

## Factsheet 44

# NHS services

October 2016

### About this factsheet

This factsheet looks at NHS '*primary care*' services – services that you approach when you first have a health problem. It looks at services to help you decide if you need to see a GP; GP services and services accessed via your GP; how the NHS helps you manage a long term condition that cannot be cured but can be treated and managed at home; and services and NHS screening programmes for older adults that are designed to keep you well.

The information in this factsheet is applicable in England. If you are in Scotland, Wales or Northern Ireland, please contact Age Scotland, Age Cymru or Age NI for their version of this factsheet. Contact details can be found at the back of this factsheet.

Information on any organisation mentioned in this factsheet can be found in the Useful organisations section.

The following factsheets may also be of interest:

Factsheet 5, *Dental care: NHS and private treatment*

Factsheet 61, *Help with health costs*

Factsheet 66, *Resolving problems and making a complaint about the NHS*

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## 1 Recent developments

- NHS and local authority adult social care organisations must meet the Accessible Information Standard by ensuring people with a disability or sensory loss receive information in a format they can understand and help they need to communicate. This helps ensure everyone can play as active a part as possible in discussions about their care. See section 5.

## 2 National Health Service

The fundamental principle of the NHS is that no one should be denied or charged for necessary *emergency* NHS treatment.

You can register and consult with a GP without charge, regardless of nationality and residential status.

*Non-urgent NHS hospital care* is only free if you are living here lawfully and ‘*ordinarily resident*’ in the UK. ‘*Ordinarily resident*’ is a legal term that broadly means living here voluntarily, for a properly settled purpose for the time being. If you meet these requirements, access to hospital treatment is based on clinical need. If there are doubts about meeting ordinary resident requirements, your case must be judged on its merits.

Hospital Trusts can charge overseas visitors, who are not ordinarily resident in UK, for any non-emergency hospital care they require while here. There is guidance to help Trusts implement the rules.

### Note

You can find formation about organisations with responsibility for developing and managing NHS Services in section 15.

## 3 NHS Constitution – your rights

The NHS Constitution establishes the **principles and values** of the NHS in England. The opening sentence says:

*“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.”*

It sets out **rights and pledges** for patients, the public and NHS staff and the **responsibilities** they owe each other to ensure the NHS operates effectively and fairly.

A **right** is a legal right arising from legislation or legal obligations imposed on NHS bodies or healthcare providers.

**Pledges** are levels of service the NHS is committed to achieve. They are not legally binding and cannot be achieved for everyone all of the time because they express an ambition to improve, going above and beyond legal rights.

The Constitution was launched in January 2009 and has had several revisions. The July 2015 revision takes account of recommendations made by the Francis Report into failings at Mid-Staffs NHS Foundation Trust. It contains new rights including the right to

- *be protected from abuse and neglect, and care and treatment that is degrading, and*
- *the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.*

All NHS organisations, independent and voluntary sector organisations providing NHS care and local authorities with a public health duty must take account of the rights and pledges in the Constitution when commissioning and delivering services.

There are a number of **rights and pledges** in seven key areas:

- 1 access to health services (6 rights and 3 pledges);
- 2 quality of care and environment (2 rights and 3 pledges);
- 3 nationally approved treatments, drugs and programmes (3 rights and 1 pledge);
- 4 respect, consent and confidentiality (7 rights and 5 pledges);
- 5 informed choice (3 rights and 2 pledges);
- 6 involvement in your healthcare and in the NHS (2 rights and 4 pledges);
- 7 complaints and redress (6 rights and 3 pledges).

**An example of a right** in relation to access to health services is: *'You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.'*

**An example of a pledge** in relation to respect, consent and confidentiality is: *'To share with you any correspondence sent between clinicians about your care.'*

**An example of a patient responsibility** is *'Please follow the course of treatment you have agreed and talk to your clinician if you find it difficult.'*

You can order a copy of the *NHS Constitution – the NHS belongs to us all* (ref 2900013) from DH publications or read it online at [www.gov.uk/government/publications/the-nhs-constitution-for-england](http://www.gov.uk/government/publications/the-nhs-constitution-for-england)

## 4 The *Equality Act 2010* and age discrimination

The *Equality Act 2010* applies to public services including the NHS. It covers nine '*protected characteristics*', including age and means it is unlawful, without good and sufficient reason, to provide inferior services or refuse to provide them solely because of a '*protected characteristic*'.

Age discrimination is *unfairly* treating someone differently because of their age. The law only intends to prevent *harmful or unjustifiable* use of age, including a '*stereotypical view*' of a particular age group. It does not intend to prevent differential treatment where there is '*objective justification*'. Age ranges selected for cancer screening or a vaccination programme are examples of where there is objective justification.

These are examples of NHS situations where the law applies:

- **When a GP or consultant or other health professional is discussing treatment options with you or making a decision about treatment or care.** Your age can play a part but a health professional should take account of '*biological*' age, not simply '*chronological*' age (age in years). If there are treatments for conditions such as cancer that are less successful or less well tolerated as people get older, the doctor should discuss this openly when explaining treatment options.
- **When providing NHS services or considering treatment options.** '*Unjustifiable discrimination*' would be to stereotype someone of a particular chronological age.
- **When designing or providing a service (such as at a GP practice or out-patients clinic).** Staff should not unfairly discriminate against or treat people differently on the grounds of their age or take a stereotypical view of people of a particular age.

The law applies to anyone over the age of 18. You can often clarify and resolve a situation by discussing it with staff concerned. However the law means you can take NHS organisations, individual clinicians or managers to court on grounds of age discrimination.

### Note

The *Equality Act 2010* '*protected characteristics*' are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

## 5 Accessible Information Standard

The Accessible Information Standard was introduced on 31 July 2016 and aims to ensure everyone can be as actively involved as possible in discussions about their care. NHS and local adult social care organisations must ensure people with a disability or sensory loss get information they can access and understand and any help they need to communicate.

There are five key things staff must do:

- 1 **Ask** if you have any communication or information needs relating to a disability or sensory loss and if so what they are.
- 2 **Record** your needs in a clear, standardised way in electronic and paper records.
- 3 **Alert / flag / highlight** your records or notes so your needs and how to meet them are '*highly visible*' whenever staff access your record.
- 4 **Share** information about your information and communication needs with other providers of NHS and social care that have permission to see them and make sure your records are kept secure.
- 5 **Act** by taking steps to ensure you get information you can access and understand and by arranging communication support.

In practice it is likely to mean your GP collects and records your information and communication needs in your GP record.

When your GP refers you for an outpatient appointment or other NHS services, this information should be '*highly visible*' to the receiving department, who transfers it to your hospital record and acts upon it. This might mean they send correspondence or information in large print, easy read, Braille or audio format or by email or arrange for a lip reader or British Sign Language Interpreter to be available for your appointment.

For more information contact your GP practice, Action on Hearing Loss or The Royal National Institute of Blind People or go to NHS England website: [www.england.nhs.uk/ourwork/accessibleinfo/](http://www.england.nhs.uk/ourwork/accessibleinfo/)

## 6 Local NHS services

### 6.1 Primary and secondary care services

You may hear NHS services referred to as '*primary*' or '*secondary*' care services.

If you contact NHS staff in a non-emergency situation when you first have a health problem or need advice on how to stay healthy, you are within **Primary care services**. They include staff working in a GP practice or walk-in centre, community pharmacists and high street opticians and dentists providing NHS services.

**Secondary care services** are provided by the medical specialists and healthcare professionals you see following an emergency admission or out-patient appointment. They are usually, but not always, hospital-based.

### **NHS structures and commissioning of services**

A number of NHS organisations are involved in buying (commissioning) and providing services.

You can find out about the role of organisations such as Clinical Commissioning Groups (CCGs) and Healthwatch in section 15.

