A call from the British Geriatrics Society to the Incoming Government

Take six decisions for excellent healthcare and support for older people
The British Geriatrics Society (BGS) is calling on the incoming Government to take six key decisions to promote excellent healthcare and support for older people. Excellent care and support is person-centred, effective, efficient, safe, equitable and timely. Older people deserve no less.

Decision 1:
End the divide between health and social care

Decision 2:
Build capacity in Intermediate Care

Decision 3:
Invest adequately in healthcare and social support for older people

Decision 4:
Provide national strategic direction on older people living with frailty, dementia, complex needs and multiple long-term conditions

Decision 5:
Support staff across all care sectors to develop competencies in the management of older patients

Decision 6:
Measure the dimensions of care that matter to older people and their families

1 Health Foundation(2013), Quality Improvement made simple, London: Health Foundation
Many people stay healthy, happy and independent well into old age. However, old age is also a time when people face increased challenges from illness, disability and frailty. Too often, healthcare and support services fail to provide the quality of care that older people need, whether in hospital, at home or in a care home. As the largest user group of healthcare and support services, older people are also the group most likely to use multiple services, see multiple professionals and to fall through the cracks as a result of poorly co-ordinated care. Older patients with frailty, dementia and complex needs are especially vulnerable to failures of care.

Healthcare and support services are struggling to cope with ‘flat funding’ to the NHS, reduced social care funding and increased demand for services, much of it driven by the ageing of the population. Performance on NHS efficiency targets is dipping, often because the health system cannot meet the needs of its core user group – older people with multiple long-term conditions. Delayed transfer of patients from acute hospitals is at an all-time high. Performance against the 4 hour target for treatment in Emergency Departments has slipped. Urgent re-admissions to hospital within 28 days of discharge run at 15 per cent for people over 65. There is a pressing imperative for healthcare and support services to become fit for purpose. Government needs to act and to lead this change.

Government failure to act will carry a high price. Older people, their families and friends will continue to experience avoidable distress, pain and suffering. There will be new public scandals arising from the maltreatment of older people in the healthcare and support system. Opportunities to develop a more efficient and sustainable system of health care and support will be lost.
Why these decisions are important

**Decision 1: End the divide between health and social care**

Older people and their families don’t see a care need as ‘health’ or ‘social’. They simply see a care need. Similarly they do not see why one disease, such as cancer, is diagnosed as a health need and another disease, such as dementia, is diagnosed as a social need. Like everyone else, older people want to feel as if care is responsive to and organised around their needs. The historic divide between systems of health and social care impedes the delivery of person-centred, integrated care for older people.

The BGS supports the Barker Commission recommendation that those whose needs are currently defined as ‘critical’ should receive free social care, ending the current distinction between free NHS Continuing Healthcare and means-tested social care at the highest level of need. We call on the incoming Government to end the divide between health and social care for people with ‘critical’ care needs and to provide clarity at national level about people’s entitlements to health and social care.
Decision 2:  Build capacity in Intermediate Care

Many older people attend emergency departments and have extended stays in acute hospitals because of a lack of intermediate care (i.e. services that offer a link between home and acute hospital, and between different areas of the health and social care system, such as community services, community hospitals, GPs and social care).

Currently there is a 50 per cent deficit in the capacity of intermediate care.\(^2\) What this means is that we have just half the beds and places required to enable older people to transfer from acute hospitals to receive rehabilitation, re-ablement or sub-acute treatment in more appropriate settings. Intermediate care includes ‘step-up’ models which prevent admission to hospital or provide rapid support in a crisis; ‘discharge to assess’ models, designed to help people go home within hours or days of arriving at the hospital front door; and step-down models which support early discharge from hospital to a person’s own home or community hospital.

No matter how efficient a hospital becomes, the flow of patients in and out of hospital is impeded when there are gaps in intermediate care. An increase in the capacity of intermediate care would be good for hospitals dealing with issues of overcrowding and hospital flow; good for health and care budgets because it is cost effective; and, critically, good for older people who would receive the right care in the right place at the right time.

The NHS National Clinical Director for Integration and Frail Elderly has said that the annual spend on intermediate care should be doubled from £2 million to £4 million per 100,000 population. The BGS supports this recommendation and calls on the incoming government to build the capacity of intermediate care to meet the needs of an ageing population.

\(^2\) NHS Benchmarking Network, British Geriatrics Society et al, National Audit of Intermediate Care Report 2014. NHS Benchmarking Network,
Decision 3: Invest adequately in healthcare and social support for older people

The Five Year Forward View makes a solid commitment that the NHS will take decisive action to break down barriers in how care is provided between family doctors and hospitals, between mental and physical health, between health and social care. There is a clear recognition that more care will be provided locally but with some services in specialist centres, organised to support people with multiple conditions, not just single conditions.

The BGS welcomes the commitment of the Five Year Forward View to the provision of more integrated, person-centred care; and to supporting the implementation of innovative models of care and service delivery – involving Multi-speciality Community Providers, Primary and Acute Care systems, urgent and emergency care, and support for older people with frailty living in care homes. Our members are available to work with Government and with the NHS to advise on the delivery of innovative and models of care that will both benefit older people directly and assist the emergence of a more responsive and efficient system of care for everyone. The successful delivery of the Five Year Forward View is contingent on increased and sustained investment in the NHS and this is welcome.

Excellent care for older people is contingent on adequate funding of the NHS and increased funding to local authorities to meet the social care needs of the older population. Government cuts to funding to local authorities have resulted in a fall of 8 per cent in total spending on adult social care between 2010-11 and 2012-13. Older adults have experienced the greatest reduction, 12 per cent in real terms. What this means is that approximately 800,000 people technically eligible for support for substantial care needs are no longer getting care.

