Protecting the rights of older people to health and social care:
An update for winter 2023/24

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British Geriatrics Society
Improving healthcare for older people

At the beginning of 2023, the British Geriatrics Society published *Protecting the rights of older people to health and social care*. We wrote this because the health and social care system was in crisis – with the worst process metrics for ambulance and emergency department waits and delayed transfers of care since records began.

Older people, particularly those living with frailty and/or multiple long-term conditions (MLTC), use health and social care more than other population groups and are more likely to be adversely affected during such crises. More than half of people aged over 75 years in the UK live with MLTC with up to half of people aged over 85 living with frailty. They are at increased risk of deterioration from minor illness and events resulting in poor outcomes for patients and financial cost for the NHS and social care. Frailty costs the UK healthcare systems £5.8 billion per year but can be slowed or reversed with the right prevention and care. Similarly, many long term conditions are preventable or can be managed more effectively through generalist medicine services.

We laid out best practice in designing health and care systems for older people in our BGS Blueprint: *Joining the Dots*. The evidence-based approaches to care for older people outlined in Joining the Dots can enable more older people to live at home for longer, with greater independence and less reliance on long term care and support. These approaches are more effective, resulting in fewer emergency hospital admissions and more timely return home when they are admitted to hospital. This, in turn, improves the situation for all people who use or provide health and social care in the system. If the system works for older people, it works for everyone.

There have been welcome advances over the past year, and we are particularly heartened by the focus on the ageing population in the recently published annual report from the Chief Medical Officer in England. We are pleased to see the Chief Medical Officer acknowledge both the triumph of modern medicine that results in an ageing population and the challenge that this poses to health and social care services through increased rates of frailty and multimorbidity. We look forward to continuing to work with the Chief Medical Officer in the coming months to ensure that meeting the needs

of older people through appropriate health and social care services remains high on the agenda of politicians and decision-makers.

However, we had hoped, when we made our recommendations at the start of 2023, that we might be in a better situation going into 2024. Unfortunately, September 2023 data from the Nuffield Trust NHS England Performance Tracker shows deteriorating performance in almost all key metrics. The proportion of emergency department attendances seen and discharged or admitted within four hours, the number of trolley waits over four hours, and the number of trolley waits over 12 hours have all increased. In September 2023, the category 1 ambulance target of 15 minutes for life-threatening conditions was missed in 1 in 10 cases, whilst the average category 2 ambulance response time (for urgent conditions like stroke and heart attack) was 38 minutes, against a target of 18 minutes. The list of people waiting to start NHS elective care rose to 7.75 million in August 2023 – an all-time high. Recently published evidence also shows that across the UK, people living with frailty and acute geriatric syndromes wait longer to be assessed in emergency departments and wait longer to be seen by a medical consultant. According to publicly available statistics from NHS England, the number of people remaining in hospital, who no longer met the criteria to reside, was 12,667 at the end of September 2023. This is only marginally down from the figure of 13,514 at the end of September 2022. These are people who, with better availability of community-based health and social care, would be able to leave hospital. They are predominantly older people.

These statistics are specific to England and highlight the continued government failure to reform social care. However, the situation is similar across the UK. In Scotland, there has been a lack of progress following a consultation regarding a Health and Social Care Strategy for Older People in 2022. Older people continue to get stuck in hospital, unable to be discharged because of a lack of capacity in social care. We know that there is a crisis in the domiciliary care workforce, with not enough people working in this sector to provide the care required.

In summary, these statistics suggest that our health and social care system is still in a fragile state as we approach winter 2023/24. There is still a substantial risk that it will fail older people – and by extension the wider population – over the course of this winter. We have updated our document on Protecting the Rights of Older People to Health and Social Care. In revisiting it, we have found little to change in our recommendations. Although there has been some progress in each of the domains, there is still substantial work to be done. To advance each of the domains listed below, policy makers should be supported by experts in care for older people. This lack of inclusion of relevant experts has been a significant omission in planning for both the short term (winter 2023/2024), and also for the future. Such planning requires a radical rethink of the workforce to ensure they are equipped to deliver high quality personalised care for older people at home and closer to home where appropriate, and in acute care where necessary.

The most pressing priorities for those who design and deliver care for older people are largely unchanged. We suggest that lack of progress in these priorities is principally due to the ongoing workforce crisis across the NHS and competing priorities in health and social care commissioning.

BGS highlights seven evidence-based short-term actions to take in this current crisis:

1. Experts in older people's care must be included in Government and NHS policy planning. Older people are the largest group of people who use NHS services, accounting for 40% of hospital admissions. Older people are also the fastest growing age group, with the number of people aged over 85 projected to double by 2045. BGS has supported calls for the establishment of an Older People's Commissioner in both England and Scotland to advocate for the rights of older people. These roles already exist in Wales and Northern Ireland and have has a positive impact on older people's advocacy in those nations.

