NHS services

About this factsheet

This factsheet looks at NHS ‘primary care’ services – these are services you would approach when you first have a health problem. It also identifies staff and services that can help you manage conditions that, although they cannot be cured, can be treated and managed at home. NHS screening programmes and other services designed to keep you well are described.

The information given in this factsheet is applicable in England. Different rules may apply in Wales, Northern Ireland and Scotland. Readers in these nations should contact their respective national Age UK organisation for information specific to where they live – see section 13 for details.

The following Age UK 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

For details of how to order other Age UK factsheets and information materials go to section 13.
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1 Recent developments

- As of 1 April 2014, all GP practices are required to allocate a named, accountable GP to every patient aged 75 and over. Current patients should have been informed of their named GP by 30 June 2014. New patients must be informed of their named GP within 21 days of registration. See section 6.3.

- GP practices were offered the opportunity, from 1 April 2014, to take part in a new ‘enhanced service’ designed to help patients over 18, with complex physical or mental health needs, who are identified as experiencing avoidable, unplanned hospital admissions. See section 6.9.

- Information about the 2014/2015 shingles vaccination programme is available. See section 8.5.

- The pharmacy service known as the ‘New Medicine’ Service is to be extended into the 2014/2015 financial year. No decision has been made about the future of the service beyond this time. See section 6.11.

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**Note:** Information about new organisations that took full responsibility for developing and managing NHS Services from 1 April 2013 can be found in section 11.

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2 National Health Service

The NHS is available to all who are living lawfully and deemed ‘ordinarily resident’ in the UK.’ Ordinary residence’ is a legal term that broadly means living here voluntarily, for a properly settled purpose for the time being. If there are any doubts about meeting ‘ordinary residence’ requirements, each case would need to be judged on its merits. However whether or not an individual is resident in England, the fundamental principle is that no one should be denied necessary emergency NHS treatment.
For those who meet the above test of living here lawfully and being ordinarily resident, access to NHS services is based on clinical need and not on an individual’s ability to pay, except in limited circumstances sanctioned by Parliament. In England, circumstances sanctioned by Parliament are:

- prescription charges
- dental charges
- optical charges (sight tests / glasses)

for some groups of the population.

*The National Health Service (Charges to Overseas Visitors) Regulations 2011* allow the NHS to charge overseas visitors, who are not ‘ordinarily resident’ in UK, for non-emergency hospital care required while in the UK. For more information go to: [https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations](https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations)

### 3 NHS Constitution – your rights

The **rights and responsibilities** of those using NHS services and working in the NHS are set out in the NHS Constitution. The Constitution also establishes the **principles and values** of the NHS in England.

Its 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 subsequently 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 a specific piece of legislation or derived from 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. Following a public consultation it was revised in March 2013 so that it better reflects the Constitution’s most important value - which is for patients to be at the heart of everything that the NHS does.
Note: All NHS bodies, primary care services, independent and third sector organisations providing NHS care have a duty to take account of the rights and pledges in the Constitution when commissioning and delivering services.

There is a supplement to the Constitution published in response to the public health duty placed on local authorities by section 12 of Health and Social Care Act 2012 to improve the health of their local population. It means that like NHS bodies, local authorities must have regard to the Constitution when undertaking this duty and commissioning services. See section 5.

There are rights and pledges in seven key areas:

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

“The NHS commits to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice.”

An example of a patient responsibility is “You should follow the course of treatment you have agreed and talk to your clinician if you find this difficult.”
Note: An explanation of the rights, pledges and responsibilities in the Constitution can be found in The NHS Constitution – the NHS belongs to us all (ref 2900013). It can be ordered from DH publications (see section 12). You can download this publication and the Public Health supplement at: www.gov.uk/government/publications/the-nhs-constitution-for-england

For more detail about the rights and pledges and their legal sources you should read the Handbook to the NHS Constitution 26 March 2013. It is available via the above weblink to the Constitution.

4 The Equality Act 2010 and age discrimination

The Equality Act 2010 (Age Exceptions) Order 2012 came into force in relation to age discrimination on 1 October 2012. It applies to public services including the NHS but not to the financial services sector. It means that it is no longer lawful, without good and sufficient reason, to provide inferior services or refuse to provide them solely because of a person’s age.

Age discrimination is unfairly treating someone differently because of their age. The ban on age discrimination is only intended to prevent the harmful or unjustifiable use of age, including a ‘stereotypical view’ of an age group. It is not intended to prevent differential treatment where it can be objectively justified. An example of objective justification would be age ranges chosen for each cancer screening programme.

The following situations are examples of where awareness of the law is important.

● When a GP or consultant or other health professional is discussing treatment options with a patient or making a decision about treatment or care. A person’s age can play a part but it should be their ‘biological’ age and not simply their ‘chronological’ age (age in years) that is taken into account. It may be recognised that some treatments for conditions such as cancer are less successful or less well tolerated as people get older and this issue could be explored during discussions about your treatment options.
● **When providing NHS services or considering treatment options.**
  Adopting a stereotypical view of someone of a particular ‘chronological’ age would be deemed unjustifiable discrimination.

● **When designing / providing a service (such as at a GP practice or outpatients clinic).** Staff should not unfairly discriminate against or treat people differently on the grounds of their age or a ‘stereotypical view’ of people of a particular age.

The law applies to anyone over the age of 18 who believes they have been treated less favourably because of their age when requesting or receiving NHS services. Discussion with the staff concerned can often clarify and resolve a situation but the law means patients will be able to take organisations or individual clinicians or managers to court.

5 **Local NHS services**

**Changes to NHS structure and commissioning of services**

*The Health and Social Care Act 2012* changed the way the NHS is managed, how it commissions (buys) services and how it involves patients and the public in decisions about local services and their own care.

More information on the many new organisations introduced on 1 April 2013 and their roles in the operation of the NHS and commissioning of NHS services can be found in section11.

