Assessment and provision of continuing healthcare: an integrative literature review

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Abstract

NHS continuing healthcare is a package of care that is arranged and funded solely by the NHS where an individual has been found to have a ‘primary health need’. Individuals who may be eligible have a right to be assessed for NHS continuing healthcare, and this assessment is undertaken by healthcare professionals using a national framework. However, there is a lack of literature on continuing healthcare and its assessment process.

The aim was to review the literature on undertaking and providing continuing healthcare in terms of workforce roles, education and training, and competencies.

A literature search was undertaken to identify relevant literature on continuing healthcare. Primary searching of electronic internal databases and indices at the Royal College of Nursing and King’s College London was used, alongside a further database search and hand searching. A narrative synthesis of the literature was used to synthesise the findings, and a thematic analysis was undertaken to identify themes from the literature.

The literature search identified 100 articles, of which 84 were excluded because they did not meet the inclusion criteria or provided insufficient details in the abstract. A total of 18 articles were included and examined in detail. Four themes were identified in the literature: complexity of care in transitioning care from hospital to home; different care models; importance of education of healthcare professionals; and role of continuing healthcare.

Healthcare professionals – including nurses – should receive further training in caring for older people, especially in relation to continuing healthcare. Since there is an increasing ageing population, there is an increasing requirement for continuing healthcare, and thus further research examining all aspects of this care is required.

Author details


Keywords

community, community care, funding, literature review, literature search, management, older people, patient assessment, patients, research

IN THE UK, there are almost 12 million people aged 65 years and over, and around four million people living with a limiting long-term illness (Age UK 2019), which places unprecedented demands on healthcare services. Many older people require acute care and continuing health and social care in the community, either in nursing homes or their own residences.

NHS continuing healthcare is a package of care that is arranged and funded solely by the NHS where an individual has been found to have a ‘primary health need’ as detailed in the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (DHSC 2018). Individuals who may be eligible have a right to be assessed for NHS continuing healthcare, and the National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care (DHSC 2018) details the tools and processes that must be followed to determine eligibility. The assessment of eligibility is undertaken by healthcare professionals using a formal framework, although previously there has been anecdotal evidence of a lack of standardisation of the assessment process.

In 2017, NHS England started the NHS Continuing Healthcare Strategic Improvement Programme (NHS England 2019), with the aim of standardising practice and commissioning, as well as reducing variation in service-user experience. This literature review is part of work that was commissioned by the programme to inform the assessment of eligibility process.
Assessment of eligibility for NHS continuing healthcare can be undertaken in any setting, although people who have had an acute episode of illness and have been treated in hospital are commonly considered for NHS continuing healthcare (NHS 2018). NHS England (2018) quality premiums set for 2017-2018 and 2018-2019 incentivise clinical commissioning groups to reduce the number of full continuing healthcare assessments made in acute hospitals to less than 15%, and to increase the number of eligibility decisions made within 28 days to more than 80%. Therefore, developing an appropriately skilled workforce to achieve these NHS continuing healthcare targets is a priority.

While nurses often contribute to continuing healthcare assessments, there is no overview data on the status of the continuing healthcare workforce, standardised competencies or role descriptions. Therefore, the authors undertook an integrative literature review on continuing healthcare and its assessment of eligibility process.

Aim
To review the literature on undertaking and providing continuing healthcare in terms of workforce roles, education and training, and competencies.

Method
A literature search was undertaken to identify relevant literature on continuing healthcare. Primary searching of electronic internal databases and indices at the Royal College of Nursing (RCN) and King’s College London was used. Additional articles were identified from a further search of databases including CINAHL (Cumulative Index to Nursing and Allied Health Literature) and MEDLINE. Hand searching was also undertaken to identify grey literature, opinion articles and editorials. Previous unpublished scoping work on staff competencies in NHS continuing healthcare undertaken for NHS England was also used, along with an extensive manual review of the bibliographies of selected references. The following search terms were used: ‘continuing healthcare’, ‘NHS continuing care’, ‘free nursing care’, ‘continuing care assessment’ and ‘decision support tool’. No research question was generated because there was limited research available, so only the search terms were used.

All types of studies – including randomised controlled trials (RCTs), cohort studies and case studies – and reports were considered eligible for inclusion if they reported on continuing healthcare or published a study that described NHS continuing healthcare processes in English. Articles were excluded if they were not relevant to continuing healthcare processes or not in English.

Abstracts and titles of articles identified by the search were read by the researchers, each of whom independently made a first selection of articles. Second and final selections were made independently by a researcher after reading the full-text articles. Thematic analysis was used to identify themes from the literature.