#### **Note**

'Commissioning' involves deciding what is needed and writing a service specification; going out to tender and selecting an organisation to deliver to the specification at an agreed price; monitoring the service to see how well it achieves set goals.

## **7 Non GP services when unwell**

### **7.1 Getting help when feeling unwell**

It is not always necessary to contact your GP practice when you feel unwell. Other services may be able to help you decide whether you need to see a doctor or put your mind at rest. These include:

- your local pharmacist
- NHS 111
- NHS walk-in centre
- minor injuries unit or urgent care centre.

To find about local services including your nearest late-opening pharmacy, call NHS 111 or visit NHS Choices website:  
[www.nhs.uk/service-search](http://www.nhs.uk/service-search)

#### **Local pharmacist**

A pharmacist can help with sore throats, colds and aches and pains by suggesting non-prescription medicines to ease symptoms and advise whether you need to see a doctor. As experts on medicines, they can answer questions about prescription items you take or non-prescription remedies that you want to buy.



## NHS 111

111 is a free national, confidential 24-hour telephone line operating in England. It is free to call from landlines and mobiles and provides a single point of access for people needing urgent medical or dental help or advice in a non-life-threatening situation.

### Note

999 remains the number to call when there is a serious, life-threatening situation.

Depending on your symptoms, NHS 111 staff may tell you how to look after yourself at home or recommend you see a pharmacist or make a GP appointment when the surgery is next open. If the problem is more serious they may advise you go to your nearest walk-in centre or minor injuries unit or Accident and Emergency (A&E) department. If very serious, staff can connect you to the ambulance service.

### NHS walk-in centre

These centres open seven days a week from early morning until late evening. They are often in town centres, usually run by experienced nurses and treat minor illnesses and injuries. You do not need an appointment.

### Minor injuries units and urgent care centres

These units are for patients with non-life-threatening injuries that do not require A&E staff. They are often located in hospital grounds and treat broken bones, minor burns, head and eye injuries, insect and animal bites.

### Emergency and out of hours dental services

Call NHS 111 to find out where to access NHS treatment in an emergency or out-of-hours. If you have a usual dentist, their out-of-hours message may explain how to access out-of-hours care.

## 7.2 Serious or life-threatening illness or injury

If your illness or injury is serious or life-threatening, call 999 or go to your nearest A&E department. Arriving by ambulance does not mean you are seen more quickly.

Life-threatening situations include:

- loss of consciousness
- persistent chest pain for 15 minutes or more
- heavy blood loss

- medicine overdose
- signs indicating a stroke include weakness on one side of your face making your eye or mouth droop, inability to lift both arms at the same time, difficulties in speaking or understanding what is said.

### Remember FAST –

**Face-Arms-Speech-Time** to call 999 – designed to help you recognise symptoms of a stroke.

If you attend A&E or spend a night on a ward, the hospital should ask you the **Friends and Family Test** question described in section 8.

You can find information about **A&E waiting times and activity** on NHS England website. The figures include A&E, minor injury unit and walk-in centres. Hospitals are encouraged to publish their A&E activity figures.

## 8 GP services

All GP practices in England must register with the Care Quality Commission (CQC) and meet 13 Fundamental Standards. The CQC inspects practices regularly to ensure they meet these standards. Visit the CQC website or read the CQC booklet *‘What can you expect from a good GP practice’* to find out what a practice must do to meet CQC standards and about how practices are rated.

### A range of services and health professionals

GP practices offer services to prevent and treat illnesses and support people with long-term conditions such as diabetes, heart disease, asthma and chronic obstructive pulmonary disease (COPD).

Nurse practitioners, nurse consultants and specialist nurses frequently work alongside GPs and practice nurses. They can diagnose, treat and manage a variety of health conditions and some can prescribe from a list of medicines due to their additional training. See section 8.7 for information about supporting people with long-term conditions.

### Registering with a practice

You do not need to be *‘ordinarily resident’* or living lawfully in England to be eligible for NHS primary medical care – charging only applies to hospital care. Anyone may register and consult with a GP without charge but must pay NHS prescription charges, unless in an exempt group such as being aged 60 and over.

You can find details of local practices accepting new patients on the NHS Choices website or by calling NHS England. NHS England can arrange for you to be allocated to a practice if you cannot find one to accept you.

## Note

The NHS Constitution says: You have a right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you should be informed of those reasons.

GP practices have a usual catchment area covering certain streets or postcodes. They must have an agreed inner boundary and may agree an outer boundary. Practices often ask for proof of address before accepting you but you do not have to provide it and they cannot withhold registration if you cannot. If a practice is accepting new patients and you live in their catchment area, call in and collect a practice leaflet. This tells you how to register and more about the staff and services offered, including:

- name and qualifications of health professionals and support staff
- services such as special clinics for diabetics, health promotion activities and whether it supports trainee GPs
- opening hours
- how to make an appointment to see or speak to staff
- criteria for a home visit
- how to request a repeat prescription
- how to contact a doctor out-of-hours
- contact details for local walk-in or minor injuries units
- information for patients with disabilities or special language needs
- how to comment or complain about services
- rights and responsibilities of patients and action that may be taken if patients are abusive or violent.

Ask about things important to you, for example telephone access to a GP or nurse, ease of parking, the appointment system or support for carers. GP practices have a responsibility to ensure that everyone who needs to use their practice can do so. If you have particular difficulties getting to the practice, due to a disability or caring responsibilities, discuss them with the practice manager so they can do their best to address or resolve them.

The practice should invite you to the surgery for a new patient check to discuss your general health or, where necessary, offer you a home visit.

The GP contract requires every patient to have a named, accountable GP. This GP takes responsibility for co-ordinating your care. You can express a preference for who you would like and practices should make reasonable efforts to accommodate you. New patients should know the name of their accountable GP within 21 days of registration.

### Note

If you are aged 75 and over, you must have a *named, accountable GP who takes a proactive interest in your care*. See section 8.1.

### Home visits

The practice leaflet should explain criteria for home visits. Giving a full description of your condition when you phone the surgery helps the doctor decide if you need a home visit. While having a general policy, decisions should be made on a case-by-case basis.

### Note

If you are ill and have a partner whose medical problems make it difficult for you to leave them or arrange a sitter, let the practice know and ask them to record in your records that you are a carer. By letting the practice know you are a carer, your GP can understand your needs better, discuss ways to help you take care of your health and manage on-going health needs and advise what to do when you are ill. Telephone consultations or a home visit may be options.

### 'Out of area' patient registration option

GP practices have the option to register patients who live outside their catchment area. They can agree to accept your application but without any obligation to offer home visits. If you are in relatively good health and move to just outside a practice boundary or want a practice close to where you work, you may want to consider this option.

Before agreeing to your request, the GP must:

- be satisfied it is clinically appropriate and practical in your case, and
- ensure you understand the consequences of this type of registration.

The practice should explain what happens during normal hours when illness or urgent care needs mean you cannot reasonably be expected to visit the surgery. If the practice cannot help you over the phone, you will be asked to call NHS 111, who know about local services and if necessary, can tell you how to arrange a home visit. When you require out of hours care, you use the service operating where you live.

Your practice must monitor the effectiveness of your arrangement and if your health needs change, it may consider you would be better to register with a practice closer to home.

This option only applies to GP practices and patients who live in England. It does not apply in cross border situations with Scotland and Wales. Practices do not have to offer out of area registration - either without home visits or with home visits when needed - so an application may be refused.

### Registering with a practice if you live in a care home

Your GP may be willing to continue to care for you if you move permanently into a local care home. If you move too far away, you must register with a new practice. In some areas, each care home has a nominated GP from a local practice who is responsible for all residents. The aim is for you to have a GP who becomes familiar with your health needs and for the care home to build a relationship with a GP. You have the right to choose a different GP and may ask to remain with your own GP if you are moving to a local care home.

As a care home resident, you are entitled to the same range of services as people living at home. You should not be asked to pay for GP or other services the GP says you need.

