

Do nursing home residents use high levels of general practice services?

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SUMMARY

As the number of patients living in nursing homes rises there are concerns about the implications for general practice workload. This single practice study shows that patients in nursing homes have nearly twice the number of contacts as other patients over the age of 74 years. This workload data can be used to inform the debate currently taking place in primary care groups and health authorities as to how to provide and fund the most appropriate care for patients living in nursing homes.

Keywords: nursing homes; workload.

Introduction

PREVIOUS studies, in a practice with high numbers of nursing home patients, showed that they can account for a substantial proportion of the overall workload.^{1,2} A retrospective cohort study was performed, using three years computerized consultation data, in a more typical practice. Contact rates for nursing home patients were compared with those for patients living in residential homes and elderly patients not in residential care. The aim of the study was to see whether nursing home patients had higher contact rates than other elderly patients and, if so, whether this was a generalized increase or whether this arose from a few high-need patients.

Method

The setting was a town centre practice in Mansfield, Nottinghamshire with 10 782 patients. Annual contacts for patients aged over 74 years with doctors were slightly higher than average (5.3 compared to 4.4),³ but the number of patients aged over 74 years (6.4%) and the number in nursing homes (0.31%) were very similar to the national averages.^{3,4} The practice visiting policy was the same for nursing home patients as for other patients. Requests for new visits were made in virtually all cases via the nursing home staff, either in response to their own or the patient's concerns.

All patients permanently resident in a nursing or residential home on 1 July 1994 were entered into the study as well as all patients who entered a home during the following three years. A third group of elderly patients who were not living in a residential or nursing home were selected using random numbers: two sex-matched patients, aged over 74 years on the date each nursing home patient entered the study were chosen. Patients remained in the study until 30 June 1997 unless they died, left the practice, or changed residential status.

Contact rates were calculated for each patient. Because the rates were not normally distributed, the non-parametric Mann-Whitney U test was used to compare the three groups.

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Results

The practice had patients in 10 nursing homes, and eight residential homes (five private and three local authority). The study included 72 nursing home patients (mean age 80.7 years, total study days 31 510), 53 residential home patients (mean age 84.2 years, total study days 26 617), and 144 non-residential patients aged over 74 years (mean age 81.7 years, total study days 87 025).

The average annual contact rate was 8.6 for nursing home patients, 6.7 for residential home patients, and 4.8 for non-residential home patients over 74 years of age. Ninety-nine per cent of contacts with nursing home patients were visits, compared with 48% for non-residential patients.

The nursing home patients comprised 0.31% of the total practice population and received 0.68% of all contacts (5.6% of all visits). Residential home patients were 0.3% of the practice population and had 0.44% of all contacts (3.48% of all visits).

The histograms in Figure 1 show contact rates with general practitioners (GPs) for the three groups. Both nursing home and residential home patients had significantly higher contact rates than the non-residential group: nursing home patients Mann-Whitney U = 2242; $P > 0.0001$, residential home patients U = 2703; $P = 0.002$. While some nursing home patients had low contact rates, 75% had more than 5.5 visits per year.

Discussion

This was a single practice study of doctor contacts; it excluded contacts by district and practice nurses. As only 0.31% of the practice's patients were in nursing homes and they received only 0.68% of contacts, why do these patients give rise to concern?

It has been argued that capitation fees for the elderly in general are insufficiently weighted in relation to the increased workload.⁵ Nursing home patients tend to be dependent and have high levels of morbidity. This was supported by the fact that they received nearly twice as many contacts as other elderly patients. Virtually all the contacts were visits, which are more time-consuming than surgery consultations. The increased workload arose from a substantial majority of the nursing home patients: 75% had more than 5.5 visits annually.

Having a capitation fee which does not fully reflect the cost of delivering care to this group of patients is unfair to practices which have high numbers of nursing home patients.² It could also restrict patient choice if some practices become less willing to accept nursing home residents onto their list. Health authorities need to urgently consider ways of adequately funding GPs to provide the care nursing home patients require, or find other ways of meeting their medical needs.⁶

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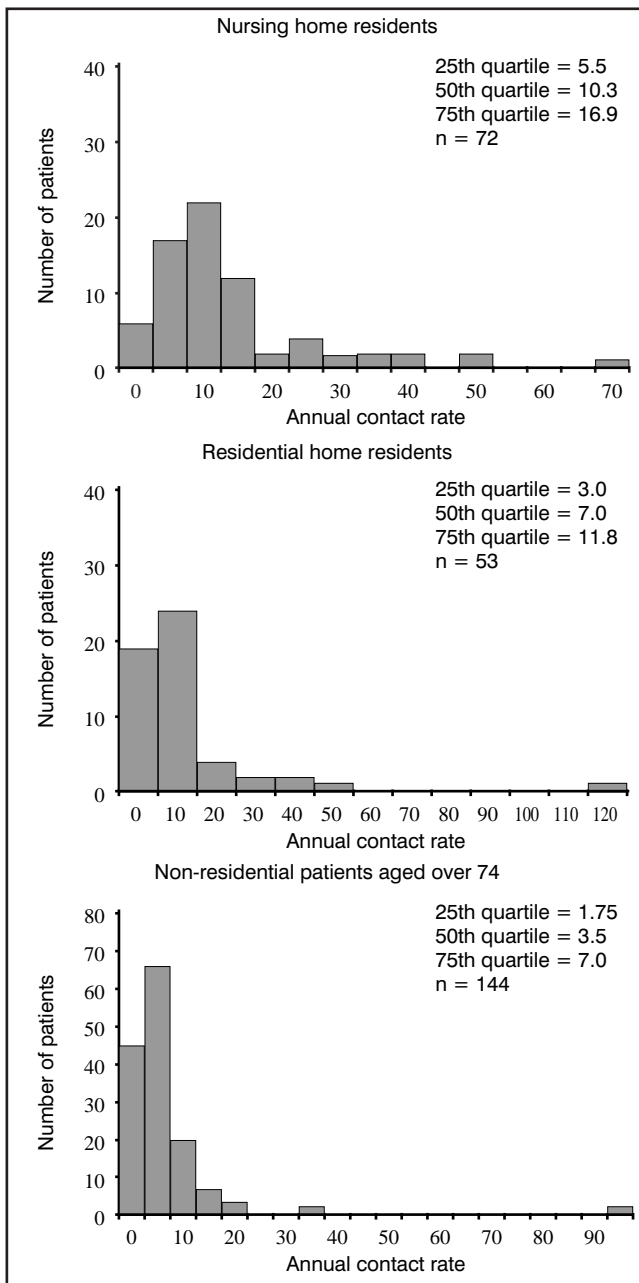


Figure 1. Histograms of total annual doctor-patient contact rates.

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