IRISH SOCIETY OF PHYSICIANS
IN GERIATRIC MEDICINE

Statement responding to HSE paper 'Flexing the ECC model to provide an interface with both public and private nursing homes to improve hospital avoidance and to support post-hospital discharge'.

The Irish Society of Physicians in Geriatric Medicine (ISPGM) represents over 130 consultant geriatricians across the country providing specialist older persons acute hospital gerontological care, rehabilitation, stroke and dementia care as well as integrated care that supports patients across the interface of acute hospital, community and residential care. As a physician group we are fundamentally committed to supporting any initiative that will improve the care experience and outcomes for the older adults we care for. As a specialty we have engaged positively with many changes that we understand present an opportunity to support the care of older adults in their home and elsewhere outside acute hospitals including the recently introduced Enhanced Community Care (ECC) model which saw a number of consultant geriatrician appointments to ICPOP (Integrated care Programme for Older Persons) teams nationally reflecting a significant work practice change for the specialty.

As a physician body expert in the care of older people we have grave concerns that the pathways described in the attached paper 'Flexing the ECC model…' will undermine the appropriate care and treatment of older people presenting for acute care and /or rehabilitation. There is no cognisance or acknowledgment within the paper of the needs of frail older people requiring rehabilitation in the course of recovery from acute illness, the supports required to deliver this, or the risks posed to the lives of older people who are inappropriately disenfranchised of acute care when these pathways are implemented. We are already aware of the many flaws and risks posed to older people who find themselves in 'transitional' care which lacks any coherent governance model or rehabilitation support and the worsening experience of older patients who are coming through such care systems[1], in addition to premature direction to nursing home care by admitting teams[2].

In addition, there is a very poor recognition of the learnings from a range of reviews of inadequacies in nursing homes care, from the Leas Cross Review to the Ministerial Panel, and the document appears to prioritize the needs of the acute system over what we understand to be needs of older people at the transition to nursing home care. Key unfulfilled elements of the Ministerial Panel – such as establishing clear medical governance – are prerequisites for any further development. To approach the subtleties of advance care

[1] Mulkerrin P, O'Keeffe ST. The Limitations of Post-Acute Care Schemes as a Quick Fix for Hospital Acquired Deconditioning. J Nutr Health Aging. 2022;26(4):415-416

[2] Merron G, O'Neill D. Role of comprehensive geriatric assessment in determining appropriateness of admission to long term care. *Age and Ageing* 2023;52(Supplement_3)afad156.237

planning outside of the internal governance of the nursing home displays a lack awareness of the nature of such complex interactions, and an inappropriate view of advance care plans as a barrier to acute and complex care for a vulnerable group. There is also a failure to establish appropriately staffed and resourced rehabilitation centres for the complex needs of older people.

That such a seismic change in a paradigm of care could be launched without any reference or consultation with consultant geriatricians and other key stakeholders including nursing and health and social care professionals is beyond disappointing. On behalf of our patients and their families we are left with no choice but to advise colleagues not to engage with any discussions taking place locally regarding these pathways until a proper consultation period has taken place at a national level reflecting an approach that supports a pathway that will focus on ensuring safe and improved care pathways for older adults accessing such care.

ISPGM, 20th October 2023