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Future
Hospital

Specialist geriatric service integrated into care homes

This Future Hospital case study from Dr Philly O'Riodan focuses on the Integrated Community Ageing Team (ICAT), which was commissioned by Islington CCG to provide specialist support into care homes and a community geriatric service for the wider population.

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Integrated care

Key recommendations

- Work closely with care home staff and GPs to provide the best care to residents.
- Meet with care home staff to understand their challenges and build relationships to be able to develop a service that works for everyone and to support their education and development.
- Work closely with allied GP practices to support ongoing professional development in complex geriatric case management.
- Work closely with the clinical commissioning group (CCG) to secure access to the GP information technology systems within the care homes.
- Maximise the number of days spent within the care home through comprehensive geriatric assessments and treatment escalation planning.

The challenge

Islington in inner city North London has an increasingly ageing population, with complex comorbidities. It has 10 care homes with 500 care home residents, from which there were over 600 hospital admissions a year. Islington Clinical Commissioning Group (CCG) recognised the challenges faced by GPs managing these patients within the community and so it commissioned a service to provide geriatric support to primary care to enable residents to maximise their time spent at home.

A number of different services work into our local care homes and they are often from different organisations. This presented challenges in terms of integrating multiple operating systems and governance structures.

Our solution

The Integrated Community Ageing Team (ICAT) was commissioned by Islington CCG in March 2014, run by Whittington Health, to provide two main services: specialist support into care homes in Islington and a community geriatric service for the wider population.

ICAT includes community geriatricians, a 'GP with a special interest' (GPwSI) in geriatrics, a Darzi fellow and two community pharmacists. Consultant geriatrician sessions are provided by three consultants; two from Whittington Health and one from University College London Hospital. The GPwSI is a local Islington GP and provides two sessions a week for the service.

ICAT aims to:

- work alongside GPs and other community services to provide high-quality, integrated care for patients from care homes in the most appropriate setting according to their wishes and needs
- improve communication between secondary care and primary care for patients in care homes
- maximise the number of days spent within the care home through comprehensive geriatric assessments and treatment escalation planning
- work closely with care home staff and support their education and development
- work closely with allied GP practices to support ongoing professional development in complex geriatric case management.

Integrated care

Methods

Based on the concerns and needs of the nurses, carers and GPs who look after care home residents, the ICAT service was developed with four components:

- Monthly care home multidisciplinary team visits to the care homes to review residents meeting specified criteria and provide comprehensive geriatric assessments.
- An in-reach service to review all care home residents that have been admitted to hospital.
- A telephone advice line, available Monday–Friday from 9am–5pm, for GPs to discuss residents of concern with a consultant geriatrician or GPwSI.
- Weekly teleconferences with all the allied health professionals working in care homes, as well as the care home staff and a GP, to discuss patients.
- We worked closely with Islington CCG and secured access to the GP information technology systems within the care homes. This system is still being developed to ensure coordinated and safe patient care.

Outcomes

- A quantitative analysis has identified that, since ICAT started its service, the average number of admissions to Whittington Health from care homes in Islington has decreased by 26% (8.8 less admissions per month). This has resulted in an 18% reduction in bed days from care homes, which equates to 87 less bed days per month, or three whole beds.
- The average length of stay has increased by 8%, from 14.6 to 15.9 days, which reflects the complexity of those residents still being admitted.
- A qualitative analysis of the service undertaken by Healthwatch revealed positive outcomes from the perspectives of patients and their relatives, who commented on improved continuity of care and an enhanced feeling of shared decision making.

Patient feedback

‘She knew dad and he knew her, there was no need to repeat his story; there was continuity of care. ‘Patient’s relative

What’s next?

Collaboration remains central to the delivery of ICAT and we continue to work closely with other services that work in the care homes, in particular the mental health and palliative care teams, to provide the best possible outcomes for patients.

The future of ICAT will see the continuation of our care home work as well as the expansion of the service to the wider older population in Islington. ICAT has already launched rapid access clinics to attempt to provide a one-stop assessment for patients at risk of admission. In addition, we recently

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received funding for nurses and therapists to review frail patients within their home. This will enable us to build stronger links to GPs and to work across the interface, supporting patients to stay safe and well in their own homes.

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