

FACTOIDS & POLICY ZOMBIES IN THE CARE OF OLDER PEOPLE

The Marjory Warren lecture

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Marjorie Warren

Writing in the 1940s, she criticised :

- Lack of medical leadership
 - Inadequacy of diagnostics
 - Lack of treatment and rehabilitation
 - Absence of a multi-disciplinary approach
-in the care of older people.

Geriatric medicine is powerful

There are many Marjory Warrens

Britain has a large community of geriatricians,
but it has doubts about its future

The BGS flourishes, although academic
geriatric medicine struggles

Most hospital inpatients are old, so why don't
geriatricians run hospitals?

Primary care is fragmented

- In and Out-of-hours services
- Disease orientation > patient centred (no falls, incontinence management)
- Industrialised on the 'Fordist' model (transfer of responsibility)
- Performance management with simple metrics (complex problems marginalised)
- Favours younger > older people

Market mimicry

An entrepreneurial model with a performance framework based on what is easily measurable and prioritising conditions affecting young and middle-aged people does nothing to improve the care of older people – the principal users of the service.

David Oliver, BMJ, 30th August 2008

What is to be done?

New entrants to geriatric medicine, general practice or community nursing will:

- Encounter five main hazards
- Acquire a legacy
- Need to reshape the service

Five hazards

1. **Factoids:** apocalyptic demography
2. **Policy zombies:** whole population screening
3. **Myths:** 1) 'Burden' of ageing population, 2) Massive unmet need
4. **Chronophages:** some forms of clinician involvement in management
5. **Energyphages:** some forms of multi-disciplinary working

Factoids

Assumptions or speculations reported and repeated until they are considered true

Cummins S & Macintyre S “Food deserts” – evidence and assumption in health policy making BMJ 2002;325: 436-8

➤ Apocalyptic demography

Apocalyptic demography - 1

- Illness increases with age
- Ageing population will be iller
- Disease burden – escalating costs
- ‘Rising tide’

Apocalyptic demography - 2

- Population ageing is slow
- Illness and age are disconnecting
- Most gain in life expectancy is occurring without disability
- Disability prevalence falling across Europe

Äijänseppä S, Notkola I-L, Tjihuis M, van Staveren W, Kromhout D & Nissinen A Physical functioning in elderly Europeans: 10 year changes in the north and south: the HALE project

J Epidem & Comm Health 2005;59:413-41

Apocalyptic demography - 3

- Perceived changes in “capacity to benefit”
- Increase in drug costs:
 1. Age-specific exposure rates or treatment patterns;
 2. Changes in the volume and mix of drugs used by each patient;
 3. Price changes for given drug types.

Evans R, McGrail K, Morgan S, Barer M & Hertzman C Apocalypse No: Population aging and the future of health care systems Canadian J on Aging 2001;20 (S1): 160-191

Policy zombies

Intellectually dead ideas that cannot be put to rest

Evans R, McGrail K, Morgan S, Barer M & Hertzman C Apocalypse No: Population aging and the future of health care systems Canadian J on Aging 2001;20 (S1): 160-191

➤ Whole population screening

Population screening

- Increased referrals to all agencies
- Mortality reduction during trials
- No improvement in functional ability
- Popular
- Highly targeted needs assessment of older people followed by active management may improve survival and function

Illife & Orrell Identifying unmet need in older people: comprehensive screening is not the answer
BJGP 2006; 56(527): 404-6

Stuck et al Preventing disability in elderly people. Lancet 2004; 364: 1641-2

MRC study

- Population screening ineffective
- Comprehensive geriatric assessment no better than GP care?

Fletcher A, Price G, Ng E, Stirling S, Bulpitt C, Breeze E et al Population-based multidimensional assessment of older people in UK general practice: a cluster randomised factorial trial *Lancet* 2004; 364: 1667-1677

Myth 1. Money worries?