2. All older people with frailty should receive comprehensive multidisciplinary assessment as soon as possible after they arrive in hospital. This is often best achieved by dedicated services such as acute frailty units, or frailty assessment teams. Such teams can initiate early treatment to prevent deterioration and enable timely discharge to community services at home. We outline more about how to deliver such approaches in the Silver Book II.

3. There must be a focus on preventing, identifying and managing both deconditioning and delirium in hospital. Both are avoidable and are associated with increased length of stay in hospital and increased dependency on discharge. All hospitals should have a delirium policy in place as described in our Delirium Hub. Information on preventing deconditioning can be found in this resource from the National Falls Prevention Co-ordination Group.

4. The government, and health and social care providers, must protect and preserve the right to rehabilitation for all older people who need it. Effective care for older people with frailty requires early mobilisation in hospital, rapid establishment of rehabilitation goals, and continued therapy input until their condition has stabilised. The right to rehabilitation means that older people must be supported by rehabilitation multidisciplinary teams wherever they receive care. Where delayed transfers of care to community rehabilitation services are unavoidable, rehabilitation should commence in hospital. Older people with rehabilitation goals should not be transferred to a care home or community bed without assurance of appropriate rehabilitation being available. The principles of effective rehabilitation for older people are outlined by the Community Rehabilitation Alliance and in NHS England's recently published Community rehabilitation and reablement model, implementation of which now must be prioritised.

5. There should be continued investment in a multi-professional urgent community response that provides both intensive short-term hospital level care at home through Virtual Wards and Hospital at Home and access to goal-oriented home-based and bed-based reablement and intermediate care services. These must work closely with ambulance, ambulatory care and same day emergency care services as an integrated local network. We have written more about this in *Right Time, Right Place* and our position statement on Virtual Wards (Hospital at Home). We welcome the recently published Intermediate Care Framework from

NHS England and call on systems to ensure rapid implementation of this framework.

6. Investment in good quality healthcare support for care homes reduces avoidable hospital admissions. There should be continued efforts to implement Enhanced Health in Care Home models where it is possible to do so. These initiatives should focus on minimising inappropriate polypharmacy and discussing resident and family preferences about what should happen in the event of an acute healthcare crisis. We discuss priorities in healthcare for care homes as part of *Ambitions for Change*.

7. Services for older people living with multiple long-term conditions should take a coordinated and person-centred approach, including the involvement of geriatric medical teams as appropriate. This can reduce unnecessary investigations and medicines, and support older people to make informed decisions about their future care, treatment and place of care. Effective implementation of proactive care to identify those in the community at risk of deterioration and intervening early can prevent ill health occurring or worsening. We look forward to the publication of the long-awaited proactive care framework.

Supporting these actions requires creative and integrated workforce solutions including greater use of technology for professional-to-professional decision-making support and extended scope of practice, and some refocusing of roles. In the short term this should include asking specialists in care of older people (medical, nursing and allied health professionals) to focus exclusively on frailty-specific initiatives through winter and spring.

To move from a recurring cycle of crisis response, it is important to recognise that there are not enough healthcare professionals across the multidisciplinary team to care for the complex needs of an ageing population. The NHS England Long Term Workforce Plan is an important step in the right direction – we have responded to this elsewhere. However, it remains light on detail, which we would be happy to provide. Work must begin as soon as possible to ensure that the Workforce Plan is implemented. In our paper, *The Case for More Geriatricians*, we outlined the need for increased availability of geriatricians across the UK to provide systems leadership to develop health and social care systems fit for our population. To meet these requirements, we need to train an additional 300 geriatricians every year between now and the next decade. We urge NHS leaders in England, Scotland, Wales and Northern Ireland, alongside the Department of Health and Social Care to prioritise development of these training posts within the next 12 months.

Recruiting enough geriatricians is one step towards building multidisciplinary skills and capacity to care for older people across the system. This should include proactive and personalised anticipatory care that helps older people stay independent and healthy for as long as possible. The role of nurses, therapists and GPs in leading such services must be recognised. We need a similar focus on recruiting expertise in care for older people across these disciplines.

Across health and social care, and around the country, colleagues tell us it is impossible to recruit the necessary expertise to deliver existing services. There are many reasons for this, but central to the solution is making sure our staff feel valued. It is clear, from current industrial action, that many colleagues do not feel valued. The continual disruption caused by ongoing strikes makes it difficult to implement the types of changes outlined in this document – changes which we need to make now to deliver healthcare in a sustainable way. We are heartened by reports that the government is in talks to address the concerns raised by the British Medical Association. We remain hopeful that a resolution to the recent industrial action will be reached very soon.