Findings
The literature search identified 100 articles, of which 84 articles were excluded in the first round of selection because they did not meet the inclusion criteria or because there were insufficient details in the abstract.

A total of 18 articles were included in this literature review and examined in detail. The articles were examined in terms of the level of evidence provided and categorised as high (level I), moderate (level II) or low (level III) level of evidence. Articles were also examined to determine if they specifically referred to NHS continuing healthcare. A summary of the articles included in the literature review is shown in Table 1.

A narrative synthesis of the literature was used to synthesise the findings of the articles because of their lack of heterogeneity. Thematic analysis identified four themes from the literature:

» Complexity of care in transitioning care from hospital to home.
» Different care models.
» Importance of education of healthcare professionals.
» Role of continuing healthcare.

Complexity of care in transitioning from hospital to home
Some articles observed the complex issues related to discharging patients from hospital (Moylan et al 2008, Olson et al 2011). One cohort study of frail older patients in Glasgow examined their medical needs and survival after admission to continuing healthcare beds (Moylan et al 2008). The study found that these patients had a wide range of diagnoses and a high rate of interventions per patient, with most patients in the last months of their lives (n=183, 92%) (Moylan et al 2008). The authors noted that these patients had a short life expectancy and significant medical needs. Despite this study being more than a decade old, it reflects the current high percentage of older patients medically discharged but...
remaining in acute hospital beds because there are no suitable community care facilities available (National Audit Office 2016).

Martin et al (2013) examined the efficacy of patient selection for NHS continuing healthcare in Scotland, concluding that the revised guidance eligibility criteria were useful in identifying the frailest patients with complex needs and limited survival; however, they noted high hospital readmission rates after patient discharge. Moylan et al’s (2008) and Martin et al’s (2013) studies demonstrate the complex care needs of the older population and the need to ensure the appropriate level of continuing healthcare is available.

Olson et al (2011) discussed the complexity of transitioning care from hospital to the community. They explored five aspects of these transitions: key components of transition of care services; evidence for improvement in functional outcomes, morbidity, mortality, and quality of life; associated risks or potential harms; evidence for improvement in systems of care; and evidence that benefits and harms vary by patient-based or system-based characteristics. The authors concluded that further consensus is required on transition of care interventions and the outcomes appropriate to those interventions.

The lack of integration between NHS healthcare and social care was examined in several studies (Moylan et al 2008, Davies et al 2011, Low et al 2011, Martin et al 2013). Davies et al’s (2011) systematic review of 17 studies found limited evidence in relation to the outcomes of different approaches to integrated care between healthcare services and care homes. While noting the benefits of using a multidisciplinary team approach in the care of older people, the authors identified that the outcome measures were more focused on healthcare professionals’ priorities than the residents’ priorities (Davies et al 2011).

With the move towards integrating health and social care, changes may occur in this area in the longer term.

Different care models
One study by Chahed et al (2011) used a length-of-stay modelling to identify patients’ continuing healthcare needs using occupancy time. It examined a dataset of 11,289 patients from London primary care trusts, with the aim of estimating the probability of a patient remaining in care over a period. Three main categories of patients were noted: short stay (a few days); a few months; and a long period (years). The model was deemed useful for planning continuing healthcare. Chahed et al’s (2011) study emphasises the need for integrated care, but more importantly demonstrates the complexity of delivering continuing healthcare.

The issue of different care models was noted by Low et al (2011), whose systematic review evaluated three models of home and community services: case management; integrated care; and consumer-directed care. Improvements in function were noted in the case management model, with appropriate use of medicines, increased use of community services and reduced nursing home admissions. Evidence from non-randomised trials demonstrated that the integrated care model increased service use, while RCTs reported that this model did not improve clinical outcomes (Low et al 2011). The consumer-directed care model appeared to increase levels of satisfaction with care and the use of community services, but this model had the lowest quality evidence and demonstrated little effect on clinical outcomes. The authors concluded that combining elements of all three models may optimise patient outcomes.

Importance of education of healthcare professionals
The need to provide a rigorous curriculum for nurses from undergraduate to advanced practice about older people’s care and NHS continuing healthcare assessment has been suggested. The RCN’s Older People Assessment Tool was developed to determine older people’s need for nursing in continuing healthcare (Ford and McCormack 1999). Ford and McCormack (1999) undertook a pilot study in seven nursing homes, which found that this assessment tool has a high degree of reliability and acceptability. Further work was undertaken by Slater and McCormack (2005), who developed a Nursing Needs Assessment Tool that was found to have a high degree of agreement between assessors. The tool had major implications for the standardisation of assessment of older people. Similarly, Garvelink et al (2016) developed a decision aid for older patients and their carers to support their decision-making about their location of care.