Services relating to public health issues such as falls prevention and help to stop smoking are now commissioned by your local authority as a result of changes arising from this Act but still most likely to be delivered by NHS staff.

**Note:** ‘Commissioning’ involves deciding what is needed, drawing up a service specification, going out to tender and then selecting an organisation(s) to deliver services to the standard described in the agreed contract. All commissioners must have regard to the NHS Constitution when designing services.
5.1 **Primary and secondary care services**

Health services may be referred to as ‘primary’ or ‘secondary’ care services.

**Primary care services** are delivered by the health professionals you contact when you first have a health problem or seek advice on how to stay healthy. They include your GP and practice team staff, nurses such as district nurses and continence nurses, staff at the local NHS walk-in centre, dentists, opticians, pharmacists.

**Secondary care services** are usually provided on hospital premises as a result of an emergency admission or following an out-patient appointment.

6 **Primary care services**

6.1 **Getting help when feeling unwell**

Your GP practice does not always need to be the first point of contact when you feel unwell. There are other services that can help you directly or put your mind at rest. These include:

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

**Local pharmacist**

Pharmacists can give advice if you have a sore throat, cold, aches and pains and can suggest non-prescription medicines to ease symptoms. They can help you decide if you need to see a doctor. As experts on medicines, they can answer questions about prescription items you are taking.

You can look for your nearest late-opening pharmacy, walk-in centre or minor injuries unit on the NHS Choices website: www.nhs.uk and choose ‘Services near you.’
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 help or advice in a non-life-threatening situation.

**Note:** 999 remains the number to call in an emergency. See Accident and Emergency (A&E) departments below.

NHS 111 staff may tell you how to look after yourself at home or they may recommend you see a pharmacist or make a GP appointment when the surgery is next open. If the problem is more serious you may be advised to go to your nearest walk-in centre or minor injuries unit or A&E department. If very serious, you can be connected directly to the ambulance service.

**Online symptom checker**

You also have the option to use the NHS Choices online symptom checker. Having completed the questions you will receive online information and advice on the best action to take. If necessary, you will be told to expect a call back from a nurse or adviser at NHS 111.

The web address is www.nhs.uk/nhsdirect/Pages/Symptoms.aspx. Here you can also find out how to download a Symptom checker app to your smartphone or tablet.

**NHS walk-in and urgent care centres**

These centres are open seven days a week from early morning until late evening. They can be located in town centres or hospital grounds and are usually led by experienced nurses. They provide a range of services to treat minor illnesses and injuries. No appointment is needed.

**Minor injuries units**

These units are for patients with non-life-threatening injuries that do not need the attention of accident and emergency (A&E) staff. They are often located in hospital grounds and can treat broken bones, minor burns, head and eye injuries as well as insect and animal bites.
Note: if you are not sure what help you need or is available locally, call the 24-hour 111 service. They can give advice and / or direct you to the best local service to treat you.

Accident and emergency (A&E) departments

If you believe your illness or injury may be serious or life-threatening, seek help by calling 999 or go to your nearest A&E department. Arriving at A&E by ambulance does not mean you are seen more quickly.

Life-threatening situations include:

- loss of consciousness
- persistent chest pain for 15 mins or more
- heavy blood loss
- medicine overdose
- signs that indicate a stroke – these 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 – an acronym to help you recognise the symptoms of a stroke.

If you attend A&E or spend a night on a ward you should be offered the opportunity on discharge to complete the Friends and Family Test. You are asked to how likely you would be to recommend the A&E department or ward where you have been treated to your friends or family if they needed similar treatment. You may also be asked a supplementary question to find out why you have given it the rating you have.

You may be asked to complete a postcard, use a kiosk in the hospital, go online or use a smartphone. For more information go to the NHS Choices website: www.nhs.uk/nhsengland/aboutnhsservices/pages/nhs-friends-and-family-test.aspx or read Age UK’s Factsheet 37, Hospital discharge.
**A&E waiting times and activity** information is published weekly by NHS England. This includes total attendance for all A&E types including minor injury units and walk-in centres and the numbers discharged, admitted or transferred within four hours. Data is broken down for each NHS England Local Area Team area.

More detailed information about A&E activity is published by the Health and Social Care Information Centre (HSCIC) and hospitals are encouraged to publish this information on their websites. See section 12 for HSCIC contact details.

**Emergency dental services**

Call NHS 111 to find out where you can access NHS treatment in an emergency or out-of-hours. If you have a usual dentist and need treatment out of hours, call the surgery and the message explains how to access the nearest out-of-hours care.

### 6.2 GP services

All GP practices in England must register with the Care Quality Commission (CQC) to ensure they meet National Standards of Quality and Safety. They will then be inspected to ensure they continue to meet these standards. You can find out more about GP practice registration and inspection on CQC website. See Section 12 Useful organisations.

**A range of services and health professionals**

GP practices offer a range of 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 and specialist nurses frequently work alongside GPs and practice nurses. Their additional training means they can diagnose, treat, and manage a variety of health conditions and some can prescribe from a list of medicines. See section 6.9 for more information about supporting people with long-term conditions.
Registering with a practice

Everyone living lawfully and who is ordinarily resident in the UK has the right to register with a GP practice. This right is not affected by your nationality or the payment of tax or of national insurance contributions. See section 2.

Every GP practice has a responsibility to ensure that everyone who needs to use their practice can do so. If you have particular difficulties accessing services, for example due to a disability or caring responsibilities, you should discuss them with the practice so they can do their best to resolve them. The practice manager would be a useful person to speak to initially.

**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.

You can find details of local practices on the NHS Choices website www.nhs.uk and selecting ‘services near you’ or by calling NHS England. Call NHS England if you cannot find a GP practice to accept you and they will be able to arrange for you to be assigned to a practice. See section 12.

