

GP Practices and Care Homes

20th March, 2013

PRESENT – Councillor Thistlethwaite (in the Chair); Councillors Harman, Kelley and S. Richmond.

GP Practice and Care Homes – The Chair welcomed Dr Matt Sawyer to the meeting, who provided Members with information on the work he was leading in relation to the future of GP practices and care homes within Darlington.

Dr Sawyer gave Members the background to the piece of work being undertaken and the process of implementation for any changes, outlined the current system of individual patient choice for their GP when they are in residential care; together with the options being looked at, which included, retaining the existing system, introducing a system whereby three of four GP practices cover all the care homes within Darlington or the possibility of one GP practice covering them all.

It was reported that it was felt that the current system was a fragmented approach to the care of the elderly in homes and that, based on research and evidence obtained, it would seem that a better quality and standard of care would be given if GP practices were aligned to Care Homes, with specialised GP's in the care of the elderly being allocated to provide that care.

Dr Sawyer outlined the discussions and consultations which had been held with GP practices and care homes on the options and, although there was a mixed response from the GP practices, the care home providers expressed their view that this was the way forward and would be beneficial for residents. He reported that the CCG had recently given approval to implement the option in relation to GP practices being aligned to care homes and that hopefully this would commence with effect from 1st July, 2013.

Reference was also made to the locally enhanced care homes plan which was currently being drafted and which set out the standard of care and assessment which residents should receive once admitted to a care home and it was reported that the standard included a requirement for all residents to have a medical review/assessment within ten days of being admitted which was an improvement on the service currently provided. The importance of the early assessment was highlighted to Members and it was hoped that by completing these assessments and following the care home plans, the number of hospital admissions in relation to the elderly in care may be reduced.

Discussion ensued on the need to retain patient/GP choice; the approach to the roll out of the changes; the need to co-ordinate information and the reasons for hospital admissions to enable that information to be used for future prevention where

possible; the introduction of educational training sessions with GPs for nursing staff in care homes and how the practices would be aligned.

IT WAS AGREED - That the thanks of this Group be extended to Dr Matt Sawyer for his presentation.

(b) That this Group is confident that a better standard and quality of medical care will be provided to the residents in care homes following the implementation of the new arrangements.

(c) That Dr Sawyer be invited to a future meeting of this Group once the changes have been embedded to update Members on the progress and improvements as a result of the new arrangements.