- NHS could consume **30% of GDP by 2050**, with a robust economy and society twice as rich as it is now
- US Medicare analysis: American health care will use up **38% of US GDP by 2075** - “neither inconceivable nor necessarily unsustainable”

Appleby J Economic growth and NHS spending Health Services Journal 2005;115: 23

Myth 2. Massive unmet need

- Less than expected?
- Complex in origin
- Tractable? Not by assembly-line medicine

Walters K, Illife S & Orrell M *An exploration of help-seeking behaviour in older people with unmet needs* Family Practice 2001; 18(3):277-282

Legacy: an organisation without a memory

- Brief, non-intrusive strategies for predicting functional problems during routine consultations
- Preoccupation with disease to detriment of social consequences
- Adaptive powers of older people underestimated
- Underestimate carer burden
- At risk groups harder to identify than anticipated
- Multidisciplinary teamwork essential
- Networking with community-based agencies

Taylor RC & Buckley EG (1987) *Preventive care of the elderly: a review of current developments*
Royal College of General Practitioners Occasional paper 35, London

Solutions

- New providers?
- Integrated directorates? (NSF on long-term conditions)
- Darzi's polyclinics?
- Hub & Spoke models of primary care?
- Practice based commissioning as the lever?
- World Class Commissioning?

Geriatric
medicine

EoL

Frailty

Primary
care

Case
management

Case finding

Public
health

Generic health promotion

Exercise promotion

Exercise promotion

- New Zealand studies; sustained increases in physical activity, but increased injury rates

Lawton B, et al The 'Women's lifestyle Study: two year randomised controlled trial of an exercise on prescription programme for women aged 40-74 recruited through primary care. BMJ 2009, forthcoming

- Pre-frail older people: exercise classes in practices improve mobility & reduce falls risk

Dinan S, et al Is the promotion of physical activity in vulnerable, older people feasible and effective in general practice? BJGP, 2006;56(531): 791-3

- Care homes: modest benefits for residents without cognitive impairment

Kerse N et al Does a functional activity programme improve function, quality of life and falls for residents in long term care? BMJ 2008;337:912-915

Generic health promotion

- IT based (**Life Checks**) ~ on-line self-assessment, not yet for older population
- **ProAge**: ~ Health Risk Assessment & tailored feedback does not change behaviour; professional follow-up may
Harari D, et al Promotion of health in older people: a randomised controlled trial of health risk appraisal in British general practice *Age & Ageing* 2008; 37: 565-571
- Smarter Working In Social & Health care (**SWISH**) ~ self-assessment, profiling individuals and local communities, sign-posting to resources

Case finding

- Brief, non-intrusive instruments
- 2 step processes
- Memorable, usable within routine care
- Heuristics not tools
- SPICE

Illife S et al Involving the public in changing clinical practice: the development of a short instrument to identify common unmet needs in older people in general practice BJGP 2004;54:914-918

Case management

➤ Weak evidence base

Singh D Transforming chronic care: evidence about improving care for people with long-term conditions University of Birmingham Health Services Management Centre, 2005

➤ Limited effectiveness?

➤ Reliance on traditional forms of patient education

➤ Poor linkages with primary care

➤ Referrals rather than population-based approaches

Wagner E, et al A survey of leading chronic disease management programs: are they consistent with the literature? J Nursing Care Quality 2002;16(2): 67-80

➤ How to identify those who are likely to need high levels of care?

De Lepeleire & HeyrmanJ Is everyone with a chronic disease also chronically ill? Arch Public Health 2003; 61: 161-176

Frailty

- Conceptual basis for moving away from organ-and disease-based medical practice

De Lepeleire et al Frailty: an emerging concept for general practice BJGP 2009, forthcoming

- General practitioners are able to identify older people who would benefit from multi-disciplinary interventions

Drennan V *et al.* The feasibility and acceptability of a specialist health and social care team for the promotion of health and independence in 'at risk' older adults. *Health Soc.Care Community* 2005; 13: 136-44.

End of Life care

Need for:

- Clear definitions of end of life care
- Models of good practice
- Commitment to education & training

Shipman et al Improving generalist end of life care BMJ 1st Oct 2008

Summary

- New forms of service organisation, focused on older people
- Growing interest in primary care: nursing homes, RCGP champions for older people and dementia, heuristics and technologies
- Geriatric medicine has an opportunity to renew its leadership position
- Fostering a critical, clinical vision



Carpe Diem!

(and thank you for listening)

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