**Letter to MSPs (Scotland)**

Dear \*\*\*\*\*\*\*\*,

As your constituent and a healthcare professional working with older people in our community, I am growing increasingly concerned about the impact of a second wave of COVID-19 on older people. The impact of the COVID-19 pandemic on older people is both well-known and impossible to overstate. 90% of COVID-19 deaths in the first wave of the pandemic were in those aged over 65. Around 46% of COVID-19 deaths in Scotland occurred in a care home, emphasising the impact that COVID-19 has had on that sector.

I am a member of the British Geriatrics Society, the membership organisation for healthcare professionals working with older people, and they have identified four areas where the Government must do better to avoid a repeat of the first wave.

* **Policy decisions and allocation of resources must be made on the basis of evidence and need, not age**. Older people are not a homogenous group – some people aged over 65 will be incredibly active and mobile and others will be living with long-term conditions, including frailty. We urge the government to guard against ageism in its allocation of resources.
* **Care homes must be supported.** Care homes must have equitable access to PPE, to regular testing, and prompt results, for residents and staff. Homes must also be supported to set up effective isolation facilities for residents with symptoms or confirmed COVID-19. Given the detrimental effect on quality of life for care home residents through not being able to see their loved ones, care homes must be supported to enable safe visiting as a priority. Staff must be supported and encouraged to continue to practice realistic medicine and, with appropriate input, consider if hospital admission is in the best interest of the individual patient. Ongoing anticipatory care planning and use of resources such as Hospital At Home is essential.
* **Ensuring good standards for patient care and staff well-being**. We have watched with admiration the efforts of our colleagues in health, social care and in care homes. However, we also know that many of these services were already under-staffed and under-resourced. Their ability to meet increased demands during the pandemic will be hampered further as a result. We are pleased to learn of the recently commissioned independent review of adult social care in Scotland. We would ask that the panel consider the need for enhanced access to well-resourced and expanded multi-disciplinary teams able to deliver Comprehensive Geriatric Assessment (CGA). This will reduce delays in discharges from acute care and ensure more older people with frailty are able to continue living in homely environments. Our CGA teams in both acute and community care would benefit greatly from expansion and increased resource. These teams are made up of many individuals who specialise in the assessment, care and management of older people with frailty – advanced practitioners, allied health professionals, geriatric medicine doctors (trainees and consultants) and pharmacists. We urgently need more individuals to be trained and employed in these roles to ensure the high standards of care that our population rightly expects and deserves.
* **Reducing inequalities and re-starting of support services**. Those of us in Scotland who specialise in the care, management and system design for older people living with frailty in our communities hold the principles of **Realistic Medicine (RM)** at the centre of all that we do. Anticipatory Care Planning (ACP) is an absolute requirement and we were able to build on existing good work to maintain the good collaboration between primary and secondary care to ensure sensible ACP planning in the older people with frailty we assess and care for. One of the most important principles of RM is to reduce inequalities in access, enabling all to receive the benefits of our health and social care systems. We applaud the rapid upscaling of virtual platforms such as NearMe and telephone consultations. Whilst this has enabled many to access services and still be assessed and treated in their usual place of care, many older people with frailty struggle with these new options. While we appreciate that services such as cancer diagnosis and treatment will, and rightly should, be prioritised, we urge the prompt restarting of vital community rehabilitation and support services, including community pharmacy input and older people’s mental health services. These services help older people and their carers stay healthy and at home. This in turn will reduce demand on emergency services, releasing hospital and care home capacity.

The BGS believes that these are crucial areas for the Scottish Government to focus on to ensure that older people are not disproportionately affected by the second wave of the pandemic and its associated restrictions. I am requesting that you write on my behalf to the Cabinet Secretary for Health and Sport, urging her to call upon the expertise available through the British Geriatrics Society, to ensure older people’s needs are not marginalised as they were during the first wave of the pandemic. Ensuring that older people have the right care and support that they need, when and where they need it, will help to minimise the risk of COVID-19 related harms for this population group and will strengthen the resilience of the whole health and care system.

Yours sincerely,