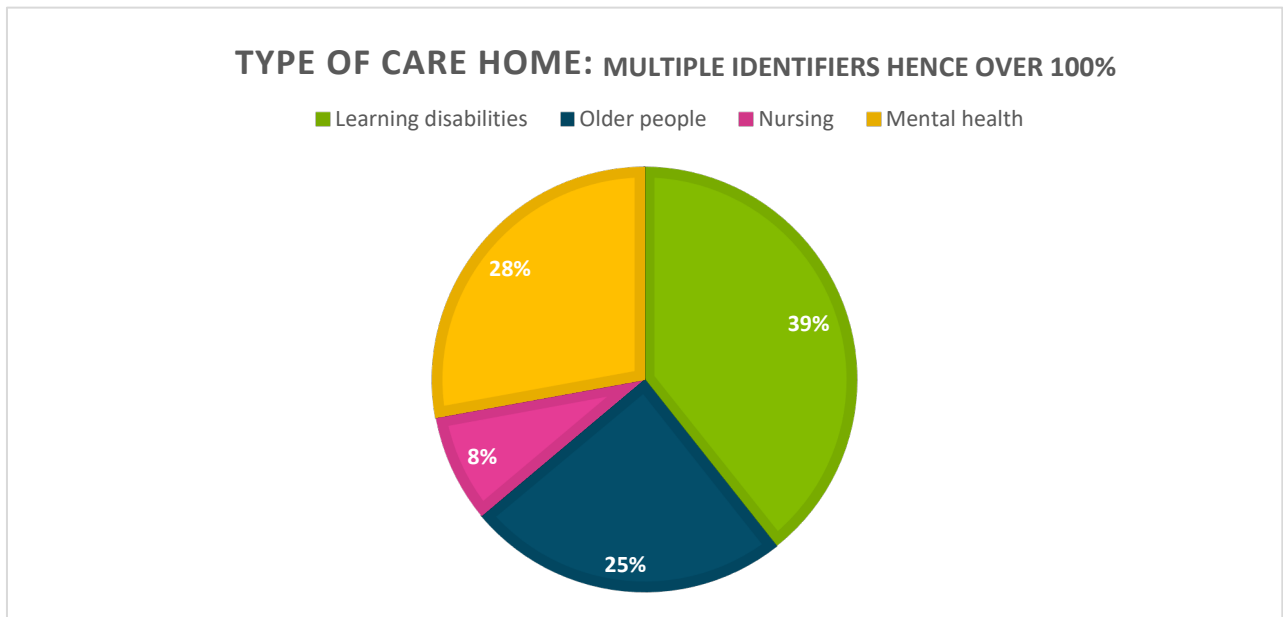
It was concerning that the key means of contact between NEL NHS and the Care Home was therefore not secure or durable, because of the rapid changing workforce. We suggest developing a means of communication that can withstand rapid change.

1.4 Care Homes in Redbridge

Redbridge has the highest number of Care Homes in North East London, at 73 homes, with 1,714 staff and 1,331 beds.

2 Care Home data

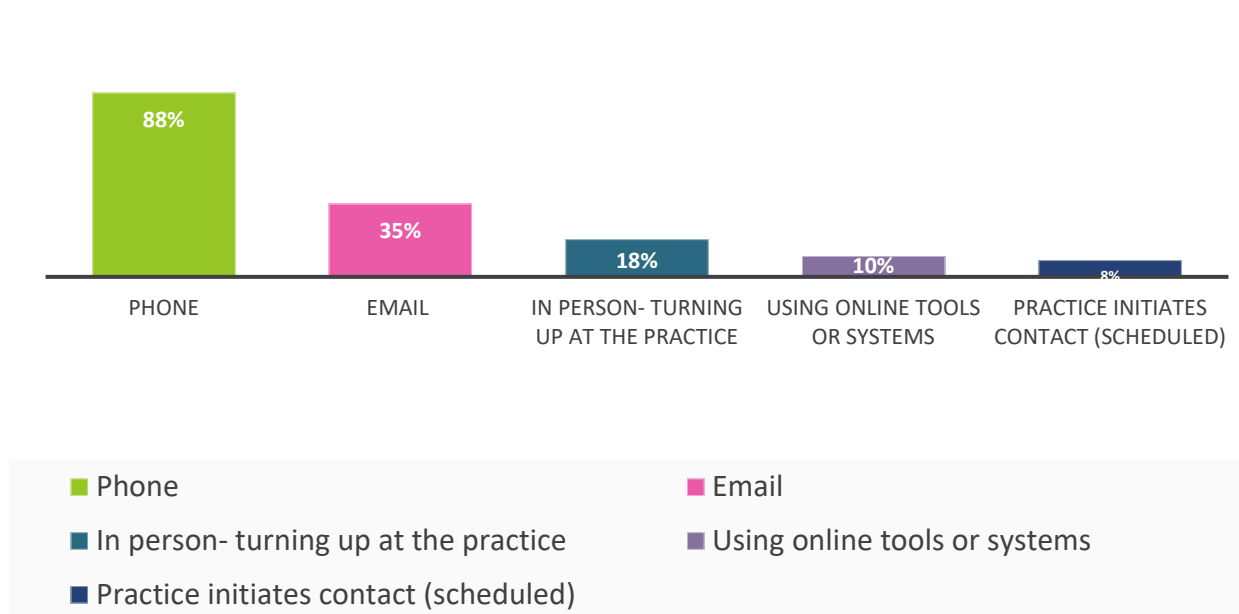
Several Care Homes in Redbridge are for service users with learning disabilities and mental health requirements rather than solely for older people:



2.1 Contact with the GP and other healthcare professionals

Nearly all the care homes contacted their assigned GP by telephone, although email contact were used by a few respondents:

