

**Meeting of the All-Party Parliamentary Group on Patient Safety
Healthcare at Home: Patient Safety concerns and Solutions
7 June 2006**

Overview

It is estimated that 30% of the UK population are living with a long term medical condition or disease. With an ageing population and increasing prevalence of chronic conditions, this places a considerable burden on the NHS. In response, the Department of Health has set specific PSA targets and outlined a NHS and Social Care Long Term Conditions model. The recent government White Paper on Health and new GP contract both announced radical changes in the way healthcare services are delivered, promising to make them more personalised to fit into people's individual lives. These reforms recognise that care at home can radically improve the quality of life for some patients as well as saving money for the provider by reducing the number of costly trips to hospital.

This meeting of the All-Party Parliamentary Group on Patient Safety aimed to explore how the healthcare community can ensure the safety of patients once they are outside the hospital setting. The meeting also addressed concerns around healthcare provision at home and facilitated a debate around possible solutions.

Speakers were:

- Jo Weber, Deputy Director of Policy, NHS Confederation
- Professor Edwina Brown DM FRCP, Director of Clinical Studies, Charing Cross Hospital
- Colin Beacok, Policy Advisor, Royal College Nursing
- Colin Angel, Head of Policy, United Kingdom Home Care Association

Dr Howard Stoate MP, Chair of the group, opened the meeting by stating that the area of healthcare at home is one that is rapidly evolving and that it was vital to ensure that the needs of patients were effectively met outside the hospital setting. He hoped that the following insights could provide a useful platform for exploring these issues in greater depth.

Jo Webber, Deputy Director of Policy for the NHS Confederation, started the discussion by providing a general overview of contemporary UK homecare. Ms Webber was keen to stress that it was necessary to strike the right balance between risk and protection for people dealing with long-term illnesses at home. Ms Webber outlined the fact that in the home setting it is important for both patients and practitioners to be aware of the clinical, financial, and personal risks involved with administering treatment.

Ms Webber conceded that risk can never be fully eliminated in any care environment and that within the home, over protection of patients can often de-

personalise the care they receive. She went on to conclude that the personalised nature of care at home should not be diminished by over regulation, but that the healthcare community needs to be aware of the risks involved and have the appropriate procedures in place to deal with them.

Professor Edwina Brown, Director of Clinical Studies, Charing Cross Hospital, followed on from Ms Webber's comments by providing a specific example of successful health care at home.

Professor Brown outlined the details of a project aimed at encouraging patients to move to home dialysis. With an increasingly ageing population in the UK and the majority of people who require treatment over the age of 65, hospital dialysis is often traumatic for the patient and costly for the state.

Professor Brown described how patients receiving dialysis treatment outside the home have to visit hospital up to 3 times a week. For the elderly this can be a difficult experience, taking up to 4 hours and often involving lengthy travel. It is also highly expensive for the NHS.

The project Professor Brown has been directly involved with aims to provide patients with a greater degree of independence through dialysis treatment at home. Initially there was prejudice amongst patients about administering their own treatment within the home, with concerns over carrying out the procedure incorrectly and the risks associated with infection. Professor Brown described how home dialysis treatment can be incredibly simple with patients trained to administer their own treatment, quickly, effectively and most importantly safely. Trials so far show that there have been no problems with infections and costs have been reduced dramatically.

Professor Brown described this project as an excellent example of successful home treatment and was hopeful that this scheme would soon be rolled out on a larger scale.

Colin Beacock, Policy Advisor, Royal College Nursing, added to the discussion around whether the healthcare community can effectively ensure the safety of treatment at home by looking at recent changes within the nursing practice.

Mr Beacock said that within the past few years, nurses have gained more and more autonomy. He pointed out that nurses are now prescribing medication and there are a growing number of walk-in medical centres, which are reducing the burden on hospitals. With an increasing demand for patient homecare, nursing is becoming increasingly specialised with a growing emphasis on long-term conditions.

Mr Beacock highlighted the fact that the nursing practice is currently going through a phase of transition due to the increasing demand for home treatment,

yet the safety of patients still needs to remain the top priority. He expressed concerns that the increasing moves towards home treatment are not being managed effectively. Mr Beacock stated that there should be improved “knowledge transfer” between health authorities and patients and that a form of quality criteria should be set out for ensuring patient safety.

Colin Angel, Head of Policy, United Kingdom Homecare Association followed on from Colin Beacock’s comments by outlining patient safety concerns within UK homecare. Mr Angel explained that the provision of homecare in the UK is rapidly expanding with over 1500 homecare businesses currently operating. He pointed out that between the years 2000-2004 there was a 20% reduction in homecare workers, which meant that fewer people are now having to work longer hours.

Mr Angel said that one of the main concerns within this sector was the financial cost of registration for homecare workers, causing major problems in recruitment and retention. He also pointed out that homecare workers are often unsupervised and thus there are safety risks for patients who receive homecare from poorly trained staff. Mr Angel argued that there needs to be accurate record keeping and knowledge sharing within the sector as currently there is no central practice guidelines for reporting critical incidents.

This discussion was followed by a Q&A session between the panel and attendees