Ask the care home manager to explain the system in your home.

### Making an appointment

Most practices have an appointment system and some offer extended hours - with appointments early morning, late evening and in some cases Saturday morning. Their system should be flexible and allow booking of routine or non-urgent appointments by phone and online.

Practices now offer a **24-hour online service**, through which you can

- book appointments with a GP of your choice or cancel appointments
- order repeat prescriptions (section 9)
- view your summary care record and coded information on medication, allergies, illnesses, immunisations and test results

Ask your practice receptionist to explain what is on offer and how to register for online access. You can find out more on these services on NHS Choices [www.nhs.uk/aboutNHSChoices/aboutnhschoices/find-and-choose-services/Pages/gp-online-services.aspx](http://www.nhs.uk/aboutNHSChoices/aboutnhschoices/find-and-choose-services/Pages/gp-online-services.aspx)

## Note

You have a Summary Care Record (SCR) if you agreed for the NHS to create one from your GP record. It contains up-to-date information about medicines you are taking, those you react badly to and any allergies. If you need A&E care but cannot communicate with staff when you arrive, accessing your SCR helps a doctor understand your health history and make a diagnosis. Only a doctor or health professional with special permission and a unique PIN number can see your SCR.

GPs have a duty of care to ensure they offer services in a manner and time that meets your clinical needs. There is usually a system that allows you to see a GP in an emergency when there are no appointments or speak to a GP or nurse on the telephone at an agreed time.

## Making the most of your appointment

A typical appointment slot is about 10 minutes. If you have complex issues to discuss, ask for a double appointment. If you need information in a different format or help to take part in discussions due to a disability or sensory loss, your GP should ask about them and record them in your records as described in section 5.

- Make notes beforehand so you have a reminder of what you want to tell the doctor or ask about.
- If you are worried about new symptoms, try to remember when you first noticed them. Does there seem to be a pattern or certain times when they are better or worse? Could they be linked to changes in medication?
- Do not miss things out because you think they are minor or trivial. GPs can only work with what you tell them, so let your GP decide what is significant.
- If you do not understand the answer to your questions or some of the words used, ask for an explanation or for the answer to be written down.
- If you are going for the results of tests and to discuss treatment, you may want to ask if there is more than one treatment, about the pros and cons of each and whether there are common side effects.

## Seeking a second opinion

If you have doubts about a diagnosis or suggested treatment after discussing it with your GP, you can ask to be referred for a second opinion. You do not have a right to a second opinion but GPs rarely refuse unless they do not think it necessary. The referral may be to another GP in your practice or a consultant.

If your case is complicated or diagnosis unclear, your GP or consultant may want a second opinion to ensure they explore all possible options.

### Out-of-hours services

Out-of-hours usually means from 6.30 pm to 8 am on weekdays, all weekend and bank holidays. When you call your practice out-of-hours, you are redirected to their out-of-hours service. For non-urgent care you can call NHS 111 for advice. Each local Clinical Commissioning Group is responsible for commissioning an out-of-hours service that meets Department of Health standards.

### Removing a patient from the practice list

A practice can choose to remove you from their list. This can happen if you move outside the catchment area, if your relationship with the practice is considered to have broken down or if your behaviour towards staff or other patients is considered unacceptable.

Unless you have been violent or threatened staff or other patients and the police have been informed, you must be given a warning in writing and provided with reasons for wanting your removal. If the issue cannot be resolved, the practice writes to the NHS England Regional Team responsible for your area asking for your removal and they notify you. Contact the Regional Team if you have difficulty registering with another practice.

If you disagree with the reasons for your removal and believe you have been treated unfairly, you can make a complaint. You should send your complaint to NHS England. See section 14 for information about making a complaint.

### Changing your practice

You do not need to tell your practice if you want to change or have found another to accept you. However you may, as a courtesy, wish to tell them. Once accepted by the new practice, your old practice transfers your medical records. Your records include your **unique 10-digit NHS number**. This makes it easier for patients to be uniquely identified across the NHS.

You should tell your practice if you are going to live abroad, so they can take you off the NHS register.

### Registering as a temporary resident

If you are to live away from your usual address for up to three months, you can apply to be a temporary resident at a local practice. They are likely to accept you if their list is not full.



If you become ill while staying with friends, approach their practice to see if they are willing to treat you. If staying in a hotel, it may have an arrangement with a local practice. In other circumstances call NHS 111 and they can recommend the most appropriate action to take.

### **Patient Participation Groups**

GP practices must have a Patient Participation Group (PPG) and make reasonable efforts to ensure it is representative of the practice population. PPGs bring the patients' perspective into the practice so that services, plans and activities respond to patients' needs and priorities.

### **Providing feedback and knowing what others think about a GP Practice**

GP practices should offer you the opportunity after an appointment to respond to the Friends and Family Test question:

*“how likely are you to recommend the A&E department or ward or practice where you've been treated to your friends or family if they needed similar treatment?”* They may ask why you have given the answer you have.

There is more about the Friends and Family Test and how to find results for your practice and local hospital on the NHS Choices website:

[www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx](http://www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx)

You can provide feedback on the NHS Choices website, where the comments section allows you to share your experiences, good and bad, with the service itself and other members of the public.

Independent sites, such as Patient Opinion, allow a service to respond and indicate how specific feedback helped staff make changes to improve the quality of a service.

## **8.1 GP Services for people aged 75 and over**

If you are aged 75 and over, you must have a *named, accountable GP* to oversee your care and take responsibility for evaluating your current physical and psychological needs. In conjunction with other relevant health and care professionals, they should ensure you have appropriate care and support in place, schedule regular reviews and ensure suggested changes are acted upon. Having overall responsibility does not mean this GP takes on 24/7 responsibility; nor does it mean this GP is the only doctor at the practice who will or can provide care.

Each practice decides how they allocate patients. If you have a preference, the practice should make reasonable efforts to accommodate it. If you have a condition that would benefit from the expertise of a particular GP, it would be appropriate for them to be your allocated GP.



When you join a practice, you should be given the name of your accountable GP within 21 days of registration.

## 8.2 Help with hearing difficulties

If hearing difficulties affect your daily life, you should make an appointment to see your GP. If there is no medical reason, such as build-up of wax or an ear infection, you can be referred for a hearing test to a local audiology department or specialist provider. Staff discuss options with you if the test indicates you would benefit from a hearing aid in one or both ears. NHS hearing aids are provided on long term loan and batteries are supplied free of charge.

If you want to buy a hearing aid privately, check the hearing aid dispenser is registered with the Health and Care Professions Council.

Action on Hearing Loss provides information about hearing loss and aids. Hearing Link helps people manage hearing loss.

### Note

You can check your hearing using the Action on Hearing Loss online hearing check. It is not a medical diagnosis but aims to identify hearing loss and prompt you to take action and visit your GP.

## 8.3 Help with mental health needs

If you have experienced periods of anxiety, low mood, poor sleep or a loss of interest in things you used to enjoy on several days a week and this has gone on for a month or more, it is important to speak to your GP. Mental health issues are as important as physical illnesses and like physical illnesses, respond better when diagnosed and treated early. A range of treatments can help, depending on the severity of your symptoms.

Talking treatments such as counselling help you understand and manage your feelings. They are more widely available through your GP because of an initiative known as '*Increasing Access to Psychological Therapy*' often abbreviated to IAPT. Research shows older people benefit as much as younger people from such help. You can find out more by speaking to your GP or searching for your nearest service on the NHS Choices website.

The National Institute for Health and Care Excellence produces guidance on 'Treating depression in adults'. A patient version explaining your options is available at [www.nice.org.uk/guidance/CG90/ifp/chapter/About-this-information](http://www.nice.org.uk/guidance/CG90/ifp/chapter/About-this-information)

## 8.4 Referral for a physical or mental health condition

The NHS is keen for patients to have choice in many areas of healthcare. If you and your GP agree you should see a consultant or a mental health professional, you have a right to choose to have your first outpatient appointment at any NHS or independent hospital in England that offers suitable treatment and meets NHS standards and costs.