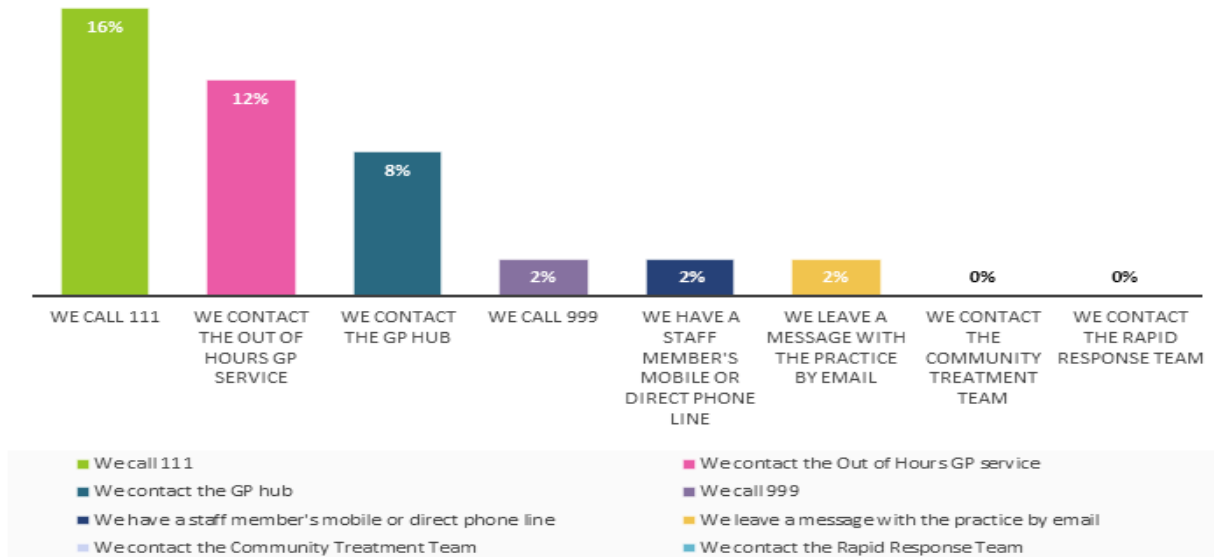
How care home contacts GP



2.2 Outside normal hours: a range of methods used:

Out of normal Practice working hours, a range of methods was used by homes when needing medical support. Not all of them necessarily involving contact with the assigned GP.

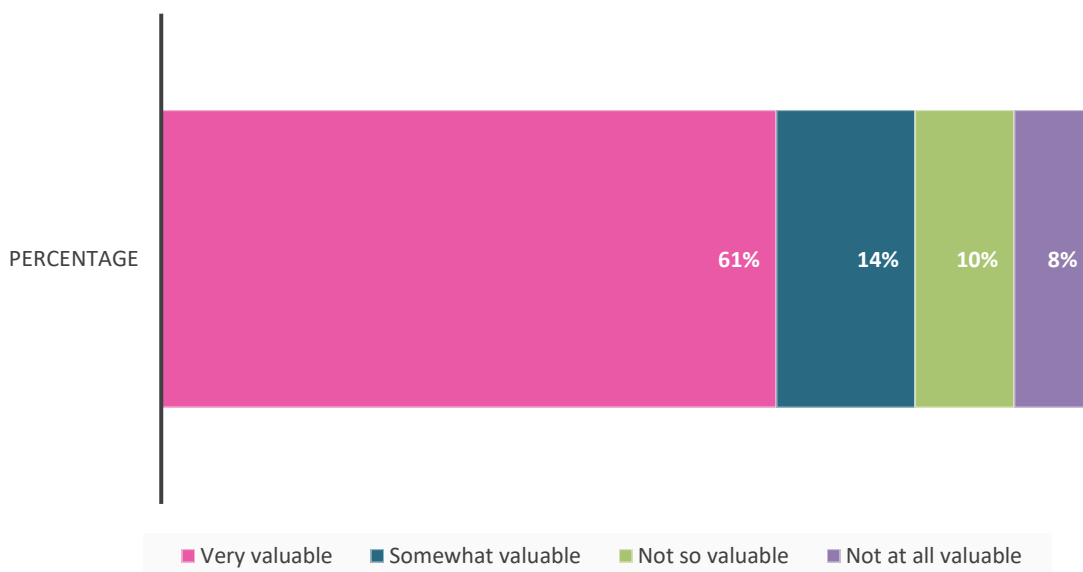
What happens if services are needed out of hours



2.3 Satisfaction with the Directed Enhanced Service

61% of respondents were extremely satisfied with the DES. However, several Care Home Managers felt that they had never heard of the service, or any of its constituent parts:

How valuable is the DES



One Care Home Manager reflected they would love to have the DES service but are not currently receiving this:

‘It’s not valuable to us because we don’t receive it - we would have loved to receive it, I can see from other Homes it is brilliant.’

Another Care Home Manager reflected:

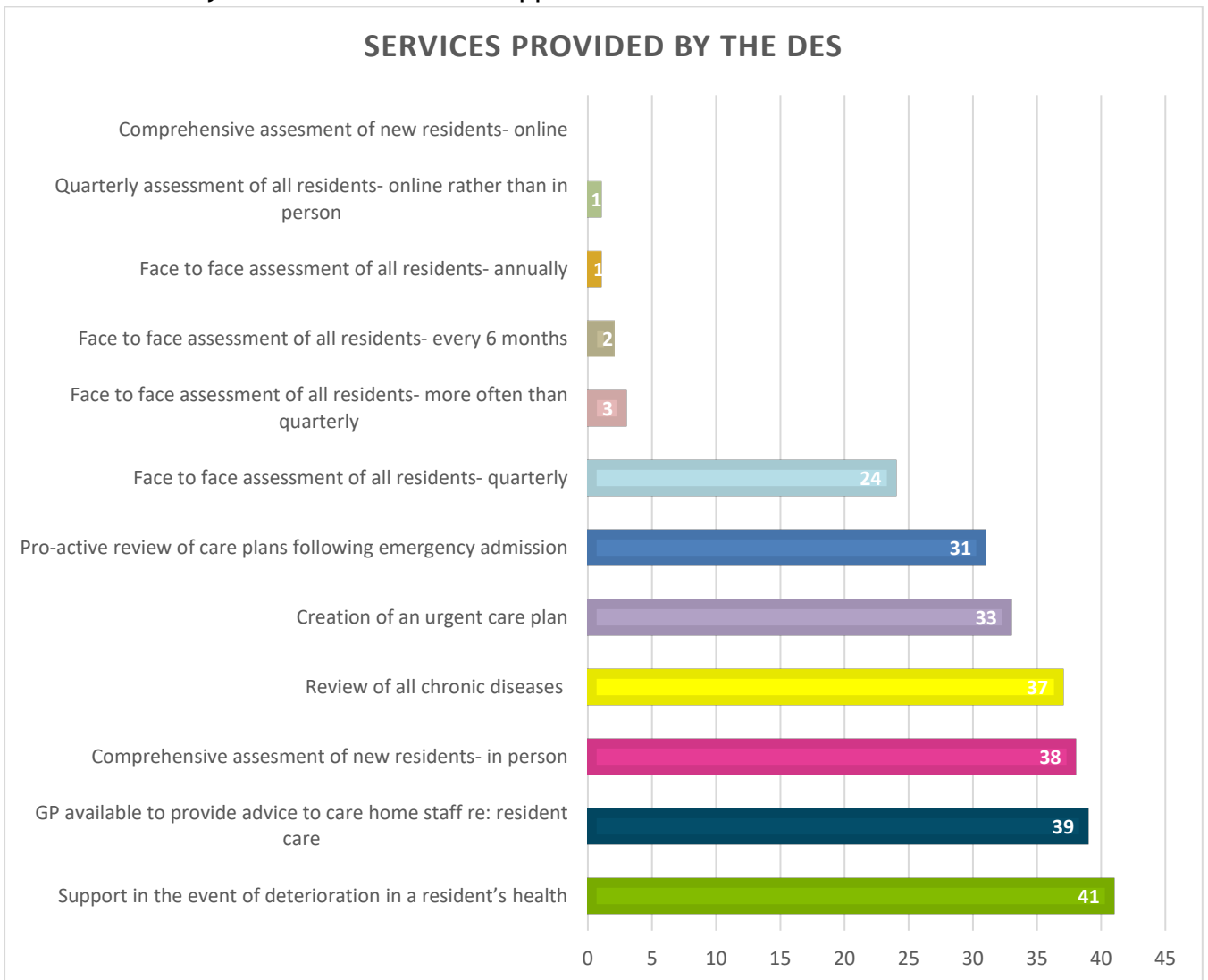
‘We don’t receive this service from the GP. We don’t see the GP face to face.’