GP practices have a usual ‘catchment’ area that covers certain streets or postcodes. If a local practice is accepting new patients and you live in their catchment area, call in and collect a practice leaflet. This tells you more about the staff and services offered, including:

- the name and qualifications of health professionals and support staff
- the services provided, such as special clinics for diabetics, health promotion activities and whether it is a practice supporting 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 services that may be important to you such as telephone access to a GP, parking facilities, extended opening hours, their appointment system, support for carers or services for people with your particular condition.

You must show proof of your address to be accepted onto a practice list. Staff should ask if you want to name a ‘preferred practitioner’. This is someone – a doctor or a nurse - you would like to receive services from generally or in relation to a particular condition. Your preference should be noted.

Within six months of joining the practice, you should be invited to visit the practice to discuss your general health or, if necessary, offered a home visit.

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**Note:** Registered patients aged 75 and over must now be allocated a named, accountable GP who takes a proactive interest in their care. See section 6.3.

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

If you move permanently into a local care home, your GP may be willing to continue to care for you. If you move too far away, you will need to register with a new practice. You should receive the same range of services that you received when living in your own home. You should not be asked to pay for GP services or any NHS services your GP says you need.

As many care home residents are aged 75 and over, these residents should have been allocated a named, accountable GP. For further information about this initiative see section 6.3. Ask the care home manager to explain how this has been implemented in your care home.

**Making an appointment**

Most practices have an appointment system and some offer extended hours with appointments early morning, late evening and Saturday morning.

The system should be flexible and allow booking of routine or non-urgent appointments. Your practice should try and meet any reasonable request to see your ‘preferred practitioner’.
Note: The NHS Constitution says “You have a right to express a preference for using a particular doctor within your GP practice and for the practice to try to comply.

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 if there are no available appointments and also the option of speaking to a GP or nurse by telephone at an arranged time.

Out-of-hours services

Each CCG is responsible for commissioning an out-of-hours service that meets Department of Health standards. Out-of-hours usually means from 6.30 pm to 8 am on weekdays, all weekend and bank holidays. If you call your practice out-of-hours, you are redirected to the out-of-hours service. For non-urgent care you can also call NHS 111. See section 6.1.

Making the most of your appointment

A typical appointment slot is about 10 minutes. If you have complex issues to discuss you may like to ask if you can have a double appointment.

- You may like to remind your GP if you have hearing difficulties or English is not your first language so they can be sure to speak clearly.

- Let the GP know if you need information in large print or another language.

- You may like to 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 any change in medication?

- Don’t miss anything out because you think it’s minor or trivial. GPs can only work with what you tell them so let your GP decide what’s significant.

- If you don’t 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 to hear the results of tests and discuss treatment, you may want to ask whether there is more than one treatment, what the pros and cons of each are and whether there are any common side effects.
Seeking a second opinion

If, following a discussion with your GP, you have doubts about a diagnosis or suggested treatment, you can ask your GP to refer you for a second opinion. Although you have no legal right to a second opinion, GPs rarely refuse unless there is sufficient reason and 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 all possible treatment options are explored.

Home visits

Your practice leaflet should explain the criteria for home visits. Giving a full description of your condition when you phone the surgery helps the doctor make an informed decision about the need for 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 them to be left alone, let the practice know. You can discuss how you might manage your own on-going health needs or episodes of ill health, if arranging for a sitter is difficult. Telephone consultations or a home visit may be options. Your GP can understand your needs better and help you take care of your own health if you let them know you are a carer. See section 12 for information about Carers UK and Carers Direct.

Changing your practice

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

If you are leaving to live abroad permanently, you should tell your practice so you can be taken off the NHS register.
Removing a patient from the practice list

A practice can choose to remove you from their list. This could 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 and provided with the reasons for your removal. If the issue cannot be resolved, the practice will write to the NHS England Local Area Team (LAT) responsible for your area and they will notify you. If you cannot find another GP practice to accept you, the LAT will be able to help you find one. Call NHS England for their details. See sections 11.1 and 12.

If you disagree with the reasons for your removal and believe you have been treated unfairly, you can complain using the NHS complaints system and direct your complaint to NHS England. See Age UK’s Factsheet 66, Resolving problems and making a complaint about NHS services.

Registering as a temporary resident

If you will be living away from your usual address for up to three months, you can apply to be a ‘temporary’ resident at a local practice. If their list is not full they are likely to accept you.

If you become ill while staying with friends, approach their local 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. See section 6.1.

Note: The Royal College of GPs has a useful publication on what you can expect from your GP practice: It’s Your Practice: A guide to GP Services. It is available to download but does not yet reflect April 2013 changes in NHS organisations

Patient Participation Groups

Around two out of three GP practices have a Patient Participation Group (PPG). PPGs have a unique role to play in bringing the patient’s perspective into the practice so that services, plans and activities respond to local patient’s needs and priorities. Details may be in the practice leaflet or contact your practice to find out if there is a group at your practice.

Providing feedback and knowing what others think about a GP Practice

The NHS Choices website offers a patient feedback section for each GP practice and other NHS services, so you can share your experiences, good and bad, with the service itself and other members of the public.

You can also leave feedback on independent sites such as Patient Opinion. This site enables the service to respond and indicate how specific feedback has helped staff make changes to improve the quality of a service or how it operates from a patient perspective. See section 12.

6.3 GP Services for people aged 75 and over – new initiative

A change to the GP contract implemented from April 2014 means practices must allocate a named, accountable GP to each patient aged 75 and over. This GP will oversee their care and take responsibility for evaluating their current physical and psychological needs and ensuring - in conjunction where appropriate with other relevant health and care professionals - that appropriate care and support is in place to meet those needs and that regular reviews are scheduled and acted upon as necessary.

While having overall responsibility, it does not mean that this GP should take on 24x7 responsibility for a patient. Nor does it mean that the named GP is the only doctor at the practice who will / can provide care to that patient.

