



Guidelines for the appointment of

General Practitioners with Special Interests
in the Delivery of Clinical Services

Care of older people

September 2003

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This document describes a framework for the work of general practitioners with a special interest (GPwSI) in the Care of Older People. It embraces two main aspects of care: provision of clinical services and service development.

The framework has been written following extensive consultation with general practitioners, secondary care specialists, Primary Care Trust managers, patients, the Department of Health and the PwSI team in the NHS Modernisation Agency. It draws on good practice and experience nationally and is intended to be advisory, offering best practice for the development of local services.

This guidance should be read in conjunction with the Department of Health and Royal College of General Practitioners' *Implementing a scheme for General Practitioners with Special Interests* (April 2002, www.doh.gov.uk/pricare/gp-specialinterests), and the NHS Modernisation Agency's *Practitioners with Special Interests: A Step by Step Guide To Setting Up a General Practitioner with a Special Interest (GPwSI) Service* (April 2003, www.natpact.nhs.uk/special_interests)

Rationale for GPwSI in the care of older people

In recent years there has been a substantial increase in the need for effective health care for older patients:

- Our society is ageing, and large numbers of people are living into advanced old age.
- Early identification of treatable disease in older people promises reduction in premature mortality and morbidity in old age.
- More elderly and frail people receive long term care in the community.
- There is a perception that some early intervention and rehabilitation services, currently provided in acute hospitals, might be provided in community settings.
- More effective health care is available for managing chronic diseases, such as chronic lung disease, cerebrovascular and coronary heart disease, diabetes, depression, and degenerative conditions such as osteoporosis, dementia and Parkinson's disease. To be implemented for all who might benefit, these interventions need to be organised into structured programmes.
- To be most effective, and to respond to the needs of individuals, care planning should take integrated account of all of the health care needs of individuals particularly when these include both physical and mental health problems.

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- Effective health promotion and proactive health care for older people may extend the active life-span of older people, reducing the number of people who suffer disability, vulnerability and dependence.

Service Development

The National Service Framework for Older People was published to ensure the delivery of higher quality services to older people in England and Wales.

The NSF requires the identification of service champions for older people within each organisation. A national network has been established to support their development. In Primary Care Trusts, this role might appropriately be carried out by a GPwSI.

Clinical Services

Standard 3 of the NSF states:

‘Older people will have access to a new range of intermediate care services at home or in designated care settings to promote their independence by providing enhanced services from the NHS and local authorities to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.’¹

By December 2002, 1,700 intermediate care beds and various other community interventions in England and Wales had provided support for over 130,000 people over the preceding 2 years.²

Providing safe and effective care to older people in enhanced care settings in the community requires co-ordinated and competent care by a skilled workforce of healthcare professionals, working efficiently together. GPwSIs have a valuable role to offer in this setting, providing:

- Assessment and rehabilitation in community settings.
- Rapid response for acutely ill older people.
- Medical support for *Hospital at Home* schemes.

¹ *National Service Framework for Older People. Modern Standards and Service Models* (Department of Health, 2001) www.doh.gov.uk/nsf/olderpeople.htm

² *National Service Framework for Older people: A report of progress and future challenges* (Department of Health, 2003) www.doh.gov.uk/nsf/olderpeople/olderpeople-updatemar03.pdf

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- Enhanced co-ordinated clinical services for supported hospital discharge.
- Integration with other clinical staff in the community.
- Leadership, advice and training for other GP colleagues.
- Medical leadership for health promotion designed to promote healthier ageing, and avoid premature dependency.

a. The core activities of a GPwSI service

The service being delivered must be based on planning to meet the needs of the local population within the skills, competence and support structures of the individual GPwSI.

The activities of the service should be clearly defined by the employing trust (usually the Primary Care Trust). This should be built on an explicit consideration of the needs of older people, including the views of patients and carers, possibly supplemented by views of the next of kin. It should take account of the current capacity and service patterns of local services.

The GPwSI should be fully cognisant with the clinical skills and range of work carried out by Allied Health Professionals and their contribution to the management of complex conditions older people.

The core activities will vary considerably, depending on local circumstances, needs and resources, but are likely to include some of the following:

- Communication & liaison between different service providers, providing social and health care for physical and mental illness, in the public, private and voluntary sectors.
- Facilitation for a wide variety of clinicians and managers, to elicit views on problems and possible local solutions, while achieving shared ownership of proposed changes in services.
- Leadership & education for primary care clinicians, and for other clinicians as necessary.
- Assessment of health and well-being of older people in the locality, individually and/or collectively, including the prevention, early identification and management of frailty.
- Configuring, and helping to deliver, care programmes to meet these needs, including health promotion and protection.

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- Facilitating co-ordinated services for older people with multiple morbidities, especially where patients have both physical and mental health problems.
- Commissioning new services for older people.
- Evaluation of effects of service development, with particular reference to the experience of individual patients.
- Helping practices to meet quality standards set in national or local contracts.
- Facilitating the development and quality assurance of enhanced services for older people.

