Do We Need Community Geriatrics?

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Abstract

Community geriatrics has evolved as a specific aspect of geriatric medicine in the UK. In Ireland there is uncertainty as to how it should be planned, promoted or promoted to help specialist nurses and general practitioners to manage those patients with complex problems, in both hospital and community settings.

Methods

All 58 consultants and 36 SpRs in Geriatric Medicine in Ireland were invited by email to participate in an online survey. Twenty general practitioners (GPs) were also invited. The questionnaire contained 10 questions and respondents were allowed to provide their own free-text opinions.

Results

Response

The overall response rate was 54% (Consultants 48%, SpRs 69% and GPs 40%). Most SpRs (84%) were based in city hospitals, consultants were evenly split, and most GPs were in rural practices.

Current Practice

Two thirds of SpRs reported having no community aspect to their current practice, but most consultants did (79%), mainly regular community hospital visits (64% of total) - see Table 1. Six of the eight GPs regularly visited nursing homes, while only 15% of consultants or SpRs did. Less than one in five consultants and SpRs performed domiciliary visits.

Future Plans

Almost half of the SpRs hoped to begin some practice in community geriatrics in the future (see Table 2). Most consultants felt they were already practicing in this area, and most GPs did not.

Discussion

Ireland has increased its numbers of consultant geriatricians from 1 in 1969 to 58 in 2009. None of these appointments has been specifically promoted to help specialist nurses and general practitioners to manage those patients with complex problems, in both hospital and community settings.

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References