It is up to each practice to decide how they allocate patients. If a patient has a named ‘preferred practitioner’, the practice should make reasonable efforts to accommodate an expressed preference. If a patient has a condition that would benefit from the expertise of a particular GP, it would be appropriate that they are allocated to that GP.

Practices can decide on the most appropriate way to notify patients but this should include explaining what this new arrangement means in practice.
Patients registered with a practice on 1 April 2014 should have been told who their named GP is by 30 June 2014. New patients should be told within 21 days of registration.

6.4 Help with hearing difficulties

Visit your GP if hearing difficulties are causing you practical problems. If your GP cannot find a medical reason such as build-up of wax or an ear infection, you can be referred to a local audiology department or specialist provider for a hearing test. If the test indicates a hearing aid in one or both ears would be helpful, staff will discuss options with you. NHS hearing aids are provided on long term loan; batteries are supplied free of charge.

If you choose to purchase a hearing aid privately, check the hearing aid dispenser is registered with the Health and Care Professions Council (HPC).

Action on Hearing Loss provides information about hearing loss and aids. Hearing LINK helps people manage hearing loss. See section 12.

**Note:** You can check your hearing using the Action on Hearing Loss confidential online or telephone hearing check. This check is designed to identify people who have hearing loss and prompt them to take action and visit their GP. It is not a medical diagnosis.

6.5 Help with mental health needs

If you have been experiencing 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 been going on for a month or more, it is important to speak to your GP. Mental health issues are just 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 can help you understand and manage your feelings. They are now more widely available through your GP because of an initiative known as ‘Increasing Access to Psychological Therapy’ (IAPT). Research has shown that older people benefit as much as younger people from such help. You can find out more by speaking to your GP or going to the IAPT website on: www.iapt.nhs.uk/services/
National Institute for Care Excellence (NICE) has produced guidance on ‘Treating depression in adults’ along with a patient version that explains your options. You can find this at http://www.nice.org.uk/guidance/ifp90/InformationForPublic

6.6 Referral for a physical or mental health condition

If you and your GP agree that 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 or clinic in England that offers suitable treatment and meets NHS standards and costs.

Your GP should also offer a choice of consultant led team or mental health team led by a named professional to be in charge of your NHS treatment and care for this appointment. The health professional must be employed by the organisation you choose.

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

The consultant will not necessarily be present for this and/or future appointments – you may be seen by a doctor in their team - but the consultant retains overall clinical responsibility for your care.

For further information about this initiative and choices about other aspects of your healthcare go to https://www.gov.uk/government/publications/nhs-choice-framework

If you are not offered a choice, you can contact your local Clinical Commissioning Group (CCG) to find out what choice should be available to you. You can find your CCG at www.nhs.uk/NHSEngland/thenhs/about/Pages/authoritiesandtrusts.aspx

Choosing your hospital – practical and quality issues

In addition to clinical care, there may be practical issues that also matter to you, such as access by public transport or parking. If you are likely to require in-patient treatment, you may want to find out about the reputation of a hospital for cleanliness and rates of hospital acquired infections.
You can discuss your preferences and options with your GP or compare hospitals, including comments from patients about their hospital care, on NHS Choices. See section 12.

**Booking an appointment through ‘Choose and Book’**

‘Choose and Book’ allows you to ‘choose’ your hospital and ‘book’ an appointment on a day and time convenient to you. If you have chosen your hospital and know when you would be able to attend an outpatient appointment, you may be able to book the appointment before you leave the surgery.

If you are unable to book at the surgery or want to think about your options, discuss them with family or friends or decide on a convenient time to attend outpatients, you can book your appointment later.

To book your appointment later:

- call The Appointments Line (TAL) on 0345 608 8888 or textphone 0845 850 2250. You can also call one of these numbers if you need to change your appointment.

OR

- Book online at www.chooseandbook.nhs.uk/patients

You must quote the **unique reference number and password** provided by your GP. This is a security mechanism to ensure only you or someone you nominate can make or change your appointment.

**Waiting times**

The NHS Constitution (see: access to health services) says in relation to waiting times:

“You have a right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.”

This right was made a legal right under *Section 9 of The National Health Service Commissioning Board and CCG (Responsibilities and Standing Rules) Regulations 2012.*
The Handbook says 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 for urgent referrals where cancer is suspected.

If this is not possible, suitable alternatives should be discussed with you.

The Constitution also says:

All patients who have their operation cancelled, on or after the day of admission (including the day of surgery) for non-clinical reasons to be offered another binding date within 28 days or the patient’s treatment to be funded at the time and hospital of the patient’s choice.

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

6.7 **Chiropody, physiotherapy and other services**

Your GP can refer you to other health professionals to diagnose or treat specific aspects of your condition. They may visit you at home or hold clinics at a local practice, health centre or hospital.

**Chiropodists** (also known as podiatrists) help people who have problems with their lower legs or feet. In some areas you can self-refer to the chiropody service but in many cases you need a referral from your GP. To receive treatment as an NHS patient, 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 — that puts you at risk of foot-related problems.

Routine care such as nail cutting is unlikely to be offered as NHS treatment but may be offered by local voluntary organisations. Contact your local Age UK to see if local nail cutting services are available. See section 13.

**Physiotherapists** help with back pain and muscle strains. They may also be members of a multi-disciplinary team that offers rehabilitation support following a fall or stroke or with conditions such as osteoporosis and asthma.
Occupational therapists (OTs) advise on home modifications or equipment that could make living at home easier. You can be referred to an OT by your GP or social services. They are often members of a multi-disciplinary team that offers rehabilitation support.

Speech and language therapists help with speech and communication. They can also 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 those with cancer and their families to manage the physical and emotional aspects of their illness, particularly as people approach the end of their life. See section 7.

**Note:** If you wish to approach one of the above health professionals to treat you privately, contact the Health and Care Professions Council (HPC) to check that they are registered to practice. The HPC registers 15 health professions. See section 12.