Other Care Home Managers felt that the DES connected them well and securely with their GP provision:

‘There is a good response: the phone lines are always open.’

2.4 Services provided under the DES

Overall, 62% of respondents reported that they received all services provided under the DES but not all homes appeared aware of the range of services available to them under the DES system. Several did not appear to be offered at all:



Other services offered by practices were identified in addition to the DES:

Other services offered

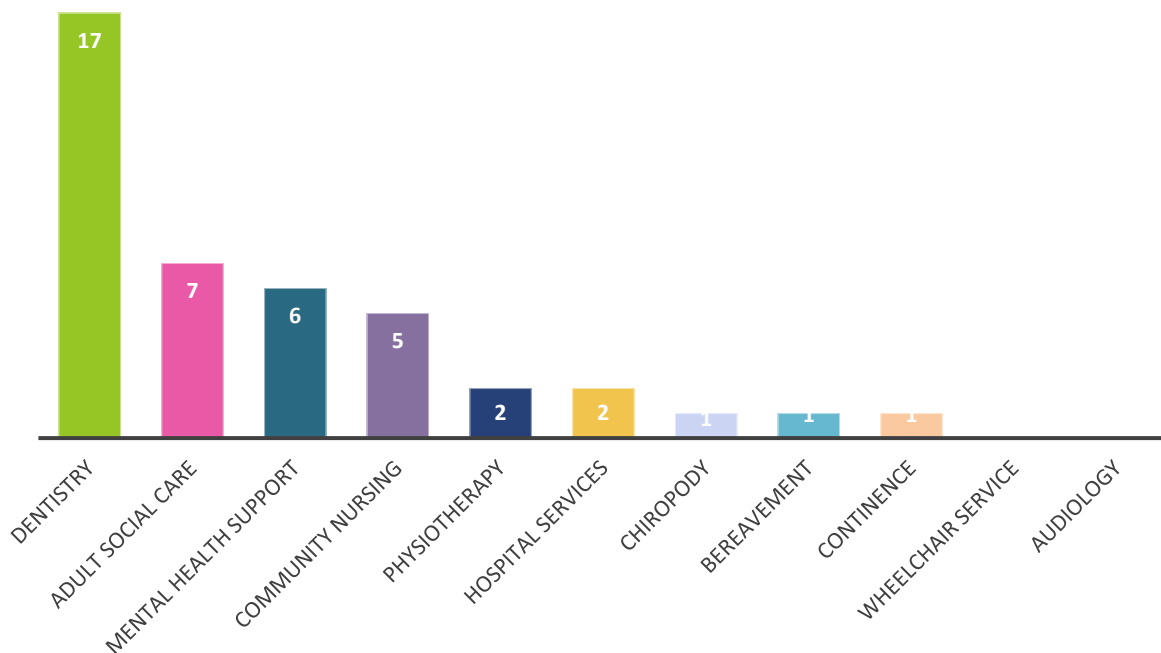


2.4.1 Accessing other services

Care Homes reported problems accessing other health services. The most common difficulty was with dentistry, which aligns with national concerns and existing work undertaken by Healthwatch Redbridge:

https://www.healthwatchredbridge.co.uk/sites/healthwatchredbridge.co.uk/files/dentistry_project_report_may_2021_.pdf:

Issues accessing services



One Care Home manager commented that they had particular difficulties in accessing dentistry for service users with autism:

‘There is intolerance towards autism. If there is non-attendance for appointments, 3 strikes and you’re out.’

Other Care Home Managers reflected that community dentists are hard to access:

‘Finding a community dentist; long wait and a lot of paperwork, not well signposted’

There were also differences between pre-Covid dental arrangements and the current situation:

‘pre-Covid a dentist used to come to the home. Now we have to take residents to the dentist, this makes things more difficult.’

Some Care Home Managers found the Community Nursing teams difficult to contact and hard to remain in good communication:

‘Community nurses are not super responsive.’

‘We would like better communication with nurses as don’t always pass information onto us.’

There was also one comment that Redbridge Safeguarding Services were slow to respond to Deprivation of Liberty requests.

2.4.2 GP responsiveness

63% of respondents found the GP very responsive; and 14% of respondents found the GP not so responsive or very unresponsive:

How responsive is your GP?



