

**Lay Summary** 

Care home placement following an acute hospital admission: can primary care make a difference?

by Panagiotis Kasteridis, Anne Mason, Maria Goddard, Rowena Jacobs, Rita Santos, Beatriz Rodriguez-Sanchez, Gerard McGonigal

Since 2006, primary care doctors in England have been rewarded for providing regular health checks for their patients with dementia. Part of a pay-for-performance scheme known as the Quality and Outcomes Framework (QOF), the annual dementia review is designed to address the support needs of both the patient and their carer. As well as checking the patient's mental and physical health, GPs find out whether the carer needs support to help them with their caring role and also asks them about the impact of this on their health and wellbeing. If the person needs to access different services, the GP also ensures these services are co-ordinated.

Ideally, the decision to enter long-term care, such as a care home or nursing home, should not be triggered by a crisis admission to hospital. Rather, the decision should be made on the basis of careful consideration of the needs of the patient and their carer. Therefore, the QOF dementia review offers an opportunity to discuss decisions on long-term care and for the GP to support a timely and considered decision. Our study tested whether the QOF review reduced the risk of being moved to a care home directly after an acute hospitalisation.

We looked at two types of admission: those where the reason for admission was dementia; and those where the reason for admission was an illness that was potentially preventable with good quality care from the GP practice. We linked several large datasets, pooling information on primary care and emergency hospital inpatient services for individuals with dementia. We excluded people who had already been in a care home when they were admitted to hospital.

After careful analysis, we found the QOF review was linked to a small but significant reduction in the chance of being placed in a care home after a hospital admission – but only when the hospitalisation was for a potentially preventable illness. This suggests that the annual dementia review may help avoid some care home admissions for people with dementia.

Full paper available at <a href="http://dx.doi.org/10.1371/journal.pone.0155850">http://dx.doi.org/10.1371/journal.pone.0155850</a>

Contact Anne Mason email <u>anne.mason@york.ac.uk</u>

The Economics of Social and Health Care Research Unit is a joint collaboration between the Centre for Health Economics (CHE) at the University of York and the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the University of Kent. ESHCRU is supported by a grant awarded by the English Department of Health: Policy Research Unit in Economics of Health and Social Care Systems.