You have a right to choose which consultant led team, or in the case of mental health, which team led by a named professional, will be in charge of your treatment. They will be in charge of your NHS treatment and care for this appointment. The consultant will not necessarily be present for this and/or future appointments – you may be seen by a doctor in their team - but retains overall clinical responsibility for your care.

This choice is available in most circumstances but not if you need urgent or emergency care, for example you are experiencing chest pains or cancer is suspected or when detained under the *Mental Health Act 1983*.

If you are not offered a choice, contact your local Clinical Commissioning Group (CCG) to find out what choice should be available to you. You can find your CCG on the NHS Choices website.

### Choosing your hospital – practical and quality issues

You can discuss your preferences and options with your GP, compare hospitals, including comments from patients about their hospital care on the NHS Choices website or read hospital inspection reports published on the Care Quality Commission website. In addition to clinical care, there may be practical issues that matter to you, such as access by public transport or car parking.

### Booking an appointment through NHS e-referral Service

The NHS e-referral service, previously known as ‘*Choose and Book*’, allows you to choose your hospital and book an appointment on a day and time convenient to you. If you choose your hospital and know when you could attend an outpatient appointment, you may be able to book the appointment before you leave the surgery.

If you want to think about your options, discuss them with family or friends or decide a convenient time to attend outpatients, your GP gives you an appointment request letter containing a unique reference number and a password so you can book your appointment later.

To book your appointment later:

- log into NHS e-referral online: <https://www.ebs.ncrs.nhs.uk/>  
or
- call The Appointments Line on 0345 6088 888 or textphone 0345 850 2250.

You need the unique reference number and password for security. It ensures only you or someone you nominate can make or change your appointment. You can change an appointment online or by telephone.

### Waiting times

You have a right to access certain services commissioned by NHS bodies within maximum waiting times under the NHS Constitution.

You have the right to:

- start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- be seen by a cancer specialist within a maximum of two weeks from GP referral, where GP makes an urgent referral as cancer is suspected.

If this is not possible, the hospital responsible for your treatment should take all reasonable steps to offer you a choice of other hospitals that can see or treat you more quickly.

Although not a right, the NHS should aim to offer you, if your operation or treatment is cancelled on or after the day of admission (including the day of surgery) for non-clinical reasons, another binding date within 28 days to be funded at the time and hospital of your choice.

CCGs and NHS England have a duty to take account of the NHS Constitution when commissioning hospital and other services.

## 8.5 Chiropody, physiotherapy and other services

Your GP can refer you to other health professionals to diagnose or treat you. They may visit you at home or at a local practice, health centre or hospital.

**Chiropodists** (also known as podiatrists) help people with problems with their lower legs or feet. In some places, you can self-refer to the chiropody service but in many cases your GP must refer you. To receive NHS treatment, you must meet local eligibility criteria and this often means having a medical foot problem or health condition, such as diabetes, arthritis and circulatory problems, and you are at risk of foot-related problems.

The NHS is unlikely to offer routine care such as nail cutting but it may be offered by local voluntary organisations. Contact your local Age UK to see if nail cutting services are available.

**Physiotherapists** help with back pain and muscle strains. They may be members of a multi-disciplinary team offering rehabilitation following a fall or stroke or for conditions such as osteoporosis and asthma.

**Occupational therapists (OTs)** advise on home modifications or equipment that makes living at home easier. Your GP or social services can refer you to an OT. OTs can be members of a multi-disciplinary team offering rehabilitation support.

**Speech and language therapists** help with speech and communication. They can help with eating and swallowing difficulties that can occur following a stroke or in people with dementia.

**Dietitians** may work with speech and language therapists to help patients with swallowing difficulties. They are experts in nutrition and can advise on meals or supplements for people with poor or small appetites.

**Marie Curie and Macmillan nurses** support you following a diagnosis of cancer and other terminal illnesses. They help you and your family to manage physical and emotional aspects of an illness, particularly as you approach the end of your life.

### Note

If you approach health professionals to treat you privately, contact the Health and Care Professions Council (HCPC) to check they are registered to practice. The HCPC registers 15 health professions.

## 8.6 Falls Prevention Services

If you have a fall or start to feel unsteady, discuss this with your GP, even if you were not injured by the fall and generally feel fine. Your GP may want to check your medication or arrange tests to see if there is a medical reason to explain it.

With your permission, your GP can refer you to the local falls prevention service for a falls risk assessment. The aim is to:

- try to work out what is making you unsteady
- listen to what you think the problem might be
- if necessary, agree with you an individual action plan to reduce your risk of falling.

This could include checking your eyesight, investigating any continence problems, checking your home for potential hazards and/or attending an exercise class to improve your strength and balance.

As well as considering your risk of further falls, your GP may consider your likely risk of osteoporosis. This condition affects bone strength and means you can break a bone even following a minor fall. If you are at significant risk of osteoporosis, your GP should discuss options to reduce your risk. The National Osteoporosis Society provides information about osteoporosis.

## 8.7 Supporting people with long-term conditions

Millions of people have one or more '*long-term*' conditions (LTCs) such as diabetes, arthritis, heart disease, Chronic Obstructive Pulmonary Disorder (COPD) or other lung diseases. These conditions can be managed with medication and other treatments but cannot be cured.

Your GP practice should be keen to help you better understand and manage your own care. This may include drawing up a **care plan** to help you manage your condition on a day-to-day basis and recognise symptoms you should report to your GP.

It may include creating an '**information prescription**' with the help of the NHS Choices website [www.nhs.uk/ipg/Pages/IPStart.aspx](http://www.nhs.uk/ipg/Pages/IPStart.aspx) This website offers reliable sources of information about your condition and the financial and practical support available at national and local levels to help you maintain your independence.

Many patients become expert in managing their condition with the help of programmes such as those run by Self Management UK. They offer a range of courses including the Expert Patient programme. These give you the confidence, skills and knowledge to play an active role in managing your condition on a daily basis. The weekly sessions are led by trained volunteer tutors who themselves live with long-term conditions. Ask your GP about local courses.

### **A GP initiative to support patients with complex conditions who experience frequent avoidable admissions to hospital**

Many adults have more than one LTC, which makes managing them individually and together more of a challenge.

GP practices have the opportunity to take part in an enhanced service, designed to help identify and support patients (over the age of 18) with complex physical or mental health needs and who experience frequent, avoidable visits to A&E and/or unplanned hospital admissions. This is estimated to be around 2 per cent of patients on a practice list and includes patients aged 75 and over.

The initiative involves GPs:

- identifying patients who fall into the '*at risk*' group
- assessing their physical, mental and social care needs
- drawing up a care plan and appointing a care co-ordinator from the health or social care team that supports the patient to pro-actively manage their care
- providing patients on the '*at risk*' list who have urgent queries or concerns about their condition or care with same day telephone consultations or follow up where required

- developing a system allowing ambulance staff, A&E doctors or care home managers to promptly discuss with a GP at the practice their intention to transfer the patient to hospital or admit them to a ward
- ensuring when a patient is about to be discharged from hospital that the practice and care co-ordinator are notified promptly, the individual is seen promptly at home and necessary changes made to their care plan
- arranging a care conference soon after discharge to identify factors that staff could address to avoid further unplanned admissions.

### NICE Quality Standards

National Institute for Health and Care Excellence (NICE) Quality Standards are a set of concise statements and measures setting out what aspirational but achievable markers of quality care look like.

They aim to help NHS staff commission services offering patients the best outcomes and help patients and carers understand what they should expect from health and social care services.

There are standards for a number of long term conditions including chronic heart failure, chronic obstructive pulmonary disease, dementia, type 2 diabetes, depression and stroke. There is information about the standards for these and other conditions on the NICE website.