■ Very responsive

■ Somewhat responsive

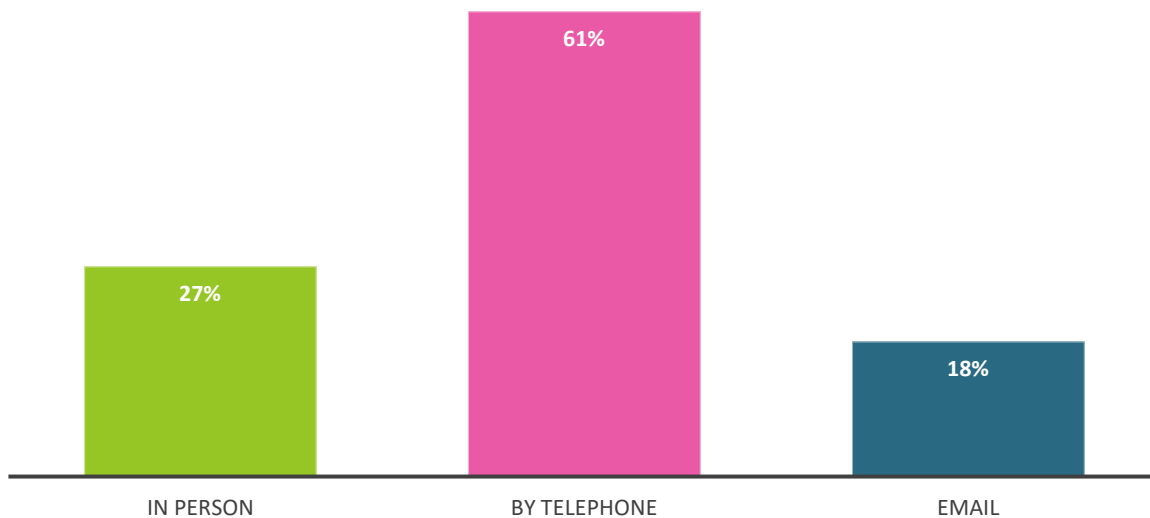
■ Not so responsive

■ Not at all responsive

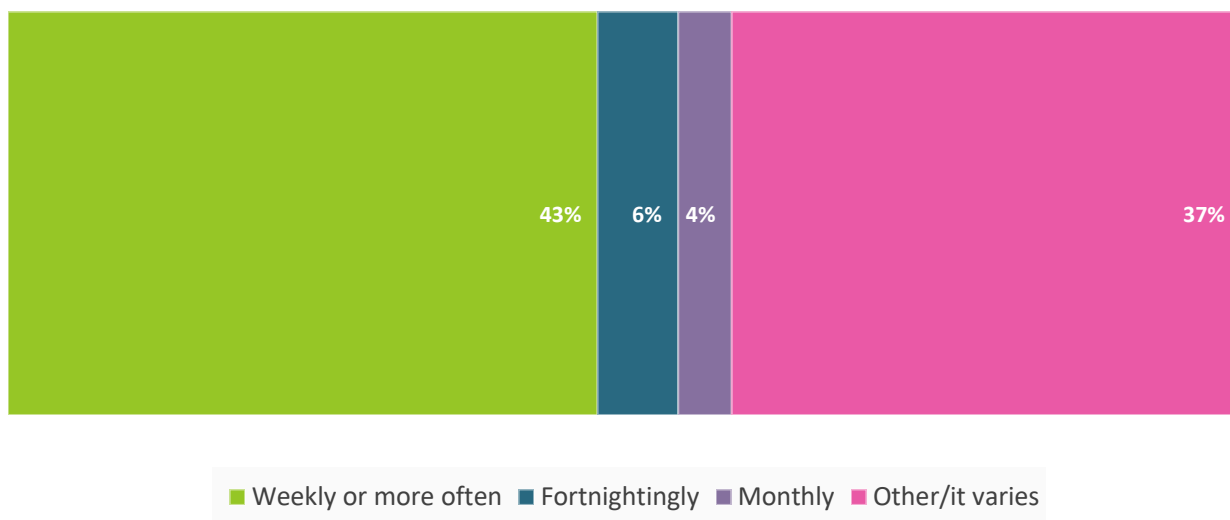
2.4.3 Services within the Care Home - Home Rounds

The main contact between the GP and the residents is the 'Home Round.' 61% of these rounds were taking place by telephone, and 43% once per week. 85% of respondents felt this was sufficient, with 10% feeling this was a lot less frequent than needed:

How are home rounds carried out

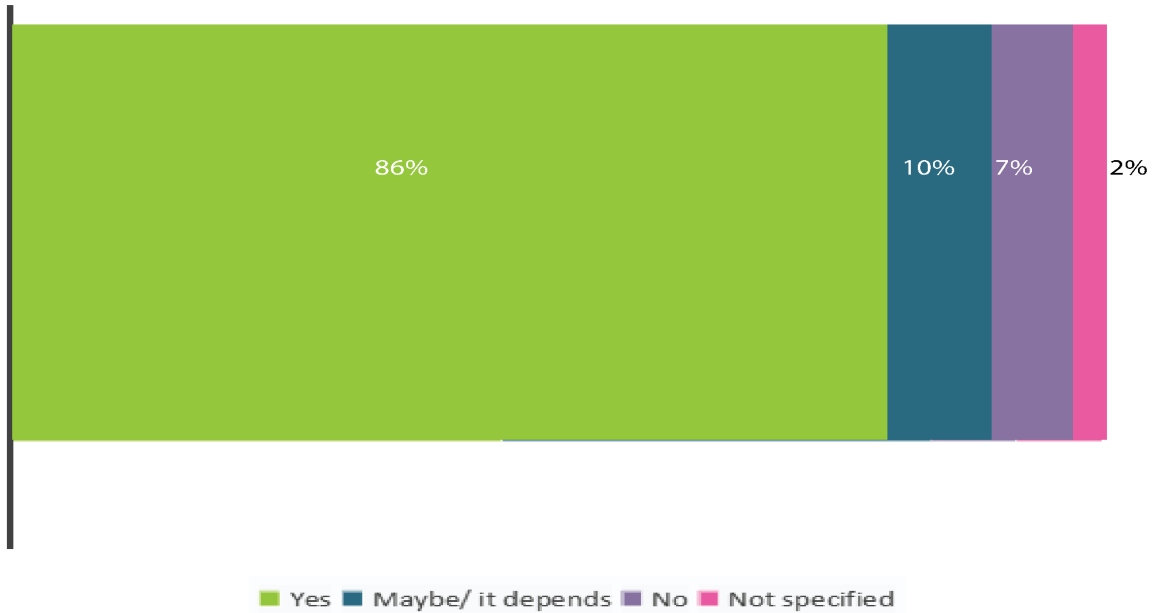


How often do home rounds happen



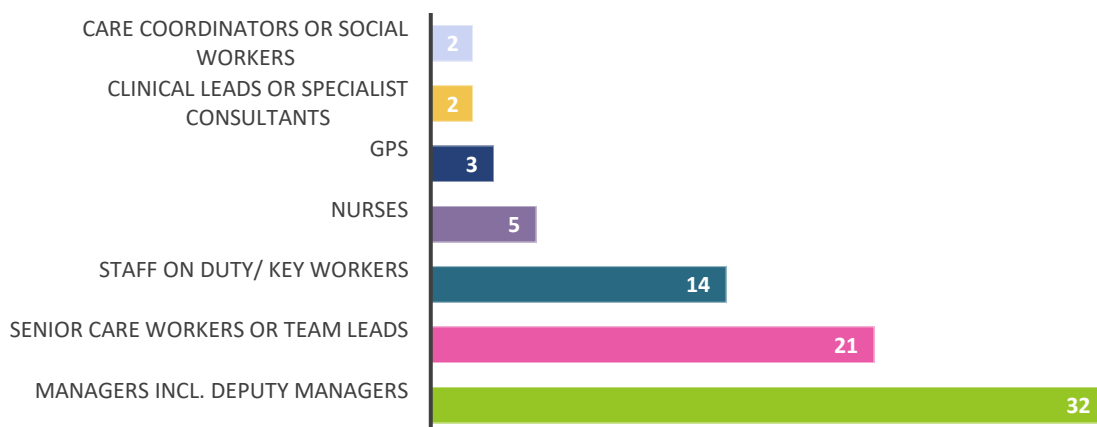
86% of Care Home Managers felt comfortable in contacting their assigned GP outside of the Home Rounds:

Would you feel comfortable contacting GP outside of home rounds?



The Care Home Manager or Deputy Manager was the most frequent member of staff attending home round discussions. Few Care Home Managers mentioned GPs as attending home rounds.

Staff involved in home round discussions

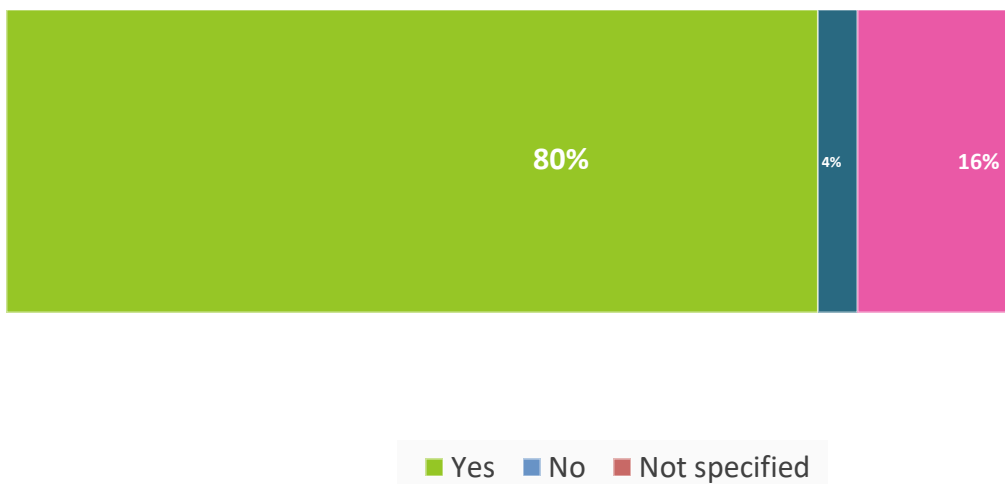


75% of Care Home Managers felt that families were able to take part in these discussions, and a similar proportion were involved in the discussion about outcomes:

Families allowed to take part in rounds



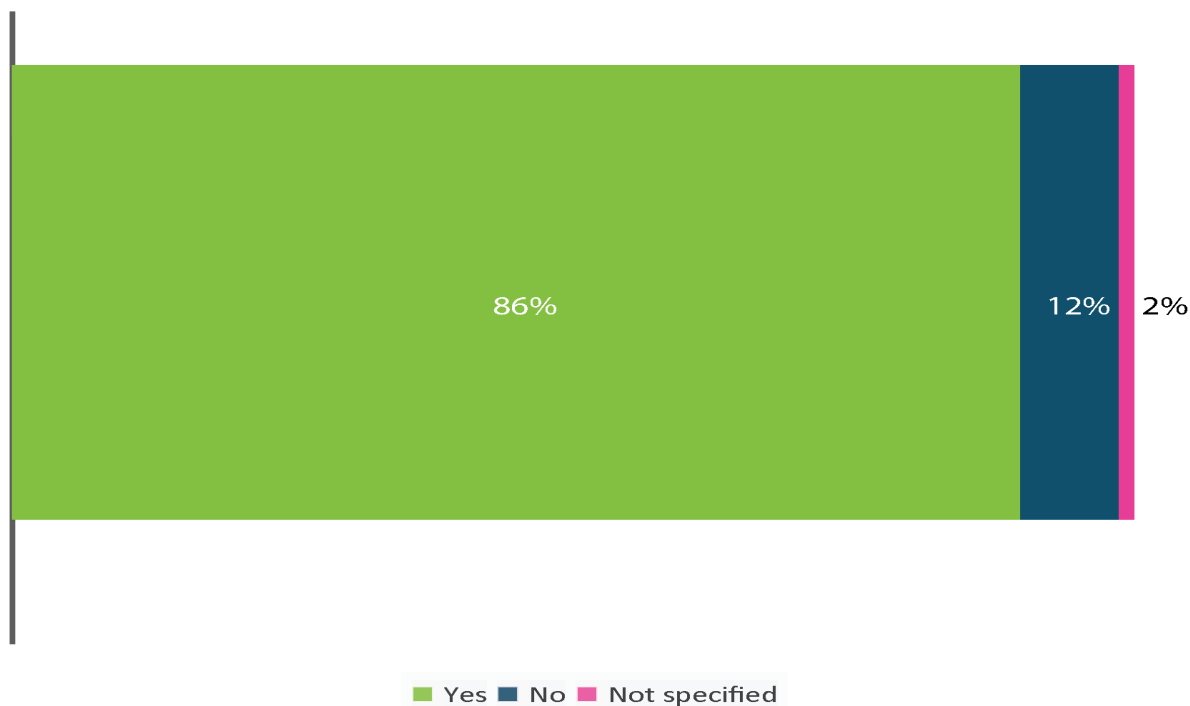
Conversations with resident & family about outcomes