While education and curriculum are important, it is also necessary to ensure that healthcare professionals are competent in providing high-quality healthcare. Several studies in the literature examined nurses’ competencies in acute and community settings. For example, Stanyon et al (2017) studied the competencies of nurses working in care homes, identifying 22 essential competencies required by nurses working in care homes.
While these competencies were not explicitly linked to continuing healthcare, they cover related areas, such as decision-making about location of care: an iterative, user-centered design (Savolainen et al 2018). Development of a decision guide to support the elderly in decision making about location of care: an iterative, user-centered design (van Ginneken et al 2012).

A total of 22 competencies were deemed essential for nurses working in care homes (Chahed et al 2011). The individual as service integrator: experience from the personal health budget pilot in the English NHS (Waleson 2013).


Homeward bound or bound for a home? Assessing the capacity of dementia patients to make decisions about hospital discharge: comparing practice with legal standards (Emmett et al 2013).

A systematic review of integrated working between care homes and health care services (Davies et al 2010).


Measuring and modelling occupancy time in NHS continuing healthcare (Chahed et al 2011).

Medical needs and survival of NHS continuing care residents (Maylan et al 2006).


A systematic review of different models of home and community care services for older persons (Law et al 2011).

Development of a framework for district nurse practitioners working with older people with frailty in the acute hospital through a modified Delphi process (Goldberg et al 2016).

Priorities for the professional development of registered nurses in nursing homes: a Delphi study (Cooper et al 2017).


Transition of care for acute stroke and myocardial infarction patients: from hospitalisation to rehabilitation, recovery, and secondary prevention (Ilison et al 2011).