NICE develops standards not only for NHS services but also social care and public health. There are standards that explain ways shown to help people live well with dementia, support the mental wellbeing of older people in care homes and support people to stop smoking.

## 8.8 Personal health budgets

Since October 2014 anyone eligible for NHS Continuing healthcare has had the right to have a Personal Health Budget (PHB) unless there are clear clinical or financial reasons why it would not be appropriate.

A PHB aims to give you more choice, flexibility and control over how money is spent meeting your health and wellbeing needs. It is not new money but money that would have been spent on your care. A PHB allows this money to be spent more flexibly to meet identified needs and health and wellbeing goals that you agree with your NHS team.

A PHB can be managed in one of three ways – a **notional budget** where money is held on your behalf by the NHS who then arranges your care; a **real budget held by a third party organisation** that arranges your care or by a **direct payment**.

A **direct payment** is an amount of money you hold. You use it to buy the health and care support you and your care team agree meets one or more of your identified needs and achieves the outcomes you want. A direct payment gives you control to manage the budget and your care.



You only need to take as much control over making decisions about your care as you want to and do not have to have a personal health budget if you do not want one.

If you think you or someone you care for could benefit from a PHB, raise this with your GP or other key health professional responsible for your care, as they can offer a PHB if they believe you could benefit from one.

For more information about personal health budgets, see factsheet 20, *NHS continuing healthcare and NHS-funded nursing care*.

## 9 Services at your local pharmacy

Pharmacists are experts on medicines and help if you have questions about or difficulty taking prescribed or over-the-counter medicines.

Speak to your pharmacist if you find labels difficult to read or the usual packaging hard to open. Let them know if you find tablets difficult to swallow or have problems taking them as prescribed. This can be difficult if you take many tablets on several occasions at different times of the day. Your pharmacist may offer a simple solution or be able to decide if you are eligible for special help because of a disability.

Pharmacies may offer the following services:

- **Prescription collection service** – at your request, the pharmacy collects a repeat prescription from your GP practice. If you subscribe to the EPS service (see below), there is no need for paper prescriptions.
- **Home delivery service** – this allows prescription medicines to be delivered to you. This limits contact between you and the pharmacist and the opportunity to raise any questions about taking your medicines. Many pharmacists are happy to talk to patients on the phone, so call if you have questions.

### Electronic Prescription Service (EPS)

The EPS system aims to improve efficiency and safety when dispensing medicines. Most GP practices offer this service and let you know when it is available in your area. It is particularly useful if you need repeat prescriptions. A special NHS logo appears in the pharmacy window when the service is available.

Through the EPS system, you nominate the pharmacy you would like to dispense your prescription on a regular basis. When you contact your practice for a repeat prescription, it is sent electronically, quickly and securely, to your chosen pharmacy. It eliminates the need for paper prescriptions and errors that can arise when reading handwriting. Your prescriptions are ready to collect or be delivered, an hour or two after you request them. If your prescription is unlikely to change, the GP can agree to set up automatic delivery of your prescription for a specified number of repeats.

The EPS system is optional – you do not have to choose it. You can also amend your nominated pharmacy or amend it temporarily if you are going away and likely to need a prescription during that time.

The NHS Digital website offers information and short videos explaining what you can expect from EPS. <http://systems.digital.nhs.uk/eps/patients>

### **Medicine Use Review (MUR)**

Your pharmacist may invite you for a MUR:

- if you have recently been discharged from hospital and changes were made to the medicines you take
- if you take multiple medications or take one where the dose is critical
- if you take medicines to help your breathing
- if you have cardiovascular disease or cardiovascular risk factors and take four or more regular medicines.

If you take non-prescription medicines, bring them with you so the pharmacist gets a complete picture of the medicines you take.

MUR helps make sure you get the most benefit from your medicines. It offers you a chance to raise any problems taking your medicines and get advice on how to take them in the best way. You can learn more about how they work and discuss side-effects you think they are causing.

The pharmacist asks you to sign a consent form to have a MUR. They must ask for your consent to share feedback with relevant health professionals, such as your GP, if there is an issue for them to consider. They tell the NHS organisation that pays pharmacists for conducting these reviews that a consultation took place.

Your GP should regularly review medicines you take, to make sure you take the most appropriate medicines at the most appropriate dose.

### **'New medicines' review**

Community pharmacists provide this NHS service. If you start a new medicine for treatment of asthma, type 2 diabetes, chronic obstructive pulmonary disease (COPD), high blood pressure or any blood thinning medicines, they offer three consultations with a pharmacist over four weeks. The service aims to support you in the early days of a new treatment and ensure you get maximum benefit from it.

### **Health promotion/lifestyle advice**

Many local pharmacies offer cholesterol testing, blood pressure checks and advice to help you give up smoking.



## 9.1 Reporting unwanted side effects from medication

The Yellow Card Scheme allows health professionals and patients to report: unwanted side effects from prescription or non-prescription medicines or herbal remedies; defective medicines of an unacceptable quality; counterfeit or fake medicines and problems with devices such as catheters or ear thermometers.

A yellow card form is available in most pharmacies or you can complete an online form or call the yellow card hotline. The scheme is administered by the Medicines and Healthcare products Regulatory Agency (MHRA). When completing the form, it asks if you would be willing for the MHRA to contact you, if they would like further information to help them understand the issues you describe.

## 10 Complementary therapies

These include therapies such as acupuncture, chiropractic, osteopathy, homeopathy and herbal medicine. They are not usually available as NHS treatment but your GP will know if they are. If you are considering one of these therapies on a private basis, mention it to your GP. This is particularly important if you take prescription medicines and the therapist may recommend you take medicine or herbal remedies.

Always check the therapist has appropriate qualifications and insurance to treat you. Osteopaths and chiropractors must be registered with their own regulatory bodies – General Osteopathic Council and General Chiropractic Council - in order to practise legally in the UK.

Other professions such as acupuncturists and herbal medicine practitioners have their own professional bodies but not a regulatory body. They can apply to be accepted on the Professional Standards Authority (PSA) Accredited Register. They are rigorously assessed in order to receive the PSA Quality Mark. You can read about this accreditation and check PSA Registers online for a local registered practitioner.

## 11 NHS services for older people

### 11.1 Over-60s – free prescriptions

NHS prescriptions are free for people aged 60 and over.

### 11.2 Over-60s – free NHS sight tests

Anyone aged 60 or over is entitled to a free NHS sight test. A sight test checks your vision and your eye health and picks up eye conditions, such as glaucoma, in the early stages before long-term damage is done.

Younger adults should have a test every two years and if aged 70 and over, you should have one as often as your optician recommends, which may be every year. Opticians can use their professional judgement to decide the frequency of your sight test.

If you find it difficult to visit your local optician, ask if they offer a mobile home visiting service or have details of opticians offering a mobile service in your area. Alternatively call your local Healthwatch or CCG who should hold this information.

For more information about eye conditions contact the RNIB.

### **11.3 Over-65s – free seasonal flu jab**

A dose of flu can lead to complications such as pneumonia or severe bronchitis in certain groups of people. As the flu virus is always changing, a new vaccine is developed every year to target viruses likely to be in circulation. Therefore you need a flu jab every year.

The NHS offers a seasonal flu jab to people aged 65 and over. It offers one to people under 65 who are at particular risk of complications if they have flu. This includes people:

- with specific long-term conditions, including chronic lung disease, a heart problem, diabetes, liver or kidney disease or a neurological condition such as multiple sclerosis
- who have had a stroke or mini stroke (known as a transient ischaemic attack or TIA)
- who have a lowered immune system as a result of some cancer treatments or taking steroid medication.

You can have a free jab if you receive carers allowance or the welfare of someone you provide a substantial level of care to would be at risk if you were ill.

GP practices usually start their flu jab service in late summer/early autumn. Community pharmacists offer free flu jabs in some areas.