### 6.8 Falls Prevention Services

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

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

- try to work out what is making you unsteady
- listen to what you think the problem might be and, depending on the outcome of your discussions,
- 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 also consider your likely risk of osteoporosis. This is a condition that affects bone strength and means a bone breaks easily following a fall.

If you are at significant risk, your GP should discuss options to reduce your risk as explained in guidance produced by National Institute for Health and Care Excellence (NICE) on ‘Primary prevention of osteoporosis’. See the version for the public’ at: http://www.nice.org.uk/guidance/ta160/resources/ta160-osteoporosis-primary-prevention-understanding-nice-guidance2

6.9 Supporting people with long-term conditions

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

Note: An NHS Constitution pledge (in key area: informed choice) says: “The NHS commits to offer you easily accessible, reliable and relevant information in a form you can understand and support you to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available.”

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 that you should report to your GP. It may also include creating an ‘information prescription’ with the help of the NHS Choices website. Here you can identify reliable sources of information about your condition and the financial and practical support available at both a national and local level to help you maintain your independence.
Note: For more information on the help you can expect if you have a long term condition or to create an information prescription, go to NHS Choices: www.nhs.uk/Planners/Yourhealth/Pages/Healthcare.aspx

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 self-management courses, including the Expert Patient programme, that give patients the confidence, skills and knowledge to play an active role in managing their 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 or see section 12.

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

Many adults have one or more LTCs. Management of complex single or multiple LTCs can be a challenge.

For the year beginning 1 April 2014, GP practices were offered the opportunity to take part in an ‘enhanced service’, designed to help identify patients (over the age of 18) who have 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% patients on a practice list and include patients aged 75 and over.

The initiative involves GPs:

- identifying patients who fall into this ‘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 this ‘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 whereby ambulance staff, A&E doctors or care home managers can promptly discuss with a GP at the practice, their intention to transfer the patient to hospital or admit them to a ward.
• ensuring that if such a patient has been in hospital and is about to be discharged, 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 any contributory factors that could be addressed to avoid further unplanned admissions.

**NICE Quality Standards**

These are developed by the National Institute for Health and Care Excellence (NICE). They are a set of specific, concise statements and associated measures that set out what aspirational but achievable markers of high quality care look like.

They are developed to support the commissioning of services that offer the best quality outcomes for patients but can also 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, with more standards in development.

You can find out more about the standards for each of these and other conditions on the NICE website: [http://www.nice.org.uk/standards-and-indicators](http://www.nice.org.uk/standards-and-indicators)

*Note:* NICE also develops standards for social care and public health. It has published standards that explain interventions to help people live well with dementia, to support the mental wellbeing of older people in care homes and to support people to stop smoking.

### 6.10 Personal health budgets

Personal health budget (PHB) pilots ran in selected areas of England from 2009 – 2012 and included patients with certain long term conditions, with mental health needs or in receipt of NHS continuing healthcare (NHS CHC).

Since April 2014 anyone eligible for NHS Continuing healthcare has...
● had the right to ask for a PHB.

From October 2014 they will have

● the right to have one, unless there are clear clinical or financial reasons why it would not be appropriate.

The aim of a personal health budget is to give you more choice, flexibility and control over how money is spent meeting your health and wellbeing needs.

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, to buy the health and care support that you and your care team agree will meet one or more of your identified needs and achieve the outcomes you want. This method allows you most control to manage the budget and your care.

More information about personal health budgets can be found in Age UK’s Factsheet 20, *NHS continuing healthcare and NHS-funded nursing care*.

You do not have to have a personal health budget if you don’t want one and should have as much control over decisions about your care as you want.

Each CCG is able to consider whether to offer a personal health budget to other patient groups they believe could benefit. If you believe that you or someone you care for could benefit from a personal health budget, raise this with your GP or other key health professional responsible for their care and ask for information about your CCGs position.

### 6.11 Services at your local pharmacy

Pharmacists are experts on medicines. They can help if you have difficulty taking prescribed or over-the-counter medicines or have questions about them.
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 a problem 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. Should you subscribe to the EPS service described later in this section, there will be no need for paper prescriptions.

- home delivery service – this allows prescription medicines to be delivered to you. This does limit contact between you and the pharmacist and the opportunity to raise any questions about taking your medicines. However many pharmacists are happy to talk to patients on the phone.

**Electronic Prescription Service (EPS)**

The EPS system aims to improve efficiency and safety when dispensing medicines. It is being rolled out more widely during 2014. Your GP or pharmacy will 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. Your prescriptions are ready to collect or be delivered, an hour or two after you request them.

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 are likely to need a prescription during that time.

The Health and Social Care Information Centre (HSCIC) website offers more information and short videos that explain what you can expect from EPS. Go to http://systems.hscic.gov.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 are taking multiple medications or taking one where the dose is critical or if you take medicines to help your breathing. If you take non-prescription medicines as well, take them with you so the pharmacist gets a complete picture of the medicines you take.

MUR helps make sure you are getting the most benefit from your medicines. It offers 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 any unwanted side effects you think they may be causing.

You will be asked to sign a consent form to have a MUR and the pharmacist must ask for your consent to share feedback with relevant health professionals, such as to your GP, if there is an issue for them to consider. They will also inform the NHS organisation responsible for making sure that pharmacies are paid correctly for the services they provide that a consultation took place.

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

#### ‘New medicines’ review

This NHS service, provided through community pharmacists, offers three consultations with a pharmacist over four weeks, 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. The service aims to give patients support in the early days of a new treatment and to help ensure they get maximum benefit from their treatment. This service has been extended into the 2014 / 2015 financial year and is currently being evaluated.

**Health promotion/lifestyle advice**

Many local pharmacies offer cholesterol testing, blood pressure checks and advice to help you give up smoking.
6.12 Reporting unwanted side effects from medication

The Yellow Card Scheme is administered by the Medicines and Healthcare products Regulatory Agency (MHRA). It allows health professionals and patients to report unwanted side effects from prescription or non-prescription medicines or herbal remedies.

