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Editorial

Gatekeepers to nursing home care

It has been argued that community care legislation is the government's response to the unintended consequences of policy introduced in 1979, permitting the cost of those who require state support in private sector provision to be met from the public purse.

The most glaring consequence has been the escalation of social security expenditure to meet the expansion in rest and nursing home places – up from £10 million in 1979 to almost £2 billion.

The purpose of legislation is not to abolish residential provision but rather to ensure that individuals are assessed and their needs identified in order that care may be provided which, wherever possible, avoids residential placement. The participation of the user and carer in this process is a fundamental principle designed to place the subject at the centre of this activity and to ensure them choice regarding the outcome.

The principles upon which the policy is based and the objectives spelt out in the white paper *Caring for people* will find favour with professionals and service users alike. In practice, the outcome may not be all that is desired. First, the concept of user choice suggests a degree of empowerment which must derive from those who to date have held that power. Medical, nursing and social worker practitioners alike will find themselves threatened by this prospect. Secondly, the need for a range of community-based resources on which to build an appropriate care package suggests an adequate level of investment which is less certain and unevenly spread across the country.

The legislation, its regulations and guidance make it clear that the local authorities have the key role, the 'gatekeeping' role, in the assessment/purchasing process. The ability of geriatricians and GPs to recommend an individual who requires state support to move into residential care will be constrained by the need to negotiate within the assessment and decision-making process – thus the 'gatekeeping' role is established.

An added constraint will arise from the level of funding available to the gatekeepers, the local authorities, which is to be transferred from social security. The obvious danger is that the process itself or the inevitable prioritizing arising from it will delay discharge from hospital or admission to care from an individual's own home. Delay must not be the intent, neither must it be allowed to become a regular outcome of practice, but local authorities will be in an unenviable position.

The degree to which prioritizing or rationing will be necessary will influence the extent to which appropriate and cost-effective service can be provided at an assured level of quality. The greater the degree of financial shortfall, the greater the handicap faced by the gatekeepers, which will

inevitably lead to conflict between the aspirations of the service users, carers, the controllers of hospital beds or GPs and purchasers.

The essential need for interdisciplinary liaison is both obvious and vital if conflict is to be minimalized. Local consultation should already be occurring, as should systems either developed or in the process of development for effective multidisciplinary working, since April 1993 is approaching rapidly.

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