Levels of evidence
Level I – evidence from a systematic review or meta-analysis of all relevant randomised controlled trials (RCTs) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results
<table>
<thead>
<tr>
<th>Description</th>
<th>Main outcome and conclusion</th>
<th>Level of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic literature review and focus groups with stakeholders to provide an initial list of competencies, followed by three rounds of a Delphi process with a multi-disciplinary expert panel</td>
<td>&gt; A total of 22 competencies were deemed essential for nurses working in care homes&lt;br&gt; &gt; No competencies were identified in relation to NHS continuing healthcare</td>
<td>Level II</td>
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<tr>
<td>Pilot study in seven nursing homes to test the reliability and validity of an assessment tool. A total of 186 paired assessments were completed</td>
<td>&gt; The results of the pilot study demonstrated that the tool has a high degree of reliability and acceptability</td>
<td>Level III</td>
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<tr>
<td>Systematic literature review, followed by the development and testing of the Nursing Needs Assessment Tool. Paired assessments of older people were undertaken to check the level of agreement between assessors</td>
<td>&gt; A total of 10 paired assessments were returned, which had optimal levels of inter-rater reliability - there was 65% agreement between assessors&lt;br&gt; &gt; Therefore, the tool may have major implications in the standardisation of assessment of older people</td>
<td>Level I</td>
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<td>Three-cycle design with involvement of end-users in Canada. Cycle 1 involved undertaking a decisional needs assessment and developing a prototype; cycle 2 involved usability testing with end-users, and cycle 3 involved refining the prototype</td>
<td>&gt; This was a fully collaborative approach to developing a decision guide that involved end-users at every stage&lt;br&gt; &gt; The guide was deemed acceptable and understandable to end-users&lt;br&gt; &gt; The guide will be evaluated in a cluster randomised trial</td>
<td>Level II</td>
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<tr>
<td>Review of the experience of personal health budget pilot sites, using the national evaluation of the pilot programme and the author’s experience of working with the sites</td>
<td>&gt; Personal health budgets support holistic care, and combining personal budgets in social care with personal health budgets could support the integration of health and social care</td>
<td>Level III</td>
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<td>Analysis of the use of personal healthcare budgets in the Netherlands, and how England could implement personal health budgets successfully</td>
<td>&gt; Eligibility criteria for personal healthcare budgets should be clear and not too broad; administrative rules and regulations should be clear and workable for budget holders; and adequate support should be available for patients to use and administer their budgets without the need for brokering organisations</td>
<td>Level III</td>
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<tr>
<td>Ethnographic, word-based observations and in-depth interviews in three hospital wards in the north of England. A total of 29 patient cases were recruited to the study</td>
<td>&gt; Broad legal standards were not routinely applied in practice in general hospital settings when assessing individuals’ capacity to decide on place of residence on discharge&lt;br&gt; &gt; Therefore, specific legal standards are required when assessing capacity in this particular context</td>
<td>Level III</td>
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<td>Systematic review. A total of 17 studies were included, with most studies undertaken in nursing homes</td>
<td>&gt; There was limited evidence on the outcomes of different approaches to integrated care between healthcare services and care homes and insufficient information to evaluate cost&lt;br&gt; &gt; The priorities of residents were not incorporated into outcome measures</td>
<td>Level I</td>
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<td>Survey of 84 integrated care coordinators</td>
<td>&gt; The nine clusters and 81 elements of the Development Model for Integrated Care were rated as highly relevant&lt;br&gt; &gt; Therefore, this model has the potential to be a general quality management tool for integrated care</td>
<td>Level III</td>
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<td>Methodology based on length of stay modelling that captured the distribution of the length of stay of patients to estimate the probability of a patient staying in care over a period. Using the estimated probabilities, the number of patients that are likely to remain in care after a period was predicted. The dataset used was from London primary care trusts and related to TUIR9 patients residing in placement and home care</td>
<td>&gt; In the NHS continuing healthcare system, three main categories of patients were identified: short stay (a few days); a few months; and a long period of time (years)&lt;br&gt; &gt; Data will be useful for resource allocation decisions using this modelling occupancy time</td>
<td>Level III</td>
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<td>One-year retrospective cohort study of admissions to 222 beds in Glasgow</td>
<td>&gt; Older people resident in NHS continuing care have a short life expectancy, with an overall survival rate at three months of 48%&lt;br&gt; &gt; Patients required frequent medical interventions, and 75% of these were managed in the continuing healthcare setting</td>
<td>Level III</td>
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<td>Retrospective cohort study of admissions during one year across ten hospital sites (n=652)</td>
<td>&gt; Mortality at one-year was 82% among those eligible for NHS continuing care, and hospital readmission rates were high&lt;br&gt; &gt; The revised guidance eligibility criteria were useful for identifying the frailst patients with complex needs and limited survival</td>
<td>Level III</td>
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<td>Systematic review of 35 articles</td>
<td>&gt; The case management model improved function and appropriate use of medicines, increased use of community services and reduced nursing home admission&lt;br&gt; &gt; The integrated care model increased service use, but did not improve clinical outcomes&lt;br&gt; &gt; The consumer-directed care model appeared to increase levels of satisfaction with care and the use of community services, but had little effect on clinical outcomes&lt;br&gt; &gt; Combining elements from all models to potentially optimise outcomes is suggested</td>
<td>Level I</td>
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<td>Literature review and workshop including multi-professional and by representatives, followed by a three-round modified Delphi process involving a panel of 31 experts</td>
<td>&gt; There were 25 essential competencies agreed for ANPs working with older people with frailty&lt;br&gt; &gt; While these competencies were not explicitly linked to continuing healthcare, they cover related areas, such as decision-making and problem-solving</td>
<td>Level I</td>
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<td>Two-stage, online-modified Delphi study involving a panel of 352 individuals with experience, expertise or interest in care home nursing</td>
<td>&gt; The study identified a consensus that the most important responsibilities of nurses working in care homes were: promoting dignity, personhood and well-being; ensuring resident safety; and enhancing quality of life&lt;br&gt; &gt; Their CPD priorities included dementia care, personal care and managing long-term conditions&lt;br&gt; &gt; Continuing healthcare was not identified as one of the most important responsibilities or as a CPD priority</td>
<td>Level I</td>
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<td>Two-stage Delphi survey, interviews and a focus group. This involved national stakeholders from the NHS, professional organisations, higher education institutions and local education and training boards reaching consensus on CPD requirements for nurses who work predominantly with older people or who specialise in relevant areas</td>
<td>&gt; The framework developed covered the following clusters: values and behaviours; end of life; care for carers; clinical skills; safeguarding; cultures of care; clinical leadership; interprofessional working; and nursing practice&lt;br&gt; &gt; NHS continuing healthcare was included as an item for ranking within the cluster ‘advancing dementia and end of life care’, but did not achieve consensus as a high-priority area of fundamental or specialist level</td>
<td>Level I</td>
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<td>Systematic review. A total of 62 articles representing 44 studies were included. The review was framed around five areas of investigation: key components of transition of care services; evidence for improvement in functional outcomes, mortality, morbidity and quality of life; associated risks or potential harms; evidence for improvement in systems of care; and evidence that benefits and harms vary by patient-based or system-based characteristics</td>
<td>&gt; There were four categories of transition of care interventions: hospital initiated support for discharge was the initial stage in the transition of care process; patient and family education interventions were started during hospitalisation but were continued at the community level; community-based models of support followed hospital discharge; and chronic disease management models of care assumed the responsibility for long-term care&lt;br&gt; &gt; There is a basis for the definition of transition of care, but a consensus is required on the definition of the interventions this entails and their outcomes</td>
<td>Level I</td>
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<td>Report on the tasks, skills and knowledge of the role of the nurse assessor in NHS continuing healthcare</td>
<td>&gt; Recording accurate information, judgement and decision-making are essential when undertaking continuing healthcare assessments&lt;br&gt; &gt; Competencies required by healthcare professionals are related to: informed consent; mental capacity legislation; the ability to work collaboratively in a multidisciplinary team; being fair and consistent when undertaking the assessment process; and being able to manage conflict&lt;br&gt; &gt; Relevant knowledge and skills were outlined for care management, which included developing appropriate care packages that identify individual’s health outcomes</td>
<td>Level III</td>
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Level I – evidence obtained from at least one well-designed RCT, for example a large multi-site RCT (Evidence obtained from well-designed controlled trials without randomisation (quasi-experimental), and evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis))
Level II – evidence obtained from at least one well-designed RCT, for example a large multi-site RCT. (Evidence obtained from well-designed controlled trials without randomisation (quasi-experimental), and evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis))
Emmett et al's (2013) ethnographic ward-based observational study showed the importance of healthcare professionals having skills in assessing mental capacity. The authors assessed the mental capacity of 29 patients with dementia in making decisions about hospital discharge. They identified that healthcare professionals in focus groups did not routinely apply the standards for assessment detailed in the Mental Capacity Act 2005, and concluded that specific legal standards are required in this context. This study reveals the complex decision-making required in this patient group, and therefore that healthcare professionals require highly specialised skills to undertake continuing healthcare assessment.

