



Lay Summary

The Impact of Primary Care Quality on Inpatient Length of Stay for People with Dementia: An Analysis by Discharge Destination

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Dementia is a chronic and progressive condition involving memory loss, mood swings, and difficulties in communication, mobility, reasoning and self-care. Older people with dementia occupy up a quarter of NHS hospital beds and tend to have prolonged hospital stays. Being admitted to hospital can have a significant negative impact on the person's physical and mental health, and have an emotional impact on carers.

As part of a national scheme known as the Quality and Outcomes Framework (QOF), GPs are rewarded for providing an annual review for patients with dementia. In the review, the GP checks the patient's physical and mental health, and the support needs of the patient and carer. The GP also ensures services are coordinated across different parts of the system, e.g. that the patient is linked to community mental health services who can support them at home after a hospital stay.

So does the QOF dementia review help achieve timely discharge from hospital?

We used several large linked datasets to answer this question, analysing data on around 36,700 people from 2006 to 2010. The analyses took account of the influence of the GP practice with which people were registered and adjusted for other factors that might shorten or lengthen hospital stay.

On average, hospital stay for people with dementia was around 18 days but was longer for those who were subsequently discharged to a care home (33 days). The QOF review had little effect on length of stay, with slightly shorter stays achieved only for individuals discharged back into the community and slightly longer stays for those who were discharged to a care home. Older people tended to be discharged from hospital more quickly than younger people, and Sunday admissions were shorter than admissions initiated on other days of the week. Unsurprisingly, people with multiple conditions had longer stays. Better availability of social care options – care home beds, or local authority intermediate care facilities – was linked to shorter hospital stays, which suggests that these sorts of services can be used instead of hospital care if they can be accessed. Another finding was that intense levels of unpaid care are associated with longer hospital stays – so it's particularly important that GPs make sure these types of carer are well supported.

Full report available at

http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP113_primary_care_quality_LoS_dementia_discharge.pdf

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