A yellow card form is available in most pharmacies. It can also be completed online or by calling the yellow card hotline. When completing the form, you will be asked if you give your permission to be contacted by the MHRA, should they like further information to help them understand the side effect described. See section 12.

6.13 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 considering these therapies on a private basis, you should mention this 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 that the therapist has appropriate qualifications and insurance to treat you. Osteopaths and chiropractors must be registered with their own regulatory bodies in order to practise legally in the UK. See section 12 for further details. Acupuncturists and herbal medicine practitioners have their own professional bodies but do not have a regulatory body.

7 End of life care

End of Life care is the care provided by the NHS to people who are likely to die in the next 12 months (including people with incurable and life-threatening illnesses) and their families and carers.

A 10 year End of Life Care Strategy was published in July 2008 to improve the experiences of people at the end of their lives. Its aim is:

● to ensure that high-quality care is available to people as they approach the end of their life, wherever they are cared for
• if it is their preference, to make it easier for people to die in their own home or if they live in a care home, to be cared for in the care home rather than be admitted to hospital.

Many people die in hospital and yet most people, when asked, say they would prefer to die at home. For this long-term goal to become a reality, services, training and additional staff are needed in the community so that 24-hour support is available for patients and their carers.

The End of Life Strategy: New Ambitions was published by the National Council of Palliative Care (NCPC) in March 2014. It describes reflections from a conference attended by those working to support people at the end of their lives and makes recommendations about ‘what next’ in end of life care. This report is available at: http://www.ncpc.org.uk/freedownloads

One of the new bodies set up as part of the NHS re-organisation is a Health & Wellbeing Board (see section 11). One of its roles is to ensure appropriate health, social care and voluntary sector support services are commissioned so that seamless, integrated care – from the patient’s perspective – becomes a reality for local people with a terminal illness, not just those with cancer.

**Note:** If you are diagnosed with an advanced, progressive, incurable illness or admitted to hospital and found to have limited life expectancy, you and where appropriate your family or someone you nominate, should be offered the opportunity to discuss your thoughts, concerns, wishes and preferences about your future care with the NHS team caring for you. This should include where you would like to be cared for. This information should be recorded in an ‘advance care plan’ or ‘preferred priorities for care’ document.

**Electronic Palliative Care Co-ordination Systems (EPaCCS)** are being developed by the NHS locally to record care plans and patient’s end of life preferences. Where established, they can be accessed by out-of-hours doctors and paramedics to help ensure a patient’s end of life choices and preferences are taken into account and met where possible. Your GP will know whether one is available or planned for your area.
A report - One Chance to get it right: how health and care organisations should care for people in the last days of their life - was published in July 2014 in response to the independent review of the Liverpool Care Pathway. It is a detailed report with messages on how care at the end of life should be arranged and managed in partnership with individuals and their families.

It identifies Five Priorities for Care of the dying patient which are that when it is thought that a person may die within the next few days or hours:

1. This possibility 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, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

A version for this publication for the public has not as yet been produced but you can read the full report at https://www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations

Useful websites on end of life care include:

● Dying Matters and its partner site ‘Find me help’. See section 12.

● the site reporting the results of VOICES - a national survey of bereaved relatives. It identifies their experiences on the quality of care delivered during the last three months of life to people of different ages in different settings, in different parts of the country and who had different conditions, go to https://www.gov.uk/government/publications/national-survey-of-bereaved-people-voices-2013
8 NHS services for older people

8.1 Over-60s – free prescriptions

NHS prescriptions are free for people aged 60 and over.

8.2 Over-60s – free NHS sight tests

Anyone aged 60 or over is entitled to an NHS sight test. A sight test checks not only your vision but your eye health and can pick up conditions, such as glaucoma, in the early stages before long-term damage is done.

Younger adults should have a test every two years and those 70 and over should have one as often as their optician recommends, which may be more frequent than every two years. Opticians can use their professional judgement in individual cases 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 call your local Healthwatch who may have details of opticians offering a mobile service in your area. Alternatively call NHS England for details of your Local Area Team who may hold this information. See section 12.

For more information about eye conditions contact the RNIB. See section 12.

8.3 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. The flu virus is always changing so you need a jab every year, using the new vaccine produced to target those viruses likely to be in circulation. A seasonal flu jab is offered to people aged 65 and over.

The jab is also offered to people under 65 who are at particular risk of complications if they have flu. This includes those:

- 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
• or who have had a stroke or mini stroke (known as a transient ischaemic attack or TIA)

• or who have a lowered immune system as a result of some cancer treatments or taking steroid medication.

Your GP may also offer a flu jab if you receive carers allowance or if the welfare of someone who you provide a substantial level of care to would be at risk if you were ill.

GP practices usually issue invitations to have a flu jab in the late summer/early autumn.

8.4 **Over-65s – free jab against pneumonia**

This jab, commonly called the pneumo jab, is offered to people aged 65 and over. It is not necessary to have this jab every year and most people will have it only once. Available through your GP practice, it protects against pneumonia, septicaemia and bacterial meningitis.

8.5 **Shingles vaccination**

A 2013/2014 programme runs until 31 August 2014 and is for people who were aged 70 or 79 on 1 September 2013. That group can be vaccinated up until 31 August 2014 but no later.

The 2014/2015 programme runs from 1 September 2014 until 31 August 2015.

Groups eligible for the shingles vaccination from 1 September 2014 are:

• People aged 70 on 1 September 2014

• The ‘catch up’ group - people aged 78 on 1 September 2014 and those aged 79 on 1 September 2014.

There are some people, such as those whose immune system is weakened due to cancer treatment, for whom the vaccine is not suitable. Your GP will decide if you should be vaccinated.
The shingles vaccine can be administered alongside the seasonal flu jab, so it is likely that GP practices will suggest eligible individuals are offered both vaccines during the same visit.