### **11.4 Over-65s – free jab against pneumonia**

The NHS offers this jab, commonly called the pneumo jab, if you are aged 65 and over. You do not need it every year and most people will have it only once. Available through your GP practice, it protects against pneumonia, septicaemia and bacterial meningitis.

### **11.5 Shingles vaccination**

The Government's advisory group recommends that people aged 70 to 79, should be offered vaccination against shingles but not people aged 80 and over as it seems less effective over this age.

Due to vaccine production capacity and the need to manage the process effectively, it is a phased programme. Each year, a 'catch up' programme is offered to people reaching their 78th birthday. This is to pick up those who were between 71 and 78 years old when the programme began.

Your GP decides if you should be vaccinated as there are people for whom the vaccine is not suitable, such as those whose immune system is weakened due to cancer treatment.

It is safe to administer the shingles vaccine alongside the seasonal flu jab, so GP practices may offer both vaccines to eligible individuals on the same visit. There is information about this vaccination programme on the NHS Choices website. [www.nhs.uk/conditions/vaccinations/pages/who-can-have-the-shingles-vaccine.aspx](http://www.nhs.uk/conditions/vaccinations/pages/who-can-have-the-shingles-vaccine.aspx)

**The 2016/2017 shingles vaccination programme** runs from 1 September 2016 until 31 August 2017.

Groups eligible for vaccination at their GP practice from 1 September 2016 include:

- registered patients aged 70 on 1 September 2016 and a 'catch up' group aged 78 on 1 September 2016
- registered patients not yet vaccinated, who are aged 71, 72 and 73 and missed out in the previous three years of the programme. They remain eligible until their 80th birthday.

## 11.6 NHS screening programmes

To be included in a screening programme, you must be registered with a GP practice, as invitations are issued on a GP practice basis. All screening involves potential risks as well as benefits so it is up to you to decide whether to have it.

The **NHS breast screening programme** invites women aged between 50 and 70 for screening every three years. You should receive a leaflet explaining the benefits and risks of breast screening with your screening invitation. There is a research programme looking at extending the age range to include women between the ages 47 and 73.

### Note

At your last screening appointment you will be handed a card that reminds you that screening is still available and you have a right to ask to be screened for breast cancer every three years. The card will give you a contact number to book future appointments.

The **NHS cervical screening programme** invites women between the ages of 50 and 64 for screening every five years. Once you reach the age of 65, you are only invited for screening if you have not been screened since the age of 50 or have had a recent abnormal result.

NHS Choices offers information about the risks and benefits of taking part in this programme. <http://www.nhs.uk/Conditions/Cervical-screening-test/Pages/Introduction.aspx>

The **NHS national bowel screening programme** offers two types of screening to adults.

The more established of the two is the '**faecal occult blood (FOB) test**'. A test kit is sent every two years through the post to men and women between ages of 60 and 74. It is sent with instructions and you return it by post to a laboratory for analysis. If you are over the age of 75, you can request a screening kit by calling the Bowel Screening helpline.

This newer, one-off test is called '**bowel scope screening**' and is gradually being offered to men and women around their 55th birthday. About two thirds of screening centres now offer this test. It involves a doctor or nurse using a thin, flexible instrument to look inside the lower part of the bowel and remove any small growths, called polyps that could eventually turn into cancer.

There is more information on the NHS Choices website looking at the tests themselves and risks and benefits of taking part in bowel screening. [www.nhs.uk/conditions/bowel-cancer-screening/Pages/Introduction.aspx](http://www.nhs.uk/conditions/bowel-cancer-screening/Pages/Introduction.aspx)

The **NHS Abdominal Aortic Aneurysm (AAA) screening programme** is offered in England to all men in their 65th year. This screening uses an ultra sound scanner (as used to monitor a developing baby during pregnancy) and detects a symptom-free abnormality that can develop in a major artery - the aorta.

Screening is offered to men because aneurysms are more common in men. A large aneurysm can be serious but if doctors detect one at an early stage, it can be monitored and treated if necessary.

Read more on the NHS Choices website  
[www.nhs.uk/Conditions/abdominal-aortic-aneurysm-screening/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/abdominal-aortic-aneurysm-screening/Pages/Introduction.aspx)

Anyone over the age of 12 who has diabetes should be invited every year to have special screening to detect an eye condition: **diabetic retinopathy**. You can opt out but speak to your GP if you are not invited for yearly screening. Public Health England produces a leaflet Your Guide to diabetic eye screening.  
[www.gov.uk/government/publications/diabetic-eye-screening-description-in-brief](http://www.gov.uk/government/publications/diabetic-eye-screening-description-in-brief)

There are no plans to screen men to detect risk of **prostate cancer**. However an informed choice programme – Prostate Cancer Risk Management – is available to help men understand the benefits and risks of having a blood test that could lead to a prostate cancer diagnosis. Speak to your GP if you would like to know more.

### **NHS service to keep you well**

**NHS health check** is a service that aims to assess your health and if necessary help you lower your risk of common but preventable diseases: heart disease, type 2 diabetes, stroke, kidney disease and some forms of dementia. It is offered every five years to people between the ages of 40 and 74 who have not already been diagnosed with one of these conditions. If you fall into this category, you can expect a letter from your GP or local authority inviting you for a health check.

Read more on the NHS Choices website

[www.nhs.uk/Conditions/nhs-health-check/Pages/What-is-an-NHS-Health-Check.aspx](http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-is-an-NHS-Health-Check.aspx)

## **12 Help with health costs – NHS Low Income Scheme**

Most NHS services are free but some groups of the population, including people over the age of 60, pay for services such as NHS dental treatment and the purchase of glasses or contact lenses. If you are on a low income, you may be eligible for help with these costs.

**If you receive Pension Credit Guarantee Credit, Income Support or Income-related Employment and Support Allowance** you are automatically entitled to help with the cost of dental treatment and glasses.

**If you are on a low income and have savings of less than £16,000 (£23,250 if you live in a care home)** you may be entitled to full or partial help with these costs through the NHS Low Income Scheme.

**If you receive Universal Credit you may be eligible for help through the low income scheme**, including sight tests and prescription charges.

If you receive Pension Credit Guarantee Credit or one of the other benefits mentioned, or are eligible for help through the NHS Low Income Scheme, you may be eligible for help with the costs of travel when referred to see a consultant on NHS premises. In some circumstances, referrals by a GP or dentist mean you are entitled to help with travel costs. You should ask the referring doctor or dentist whether their referral qualifies for help.

For more information, see factsheet 61, *Help with health costs* or the NHS Choices website

[www.nhs.uk/NHSEngland/Healthcosts/Pages/help-with-health-costs.aspx](http://www.nhs.uk/NHSEngland/Healthcosts/Pages/help-with-health-costs.aspx)

## 13 End of life care

**End of Life care** refers to care and support provided by the NHS if you are likely to be in the last 12 months of your life, and offers support to your families or informal carers too. The focus should be on the quality of your life and death, rather than length of your life.

Many people die in hospital and yet most people say, when asked, they would prefer to die at home. If you are about to make such a decision and think you would like to die at home, ask your GP what support is available in the community to provide 24-hour support for you and your family or informal carers.

**Palliative care** is care and support provided if you are diagnosed with an illness that cannot be cured. It can help at any stage, not simply in the final months and weeks, and is being more widely offered to people with conditions other than cancer. It aims to make life more comfortable and address your physical, emotional and spiritual needs and offer support to your family. Developed by the hospice movement, palliative care skills are increasingly available while you are in hospital or when cared for in your own home.

If you are diagnosed with an advanced, progressive, incurable illness, the NHS team caring for you should offer, or you can ask for, the opportunity to discuss your future care.

This is often referred to as '**advance care planning**'. If you wish, you can involve your family or nominate someone else in the discussions. On one or more occasions you could:

- discuss treatment options and likely progression of your illness
- express your thoughts, concerns, wishes and preferences, including where you would like to be cared for
- ask about support available locally to support you and family members.

