

‘Equal care, equal rights’



**Submission from Nursing Homes Ireland
On Revision of GP Contract**

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Nursing Homes Ireland submission on Revision of GP Contract

NURSING HOMES IRELAND

Nursing Homes Ireland (NHI) is the representative organization for the private and voluntary nursing homes sector. The sector, and the care provided by our members, is a vital element of the Irish health service. Having high quality nursing home care available to those who need it is an essential part of a well-functioning health service that can deliver the care requirements in a way that is affordable, accessible, and of the highest standard.

The private and voluntary nursing home sector, through its 451 homes:

- Is providing care and a ‘home from home’ for 22,000+ persons
- Accounts for up to 80% of all long-term care beds in the country
- Provides direct employment to 25,000+ persons

The private and voluntary nursing homes play a lead role in healthcare delivery in Irish communities. A significant majority of nursing home residents are supported by the Nursing Home Support Scheme, known as Fair Deal, which is a unique co-payment model operating within the Irish health sector issued by the HSE.

Introduction

Ongoing and timely access to GP services is imperative for persons in nursing home care. This must be achieved through ensuring a collaborative approach between GP services, primary care services and nursing homes.

HIQA’s National Quality Standards for Residential Care Settings for Older People in Ireland stipulate nursing home residents must receive “a high standard of service from the general practitioner with whom he/she is registered (or a suitably qualified appointed deputy) including regular and timely consultations and an out-of-hours service that is responsive to his/her needs”.

Good GP and nursing care is essential for reducing acute hospital admissions. Given severe pressures upon acute hospital services on an ongoing basis, regular and timely access to GP services can play a lead role in deterring unnecessary hospital admissions. It also has a key role to fulfil in supporting and promoting the health and wellbeing of older persons in nursing home care. Given the frailty and ailments of many older persons in nursing home care, ensuring they have continuous access to GP care will further support Government in fulfilling objective of enabling healthcare to be provided within community and removed from acute settings, where possible.

NHI Member nursing homes have expressed their concern regarding the revision of the GP contract and the negative impact it may have upon residents residing within private and voluntary nursing homes.

Residents within any nursing home should be capable of accessing their nominated GP on a regular and timely basis. This can support the clinical care already being provided to persons within nursing home care by ensuring continuous assessment by a GP is available to them to further support and promote their health and wellbeing. It is critical we enable older persons' avail of the full continuum of care that is required to meet their care requirements. The revised GP contract provides important opportunity to ensure access to GP services for nursing home residents is based upon entitlement and is not intermittent and discriminatory in favor of persons living in the community.

It is a fundamental within Irish health service that all people over 70 years of age are entitled to free GP care under the present GMS and they are also entitled to doctor visits and supply of approved medicines.

It is imperative older persons residing in nursing home care are not discriminated against with regard to access to GP services. An older person— be they in their own home or in a public, private or voluntary nursing home – must be treated equally when requiring access to GP services. They cannot be treated as second class citizens. Failure to address issues arising will have very serious implications for older person care within our communities and for wider health services.

The opportunity this revision presents for persons in nursing home care must not be overlooked. It is imperative the revised GP contract states categorically the obligations and duties of GP's in the context of care provision to nursing home residents. This must encompass the requirements for access to GP care under HIQA's National Quality Standards for Residential Care Settings for Older People in Ireland. This is an opportune time to reinforce the intrinsic role doctors fulfil in providing GP services to persons in nursing home care. There must be clarity and consistency in defining the services they provide.

It is vital GPs and nursing homes work together in positive partnership to ensure care is facilitated within the community and not unnecessarily removed to other, more inappropriate health settings.

NHI and our Members are committed to working in partnership with GPs and their representative organisations to ensure this outcome is achieved.

Submission

NHI undertook the development of this submission as many of our member nursing homes have expressed serious concerns regarding the revision of the GP contract and the negative impact it may have on the residents residing within private and voluntary nursing homes. The revised contract may bring into effect a deterioration in the level of care provided to older persons in our communities. We simply cannot enable this to come into effect. Older persons access to GP services – collective – must be a key consideration in the revised GP contract.

