



## **NHS Lanarkshire Care Homes Protocol Group**

### **Respite Care Protocol**

#### **Version 4.1**

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# PROTOCOL FOR CARE OF RESPITE PATIENTS IN CARE HOMES

## 1. Introduction

The Local Enhanced Service (LES) for patients in Care Homes allows for more proactive care provision than that routinely available under the General Medical Services contractual arrangements. The LES sees a named GP practice being responsible for the provision of enhanced medical services to the permanent residents in a named care home. Routinely all such patients will be registered with the practice named for that home.

It is recognised that different arrangements are required for respite patients and this protocol clarifies the arrangements and the responsibilities for the provision of General Medical Services for such respite patients.

## 2. Respite Patients Arrangements

Respite patients are often in care homes as a result of a short-term medical issue – either involving them directly or involving their carer. Usually, it is for a short time period e.g. two weeks or less.

**If a patient is admitted for respite care in a Care Home it is the responsibility of the Care Home staff to inform the patient's usual GP practice on the day of the admission.**

### (i) Care Home is in the Practice Area

In such circumstances, the patient is still registered under his own GP and the GP has access to full medical history including drug allergies and sensitivities, it would be prudent that the care of that patient **remains with their GP**.

These patients will be looked after by their own GP conforming to GMS standards of care and it would be unrealistic for care home staff to expect LES standards of care for such patients.

This situation is no different from that of the patient living at any other temporary local address, e.g. staying with a family member whilst recovering from illness or surgery.

As well as supporting the concept of continuity of care, this arrangement avoids the need for the patient de-registering with their existing GP and registering with the named practice for the care

home as, in reality, by the time the practice which worked with the care home received the patients' records, the patient would be back home and being cared for by their own GP.

In cases where such a respite care is arranged by secondary care it is obligatory that the patient's own general practitioner is notified of such an arrangement prior to the patient being transferred from the hospital to respite care.

In occasional circumstances, it will become apparent that a respite patient will require permanent care home admission. In these circumstances, the medical care will become the responsibility of the practice covering the care home under the LES contract.

(ii) **Care Home is out with the Practice Area**

There would however be some occasions where the patient is admitted to a respite care bed out with the area of their current practice.

1. Respite patient is in a care home covered by the LES

The LES provides care homes with a named practice and in such circumstances, the **named practice should provide any GMS requirements on a 'temporary resident' basis**. Such practices will be receiving a payment based on the number of beds in the care home and accordingly, in the event that such a bed is filled with a respite patient from 'out of area', it is appropriate for that practice to provide any GMS requirements.

In occasional circumstances, it will become apparent that a respite patient will require permanent care home admission. In these circumstances, the medical care will become the responsibility of the practice covering the care home under the LES contract.

2. Respite patient is in a care home **not** covered by the LES

When the care home is not covered by the LES, the care home should approach **one of the local practices which does not hold a LES contract** to request GMS services on a "temporary resident" basis. In the event that the care home has difficulty identifying such a practice, the locality management team will assist in identifying a practice.

In occasional circumstances, it will become apparent that a respite patient will require permanent care home admission. In these circumstances, the patient will become permanently registered with the practice had been providing GMS services on a temporary basis.

(iii) **Prolonged Respite Care**

In the event that a prolonged period of respite care is anticipated, i.e. more than 3 months, the patient should register with the named practice covering the care home under the LES or, if the care home is not covered by the LES and is out-with the patient's usual practice area, the patient should register with a local practice which does not hold a LES contract.

**3. 4 to 6 weeks assessment period with a view to permanent admission**

When patients are admitted to care homes, they are admitted for a 4 to 6 weeks period of assessment with a view to permanent admission in keeping with the national care home contract. During this period of assessment, such patients should be **managed as though they were permanent residents** of that care home and looked after by the practice that is looking after the beds in the care home for the purpose of care home LES.

**4. Intermediate Care Units**

Within both North and South Lanarkshire, a number of intermediate care and "step down" units have been developed. Medical services are provided under the terms of a specific intermediate care enhanced service. Respite patients in these units will be cared for by the practice providing the intermediate care enhanced service.