Monitor

Call for evidence on general practice services sector in England

Response from the English Community Care Association (ECCA)

1. Introduction

1.1 The English Community Care Association (ECCA) is the leading representative body for community care in England. Our members provide a wide range of services for adults with care and support needs including residential and nursing settings, homecare, housing and community-based support. Our members also deliver specialist care home services such as rehabilitation, respite, palliative care and mental health services.

1.2 ECCA welcomes this call for evidence from Monitor. A good GP service for residents in care homes enhances quality of life and ensures that care home staff are supported to care for people in the care home setting and reduce emergency admissions to hospital. Many homes receive a good service from their GP practice but this is not universal and there is a feeling that the gap between good and poor practice if growing. There has been a concern for some years that GP services for people in care homes vary both in quality and accessibility and that residents in care homes do not receive the same level of service as people in their own homes. The same can be said for the wider primary health services eg continence services, eolc, podiatry, tissue viability services. People living in care homes are entitled to the same services as other people in the local community who live in their own homes and the local GP service should ensure this happens.

1.3 Dr Finbarr Martin on the launch of the BGS report on GP services in care homes entitled '*Quest for Quality' June 2011* said

"No Model of co-ordinated healthcare has been developed to meet the needs of care home residents", and that "traditional general practice in many areas does not appear equipped or supported to fill this void." He continued, "Healthcare support to care homes has been a low priority for commissioners and planners."

1.4 NHS responsibilities for NHS care to residents in care homes must be clarified and, delivery of that care regularly monitored and action taken if residents are not receiving the care to which they are entitled, to ensure residents in care homes are not disadvantaged.

1.5 We are not convinced primary care for local populations pays sufficient, if any regard, to the health needs of care home residents, which will be greater than others living in their own homes in the community.

- Over 20,00 care homes in the UK and 320,000 people over 65 plus care for in care homes
- Number of people with dementia will increase to over 1m by 2025
- People with learning disabilities needing care and support will increase by 50% by 2018
- Average age of residents in care homes is 85 years old and they are often very frail

2. Access

2.1 CCGs and care homes need to work in partnership to promote the best health, social care and dignity for care home residents which would ensure GPs and other primary healthcare services provide;

- Promotion of a healthy lifestyle and nutritional advice
- Falls prevention advice
- Access to community health services, including district nursing, specialist nursing and allied health professionals
- Continence advice and supplies
- Support in the assessment of the resident's care plan including end of life care
- Planned regular reviews of residents assessing healthcare goals and clinical changes, including medication and weight loss with nutrition and hydration intake reviews
- Medicines management and review

All of which should be backed up with robust systems of communication between the care home, the GP and other primary healthcare services.

2.2 Residents need access to a wide range of medical services, including mental health teams, dietetics, occupational therapy, physiotherapy, podiatry, continence, falls and tissue viability (dealing with wounds, pressure sores and ulcers). These are not always available to residents, or if they are, require residents to wait a long time during which their health deteriorates.

3. Choice

3.1 People living in care homes are entitled to a choice of GP. This is not always easy to manage however.

4. Retainers

4.1 There has been a long tradition of GPs charging some care homes retainers for services. These services should be over and above what GPs are required to provide as part of their GP contract – **although this is not always clear to**

homes and members have recently reported retainer requests for services the home would have expected anyone to receive if they are in their own home ie general medical services. ECCA published two reports on this issue, '*Can We Afford The Doctor' September 2008* and *'PostCode Tariff' July 2009.*

4.2 The reports made a number of recommendations

- NHS Leaders should play an authoritative and strategic role in ensuring that GP practices in their locality adhere to the regulations and terms of their contracts

- NHS Leaders should develop nationally agreed and implemented guidelines on what services constitute 'enhanced services'. Situations where a care home would require a level of GP service beyond that provided by a GP under the terms of the GP contracts should be clearly outlined and defined.

- NHS Leaders should work with the British Medical Association to produce guidelines on appropriate and transparent costings for 'enhanced' services to care homes

"It appears that fees for GP retainers are calculated in a largely arbitrary manner and there does not appear to be any standardised approach to costings".
Can We Afford the Doctor? English Community Care Association, 2008, p.4

4.3 If retainer fees are to be paid by a care home, a fair tendering process should be followed. *Can We Afford the Doctor?* found that "retainer fees are almost always sought by the GP practice concerned; it is not standard practice for care homes to procure retainer services through a tendering process". Promoting a tendering process would mitigate against arbitrary and often exorbitant charging by GP practices.

4.4 The issues raised in the ECCA 2008 and 2009 reports are still relevant today and in seeking member views for this paper it is clear that GP retainers vary significantly in cost and that there is no real logic to why a charge is made, what is charged and how that is determined. In effect, such costs are likely to be recouped in charges to self funding residents, the funding council or the NHS.

5 <u>Staff Inoculations</u>

5.1 As part of the central funding of the NHS, NHS staff will receive the necessary inoculations eg flu, hep B to ensure they can carry out their work effectively and safely. There is no such funding for staff in independent care homes where the employers are required to pay for such preventative health measures. As with retainer fees above this cost will need to be recharged to self funders and councils/NHS funders (though public sector underfunding means these costs are not always able to be recovered) and residents are again disadvantaged

simply because of where they live in comparison to people living in their own homes. This is a public health issue that should be funded centrally for the benefit of all citizens receiving care and support.

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For more information contact

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