



GPs Role in Advancing Practice in Care Homes

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General introduction into care home problems (briefly mentioning COVID?)

Can everyone please introduce themselves (unmute!):

Name and job role

Any brief comments of your experience of care homes working with GP or GP working with care homes



Quality improvement in care homes



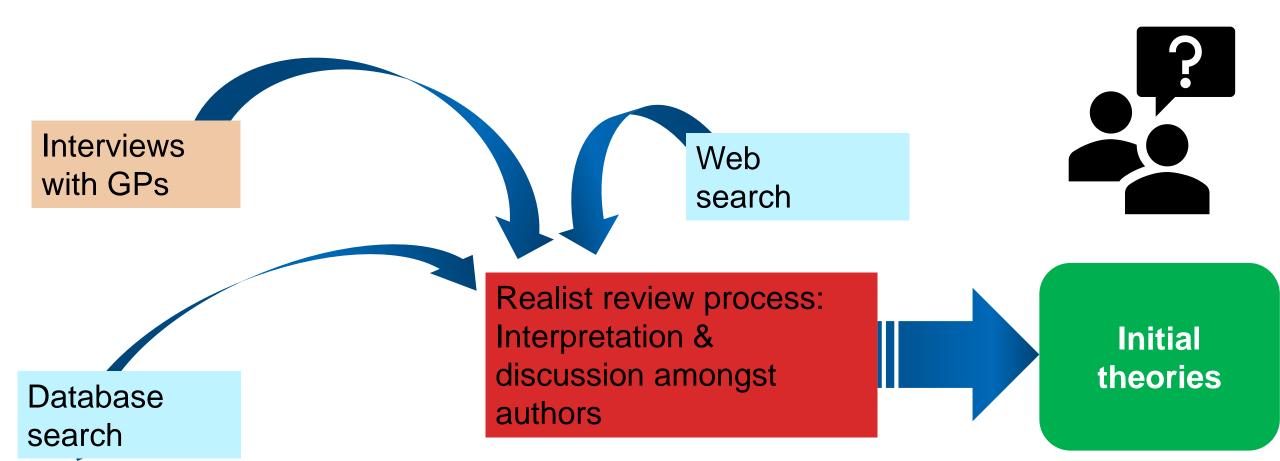
- What do we mean by quality improvement?
- What quality improvement initiatives have you been involved in?
 - Or have you read about?
- What different types of improvement or service development occur in care homes?



GRAPE study



How does GP involvement in service development and improvement lead to improved outcomes for residents?



Overview

We would like your input on three topics

- 1.GP experience of care home work
- 2.GP input into improvement into end of life care
- 3.GP input into improvement in medication review or optimisation
- 4. What are important outcomes of GP involvement?
- 5.Is it important to consider other topics?



GP work in care homes



- Contract issues
- Workload
- Continuity of care versus stronger relationship with care homes (alignment)
- Special interests
- GP practices covering many care homes

What is required to improve expertise or confidence of GP

If support, training or professional networks are available...
...then a GP may develop special interests & expertise in care home quality improvement



End-of-Life Care



- Can you tell us about projects to improve end-of-life care?
- GP confidence in delivering care
 - Similar skills to urgent care?
 - Palliative medicine and expertise
- GP involved in delivering training in end of life care
- Involvement in making advance care plans
- Important outcomes? / measures?



What is required to improve end-of-life care



If there is professional ownership and leadership from GP in endof-life care...

...then a GP involved in quality improvement in end-of-life care may lead the project or deliver training to care home staff

(eg. Gold Standard Framework)





Summary

- Many QI projects seem to be complementary to GP care
- Some QI projects report problems engaging GP
- Our theories indicate 3 things that may help:
 - Giving GP resources & enabling extended role
 - Ownership by GP of improvement agenda
 - Prioritising relationship between GP & other practitioner