A FRAMEWORK FOR DELIVERING INTEGRATED HEALTH AND SOCIAL CARE FOR OLDER PEOPLE WITH COMPLEX NEEDS

Consultation by Welsh Government

Response from BMA Cymru Wales

1 November 2013

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Welsh Government consultation on a framework for delivering integrated health and social care for older people with complex needs.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

General comments

BMA Cymru Wales very much supports the intended aims of this framework. We recognise and support the need for health and social care to work more closely together in the care of older people with complex needs.

We have some real concerns, however, that the framework places too much emphasis on plans, strategies and the role of managers rather than upon the provision of appropriate patient-tailored action that is focused upon the individual. As such, we would consider that there should be a refocus within the document around effectively facilitating clinical teams to deliver appropriate and quality care, backed up by good administrative support.

We consider that a good reference model for advance care planning is that provided by the National Gold Standards Framework1 and this may therefore offer some guidance for improvements to this draft framework.

In relation to the document as presented, BMA Cymru Wales would offer the following specific comments on individual sections as listed below:

Section 1 – Overview and context

We note the statement that ‘partners across Wales are expected to move rapidly on making this model the norm’ and would express a degree of concern at the assumption that any one model should be imposed

1 http://www.goldstandardsframework.org.uk/advance-care-planning

Ysgrifennydd Cymreig/Welsh Secretary:
Dr Richard JP Lewis, CStJ MB ChB MRCGP Dip IMC RCS (Ed) PGDip FLM

Cofrestwyd yn Gymni Cyfyngedig trwy Warrant. Rhif Cofrestredig: 8848 Lloegr
Swyddfa gofrestrig: BMA House, Tavistock Square, Llundain, WC1H 9JP.
Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadu Llafur 1974.
Registered as a Company Limited by Guarantee. Registered No. 8848 England
Registered office: BMA House, Tavistock Square, London WC1H 9JP
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.
across the whole of Wales. We would further express concern that such a top-down approach has, in our view, repeatedly led to failures in the past.

Section 3 – What do we want to achieve

BMA Cymru Wales considers that all of the aspirations listed in this section of the document are laudable, but we are concerned that aiming to capture all the needs of the service user ‘once’ does not represent an appropriate approach. This is because the needs of service users will very likely change over time, as indeed may their preferences. As such, the process of understanding their needs will definitely not be the one-off event (with an associated tick box and no return to the subject) that is implied in the document as written.

We believe that understanding the needs of the people whose care this framework seeks to address must be an on-going process between the patient/service user and those who are organising and delivering the care being provided.

We would also express concern at the implication within the document that ‘community orientated actions’ can be regarded as a substitute for adequate care for such individuals, as their needs are often complex and requiring of professional interventions.

Section 4 – Making it happen

Whilst we can appreciate the value of healthcare/social care partnerships working towards agreed shared outcome measures, we would have concerns if the requirement for the development of ‘shared local health and social care outcome measures’ involved the creation and measurement of new and additional performance indicators. We believe that if valid, useful and robust outcome measures already exist then these should be used across Wales. This will save the work that would be involved in Wales developing its own outcome measures, as well as allowing benchmarking to be undertaken against other geographic areas.

If it is the case that such outcome measures are not currently in existence then we would consider it is completely unrealistic to expect health and social care organisations to develop anything that will provide valid, useful and robust results within the suggested timeframe (i.e. by the end of January 2014). We are also concerned at the suggestion this process should be undertaken multiple times across different parts of Wales as this could be wasteful of the human resources available.

Section 5 – Measuring success

BMA Cymru Wales considers that the requirements outlined in this section of the document to provide data on the twelve outcome indicators listed would further bring into question the concerns we have referred to above in relation to Section 4 of the document regarding healthcare/social care partnerships being required to develop shared local health and social care outcome measures if that will involve a need to establish new and additional outcome indicators.

We have some concerns regarding the stated aim of reducing admissions of patients from acute hospitals directly to care homes. Unless there is a significant reduction in the admission of such patients to acute hospitals in the first instance, we would be concerned this target might encourage their transfer firstly to community hospitals (even when this may not be appropriate) rather than them being sent to the most appropriate place in cases where this has been identified to be a care home.

We also have concerns in relation to the proposed aim of increasing the number of people choosing where to die, since it is our understanding that there is no mechanism currently in place for the collection of data on a national level regarding preferred place of death. We are therefore concerned that it will not be possible for health boards to collect this data.

In addition, we believe there is substantial evidence that preferences about place of care and death change as patients progress along a disease journey – so that any preferences expressed (and hence documented) years, months or even weeks prior to death often become invalid in the last days of life. At such a time, any
new preferences expressed are often not documented – as patients may already be in the right place, or their preferences may not in fact be able to be fulfilled, or it may be the case that ongoing work would be required before their preferences could be achieved. We would further note that preferences may often be ranked so that although a person might prefer to die at home, this is often overridden by a preference to have good symptom control (which might therefore require a hospital admission).

**Additional issues for consideration:**

In addition to the concerns we have outlined above, BMA Cymru Wales believes that within the proposed framework there should be a reference to the importance of providing an electronic shared record system that can be accessed by patients as well as healthcare and social care providers at any point at which the patient presents for health or social care provision.

We would also consider that the framework should refer to a need to simplify the current unified assessment process, as well as making it both easily accessible and updateable.

Thirdly, we would suggest that an exploration could be undertaken into the concept of providing community wardens who are able to help patients/service users in accessing services, and transport to service provision where required. They could also play a role in spotting an individual’s deterioration and summoning help where appropriate. Such a role might assist in signposting people to appropriate service provision and in preventing crises from occurring that might otherwise be avoidable.

**Contact for further information:**
Rodney Berman  
E-mail: RBerma@bma.org.uk  
Tel: 029 2047 4620  
Fax: 029 2047 4600  
Mobile: 07867 356106