Questionnaire study of the association between patient numbers and regular visiting by general practitioners in care homes

Gillie Evans1, John Grimley Evans2, Daniel S. Lasserson3

1Green Templeton College, University of Oxford, 4, Gracious Street, Whittlesey, Peterborough PE7 1AP, UK
2Nuffield Department of Medicine, University of Oxford, Oxford, UK
3Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

Address correspondence to: G. Evans. Tel: (+44) 07775680349; Fax: (+44) 01733 206210. Email: gillieevans@tiscali.co.uk
Abstract

Background: regular visiting in care homes enables proactive care. Surveys of managers found variation in medical care yet little is known about factors influencing general practitioners (GPs) visiting patterns. We examined whether practice factors including numbers of registered patients are associated with regular visiting.

Design and setting: postal questionnaires sent to 73 care homes of European Care Group and separate questionnaires to visiting practices.

Methods: information on regularity of visiting was requested from homes and practices. Practices were asked for numbers of doctors and training status. As data were not normally distributed, non-parametric tests were used to compare practices regularly visiting with those visiting only on request in terms of numbers of registered care home patients.

Results: forty-seven (64%) of homes responded, with care provided for 1,867 patients by 162 practices. Practices visiting regularly had significantly more patients than practices that did not [median (IQR) 32 (28) versus 3 (5), \(P<0.001\)]. Ninety-five (31%) of practices responded showing a similar association of registrations with regular visiting [median (IQR) 20 (37) versus 4 (4), \(P<0.001\)]. There was no association between numbers of doctors or training status on regular visiting.

Conclusion: the number of registered patients is strongly associated with regular care home visiting. Aligning practices with care homes thereby increasing registered patients per practice could encourage proactive care.

Keywords: general practice, care homes, regular visiting, elderly

Introduction

From the earliest days of geriatric medicine, it has been recognised that regular review of patients and their medication, with associated anticipatory planning, prevents much unnecessary suffering and inappropriate use of services. In the 1990s, long-term care of older people in the UK was moved from hospitals to nursing homes [1], and medical responsibility for these patients passed to general practitioners (GPs). The potential benefits for residents from anticipatory care with regular visiting by GPs have been repeatedly described [2, 3], but a largely reactive medical response has evolved despite the increasingly complex medical needs of residents in all types of care home [4]. Little is known about factors influencing GP behaviour in relation to medical care of patients in care homes and the approach they choose to take. We undertook a postal survey of care homes and GPs to identify factors associated with regular visiting. The results have relevance for future policy in the light of the current British Geriatrics Society Joint Working Party on improving the health and care of older people in care homes.

Method

The study was undertaken in 2010 in 73 care homes run by the European Care Group (ECG) in England, Wales and Scotland. In operation for 10 years, ECG has largely maintained historical relationships between GP practices and its care homes.

Care home managers were asked to provide contact details for every GP practice with registered patients in the home, and numbers of patients looked after by each practice. This resulted in a database of 303 GP practices looking after residents in all 73 care homes.

Postal questionnaires were sent out in July 2010. Managers were asked whether the home was residential, dual registered or nursing. Care homes received a questionnaire for each visiting GP Practice and were asked whether there was a regular GP visit to the home by the named Practice. A similar questionnaire was sent to the 303 GP practices, identifying a named care home, the number of registered patients at that home and asking if the practice made a regular visit. Practices were asked about numbers of doctors and training status. An undertaking was given that no individual GP practice or care home would be identified in subsequent research papers.

Statistical analysis

As data were not normally distributed, non-parametric tests using PASW software (SPSS Version 18) were used for the analysis of results.

Results

Forty-seven (64%) of the 73 care homes responded (Figure 1). Returns reflect medical care provided by 162 GP practices for 1,867 residents. All three categories of home were represented with responses from 9 residential, 19 dual registered and 19 nursing homes. Residential homes had the smallest, and nursing homes had the largest median number of residents (Figure 1). There was no significant difference in proportion of care home categories, median number of residents and numbers of visiting GP practices between homes that responded and those that did not.

Practices visiting regularly had significantly more registered patients in the care home than practices that did not [median (IQR) 32 (28) versus 3 (5), Mann–Whitney \(U=\)
This overall trend was most marked for nursing homes. [median (IQR) 37 (33) versus 3 (6), \( U = 31, Z = -4.7, P < 0.001 \) (Figure 2). GP responses were received from 95 practices (31%) with respect to 28 residential, 45 dual registered and 22 nursing homes. Thirty-one (33%) of the GP practices made a regular visit to the named home. There was overlap in 54 of the GP and care home responses with identical results regarding regular visiting in these matched pairs.