The BGS calls on the incoming Government to close the NHS funding gap of £30 billion by 2020-21 and to provide sufficient funding to the NHS to achieve the goals of Five Year Forward View. The BGS also calls on the incoming Government to reverse the trend of cuts to social care funding, to reduce the imbalance in funding between NHS and social services, and to provide adequate funding to local authorities to meet their social care obligations, including those to older people.

Specifically with regard to social care funding, the BGS calls on the incoming Government to provide to local authorities the level of funding required (£3 billion per annum) to implement the Barker Commission recommendation that those whose needs are currently described as ‘critical’ should receive free social care.

**Decision 4: Provide national strategic direction on older people living with frailty, dementia, complex needs and multiple long-term conditions**

Clinical experience and medical research suggests that older people have better health outcomes when their care is comprehensive, co-ordinated, multidisciplinary and expert. Approaches to assessment and care based on single or episodic illnesses, or single diseases, are not suitable for many older people who are living with multiple conditions. Their requirement is for holistic, person-centred care. In practice, the wellbeing of many older people is compromised by gaps in assessment and by failures in the diagnosis, treatment and management of conditions such as frailty, dementia, arthritis, foot health, chronic pain, mobility problems, visual and hearing impairment, incontinence, malnutrition and oral health.

The Government provides national strategic direction and ambitions for the NHS through an annual Mandate. The BGS is calling on the incoming Government to highlight in future Mandates to the NHS, the needs of older people living with frailty, dementia, complex needs and multiple long-term conditions for expert, multi-disciplinary, co-ordinated care. Specifically, the Mandate should set out expectations of the NHS with regard to older people’s access to comprehensive geriatric assessment, personalised care plans for treatment and long-term follow-up.

---

**Decision 5: Support staff across all care sectors to develop competencies in the management of older patients**

Levels of avoidable harm among older people are higher than in younger age groups. The risks to safety for older people in the care system include: falls, hospital-acquired infection, pressure ulcers, loss of muscle strength, drug errors, delirium, elder abuse and inappropriate admission to care home.

Care should not vary in quality because of a person’s age. Older people must not be denied potential life-saving treatment such as emergency or cardiac surgery, clot-busting treatment for stroke, or cancer treatment on the grounds of age alone.

One of the keys to the equitable and safe care of older people is the assurance that those caring for them – doctors, nurses, allied health professionals, care attendants and others – have the right knowledge, training, skills and values to deliver care to the demographic group who now form the largest proportion of health service users; and the flexibility to do so in multiple settings. Every older person will not need to see a geriatrician. However every older person will need to see a professional with competencies in the management of frailty. The paramedic who recognises an older person with frailty, the hospital doctor who treats an older person with dignity and respect, the nurse who identifies delirium associated with minor infection will each help to deliver better outcomes for their patients.

The regulatory and advisory bodies each has a role to play in shaping the health and social care workforce of the future. The BGS calls on the incoming Government to require the relevant regulatory and advisory bodies to incorporate competencies in the management of older people in their curricula, guidance, professional and quality standards.

---

4 Comprehensive Geriatric Assessment (CGA) recognises the need to assess all domains of wellbeing (frequently defined in this context as physical, mental, functional, social and environmental) taking advantage of multiple disciplines to establish an individualised, needs-driven, patient-priority focused, co-ordinated plan of care. Patients who have received CGA in hospital are 25 per cent more likely to be alive and living at home six months later than patients who have not received CGA (Ellis, G., Whitehead, Martin A., O’Neill, D., et al. Comprehensive Geriatric Assessment for older adults admitted to hospital. Cochrane Database Syst.Rev. 2011).
Decision 6: Measure the dimensions of care that matter to older people

Outcome measures should incentivise commissioners and providers to focus on services and dimensions of care that matter to older people and their carers; and that make a difference to their quality of care and the outcomes for them. Older people benefit from access to a continuum of care where care plans and actions follow the patient seamlessly between home, hospital when necessary, and other venues of care, including care homes. Outcome measures that focus primarily on quantitative or discrete measures (e.g. number of days in acute hospital or number of days delayed discharge from acute hospital) fail to capture important data about older people’s experience of care pathways, their access to a continuum of care and the outcomes of care received. Such outcomes need to be embedded in the way services are measured and incentivised. This would involve proactively seeking feedback on the experience and dimensions of quality of care i.e. person-centred, timely, co-ordinated.

The NHS Outcomes Framework, in conjunction with the Mandate, is the primary mechanism for accountability of the NHS to Government. The BGS calls on the incoming Government to ensure that future reviews of the NHS Outcomes Framework address current deficits in the measurement of older people’s experience of care pathways, access to a continuum of care and care outcomes; and to ensure that new outcome measures are developed to close those gaps.

5 The continuum of care embraces the needs of older people from those living at home to those living in care homes. For older people living at home, it includes rapid access to a single point of contact seven days a week and skilled support in a crisis. For an older person for whom residential care is being considered, it includes a comprehensive assessment of need, adequate treatment of medical problems triggering decisions to move and rehabilitation. Wherever possible, older people should not be ‘placed’ in residential care direct from acute hospital settings.

About the British Geriatrics Society

The British Geriatrics Society is the professional body of specialists in the healthcare of older people in the United Kingdom. Membership is drawn from doctors practising geriatric medicine, old age psychiatrists, consultants, general practitioners, nurses, allied health professionals, scientists and others with a particular interest in the care of older people and the promotion of better health in old age.

For more information: Contact Ms Patricia Conboy, Policy Manager, British Geriatrics Society, Marjory Warren House, 31 St John’s Square, London ECIM 4DN
Tel: +44(0)203 7476940   email: policy@bgs.org.uk   online: www.bgs.org.uk