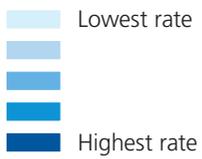


CARE OF OLDER PEOPLE

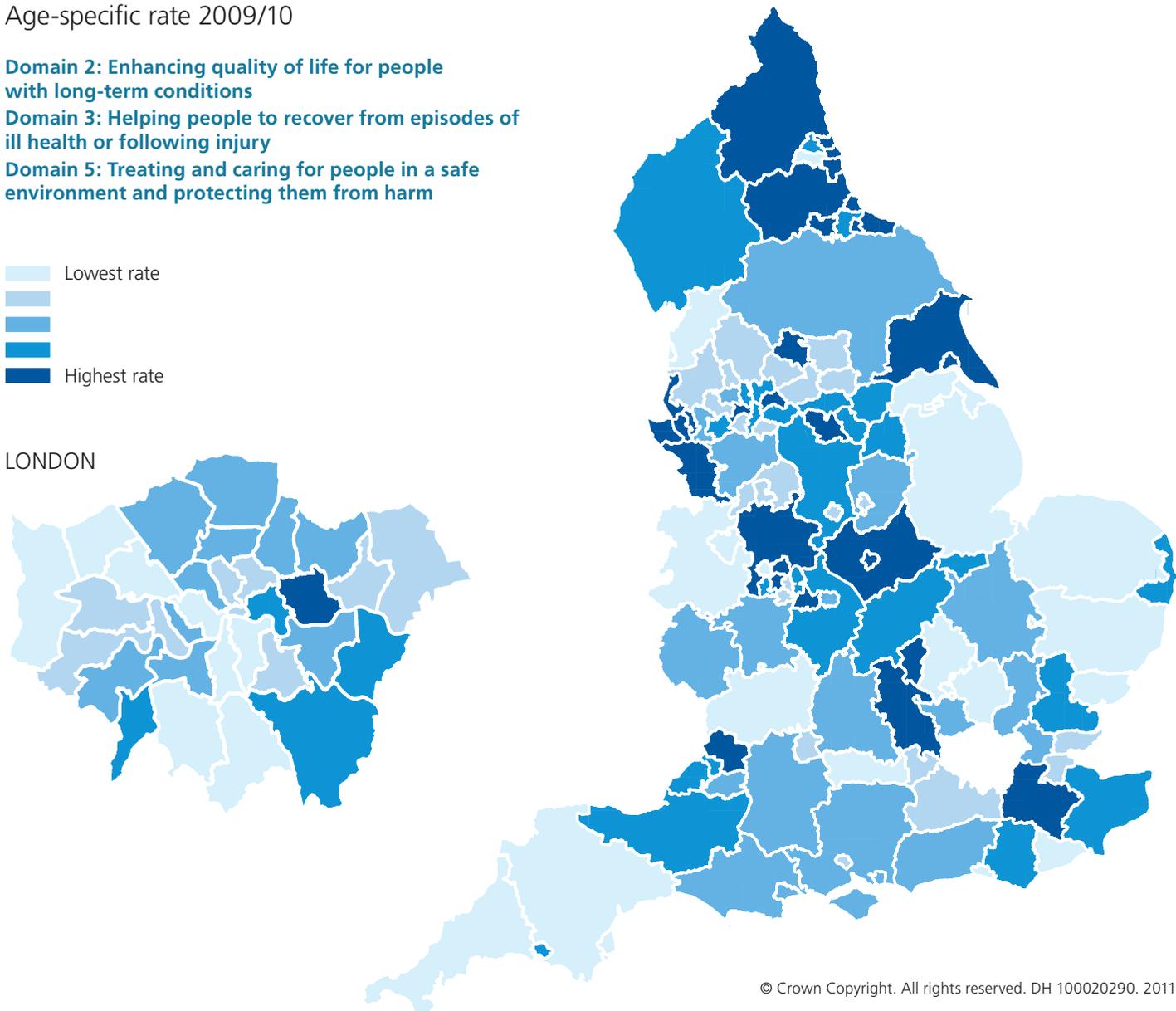
**Map 65:** Admission rate for people aged >74 years from nursing home or residential care home settings per population by PCT

