



BRITISH GERIATRICS SOCIETY
SPECIALIST MEDICAL SOCIETY FOR HEALTH IN OLD AGE

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Patron: H.R.H. The Prince of Wales

Submission by the British Geriatrics Society to the Care Quality Commission on:

REVIEWS IN 2009/10

The Society is delighted to be given the opportunity to contribute to this debate.

1. Do you agree with our proposals for assessing health commissioning processes using information from the World Class Commissioning assurance process?

Yes, especially as the information will already be available through the world class commissioning process, thereby avoiding duplication of data and information collection.

2. Do you agree with our proposals for assessing the commissioning of adult social care by councils?

Yes, particularly the enhanced weighting to the regulatory data for home care and care home provision – this would improve quality of care

3. How should we present our common assessment of primary care trusts and councils – should this be in the form of a 'grade' that can be used to inform the Comprehensive Area Assessment?

It would be difficult to objectively grade the final 'common assessment' outcome, as this figure or grade would be a variance of:

- different components are used for assessing quality of care in Primary Care Trusts (PCT) as compared to Adult Social Care (ASC).
- differing scores between PCT and ASC within the same region, hence making it difficult to apportion the final grade to each of these two organisations.

Perhaps, one solution is to use the proposed common framework, but have two scores in the final report (one for PCT and one for ASC)

4. Do you agree with our approach on the assessment of standards for NHS providers?

Yes, no major changes apart from timing of the assessment

5. Do you support the additional indicator on learning disability?

Yes

6. Do you agree with our proposals for health and adult social care providers registered under the Care Standards Act 2000?

Yes, no major changes

7. Do you support a single, integrated report on the state of both health and adult social care?

Yes, as the two are somewhat integrated and interdependent

8. Should this also include our annual report on the operation of the Mental Health Act?

MHA report should be separate

9. From the list of potential topics for special reviews, which would you consider to be the highest priority?

- meeting healthcare needs in care homes
- health and social care pathways for stroke, dementia and continence.

10. What specific issues would you want us to address for any of these topics and how would we best do this?

Health care needs in care homes e.g. monitoring drug reviews, access to GPs/secondary care, assessment of nutrition, facilities for recreation, facilities for ongoing therapy needs, nursing care indicators, attention to perceptual needs (vision and hearing), dentistry, chiropody, specialist nurse assessment (e.g. Tissue Viability, Palliative Care, Respiratory).

11. What other topics would you want us to address in future years?

Professor Graham Mulley
President
For and on behalf of British Geriatrics Society
12th March 2009

The British Geriatrics Society

The British Geriatrics Society (BGS) is the only professional association, in the United Kingdom, for doctors practising geriatric medicine. The 2,500 members worldwide are consultants in geriatric medicine, the psychiatry of old age, public health medicine, general practitioners, nurses, allied health professionals, and scientists engaged in the research of age-related disease. The Society offers specialist medical expertise in the whole range of health care needs of older people, from acute hospital care to high quality long-term care in the community.

Geriatric Medicine

Geriatric Medicine (Geriatrics) is that branch of general medicine concerned with the clinical, preventive, remedial and social aspects of illness of older people. Their high morbidity rates, different patterns of disease presentation, slower response to treatment and requirements for social support, call for special medical skills. The purpose is to restore an ill and disabled person to a level of maximum ability and, wherever possible, return the person to an independent life at home.