Nursing Homes and Residential Homes

The provision of care in private hospitals and care home generates a considerable number of queries. There are a number of reasons for this:

- The classification of services under the new GMS contract
- The reclassification of some former residential and nursing homes to private hospitals
- The increasing number of secondary care type services being provided in some residential and nursing homes

On several occasions over the years, the GPC has been made aware of GPs being asked to provide services to patients residing in institutions or homes where the types of services expected do not fall under the responsibility of primary care. There appears to have been an increase in the number of such cases recently, seemingly in part due to an increase in the number of privately-run secondary care institutions. This is not in patients’ best interests as it results in confusion and lack of clarity over who is clinically responsible for patients’ care, as well as a risk to patient safety.

GPs must not be forced to accept clinical responsibility for patients in secondary care institutions, nor for those in any setting where the clinical needs of the patient fall outside the normal skills of GPs. With this in mind, this short guidance document on how to identify when services provided to care homes may be deemed as essential or additional has been put together to help GPs decide whether or not the treatment they are providing in institutions and residential homes falls within the remit of standard primary medical services contracts.

Further guidance from the BMA is available at: https://www.bma.org.uk/advice/employment/gp-practices/service-provision/primary-care-in-institutions-and-residential-homes

We have also provided information about Advanced Decisions and Advanced Care Planning on the ‘End of Life’ section of the website.

Nursing Home Records

We’ve had a flurry of queries from practices asking whether they are responsible for completing nursing home records. The answer is no. There is no contractual requirement for GPs to make written notes in the nursing home records and neither is there any requirement to follow up verbal advice to a nursing home with an email or fax, although, if the advice is very complicated you may wish to do so to ensure it is undertaken accurately.

The onus is on the nursing home staff to make a note in the resident’s file stating what advice has been given, by whom and when, rather than on you to follow it up.

Nursing homes are quite often spooked by CQC inspectors in this regard but it is still the nursing home’s responsibility, not yours.

Falls in Nursing or Residential Homes
It is not uncommon for residents of nursing homes and residential homes to fall, and for the staff of these facilities to request a GP visit "just to cover us". After consultation and negotiation between Hampshire PCT, the South Central Ambulance Trust, Hampshire County Council and Wessex LMCS this Falls Protocol was developed for a large Nursing Home in Hampshire.

Deaths in Nursing or Residential Homes

Unexpected deaths will require a doctor to attend to confirm death.

Expected deaths may be verified (diagnosed) by any competent adult and there is no need to call a doctor just for this - (see the CQC mythbusters http://www.cqc.org.uk/content/gp-mythbuster-13-who-can-diagnose-death). The body may then be removed.

The information faxed, or otherwise given to the "usual GP" must give all the relevant details including the time, place and date of death with the name and qualifications of the person confirming death. The "usual GP" should issue the death certificate on the next working day. Note that it is possible for a patient who is expected to die from a known cause to die from something completely unrelated (eg a fall or other injury) and under those circumstances the duty doctor should visit and consider a referral to the Coroner if it is appropriate. (Thanks to Devon LMC for this guidance)

Here is a simple A4 death notification proforma for you to share with Housing and Residential homes to fax to GP on death of resident (includes who was present at death, time and dates, occupation of deceased etc) to enable efficient death and cremation certification.

The Role of the GP when a Patient Dies

The attached letter provides guidance regarding the procedures relating to the death of a patient under a homes care.

With thanks to Bedfordshire & Hertfordshire LMC for providing this letter

Nursing Home and Residential Home Prescriptions

Question - A local residential unit for young people is insisting that we fill out and sign the unit’s own prescription forms to allow them to administer the medication to patients aged 10 - 15yrs. Our practice has provided FP10s. Do we have to fill out and sign these forms?

Answer - There is no GMS obligation to fill in the unit’s individual prescription sheets. If you are retained by the unit to provide a private service then they may of course insist that you do so if this is explicit or implicit in your contract.

The problem is that the The Care Homes Regulations 2001 specify that residential homes must have a written service user’s plan and strict written protocols on the use of medications. In addition the NMC insists that nurses must have clear written instructions if they are to administer a patient’s medication. This puts the unit into something of a cleft stick.

It is probably in the patient’s best interests to have a clear written instruction on the unit’s standard care or prescribing sheets to ensure full compliance with your prescribing instructions, but this is a personal professional decision.

Perhaps a compromise could be agreed whereby the home would complete the prescribing sheet in compliance with your FP10 prescriptions and could bring the sheet to your surgery for you to countersign this as accurate?

Requests to Prescribe Antivirals for the Prophylaxis of Influenza in Care Homes

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Related guidance...

**Good Practice in Prescribing**
This guidance was published by the GMC on 31st January and came into effect on 25th February 2013. In ‘Good Medical Practice’ it is...

**Prescribing - Self Prescribing & Family Members**
Over the last year LMC has been made aware of a number of GPs who have been reported to the GMC for self-prescribing. The LMC would...

**Controlled Drugs & CD Prescribing**
Storage of Controlled Drugs In surgery CDs must be in a locked cabinet or safe the safe or cabinet should be in a lockable room not...

**Prescription Security - How Secure is your Practice?**
Lost or Stolen Prescriptions If prescriptions are lost or stolen, please email the attached form to Alerts.SCWCSU@nhs.net And...

**Sudden Death on Practice Premises**
Beyond the immediate clinical need of a patient - if a patient is declared dead on the premises how should you proceed? If the death is...

**Prescribing - Bowel Preparations for Endoscopic Investigations**
In May 2009 the NPSA issued a warning about deaths and harm occurring from the use of these agents prior to procedures such as...

Phone & Fax
Phone: 023 8025 3874
Fax: 023 8027 6414

Address
Churchill House
122-124 Hursley Rd
Chandler’s Ford
Eastleigh
Hampshire
SO53 1JB

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iPhone & iPad app

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