It is vital that GPwSIs integrate effectively with the local network of services provided for older people in their communities and that they build and maintain strong links with their local geriatric departments.

b. The core competencies required for the GPwSI service

The competencies required to fulfil the core activities should be explicitly defined. These will vary in accordance with the service provided, although they are likely to include the following elements:

Generalist

Primary care organisations will need to ensure that the GP is a competent and experienced generalist. Many of the skills of a GPwSI in the care of older people are built on advanced generalist competencies including good communication skills, competence in teaching and training health care professionals and a commitment to cascading knowledge and skills.

Clinical Knowledge

GPs who develop services for the care of older people require a knowledge of the clinical issues involved in the delivery of that care, especially from a primary care perspective, but also from the perspectives of other clinicians and agencies where appropriate. GPs who provide advanced services for older people require sufficient knowledge to ensure that patient safety is protected within the areas of care provided by the GPwSI.

This knowledge needs to be of an advanced, but not a specialist standard. It needs to enable the GPwSI to understand the perspectives of all relevant health and social care professionals, to a level sufficient to command their trust.

It should particularly include:

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- The physical and psychological processes of ageing.
- Understanding of the importance of functional assessment as part of the doctor's clinical examination in older people.
- Prevention of disease and disability by the early identification of treatable disease in older people.
- Diagnosis and management of important clinical conditions in old age, particularly stroke, falls and degenerative diseases.
- Understanding the relationships in the presentation and management of disease, impairment, disability and handicap.
- Management of commoner psychological disorders such as anxiety, depression, dementia and alcohol dependence.
- Understanding and skills in managing multiple pathology and complex care.
- Understanding of the psychosocial aspects of disease and how this may influence presentation of disease in older people.
- Pharmacology and the appropriate use of medicines for older people.
- The single assessment process and complex geriatric assessment with insight into the science of assessment.
- Rehabilitation and an understanding of its implementation in a variety of settings.
- Sensitive management of end of life issues.

Public Health Skills

Basic understanding of public health issues, including local health needs assessment, knowledge of national policies for care of older people, assessment of quality of care, and critical appraisal of clinical and economic evidence.

GPwSIs undertaking service development roles will need more advanced public health skills such as appreciation of the need to balance local needs with national priorities, analysis of models of care (especially using patient care pathways), identification of the main formal and informal providers of care, assessment of the quality of care, and models of care commissioning.

Teaching /Training

The GPwSI should have evidence of competence in teaching and training and a commitment to cascading knowledge and skills.

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Facilitation and Leadership

The GPwSI may need to possess the skills to provide an appropriate level of leadership in the clinical team, especially advice on patient care plans.

In service development roles, skills may be required to canvass and collate the views of relevant health care professionals using a variety of methods such as personal interviews, use of questionnaires, designing and running focus groups and other group events. Influencing and communication skills may be required, for example to explain innovations to local carers and professionals, and secure their commitment to changing practice.

Further Information

The Federation of Medical Royal Colleges have produced a useful and practical guide to standard setting and monitoring in intermediate care. Its scope extends significantly beyond the medical aspects of care proclaimed by its title.³

Competency frameworks which address all professionals providing older people's services are currently under development by the National Director for Older People.

The Higher Medical Training Curriculum for Geriatric Medicine, produced by the Royal College of Physicians, is available at www.jchmt.org.uk

c. Evidence of training and experience

A GPwSI should present a portfolio with evidence of experience and training in *all* of the following categories, appropriate to the core activities of the service:

Generalist Skills

A high standard of generalist skill should be attained by the GP, as well as the specific competencies and experience for the special interest area. This can be assessed in a number of ways but is readily demonstrated by GPs who have passed the Examination of the Royal College of General Practitioners and who are current members or fellows of the College.

³ *Medical Aspects of Intermediate Care – Report of a working party* (Federation of Medical Royal Colleges, Royal Colleges of Physicians, 2002).

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Specific Clinical Skills

A GPwSI in the care of older people may gain appropriate experience in a wide variety of settings. This may include supervised work, ideally in an accredited training programme, in outpatient clinics, rehabilitation and long term care. Where appropriate, evidence should specify the type and level of clinical supervision that has been provided in these settings.

External validation of appropriate skills is essential. This can best be provided by suitably structured certification from appropriately experienced clinicians, and will normally include a reference from a consultant geriatrician or experienced GPwSI.

The Diploma in Geriatric Medicine from the Royal College of Physicians (London) or the Royal College of Physicians (Glasgow) are designed to assess clinical competence in the care of older people in primary care settings. Recent qualification in either of these diplomas provides good evidence of clinical knowledge.

Education, Training and Leadership

This may include:

- Formal qualification in education or leadership skills
- Practical experience in leadership or educational roles in primary care organisations or other related agencies.