Goldberg et al (2016) used a modified Delphi process to investigate the need for a specific curriculum for advanced nurse practitioners (ANPs) caring for older people with frailty in acute hospitals. Consensus was reached on 25 competencies for these ANPs. While these competencies were not explicitly linked to continuing healthcare, they covered related areas such as decision-making and problem-solving. The importance of research as part of evidence-based practice was also emphasised, with ANPs expected to be active, competent researchers.

These studies demonstrate the need for a framework for caring for older people that emphasises specific aspects of care, including: comprehensive assessment of older people; cognitive assessment, including mental capacity; knowledge of complex and acute conditions; and complex decision-making.

Since older people often require ongoing healthcare in the community, healthcare professionals should receive appropriate training in providing continuing healthcare.

Role of continuing healthcare

There was a lack of literature specifically referring to continuing healthcare, with some opinion articles and articles about personal healthcare budgets (how people are assessed in terms of what they can afford to pay for their continuing healthcare), as well as commentary on how the UK could adopt the model of continuing healthcare used in the Netherlands (Dinsdale 2006, Dow 2009, Weech 2009, Atkin 2010, van Ginneken et al 2012, Alakeson 2013, While 2017). Only two publications were identified in relation to continuing healthcare (Pearson et al 2014, Cooper et al 2017).

Cooper et al's (2017) study used a process of ranking items within a survey framework; continuing healthcare was not included as a specific item for ranking, so it was not identified as a priority. However, the CPD priorities identified relate to knowledge domains that are crucial in the accurate assessment of the needs of individuals undergoing continuing healthcare assessment, specifically dementia and long-term conditions. Therefore, these study findings have implications for nurses’ competency development as an extended part of the continuing healthcare workforce.

Pearson et al's (2014) report is the only article that identified NHS continuing healthcare as a specific topic that could be included in a knowledge and skills framework specific to nursing older people. The authors used a Delphi survey, interviews and a focus group to seek consensus among experts on the skills and expertise required by nurses who care for older people with complex needs. A national group of experts were invited to rank items according to the requirements of nurses practising at foundation level and specialist level. NHS continuing healthcare was included as an item in the domain 'advancing disease and end of life care', but did not reach consensus as a high-priority area for inclusion in the final framework. This finding suggests that NHS continuing healthcare does not easily align with the broad view of the care of older people. Its initial inclusion in the advancing disease and end of life care domain suggests an attempt to place it in a category, but does not reflect its relevance to older people who are not yet at the stage of advancing disease or severe frailty. This may have been a missed opportunity for...
experts to consider the relevance of continuing healthcare beyond palliative and end of life care. However, the final framework includes several areas of knowledge and skills that are relevant to continuing healthcare, including: interprofessional working; nursing practice issues, including understanding policy and guidance in relation to older people with complex needs; understanding of complex conditions; and effective interpersonal skills and communication.