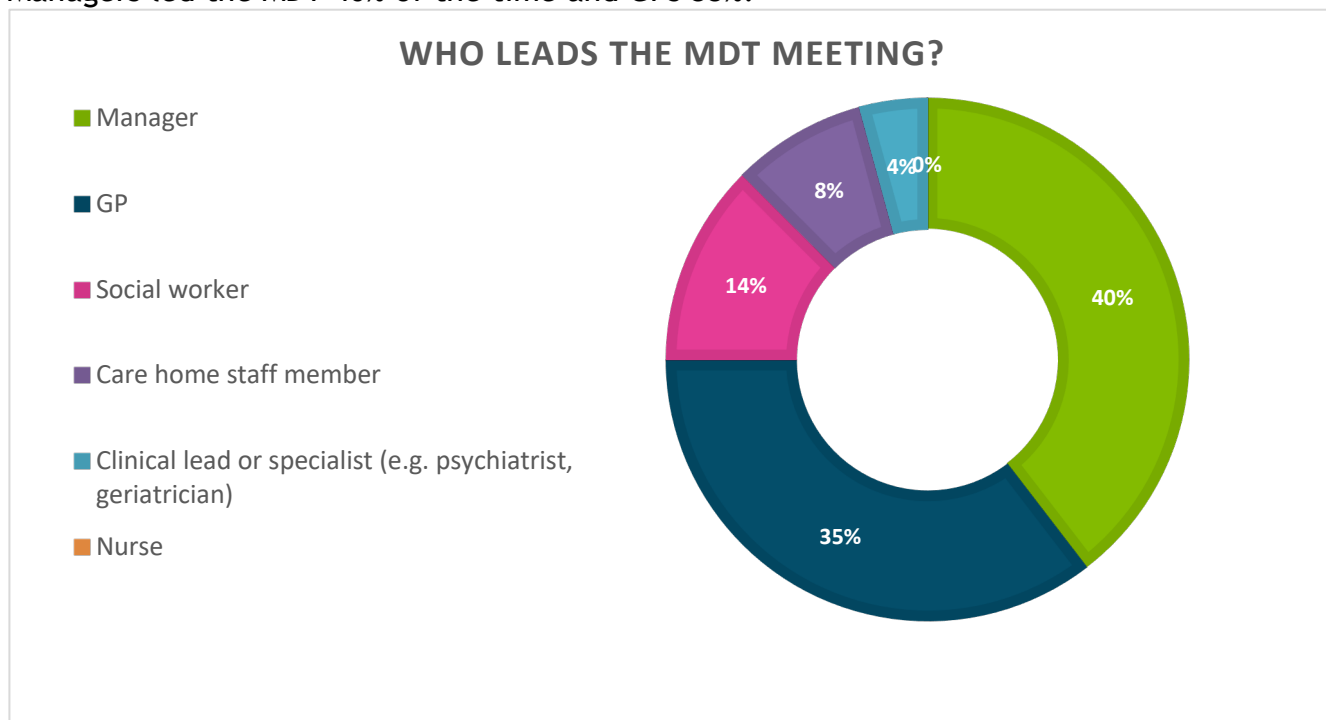
2.4.4 Multidisciplinary Team Working - MDT

86% of respondents felt that Care Home staff were involved in the multi-disciplinary team (MDT) meetings:

Care home staff involved in MDT meetings

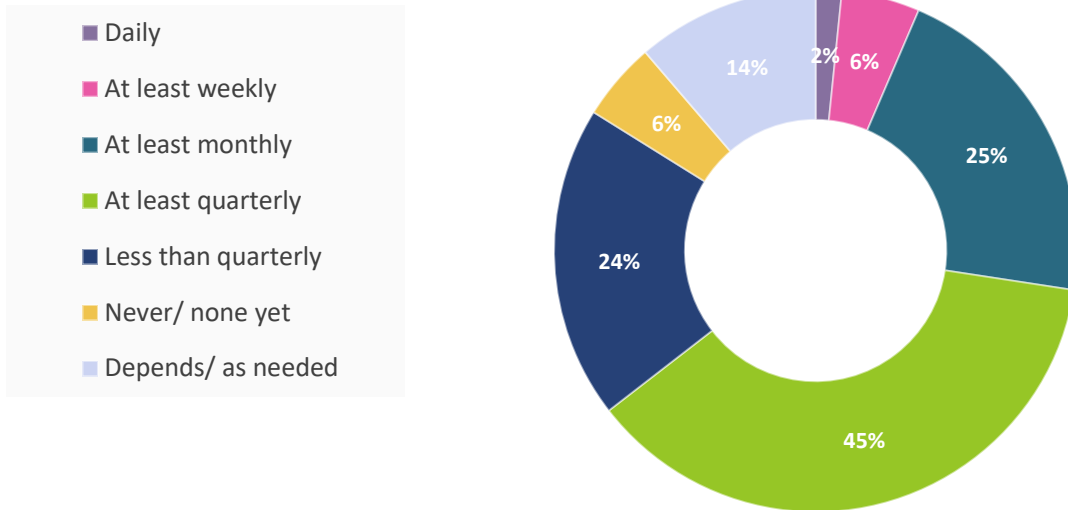


Managers led the MDT 40% of the time and GPs 35%:



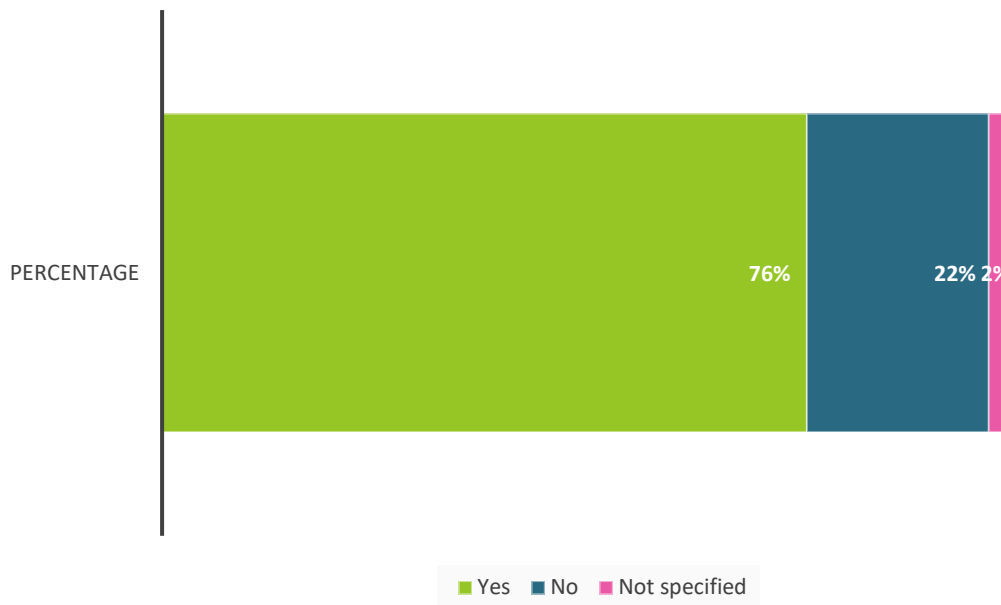
Almost half of the MDT meetings took place quarterly, and 6% reported that no MDTs were held. Where no MDTs were held there were often corresponding difficulties in communication with the GP, and lack of responsiveness identified:

Frequency of MDT meetings



Most MDTs included other specialists:

MDT meeting including other specialists

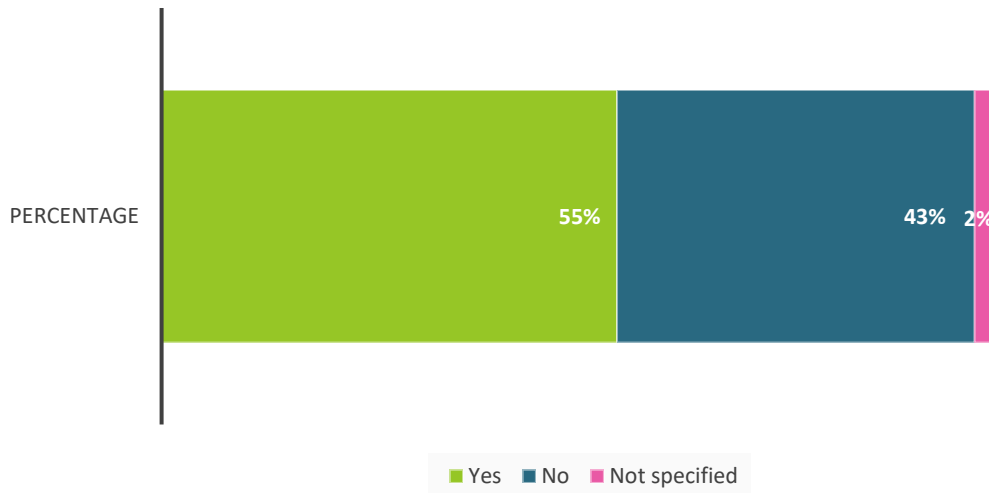


This corresponds to the wide variety of service user needs shown in the overall Care Home designation.

2.4.5 Care plans and medication

Over half of Care Homes reported that there was a GP Care Plan in place. However, we are unsure as to the interpretation of this question on the survey. There is a possibility that Managers thought the question related to the Care Home plan itself. This is discussed in the conclusion:

Do residents have GP care plans in place?

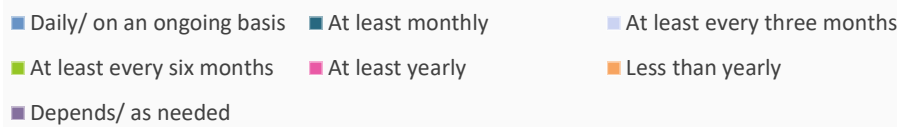
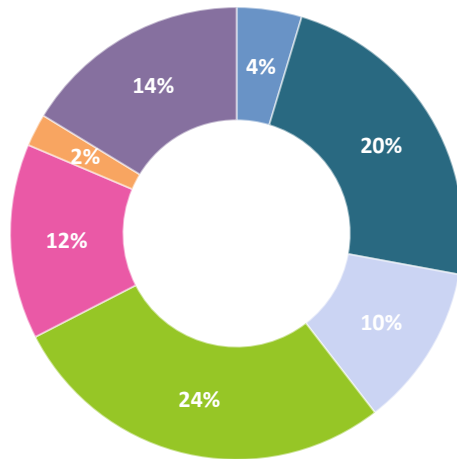


88% of Care Homes felt they were supported with medication for their residents, and that this was reviewed regularly. 84% of Homes were either very satisfied or satisfied with their pharmacy supplier:

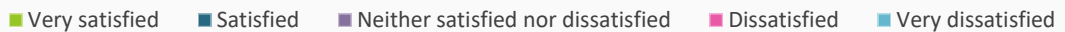
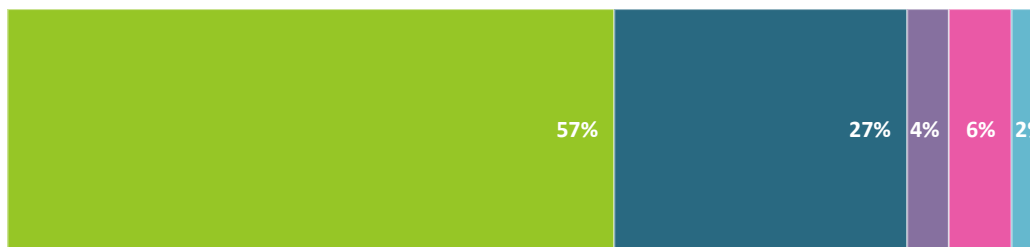
Support with medication for residents



Medication reviews - frequency



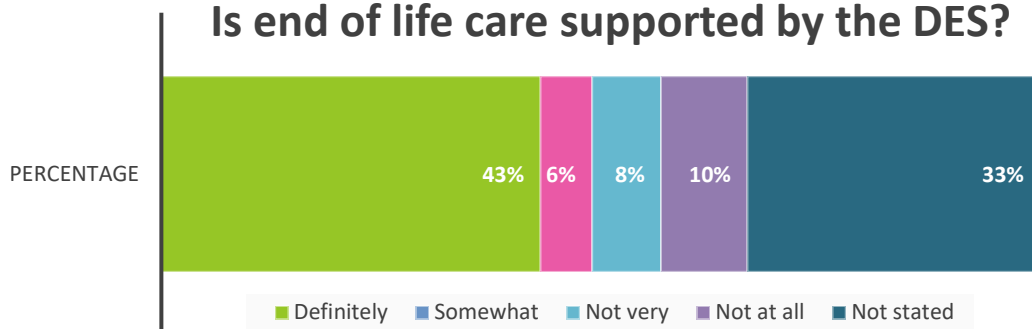
Experience of pharmacy supplier



2.4.6 End of life care

Not all Care Home Managers felt supported in providing end of life care. This correlated with a lack of responsiveness from the GP, and lack of face-to-face provision. 18% of Homes did not feel supported in this area:

Is end of life care supported by the DES?



