Care Homes Direct Enhanced Service (DES) Survey

North East London May - July 2022

Healthwatch Redbridge (lead), Barking & Dagenham, Newham, City & Hackney, Waltham Forest, Tower Hamlets and Havering

1. Background

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. These are City of London, Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking and Dagenham and Havering. The project was commissioned by North East London Clinical Commissioning Group (NEL CCG), now known as NEL NHS.

Direct Enhanced Service 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 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 translated research questions devised by the CCG, evaluating the NEL DES provision, onto a secure survey platform.

Healthwatch teams across the eight Boroughs were given details of the Care Homes in their area, following an email of introduction to each Care Home Manager by the CCG primary care email channel. There were many instances where this had not been received, which led to some initial access difficulties which were resolved, as described below. There was also some access difficulty with out-of-date contact numbers.

Healthwatch volunteers were briefed and supported to be part of the workforce for this project. **156 of 252** Homes were contacted successfully, with an additional 19 Homes that had previously been surveyed. This led to an overall **70% completion rate** using **156 volunteer and staff hours.**

Our volunteers were briefed to attempt two calls to access the survey with each Care Home Manager. Many tried 5 or 6 times and the resulting completion rate is testament to their dedication and forensic attention to detail.

2. Methodology

Volunteers and staff initially encountered some resistance to conducting the survey because Care Home Managers were not aware the project had been commissioned and was legitimate. Our volunteers and staff were then provided with copies of the email that had been sent to each Home, with the date, sending email address and content body. This significantly eased the difficulty, along with scripted verbal reassurance at the start of calls. This issue is further discussed in our recommendations.

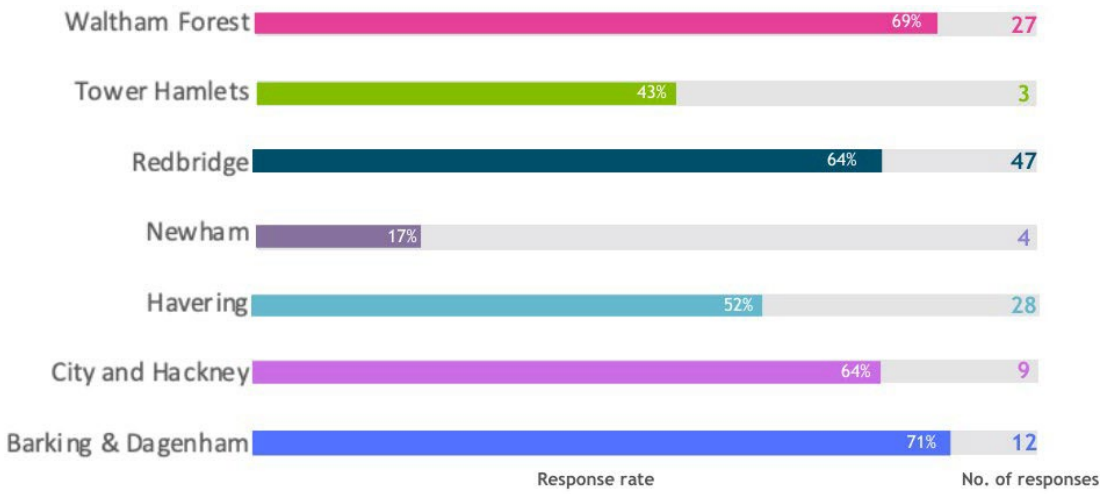
There were also many occasions where volunteers and staff needed to investigate out-of-date contact details online; with the CQC, CCG and other agencies. This was time consuming but constructive and successful and is also discussed in our recommendations.

Most Care Home Managers were then willing to be interviewed for the survey, with volunteers taking notes and subsequently filling in the online survey tool. Where Managers felt unable to take the time for the survey, they were able to access a separate survey portal. This was required on less than 5 occasions.

Any safeguarding concerns raised during the interviews were subject to Healthwatch standard referring protocols. Managers were also offered the possibility of talking further to local Healthwatch staff, particularly regarding access difficulties for related services.