As with care home responses, GP responses identified that practices visiting regularly had significantly more registered patients in the home than practices that did not [median (IQR) 20 (37) versus 4 (4), Mann–Whitney \( U = 557, Z = -3.3, P < 0.001 \)].

The mean numbers of partners (4.81 regular visit practice versus 4.06 no regular visit), salaried doctors (1.16 versus 1.55) and total doctor numbers (5.59 versus 5.84) were not significantly different between practices making a regular visit to the care home and those that did not.

Training status of the practice did not affect regularity of visiting. Fifteen of 47 training practices and 16 of 48 non-training practices made a regular visit to the care home.

Retainer fee information was received from ECG with respect to all 162 practices in the care home responses. Only six practices were being paid a retainer, of which five were making a regular visit and one practice was not.

**Discussion**

The study indicates that the likelihood of a GP providing regular visits to its registered patients in a care home increases with the number of such patients. This is apparent from both care home and GP perspectives. Overall, less than a quarter of homes received a regular visit from the GP practices with which their residents were registered. More regular visits by GPs were made to nursing and dual registered homes than residential homes, but still less than half of the nursing homes, despite their medically more complex residents, had a regular visit from the GP. Regular visiting was not shown to be influenced by GP practice numbers of partners and assistants, total numbers of doctors or training status. The number of retainer fees was small and its influence cannot be determined.

There are three possible interpretations of the finding that GPs are significantly more likely to structure their...
workload to include regular visits to a care home when they have larger numbers of registered patients in that home. First is the ‘economic’ argument that if there is more ‘business’ in the care home a regular visit is a more efficient approach than reactive piecemeal visiting. This argument will be strengthened if, as is likely, regular visiting prevents some problems from arising. Second, the relationship may be cognate, that is, due to some third factor such as special interest in the care of older people by a GP who both encourages registrations in care homes and provides regular visiting. Third, it may be that care home residents choose to transfer to practices that they or their relatives observe visiting regularly. Care home managers are likely to encourage such transfers.

The potential value of regular visiting by a GP to facilitate review and a proactive approach to the care of medically complex patients recurs in research studies and commentaries over the past 10 years, [2, 3]. There has been no rigorous randomised controlled trial of regular visiting versus demand responsive care, and doctors with geriatric expertise are unlikely to regard such a trial as ethical. Extensive variations between and within homes with regard to GP services have been identified [5]. A common view from care home managers is that the best medical care does not necessarily come from a resident’s longstanding GP but from a GP taking an interest in all the residents of the home [3]. An observational study in 2003, [6], found quality of medical care for older patients to be inadequate, with poor disease monitoring and unnecessary drug prescribing especially in patients in nursing homes. The authors called for better coordinated care to meet the needs of care home patients. Donald’s 2008 review [2] of emerging models identified that care home patients usually remain registered with their long-standing GP so large numbers of GP practices may visit each care home, especially in urban areas. Alternative models include enhanced service contracts between Primary Care Trusts and GPs with a lead practice for each care home, retainer fee payment to practices by care homes to secure medical care for all residents, a dedicated GP practice solely for care home residents and locally integrated secondary and primary care services. Donald called for the different models to be subject to evaluation of both quality of medical care and cost-effectiveness.

For a patient moving into a care home, the need to change GP is often viewed as a loss, both of continuity of care and patient choice. However, being offered registration with a GP taking an interest in all residents of the care home, and providing regular visits, could be viewed as enabling positive choice. Regular visits facilitate anticipatory care which is strongly endorsed by a number of national organisations [7–9] and most recently in the GMC guidance 2010 on treatment and care towards the end of life [10]. Identification that regular visits are more likely to occur if most if not all of the care home residents are registered with a single GP practice points one way forward.

Key points

- There is to date no model of best practice for the provision of medical care to patients in care homes.
- GPs are more likely to make regular visits to a care home when they have larger numbers of registered patients in the home.
- This relationship may have relevance for establishing better care for residents.

Conflicts of interest

The funder had no role in hypothesis generation, study design, analysis or writing of the manuscript.

Funding

This work was supported by the charitable foundation Research in Specialist and Elderly Care (RESEC), which has received financial support from the European Care Group. RESEC provides College fees but no salary support for the corresponding author. The European Care Group met the costs of printing and postage of questionnaires.

References


Received 23 June 2011; accepted in revised form 7 September 2011