Residents within any nursing home should be provided with care and access from their nominated GP that ensures they are assessed and treated within a specific timeframe.

GPs provide a critical role within the community and for persons residing within Nursing Homes. GPs maintain and promote the well-being of the population and provide unequivocal care for their patients in their own homes and within the primary care centre in general.

Good GP and nursing care has shown to be effective in reducing acute hospital admissions. In the Kings Fund Report 2010 on 'Avoiding Hospital Admissions' it states '*high continuity of care with a family doctor may be associated with lower risk of admission for all age groups*'

All people over 70 years of age are now entitled to free GP care under the GMS and are also entitled to:

- Doctor Visits - a range of family doctor or GP services from a chosen doctor contracted to the HSE in your local area;
- Prescription Medicines: The supply of prescribed approved medicines, aids and appliances like wheelchairs, crutches etc. In some circumstances a deposit may be required for aids and appliances which will be refunded on return of the aid or appliance. A €2.50 charge applies to all prescription medicines dispensed to medical card patients.

People are entitled to these services if they hold a valid medical card whether they are in their own home or a nursing home and should not be discriminated against due to their geographical or residential location.

All designated centres must now be registered with the Health Information & Quality Authority (HIQA) as per the Health Act 2007 and must abide by the regulations and attain to the national standards as set out by HIQA. Standard 13 of the HIQA standards state: '*the resident receives a high standard of service from the GP with whom he/she is registered including regular and timely consultations and an out-of-hours service that is responsive to his/her needs*'. It is understood that GPs are not regulated by HIQA at this present time, but the standard quoted is best practice that we all must strive to achieve.

However, in the HIQA Annual Overview Report on the Regulation of Designated Centres for Older People-2013 it observes that '*some centres reported that it was a challenge to engage some doctors in discussions about planning the management of future health events and end-of life care.*'

The Community Healthcare Organizations Report recommends '*greater participation by GPs at primary care network level, with the establishment of the GP Lead for each network, supporting the Network Manager in developing professional relationships, innovative solutions and multi-disciplinary approaches to challenges within the network.*'

Furthermore, nursing homes have on ongoing basis brought forward concerns to NHI re GPs seeking retainer fees for providing services to nursing home residents. This issue was raised as far back as 2011, with the Department of Health re-affirming GPs cannot charge for medical card

holders or GP visit card holders for services. It stated in letter to NHI 28th July 2011: “GPs are paid an annual fee for each patient who is in a private nursing home. The General Medical Services (GMS) GP contract stipulates that General Practitioners “shall provide for eligible persons, on behalf of the HSE, all proper and necessary treatment of a kind usually undertaken by a GP and not requiring special skill or experience of a degree which GPs cannot reasonably be expected to possess”. GPs who hold GMS contracts with the HSE must not seek or accept money from medical card or GP visit card holders in respect of routine treatment”.

Provision of a dedicated, effective GP service to support persons requiring continuous support within dedicated health and social care settings within our local communities is of critical importance for healthcare delivery. Within each community it is deterring hundreds of unnecessary admissions to acute hospitals on an annual basis.

It is imperative that GPs and the residents that reside in Nursing Homes receive excellent care and this can be achieved by ensuring a collaborative approach between the GP services, Primary Care Services and the Nursing Homes within their Community Healthcare Organization areas.

The Government is committed to developing a health service that promotes equitable access to high quality healthcare on the basis of need. This is the aspiration of a modern functioning, fair health system that serves to ensure we can all avail of healthcare when required. Particularly when considering the level of frailty and the acute health conditions of persons in nursing home care, it is of vital importance residents in nursing homes have ongoing, timely access to GP care. Failure in this regard presents very severe implications for wider health service and impinges upon the rights of older persons.