8.6 **NHS screening for cancer in England**

For information on the individual elements of the national cancer screening programme go to www.cancerscreening.nhs.uk/index.html

The **NHS breast screening programme** invites women aged between 50 and 70 for screening every three years. This age range is being extended gradually over the next few years so that women aged 47 to 73 are invited. You should receive a leaflet that explains the benefits and risks of breast screening along with your invitation.

**Note:** Once your invitation for screening ceases, you have a right to be screened every three years on request and should contact your local screening centre. Ask your GP practice for the screening unit’s details.

The **NHS cervical cancer screening programme** invites women between the ages of 50 and 64 for screening every five years.

The **NHS national bowel screening programme** invites men and women between 60 and 69 to take part every two years. The screening kit, with instructions, is sent to your home and you return it to a laboratory for analysis. People over the age of 70 can request a screening kit by calling the bowel screening helpline. See section 12.

**Note:** A new screening test is being piloted in six areas of England since March 2013. Men and women in these areas will be invited for ‘bowel scope screening’ around their 55th birthday. It is an examination called ‘flexible sigmoidoscopy’ and looks inside the lower bowel. The aim is to identify any small growths called ‘polyps’ which may develop into cancer if left untreated. For more information about the pilot areas and the test go to www.cancerscreening.nhs.uk/bowel/bowel-scope-screening.html
There are no plans at present to screen men to detect **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.

### 8.7 NHS screening for other conditions

Anyone over the age of 12 who has diabetes, regardless of whether it is treated by insulin, tablets or diet, should be invited every year to have special screening to detect **diabetic retinopathy**. It is offered if you have diabetes, as you are more at risk of developing this eye condition. Speak to your GP if you are not invited for screening annually.

The **NHS Abdominal Aortic Aneurysm (AAA) screening programme** is now being offered in England to all men in their 65th year.

Screening using an ultra sound scanner (as used to monitor a developing baby during pregnancy) can detect a symptom-free abnormality that can develop in the aorta - a major artery.

Screening is offered to men and to men at this age because they are more likely to have an AAA. A large aneurysm can be serious but if an aneurysm is detected at an early stage, it can be monitored and then treated if necessary.

**Note:** You can learn more about this screening programme and visit a tool that helps you understand the advantages and disadvantages of screening at [www.aaa.screening.nhs.uk/aaainfo](http://www.aaa.screening.nhs.uk/aaainfo) OR go to the Health A-Z section of NHS Choices website. See section 12.

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

Help with health costs – NHS Low Income Scheme

Most NHS services are free but for some groups of the population, services such as NHS dental treatment and the purchase of glasses or contact lenses are not. However if you are on a low income, you may be eligible to full or partial 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 help with these costs through the NHS Low Income Scheme.

If you receive Pension Credit Guarantee Credit or one of the other benefits mentioned earlier, 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 need to ask the referring doctor or dentist whether the referral being made qualifies for help.

For more information about entitlement to help with the above health costs see Age UK’s Factsheet 61, Help with health costs or go to NHS Choices at www.nhs.uk/NHSEngland/Healthcosts/Pages/nhs-low-income-scheme.aspx

Resolving problems and making a complaint about the NHS

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

Firstly try to raise concerns or a complaint with the member of staff concerned or their manager. Some problems can be resolved satisfactorily without the need to make a formal complaint; others require a more formal investigation. If you want to make a formal complaint about the above primary care services, contact NHS England. See section 12.
You should be offered free independent advocacy support to help you make a complaint. Your local Healthwatch (see section 12) has details of the local service. For information about what should happen when you raise concerns or wish to make a formal complaint see Age UK’s Factsheet 66, *Resolving problems and making complaints about the NHS* and Factsheet 5, *Dental Care: NHS and private treatment*. See section 11.9 if a hospital complaint.

11 Health and social care reform organisations

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

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

NHS England works to the Government’s mandate and overseas the delivery of NHS services, is nationally accountable for the results or ‘outcomes’ achieved by the NHS and for its continuous improvement in the quality of treatment and care. It is also responsible for providing leadership for the new commissioning system and for promoting co-operation between organisations as well as promoting competition and efficiencies.

**Commissioning role of NHS England**

Through its **four Regions** and **27 Local Area Teams (LATs)**, NHS England is responsibility for commissioning:

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

For NHS England or LAT contact details, see section 12.

11.2 **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 212 CCGs.
Commissioning role of CCGs

CCGs are responsible for commissioning local non primary healthcare 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.

11.3 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 local health and wellbeing. Representatives of other organisations such as voluntary and community organisations can be invited to be HWB members.

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

These documents inform the development of CCG and LAT commissioning plans, which are then scrutinised by the HWB. This is to ensure the plans reflect the 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.

11.4 Clinical Senates

There are 12 multi-specialist Clinical Senates to help CCGs, HWBs and NHS England make the best decisions for their local population. They will be made up of doctors and professionals from health, public health and social care as well as patients and the public. Their role is to offer strategic advice, promote cross-speciality collaboration, innovation and service redesign.
11.5 **Strategic Clinical Networks**

These networks are centred on disease areas such as cancer, mental health, 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.

11.6 **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. It has an important role in developing plans to protect the health of the people of England from infectious diseases – ranging from influenza pandemics to terrorist attack - and in reducing health inequalities, by enabling and supporting individuals and communities to improve their own health. It and commissions and delivers programmes to promote health and wellbeing.

Another key role is to work with the NHS, local government and other agencies to address wider determinants of health such as housing, environmental health, transport and leisure services.

Website: www.gov.uk/government/organisations/public-health-england

**Public Health – local authority responsibility**

Each local authority supported by its Director of Public Health, has responsibility for local public health improvement. Directors of Public Health are statutory members of HWBs.

The NHS will work closely with local authorities and retain responsibility for delivering specific public health services such as national screening programmes.