Some GPwSIs may be appointed to posts before completion of full training, with full adoption of their role being contingent on successful acquisition of appropriate competencies. In such circumstances, it is essential that an adequate training programme is in place.

d. Evidence of successful acquisition of competencies

The Royal College of General Practitioners recommend that GPwSI in all areas maintain a personal development portfolio to identify learning needs matched against the competencies required for the service, and evidence of how the learning needs have been met and maintained. This portfolio will serve as a training record and will be counter-signed as appropriate by an educational mentor or supervisors to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies enumerated in this document and others thought necessary by the employing authority. This portfolio should form part of the GPwSI annual appraisal.

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Examples of different evidence of competencies for the service
Demonstration of skills under direct observation by a senior clinician. Demonstration of knowledge by personal study supported by appraisal. Evidence of gained knowledge via attendance at accredited courses or conferences. Demonstration of ability to work in teams by evidence of taking part in multidisciplinary teamwork to plan and deliver service provision and individual patient care. Delivering multi- and uni-professional training. Base line experience working as a clinical assistant.

e. Evidence of maintenance of competencies

The GPwSI would be expected to maintain his or her competencies through continued professional development and education. It is recommended that they undertake a minimum of 15 hours CPD and undergo annual appraisal in the special interest and generalist areas.

Membership of a professional society, such as the British Geriatrics Society (www.bgs.org.uk), would add value to the personal portfolio.

f. Accreditation process

This involves determining core competencies for the special interest area, evidence required to meet these competencies and criteria for maintenance as defined in this framework. These criteria have been set nationally following wide stakeholder consultation.

Before appointing a GPwSI the PCO will need to ensure that the GPwSI has met these criteria for accreditation. The mechanism for this process can be determined at local level although ideally should be through appraisal of the practitioner's personal development portfolio by nationally (e.g. British Geriatrics Society) and locally (e.g. medical director, local specialist) nominated appraisers.

g. The types of patients suitable for the service including age range, symptoms, severity, minimum caseload/frequency, and reasons for referral

The scope of work of the GPwSI will be set by their geographical area, and its population of older patients (usually aged over 65).

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To maintain and to build their skills, the Royal College of General Practitioners recommend that GPwSIs work at least one session per week (ideally more) in their special interest area and not less than one session per week as a generalist practitioner.

h. Local guidelines

Definition of service guidelines should take full account of the existing pattern of services provided by local consultants in geriatrics and in old age psychiatry. Representatives of these specialists should be involved in drawing up local guidelines.

One role which might well be undertaken by the GPwSI is the development of guidelines for referral to, and use, of newly developed local services by local clinicians and patients.

This function will require both the skills and resources to develop these guidelines and to influence their uptake by local professionals.

An awareness of the National Service Framework for the Care of Older People and the local implementation plan is essential.

i. The facilities that must be present to deliver that service

These will depend on the service provided. However, wherever the service is provided it would be expected that a GPwSI in the care of older people would have access to:

- All necessary equipment to provide community based care.
- A full range of clinical staff required to support patient care, including nursing care, physiotherapy, occupational therapy, speech and communication therapy, podiatry, and mental health professionals.
- Medicines management.
- The information requirements of the service should be considered. This should be based on an integrated patient record, which includes a comprehensive assessment, offers access and use by all professionals involved in care, and is informed by hospital and community professionals previously involved in the care of patients.
- Appropriate public health support.

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- Appropriate administrative support, including personal secretarial services and access to good library facilities.

Special note should be taken of communication between intermediate care services and contiguous clinical services. Poor communication between intermediate care schemes and referring hospital or general practitioners is a common cause of complaint, and is deeply prejudicial to good care.

j. The clinical governance, accountability and monitoring arrangements, including links with others working in the same clinical area in primary care, at PCT level and in acute trusts

The GPwSI will be accountable to the PCT Board with clinical responsibility resting with the GPwSI.

The Clinical Governance arrangements will follow those normally used for the PCT and should include systems or mechanisms for defining clinical audit and communication standards, significant event monitoring and complaint handling.

The GPwSI should ensure that adequate clinical governance arrangements are in place for all services with which they are involved. They should participate regularly in clinical governance meetings, which involve all members of the multidisciplinary team, integrating in particular with specialist geriatric services where appropriate. Their personal performance must be monitored by annual appraisal that satisfies the requirements for GMC revalidation.

Accountability must link with other leading professionals in the care of older people, especially in the Acute Trust(s).

k. Induction, support and CPD arrangements for the General Practitioner with Special Interests

The GP will specify an appropriate system of mentoring and continuing professional development. Many of the activities of the GPwSI in service development will involve an element of professional development. It is particularly important, therefore, that an agreed amount of time, at least 15 hours a year, is spent in personal development activities.

The induction process will include the following elements:

- Definition of the purpose and intended effects of the service.
- Specification of reporting arrangements and quality assurance.

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- Agreement of arrangements for, and resourcing of, personal development.
- Risk management, including complaints handling.
- Introduction to relevant local stakeholders, particularly relevant consultants and local GPs.
- Involvement in national clinical networks.
- Patient empowerment, consultation & participation.