A Care Home Manager reflected that:

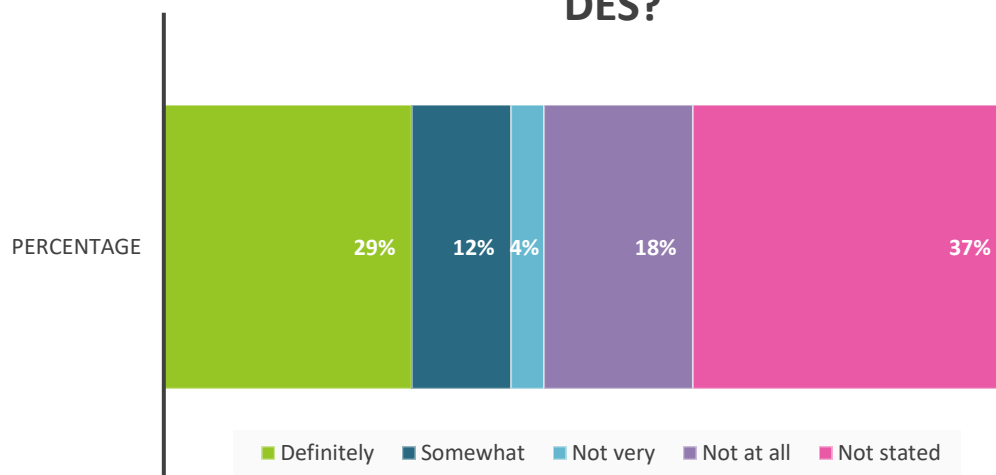
'We don't have GP care plans; how would they be able to do that?' [support end of life care]

Another Care Home Manager felt that more help was needed for palliative care:

'Palliative no help. We need more help. We need more counsellors.'

We also found that 22% of Homes did not feel supported after the death of a resident. Although again, it was unclear whether Care Home Managers had interpreted this question to mean support for relatives.

Is after death care for staff supported by the DES?



Conclusion and recommendations

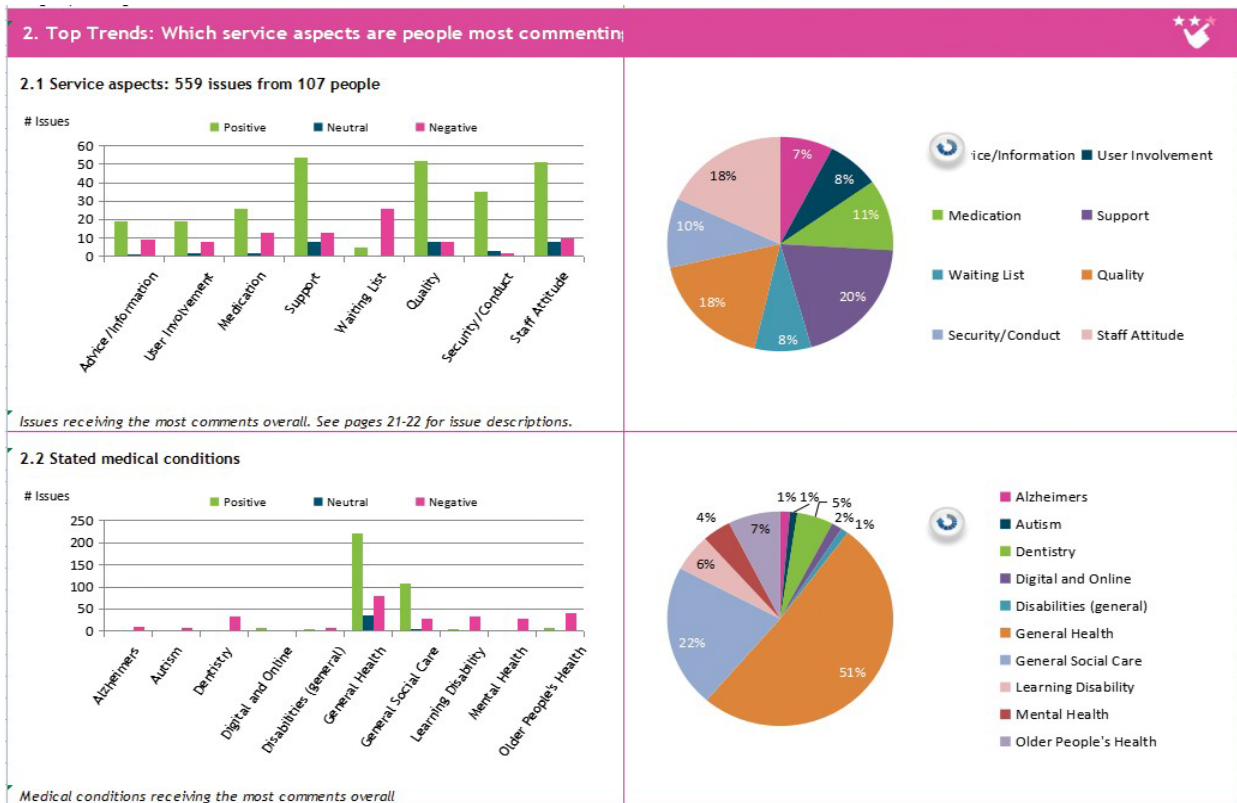
The themed data from our Community Insights System (CIS) for Redbridge shows that 75% of comments about the quality of GP DES provision, and the empathy shown by service staff are positive, with only a 13% negative rating:

Community Insights System

The Community Insights System can aggregate and code data from a wide variety of sources and formats. All Healthwatch Boroughs in North East London share their anonymised signposting and project data in qualitative or quantitative format, including social media and website data. The system can then quickly process information about health and care services, or general wellbeing; resulting in a large, robust evidence base. It shows trends across clinical and integrated care pathways, and wider community settings. This allows analysis by post code, ward and PCN, borough or region; and facilitates comparison between different areas, providers or trusts.



In common with wider CIS findings, the most commented areas are about support, quality of service and staff attitude:



Findings show 13% of Care Home Managers felt the current provision of GP services was less than they would expect.

A lack of responsiveness was highlighted with contact being rather remote, and an impact on end-of-life care. In one instance, this involved a resident dying in pain due to the lack of pain relief in appropriate formulation, given a change in swallowing capacity. The GP had refused to attend the Home. Whilst the situation was escalated to the Palliative Care Team, this could not take place in sufficient time for the service user.

Recommendations

- The DES service is well-received and greatly appreciated where it is functional and should be highlighted as such;
- A secure means of communication between the ICB and Care Homes should be established, so that rapid workforce change does not disrupt vital information exchange;
- Care Home Managers may not be familiar with the key requirements of the DES due to a difference in use of language. The DES should be explained in clear terms to all Care Homes;
- Care Homes who are experiencing a lack of responsiveness from their GP suffer worse outcomes for residents and should receive follow-up contact following this survey;
- Links between Redbridge Care Homes and palliative care provision should be strengthened.

Acknowledgements

Healthwatch Redbridge would like to thank the Care Home managers and staff for their involvement in this report. We are grateful for their commitment to evaluating the DES provision in the midst of many clinical pressures.

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