Ledwidge and Crozier’s (2010) unpublished article described the continuing healthcare assessment process and the competencies required to undertake an optimal assessment. It emphasised the importance of recording accurate information, judgment and decision-making when undertaking continuing healthcare assessments. Competencies required by healthcare professionals were related to informed consent, mental capacity legislation, the ability to work collaboratively in a multidisciplinary team, being fair and consistent when undertaking the assessment process, and being able to manage conflict. Separate knowledge and skills were outlined for care management, which included developing appropriate care packages that identify individuals’ health outcomes.

Discussion
This literature review has identified the relevant literature on continuing healthcare. The articles included demonstrate the complex care needs of older people who require ongoing management in the community (Moylan et al 2008, Davies et al 2011, Low et al 2011, Martin et al 2013). One study demonstrated the importance of a smooth transition between acute and community settings (Olson et al 2011), while another study found that the continuing healthcare required by patients varies, with some people requiring a few days and other people requiring several years (Chahed et al 2011). There is a clear need for integrated care – including both integrated healthcare and social care, and integrated acute and community care – although there is a lack of research in this area (Minkman et al 2011).

Healthcare professionals – including nurses – should receive further training in caring for older people, and several frameworks and assessment tools have been developed for this purpose (Ford and McCormack 1999, Slater and McCormack 2005, Pearson et al 2014, Goldberg et al 2016, Stanyon et al 2017). Cooper et al’s (2017) modified Delphi study demonstrated the need for particular knowledge and skills for nurses working in care homes; however, the study did not mention continuing healthcare. Similarly, Stanyon et al’s (2017) study of the competencies required by nurses working in care homes did not refer to continuing healthcare. All these articles outline specific skills and knowledge required when caring for older people, but do not consider continuing healthcare.

The UK is not unique in its issues related to the care of older people and the need for integrated care. Genet al’s (2011) systematic review across 18 countries demonstrated the heterogeneity in home care systems between and within countries, with a lack of a useful framework to compare care. Other authors have published study protocols for monitoring outcomes, but to date no results have been published (Brand et al 2011, Minkman et al 2011).

In England, the National Career Framework for Nurses Caring for Older People with Complex Needs (Pearson et al 2014) was developed to address the learning needs of staff. The framework encompassed clusters around values and behaviours, end of life care, caring for carers, clinical skills, safeguarding, cultures of care, clinical leadership, interprofessional working and nursing practice. It also acknowledged the need for specialist practitioners to manage issues often experienced in the older patient population, such as polypharmacy or assessing and managing those with complex co-morbidities such as frailty, disability and dementia (Pearson et al 2014). Health Education England et al (2017) also emphasised the need for skills and knowledge in end of life care, producing a core skills education and training framework. These publications show the complexity of providing continuing healthcare and the importance of healthcare professionals having the appropriate knowledge and skills.

There are challenges in providing health and social care and there is clearly a need for integrated care, particularly in older adults with long-term healthcare needs. The transition to care in the community is another complex issue in the care of those with long-term healthcare needs, and requires the appropriate personnel with the necessary resources, including clinical knowledge, skills and adequate funding. However, there are examples of effective practice; for example, Hospital in the Home models of care have shown high levels of patient satisfaction and enable patients to be managed in their home environment (Lee and Titchener 2017, Lee et al 2017).
Limitations
One potential limitation of this literature review is that, while every effort was made to identify all relevant literature on continuing healthcare, it is possible that studies were missed. However, to reduce this risk, specific search terms were used that were associated with continuing healthcare, and several databases and the grey literature were searched. Opinion articles and editorials were also reviewed, and the authors are confident that they have identified the relevant literature.

Conclusion
This literature review demonstrated the complexity of older people's continuing healthcare and revealed the lack of research in relation to this care and its assessment of eligibility process. As the population ages and the need for continuing healthcare increases, rigorous research that examines clinical outcomes, patient and carer satisfaction, delivery of training and education for healthcare professionals, and a consensus on the skills, knowledge and competencies required in caring for older people is required.

References


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