Staff should record your wishes in an '*advance care plan*' or '*preferred priorities for care*' document and review it with you regularly. It informs health professionals and can be called upon if you are unable to express your wishes at any time.

At the same time, you may want to think about making a Lasting Power of Attorney, advance statement or advance decision to refuse treatment. See factsheets 22, *Arranging for someone to make decisions on your behalf* and factsheet 72, *Advance decisions, advance statements and living wills*.

In some areas, there is an **Electronic Palliative Care Co-ordination System (EPaCCS)**. It holds care plans and end of life preferences of people with incurable or life-limiting illnesses and is available, with patients' consent, to out-of-hours doctors and paramedics so they can consider and meet end of life choices and preferences where possible. Ask your GP if one is available or planned for your area.



*One Chance to get it right: improving peoples experience of care in the last few days and hours of life*, is a report published following a review of the Liverpool Care Pathway and identifies **five Priorities for care of the dying patient** that staff should adhere to when it is thought someone may die within the next few days or hours. Staff should ensure:

- 1 That if a patient may die in the next few days or hours, it is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
- 2 Sensitive communication takes place between staff and the dying person, and those identified as important to them.
- 3 The dying person and those identified as important to them are involved in decisions about treatment and care to the extent that the dying person wants.
- 4 The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
- 5 An individual plan of care, including food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

The report is available online at [www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations](http://www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations)

### Useful publications and websites on end of life care

- *'Planning for your future care'* explains the rationale behind advance care planning and things you might want to consider and discuss. It is a free download from the National Council of Palliative Care website [www.ncpc.org.uk/freedownloads](http://www.ncpc.org.uk/freedownloads)
- Dying Matters and its partner website 'Find me help'
- Gold Standards Framework – this is an established training programme for front line staff to enable a gold standard of care for people in the last years of life. As care homes, community hospitals and GP practices can complete the training and apply for accreditation you may like to ask your GP practice or a care home you visit if they are accredited. You can find information at [www.goldstandardsframework.org.uk/patients-amp-carers](http://www.goldstandardsframework.org.uk/patients-amp-carers)
- National Institute for Health and Care Excellence (NICE) *Quality standard for end of life care for adults* NICE Quality Standard 13. Available at [www.nice.org.uk/guidance/qs13](http://www.nice.org.uk/guidance/qs13)
- VOICES - a national survey of bereaved relatives 2015 identifies their experiences on the quality of care delivered during the last three months of a loved ones' life. Available at [www.gov.uk/government/statistics/national-survey-of-bereaved-people-voices-2015](http://www.gov.uk/government/statistics/national-survey-of-bereaved-people-voices-2015)

- *Ambitions for palliative and end of life care*, published by the National Palliative and End of Life Partnership, describes six ambitions that the 27 partnership members, with a deep commitment to improving end of life care, would like to be achieved. You can read it at [www.endoflifecareambitions.org.uk/](http://www.endoflifecareambitions.org.uk/)
- *'Before you go – planning and support for the end of life'* information guide available from Age UK Advice on 0800 169 6565 or available at [www.ageuk.org.uk](http://www.ageuk.org.uk)

## 14 Resolving problems and making a complaint

Each GP practice, pharmacy, opticians and dental surgery providing NHS services must follow the NHS complaints procedure. They must have a senior staff member responsible for resolving problems raised by patients.

If you can, try to raise concerns at the time with the member of staff, their manager or the person responsible for complaints handling. Some problems can be resolved informally in this way. If this does not resolve your complaint or you want to make a formal complaint, ask for a copy of their complaints procedure. This should tell you what to do.

If you feel uncomfortable making a complaint to the staff or organisation providing the service, you can raise it with organisation that commissions it. NHS England is the commissioner of the services listed at the beginning of this section.

In every area of England there is a free **NHS independent complaints advocacy service** commissioned by the local authority. It is available if you are making or thinking of making a complaint about NHS care or services. Advocacy staff do not suggest any course of action but

- help you think through exactly what you want to complain about and what you want to achieve by making the complaint
- help you write letters and prepare for meetings and if you wish
- arrange for an advocate to support you at meetings.

Contact your local Healthwatch for details of the local service. For information about what should happen when you raise concerns or wish to make a formal complaint see factsheet 66, *Resolving problems and making complaints about the NHS* and factsheet 5, *Dental Care: NHS and private treatment*.

If your complaint is about services or care in hospital, there will be a hospital Patient Advice Liaison Service (PALS). They can try and help you informally or explain how to make a formal complaint.



## 15 Health and social care reform organisations

Below is a brief description of new organisations introduced by the *Health and Social Care Act 2012*. The Act applies in England only.

### **NHS England (also known as NHS Commissioning Board)**

NHS England works to the policy decided by the Department of Health and oversees the delivery of NHS services. It is nationally accountable for the results achieved by the NHS and for continued improvement in the quality of treatment and care. It is responsible for providing leadership and promoting co-operation between organisations as well as promoting competition and efficiencies.

#### **Commissioning role of NHS England**

Through its **four Regions**, NHS England is responsible for commissioning:

- local GP services, dental services, opticians and pharmacy services
- all healthcare for prisoners and the armed forces
- specialised services for a range of conditions including rare conditions.

### **Clinical Commissioning Groups (CCGs)**

Every GP practice must be a member of a CCG. CCGs are made up of member GP practices, with representatives from other health professionals on their Board. There are 209 CCGs.

#### **Commissioning role of CCGs**

CCGs are responsible for commissioning local services such as NHS 111, out-of-hours and emergency care, community services, hospital care, NHS continuing healthcare, mental health and learning disability services. When commissioning services, they must take account of the NHS Constitution, their local health and wellbeing strategy and take advice from other bodies including their clinical networks and senates, described later.

A number of CCGs have fully delegated responsibility for commissioning general practice, while others have joint commissioning responsibilities working with NHS England. This arrangement has been found to help produce better integrated local primary care services but not all CCGs are ready for this role yet.

## Health and Wellbeing Board (HWB)

Each local authority (county and unitary authority) has an HWB. It plays a key role in commissioning local services by bringing together leaders of the local health and social care system - CCGs, local councillors, Director of Adult Social Care, Director of Public Health and local Healthwatch - to work in partnership and agree how to improve the health and wellbeing of their local population. HWBs can invite representatives of other organisations such as voluntary and community organisations to be members.

The HWB must prepare **joint strategic needs assessment** of the local population and subsequently a **joint health and wellbeing strategy (JHWS)**.

These documents inform the commissioning plans of the CCGs and NHS England Regional Teams. The HWB scrutinises these plans to ensure they reflect needs identified in the JHWS, support joint working by health and social care services to the benefit of patients and lead to continuous improvement in the quality of care.

## Clinical Senates

There are 12 multi-specialist Clinical Senates to help CCGs, HWBs and NHS England make the best decisions for their local population. Made up of doctors and professionals from health, public health and social care as well as patients and the public, they offer strategic advice, promote cross-speciality collaboration, innovation and service redesign.

## Strategic Clinical Networks

These networks are centred on disease areas such as cancer, mental health and cardiovascular disease. They are made up of clinical experts in primary and secondary care, social care professionals and patients. Their focus is on improving care pathways for their condition, using evidence-based practice, to support innovation and increasing efficiency across the NHS.

## Public Health England (PHE)

PHE is an executive agency of the Department of Health that provides national leadership and expert services to support public health in England. It develops plans to protect the population from infectious diseases – ranging from influenza pandemics to terrorist attack. It is responsible for reducing health inequalities, by enabling and supporting individuals and communities to improve their own health. It commissions and delivers programmes to promote health and wellbeing. It works with NHS, local government and other agencies to address wider determinants of health such as housing, transport and leisure services.