AREA OF CONCERN	POSSIBLE RECOMMENDATIONS
<p>Difficulty in getting GP’s to visit their patients in nursing homes. Some GP’s will refuse to visit, or residents have to wait days or longer for a visit with priority been given to patients in the community and attending their surgery. When GP’s do visit it is often rushed and will want to review in public rather than wait for the resident to go somewhere private.</p>	<p>Set specific time during the week in agreement with all, when GP can visit and review their patients in a timely manner</p> <p>Prioritize urgency of required visit for resident so GP can triage workload</p>

<p>Refusal to document in patient's notes and general poor record keeping.</p>	<p>As per the Agreement for Provision of Services under Section 50 of the Health Act, 1970 it states <i>'the Medical Practitioner shall keep adequate clinical records and shall in relation to such records observe article 5, of the Health Services Regulations 1971(SJ 105 of 1971) as if they were records kept in accordance with those regulations.'</i></p>
<p>Nursing Homes are regulated by HIQA and a three monthly review of resident and their medication is required</p>	<p>Standard 15.6 states <i>"Each resident on long-term medication is reviewed by his/her medical practitioner at least on a three-monthly basis, in conjunction with nursing staff and the pharmacist.'</i></p>
<p>Refusal to complete the Nursing Home Medication Administration Record (MAR) sheet on admission and to alter it when changes are made to drug treatment, GP's maintain their contract is with the resident and their obligation is only for a GMS script but the Nursing Home have to provide an up to date MAR sheet for all residents. HIQA Standard 14.6 states "Records are kept to account for all medicines. This includes all medicines received, administered to residents, given to residents on leaving the residential care setting and returned to the pharmacy. A medicines administration chart is maintained for each resident that:</p> <ul style="list-style-type: none"> -distinguishes between routine and once-off medicines -records any allergies to any medicines -clearly marks the date of medicine initiation and discontinuation -charts medicines according to their generic name -notes the need for periodic, routine tests to monitor certain medicines -records the dates of such tests. 	<p>Nursing Homes, pharmacist and GP to liaise and discuss ways that these issues can be overcome in line with all legislation and requirements.</p>

<p>Requesting Nursing staff to accept a telephone prescription which is in contravention of the NMBI code of conduct and drug administration policy.</p>	<p>The NMBI states “<i>a verbal or telephone order from a medical practitioner should not be considered an acceptable substitute for a comprehensive medication policy or protocol for routine medication management. The best interests of patient/service-user care and safety should be considered. A nurse/midwife who accepts a verbal or telephone order in these situations should consider her/his own competence and accountability.</i>”</p>
<p>Death certification- GP’s refusing to come to the home to certify the patient, and issues around registration of deaths were identified as previously discussed due to lack of standardization throughout the country</p>	<p>GP practices to develop guidelines with the Nursing Homes caring for their residents so protocol required to follow is known to staff of Nursing Home.</p>
<p>Some GP’s don’t appear to know their patients and will leave it up to nursing staff to remind them re medical conditions allergies etc, and don’t see the need for regular reviews of their patients</p>	<p>As per the Agreement for Provision of Services under Section 50 of the Health Act, 1970 it states ‘<i>the Medical Practitioner shall accept clinical responsibility for persons on the list who need medical treatment.</i>’</p>
<p>Difficulty accessing out of hours GP services for residents</p>	<p>Ensure out of hours services aware of their duty of care to those who hold a GMS card</p>

Recommendations

NHI are requesting that wherever an older person is being cared for, that they are cared for equally, whether in their own home, public nursing home or private nursing home. This however is not always the case and once an older person moves from their own home to a nursing home their entitlements do not necessarily follow them as would be expected. Many of our members have expressed their concerns regarding this.

It is imperative that the GP contract states categorically the obligations and duties of the GP to the Resident within the nursing home and with regard to the HIQA standards. This will promote a mutual enhancement of a collaborative relationship that will protect and promote the care given to the residents abiding in nursing homes. The revision of the GP contract is an opportune time for this discussion and clarification to be undertaken.

NHI would also ask that HIQA assists the Nursing Home provider in providing guidance on requirements of the GP in relation to residents and the care they are entitled to under the aforementioned GP contract to ensure consistency of care is achieved for all our older people, no matter where they reside.

We thank you for the opportunity to make our submission on the timely revision of the GMS contract and trust that our comments will be given full consideration.

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