Age-specific rate 2009/10

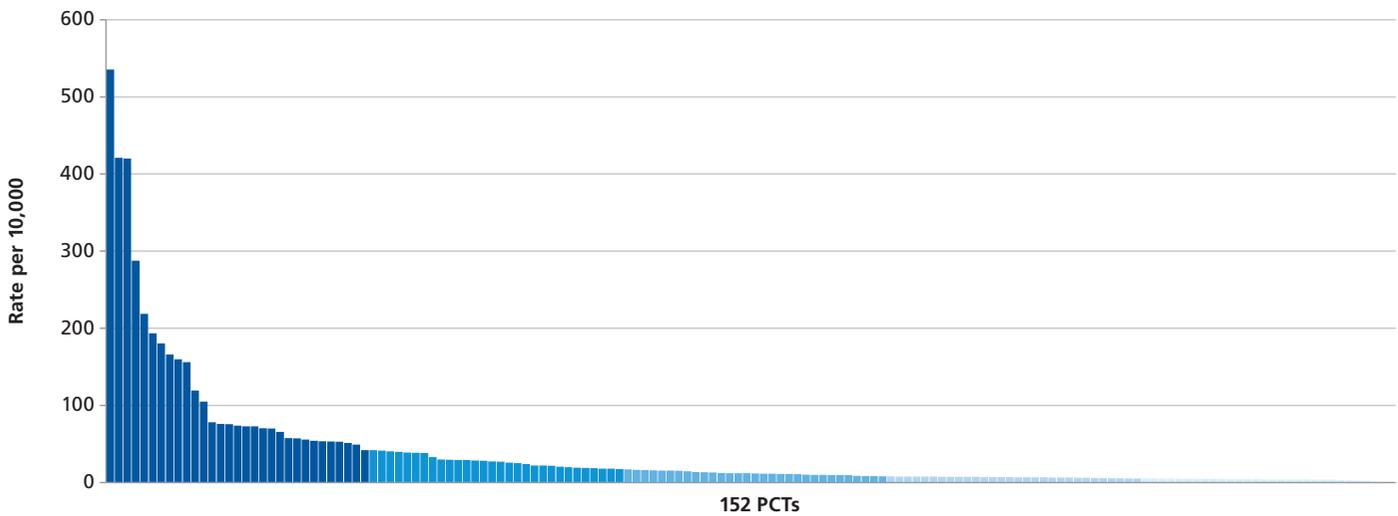
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill health or following injury
- Domain 5: Treating and caring for people in a safe environment and protecting them from harm



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## Context

There are about 380,000 people living in nursing or residential care homes in England, who are increasingly old and vulnerable with multiple medical co-morbidities and receiving several medications.

Access to healthcare – GPs, pharmacists, and hospital specialists and therapies – is more variable for older people in some long-term care settings than for older people living in their own homes.

People in nursing or residential care homes can frequently be admitted to hospital for one of several reasons:

- › End-of-life care, although with advanced care planning and support many older people could receive dignified end-of-life care in the long-term care setting;
- › Acute medical illness, particularly out of hours when the person's usual medical practitioner is not on call;
- › Complications of medication use;
- › Accidental falls – 1 in 5 hip fracture admissions are from the nursing or residential care home sector.

Hospital admission can be distressing and disorientating for older people, leading to deterioration. A greater level of pro-active and responsive healthcare planning can prevent hospital admission of older people from nursing or residential care homes.

## Magnitude of variation

For PCTs in England, the admission rate for people aged >74 years from nursing home or residential care home settings ranged from 0.7 to 535.4 per 10,000 population (767-fold variation). When the five PCTs with the highest rates and the five PCTs with the lowest rates are excluded, the range is 2.8–193.4 per 10,000 population, and the variation is 69-fold.

Reasons for this considerable variation, with very high admission rates in several locations, could be due to differences in the management of care for older people (e.g. greater concentration of local authority-funded care homes or greater use of care homes as temporary residential placements). In addition, it is highly likely there are differences in coding accuracy of the admission "source".

Possible reasons for unwarranted variation include differences in:

- › Access to health services for people in long-term care settings;

- › Quality of management of older people who are vulnerable with multiple medical co-morbidities;
- › Capacity and skills of staff working in longstay care.

## Options for action

Commissioners and providers need to understand the scale of the problem locally, and explore options that would enable older people to remain in nursing or residential care homes rather than be admitted to hospital, including:

- › Pro-active medication reviews and medication adjustment;
- › Advanced care planning for end-of-life care, with access to community palliative care support;
- › Programmes to reduce falls and fractures, such as case management by nurse specialists and dedicated GP input, especially for high-risk residents;
- › Hospital-at-home teams, especially for administration of intravenous fluids and antibiotics.

## RESOURCES

- › Quest for quality. British Geriatrics Society Joint Working Party Inquiry into the Quality of Healthcare Support for Older People in Care Homes 2011. [http://www.bgs.org.uk/campaigns/carehomes/quest\\_quality\\_care\\_homes.pdf](http://www.bgs.org.uk/campaigns/carehomes/quest_quality_care_homes.pdf)
- › Care and compassion. Report of the Health Service Ombudsman on ten investigations into NHS care of older people. [http://www.ombudsman.org.uk/\\_\\_data/assets/pdf\\_file/0016/7216/Care-and-Compassion-PHSO-0114web.pdf](http://www.ombudsman.org.uk/__data/assets/pdf_file/0016/7216/Care-and-Compassion-PHSO-0114web.pdf)
- › Care Quality Commission Review. Meeting the health care needs of people in care homes. <http://www.cqc.org.uk/public/reports-surveys-and-reviews/reviews-and-studies/meeting-health-care-needs-people-care-homes>
- › Barber ND et al (2009) Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people. *Qual Saf Health Care* 18: 341-6.
- › The Health Foundation (2011) Learning report: Making care safer. Improving medication safety for people in care homes: thoughts and experiences from carers and relatives. <http://www.health.org.uk/public/cms/75/76/313/2568/Making%20care%20safer%20learning%20report.pdf?realName=EyZfIQ.pdf>
- › Department of Health (2009) Falls and fractures. Effective interventions in health and social care. [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@pg/documents/digitalasset/dh\\_109122.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_109122.pdf)

 **See what Right Care is doing on services for the frail elderly on page 31**