Each Healthwatch has different staffing and volunteer levels and had different numbers of Care Homes within their survey. The Borough reports are therefore not standardised in presentation. Each report reflects local variation in Care Home provision and their communities, and their conclusions are tied to these. However, all the data presented is maintained in a standardised infographic format for comparison.

3. Completion rate per borough



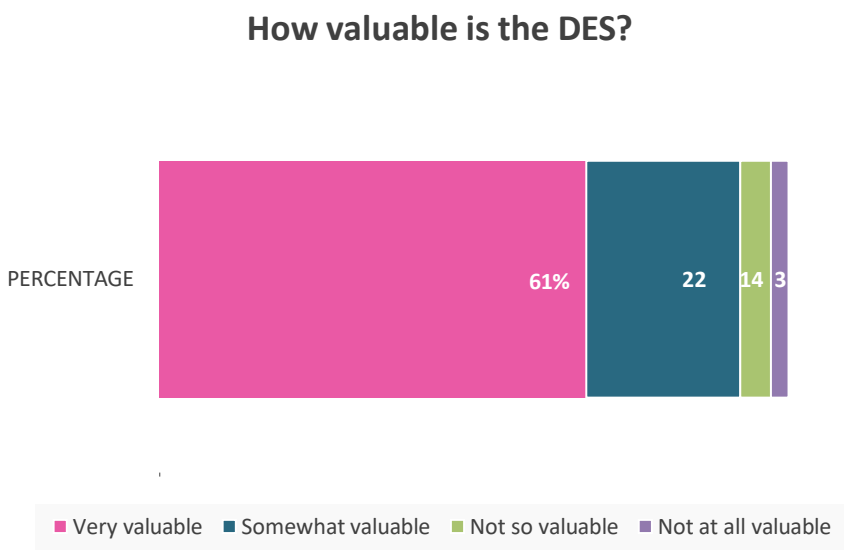
Total number of Care Homes in each Borough where contact was attempted:

Waltham Forest	39
Tower Hamlets	7
Redbridge	74
Newham	24
Havering	54
City and Hackney	14
Barking & Dagenham	17

4. Focused findings – the DES itself

- **83% rate the service as valuable**

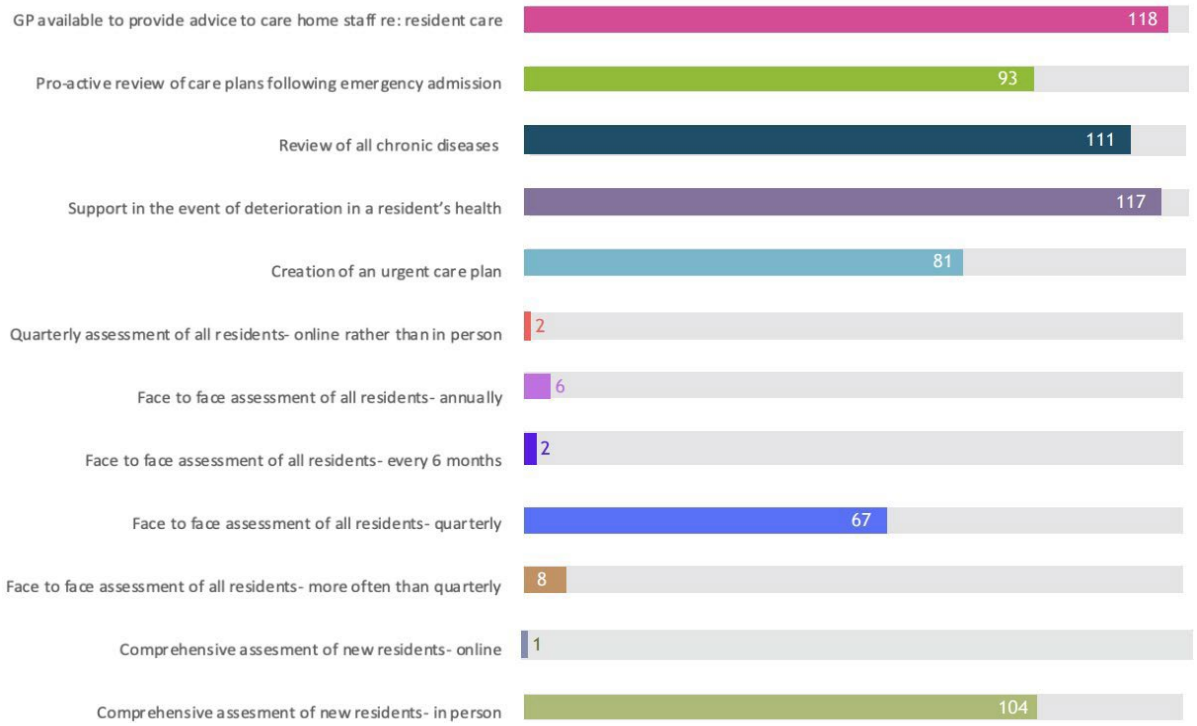
There is an 83% positive value attached to the Designated Enhanced Service in our Survey, with 61% strongly so. Only 3% found the service of no value. There is considerable variation in experience between GP practices across the Boroughs but broad appreciation:



- **51% where all elements of the DES are provided**

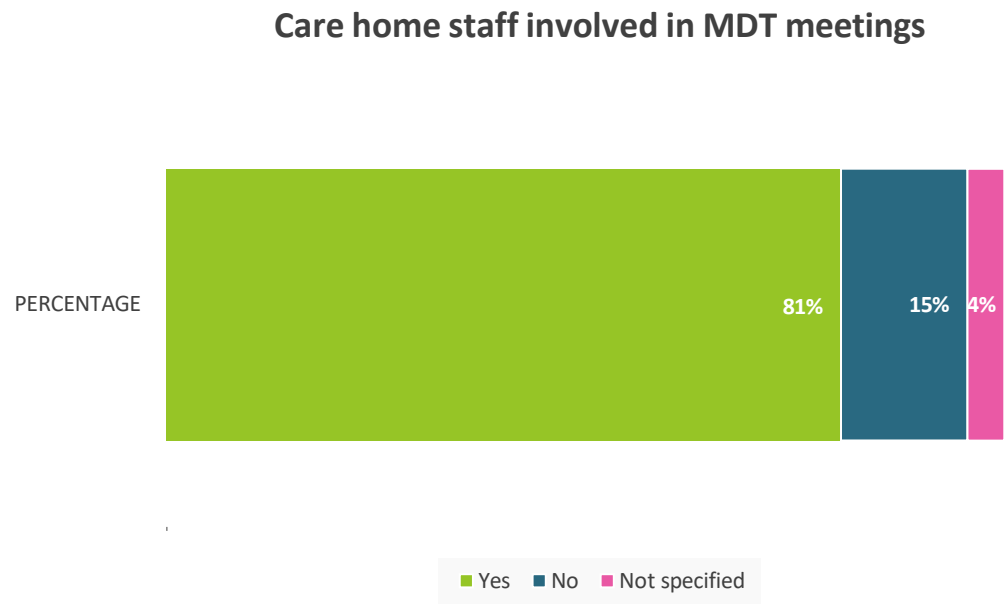
However, **only 51% of survey respondents felt that all elements of the DES were being provided.** In discussion with Care Home Managers, we were aware that discrepancies in the meaning of terms could be at play. For example, some Managers were unaware that the services described were additional to standard provision. However, the most frequent service received was GP availability to provide advice, and support in the event of deterioration in a residents' health:

Services Provided by the DES

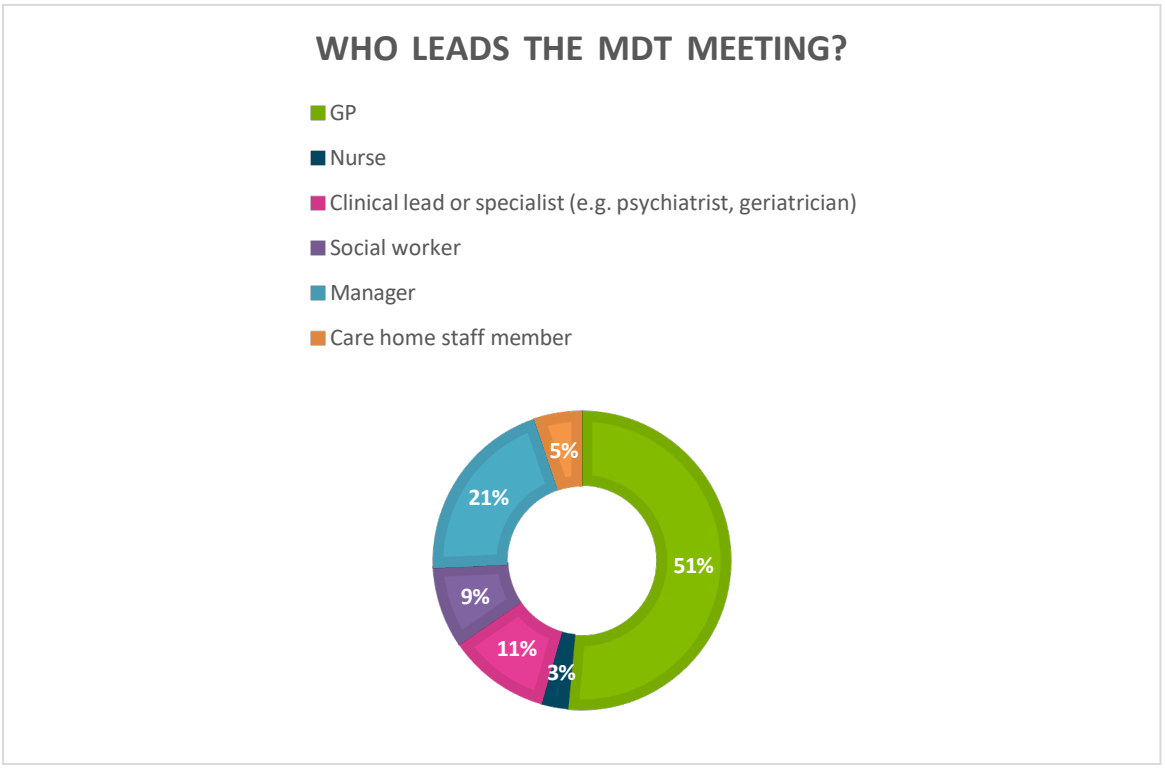


- **81% Care Home staff were involved in Multidisciplinary Team (MDT) meetings**

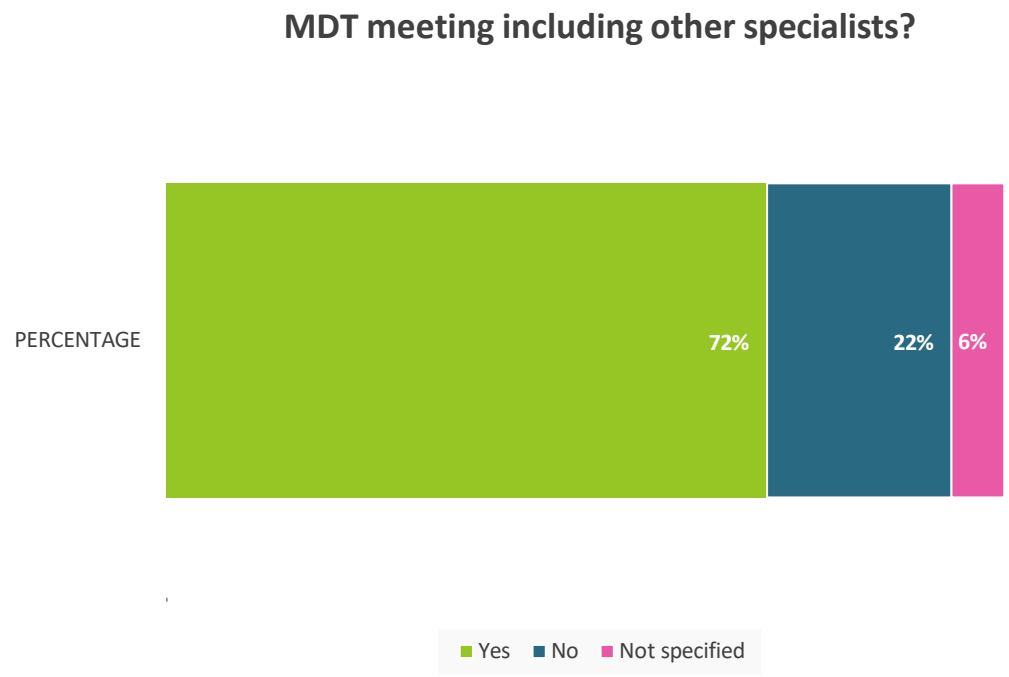
Staff viewed the Multidisciplinary Teams Meetings (MDT) positively and were often involved, with Care Home Managers and senior staff attending, but with all staff able to contribute:



The MDT was led by the GP approximately half the time, with the Care Home Manager leading 21% of MDT meetings:

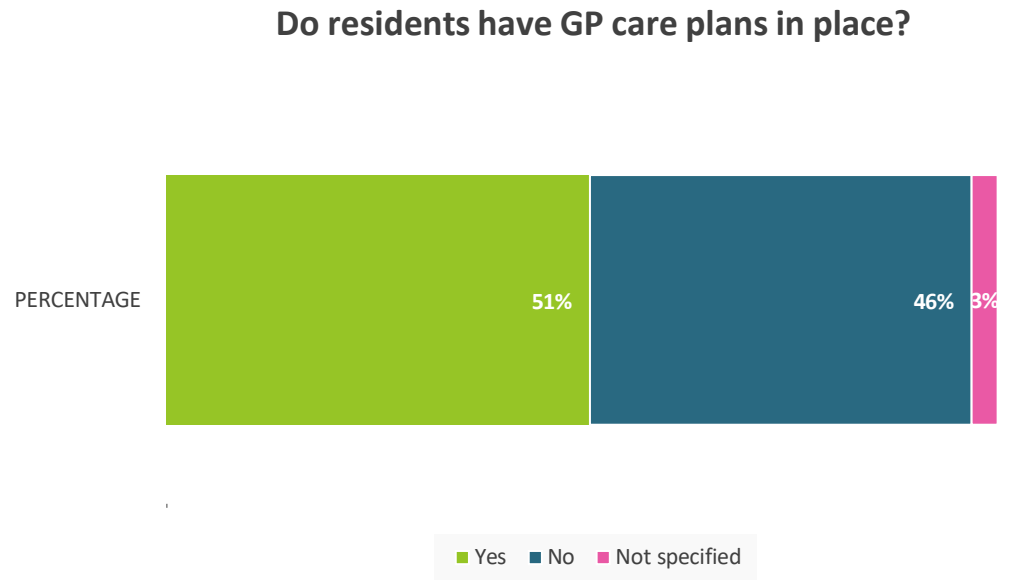


Other specialists such as (but not limited to) physiotherapists, end of life teams and nutritionists were included in MDT meetings for 72% of our survey respondents:

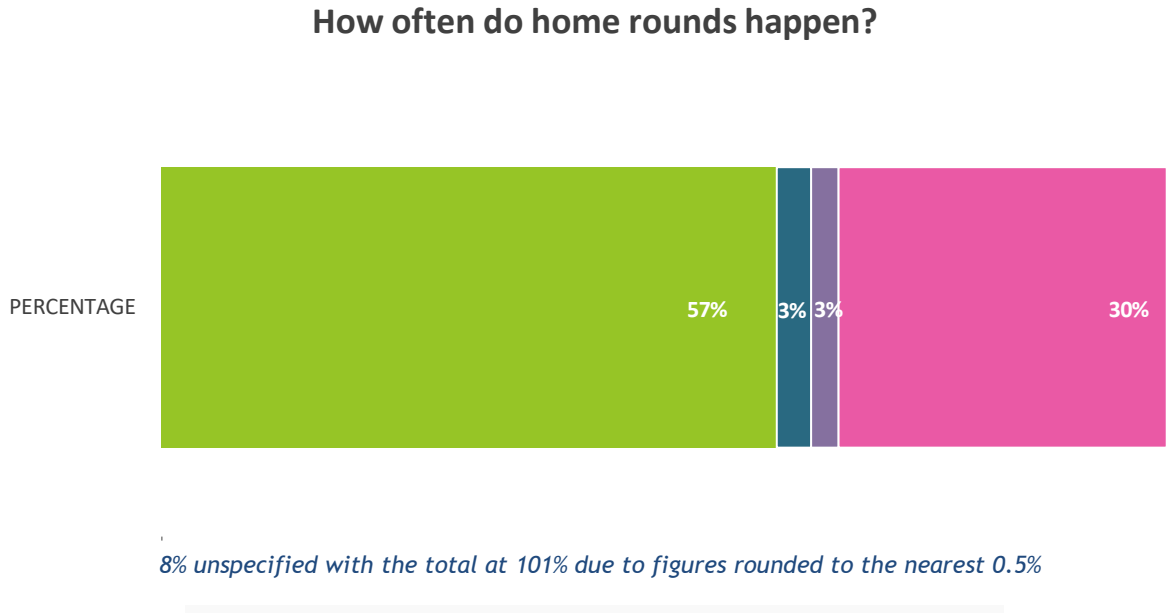


- **51% of Care Homes had a GP Care Plan in place**

There was confusion about terminology in relation to the GP Care Plan. Some Managers were not sure if this referred to the Home Care Plan, and may have answered to cater for this eventuality:



- **Home Rounds happened weekly in 57% of surveyed Care Homes, and 82% of Care Homes were happy with this frequency.**



8% unspecified with the total at 101% due to figures rounded to the nearest 0.5%

It is noticeable that many of the outcomes are related to the relationship between the Care Home and the GP. For example, where a Manager felt they were able to seek and obtain responsive, reliable support from their GP, all the other elements of the DES were likely to be well evaluated. Where this was not the case, other outcomes such as end-of-life care could be extremely negatively affected. In one situation, a dying person was not able to receive pain relief in suspension which was required following the loss of her swallow reflex. This was because the Home was limited to calling the GP on particular days. Although there is a small proportion of Homes who lack a responsive GP relationship, we suggest that the outcomes in this minority could have a negative impact on the care of vulnerable older people.

- **Findings linked to GP responsiveness**

5. Conclusion and recommendations

The DES service is well-received and greatly appreciated where it is functional. Many Care Home Managers felt the service they received enhanced the wellbeing of residents, was responsive and person-centred. There was a picture of trust and effective partnership in these situations.

The combined effect led to increased resilience, being able to respond quickly and effectively to changes in the health of residents. Careful observation and relational knowledge of residents combined with a quick medical review can prevent unnecessary accident and emergency admissions; and is proactive and preventative rather than reactive.

However, some Care Homes experienced a lack of responsiveness from their GP and Managers very clearly linked this with worse outcomes for residents. Some contact limitations placed on Care Homes, such as two designated days for calls per week, did not seem to meet the needs of the residents and the speed at which an older person can become unwell, with a new infection for example.

We suggest that Homes in this situation, although a small percentage of our survey, will need additional support to address the relationship with their GP practice. Very occasionally, Care Home Managers were unwilling to share details in case this negatively affected the care of their residents if the GP heard they have spoken to us. We felt this was a disturbing concern with the implication of a breakdown of relationship and resulting negative outcomes for residents.

Both the provision of palliative care and mental health support were highlighted across the Boroughs as areas where the DES was less effective.

In these instances, it was difficult for Care Home Managers to access external support, particularly when residents were in acute need. We suggest that a focussed review of the DES support in these areas would be useful, along with the establishment of rigorous pathways to escalate requests for support to specialist services.

We recommend that 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. Most Care Home Managers have a unique email address which does not update to new Managers, and this creates a critical break in the channels of communication as we saw in this survey.

Care Home Managers may not be familiar with the key requirements of the DES due to a difference in use of terminology. We finally recommend hat the DES should be explained in clear terms to all Care Homes and a webinar created for Managers so that they can engage with the issues raised.

Acknowledgements

We would like to thank all the Care Home Managers who took part in this project, giving up time to support the work when under significant pressure and on occasion, in their own free time. We would also like to thank the Healthwatch volunteers whose dedicated care and support enabled us to access more Care Home Managers despite some of the initial barriers.