## **Public Health – local authority**

Each local authority (LA) supported by its Director of Public Health, is responsible for local public health improvement and enacting PHE plans at a local level such as the Heatwave Plan. Directors of Public Health are statutory members of HWBs.

Local authorities must arrange a small number of mandatory services such as NHS health check assessments and at a local level, implement national plans to protect the health of the nation eg against pandemic flu. The NHS works closely with LAs and retains responsibility for delivering specific public health services such as national screening programmes.

## **Healthwatch England**

Healthwatch England is the national consumer champion in health and care, created to gather and represent the views of users of health and social care services, members of the public and local Healthwatch. It aims to influence policy and service delivery through advising NHS England, local authorities, Care Quality Commission and the Secretary of State for Health.

## **Local Healthwatch**

There are 152 local Healthwatch bodies commissioned and funded by their county council or unitary authority. They gather views and experiences of users of local health and social care services. Through their place on their local HWB, they help ensure the views of patients and carers are taken seriously and are an integral part of local commissioning. Contact Healthwatch England for contact details of your local Healthwatch.

Local Healthwatch provides information, advice and support on local health and care services. In some areas it provides the local NHS independent advocacy service that supports people making or thinking about making a complaint about NHS services. If not providing the service, it can signpost to it.

## **Patient Advice and Liaison Service (PALS)**

A PALS service operates in each hospital Trust. PALS staff can tell you about Trust services and are keen to hear from patients who wish to make complimentary comments or have concerns about the services they receive.

Early intervention by PALS staff can help resolve problems before they become major issues. They can give details of the complaints process, local NHS complaints advocacy service and put you in contact with the complaints manager. Trust staff or the hospital website can provide details of your local PALS.

## Useful organisations

### **Action on Hearing Loss**

[www.actiononhearingloss.org.uk](http://www.actiononhearingloss.org.uk)

Telephone 0808 808 0123

It is the largest charity in the UK tackling hearing loss, making hearing matter and providing information about specialist equipment and services for people who are deaf and hard of hearing.

### **Bowel screening programme**

Telephone 0800 707 6060 (free call)

Call this number if you are over 70 and would like to request a bowel screening kit.

### **Carers Direct**

[www.nhs.uk/Conditions/social-care-and-support-guide/Pages/carers-direct-helpline.aspx](http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/carers-direct-helpline.aspx)

Telephone 0300 123 1053

It provides free and confidential advice for carers.

### **Carers UK**

[www.carersuk.org](http://www.carersuk.org)

Telephone 0808 808 7777

Provides information, advice and support to carers, has local support groups, and campaigns on carers' issues.

### **Care Quality Commission (CQC)**

[www.cqc.org.uk/content/help-advice](http://www.cqc.org.uk/content/help-advice)

Telephone 03000 616161

The CQC regulates and inspects hospitals, care homes, care agencies, GP and dental practices in England. It accepts comments from the public about the quality of services but does not investigate complaints.

### **Dying Matters**

[www.dyingmatters.org](http://www.dyingmatters.org)

Telephone 08000 21 44 66

Dying Matters aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life. It provides information for professionals and the public and has a useful partner site offering postcode related links to local services, information and a supportive online community.

**Department of Health (DH) publications**

[www.orderline.dh.gov.uk/ecom\\_dh/public/home.jsf](http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf)

Telephone 0300 123 1002

When ordering, have the publication title and reference number to hand.

**Hearing Link**

[www.hearinglink.org](http://www.hearinglink.org)

Telephone 0300 111 1113

Hearing Link is a charity for people with hearing loss and their families. It aims to give knowledge, skills and confidence to manage practical and emotional challenges hearing loss can bring.

**Local Healthwatch**

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)

Telephone 03000 68 3000

Each local authority has a Healthwatch body that offers information on local care services and may run or signpost to the local independent NHS complaints advocacy.

**NHS Digital**

<http://digital.nhs.uk/forthepublic/>

The national provider of high-quality information, data and IT systems for health and social care.

**National Osteoporosis Society**

[www.nos.org.uk](http://www.nos.org.uk)

Helpline 0808 800 0035

It provides information about osteoporosis, its prevention and support available for those with osteoporosis.

**NHS Choices cancer screening**

[www.nhs.uk/Livewell/preventing-cancer/Pages/cancer-screening.aspx](http://www.nhs.uk/Livewell/preventing-cancer/Pages/cancer-screening.aspx)

It provides information on breast, cervical and bowel cancer screening.

**NHS Choices**

[www.nhs.uk](http://www.nhs.uk)

NHS Choices is a comprehensive web information service to help you find NHS services, identify how you can improve and make choices about your health and manage long term conditions.

## **NHS England**

[www.england.nhs.uk/contact-us/complaint/](http://www.england.nhs.uk/contact-us/complaint/)

Telephone 0300 311 22 33

NHS England commissions GP services, dentists, pharmacy and optical services. If you cannot access the NHS Choices website, it can provide details of local services. Contact them if you have a complaint about one of these services and have been unable to or prefer not to resolve it by making a complaint to the service itself.

## **Patient Opinion**

[www.patientopinion.org.uk/](http://www.patientopinion.org.uk/)

Telephone 0800122 31 35

Patient Opinion is a social enterprise company founded by a GP wanting to make the wisdom of patients available to the NHS. It enables the public to give feedback on their experience of NHS services.

## **Royal National Institute of Blind People (RNIB)**

[www.rnib.org.uk](http://www.rnib.org.uk)

Telephone 0303 123 9999

Shop by phone: 0845 702 3153

Contact RNIB for information and advice about sight problems and products or publications to support blind or partially sighted people.

## **Self Management UK**

[www.selfmanagementuk.org/](http://www.selfmanagementuk.org/)

Telephone 03333 445 840

This charity runs courses to help people with any long-term condition maintain their health and improve their quality of life.

## **Yellow Card Scheme**

[www.yellowcard.mhra.gov.uk/](http://www.yellowcard.mhra.gov.uk/)

Yellow card hotline 0808 100 3352 (10am and 2pm on weekdays.)

This scheme allows you to report unwanted side effects or reactions to prescription, non-prescription or herbal medicines; report counterfeit or fake medicines, defective medicines or problems with medical devices.

## **Health professional organisations**

### **General Chiropractic Council (GCC)**

[www.gcc-uk.org](http://www.gcc-uk.org)

Telephone 020 7713 5155

The GCC regulates the practice of chiropractic profession in the UK. Chiropractors must be registered with the GCC to practise. You can use their website to find a chiropractor near you.

**General Osteopathic Council (GOC)**

[www.osteopathy.org.uk](http://www.osteopathy.org.uk)

Telephone 020 7357 6655

The GOC regulates the practice of osteopathy in the UK. By law osteopaths must be registered with the GOC in order to practise. You can use their website to find an osteopath near you.

**Health and Care Professions Council**

[www.hpc-uk.org/](http://www.hpc-uk.org/)

Telephone 0300 500 6184

The HCPC regulates and registers health, psychological and social work professionals. It keeps a register of those who meet their standards and can, where necessary, take action to prevent them practicing.

**Professional Standards Authority**

[www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

Telephone: 020 7389 8030

It oversees statutory bodies that regulate health and social care professionals in the UK and sets standards for organisations holding *voluntary* registers for health and social care occupations and accredits those that meet them.

## Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

### Age UK Advice

[www.ageuk.org.uk](http://www.ageuk.org.uk)

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

### In Wales contact

#### Age Cymru

[www.agecymru.org.uk](http://www.agecymru.org.uk)

0800 022 3444

### In Northern Ireland, contact

#### Age NI

[www.ageni.org](http://www.ageni.org)

0808 808 7575

### In Scotland, contact Age Scotland by calling

#### Silver Line Scotland

[www.agescotland.org.uk](http://www.agescotland.org.uk)

0800 470 8090

(This is a partnership between The Silver Line and Age Scotland)

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