Local authorities must arrange a small number of mandatory services such as NHS health check assessments and implement at a local level, national plans to protect the health of the nation eg against pandemic flu.
11.7 **Healthwatch England**

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

Website: www.healthwatch.org.uk

11.8 **Local Healthwatch**

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

Local Healthwatch also provides information, advice and support on local care services.

In some areas it may be providing the local independent advocacy service for those making a complaint about NHS services. If not providing the service, they can signpost to it. See section 12.

11.9 **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. Otherwise they can give details of the complaints process and put you in contact with the complaints manager. Trust staff or the hospital website can provide details of your local PALS.
12 Useful organisations

**Action on Hearing Loss**

Action on Hearing Loss is the largest charity in the UK tackling hearing loss and making hearing matter. Provides information about specialist equipment and services for people who are deaf and hard of hearing.

19–23 Featherstone Street, London EC1Y 8SL
Tel: 0808 808 0123
Website: www.actiononhearingloss.org.uk

**Bowel screening programme**

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

Tel: 0800 707 6060 (free call)

**Carers Direct**

Free and confidential advice for carers.

Tel: 0300 123 1053
Website: www.nhs.uk/carersdirect

**Carers UK**

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

20 Great Dover Street London SE1 4LX
Tel: 0808 808 7777 (free call)
Website: www.carersuk.org
email: info@carersuk.org
Care Quality Commission (CQC)

The CQC is the regulator and inspector of hospitals, care homes, care agencies, GP and dental practices in England. It accepts comments from the public about the quality of these services over the phone, by email or by completion of an online form, although does not investigate individual complaints.

Tel: 03000 616161
Email: enquiries@cqc.org.uk
Website: http://www.cqc.org.uk/content/help-advice

Dying Matters

Dying Matters is a coalition of 30,000 members across England and Wales that 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.

Tel: 08000 21 44 66
Website: www.dyingmatters.org

Department of Health publications

To order publications use the telephone number or email address below. When ordering, it is helpful to have the reference number and the title.

Tel: 0300 123 1002
Email: www.dh.gov.uk/health/category/publications

Hearing Link

Hearing Link is a charity providing information and support to people with a hearing loss and their families. It focuses on giving people knowledge, skills, and confidence so they can manage the practical and emotional challenges hearing loss can bring.

27-28 The Waterfront, Eastbourne, East Sussex, BN23 5UZ
Tel: 0300 111 1113
Tel (text): 07526 123255
Website: www.hearinglink.org
Email: helpdesk@hearinglink.org
Health & Social Care Information Centre

The Information Centre is England’s central authoritative source of health and social care information.

Website: www.hscic.gov.uk

Local Healthwatch

Each local authority has a local Healthwatch that can give information and signpost to local care services. It may run or can signpost to the local independent advocacy service to help those making an NHS complaint. For your local Healthwatch details, search Healthwatch England’s website or call the number below.

Website: www.healthwatch.co.uk
Tel: 03000 683 000

NHS cancer screening programmes

This website contains information about screening programmes for breast, cervical and bowel cancer and lists the booklets produced to explain the programmes to the public. Your invitation for screening is usually accompanied by an explanatory booklet.

Website: www.cancerscreening.nhs.uk

NHS Choices

NHS Choices is a comprehensive web information service to help you find and use NHS services, identify how you can improve and make choices about your health, manage long term conditions and learn more about the prevention and treatment of hundreds of health conditions.

Website: www.nhs.uk

NHS Choices symptom checker

This online checker helps you decide what action you could or should take in the light of your symptoms. Online only, no telephone option.

Website: www.nhs.uk/nhsdirect/Pages/Symptoms.aspx
NHS Choices Patient Feedback
You can leave feedback about GP practices, dentists and other NHS services on this site. The link below explains the
Website:
http://www.nhs.uk/aboutNHSChoices/aboutnhschoices/termsandconditions/Pages/commentspolicy.aspx

NHS 111
24 hour Freephone number to call for advice about non-urgent care.
Tel: 111

NHS England
NHS England commissions primary care services such as GP services, dentists, pharmacy and optical services and can provide details of local providers of these services if you cannot access NHS Choices. It is also the organisation to contact if you have a complaint about one of these services and have been unable or prefer not to resolve it by making a complaint to the service itself.

NHS England, PO Box 16738, Redditch B97 9PT
Tel: 0300 311 22 33
Email: England.contactus@nhs.net (‘for attention of complaints manager ’)
Website: http://www.england.nhs.uk/contact-us/complaint/

Patient Opinion
Patient Opinion enables members of the public to give feedback on their experience of NHS services. It is a social enterprise company founded in 2005 by a GP who wanted to make the wisdom of patients available to the NHS.

Tel: 0800122 31 35
Website: https://www.patientopinion.org.uk/
Royal National Institute of Blind People (RNIB)

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

Tel: 0303 123 9999
Shop by phone: 0845 702 3153
Website: www.rnib.org.uk

Self Management UK

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

Tel: 03333 445 840
Website: http://selfmanagementuk.org/

Yellow Card Scheme

This scheme allows you to report unwanted side effects or reactions to prescription, non-prescription or herbal medicines.

You can use the form available in pharmacists; call the yellow card hotline: 0808 100 3352 (between 10am and 2pm on weekdays.) Download or complete a form on their website:
Website:www.mhra.gov.uk/Safetyinformation/Howwemonitorthesafetyofproducts/Medicines/TheYellowCardScheme/

Health professional organisations

General Chiropractic Council (GCC)

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

Tel: 020 7713 5155
Website: www.gcc-uk.org
General Osteopathic Council (GOC)

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.

Tel: 020 7357 6655
Website: www.osteopathy.org.uk

Health and Care Professions Council

The HPC 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.

Park House, 184 Kennington Park Road London SE11 4BU
Tel: 0845 300 6134
Website: www.hpc-uk.org.uk

13 Further information from Age UK

Age UK Information Materials

Age UK publishes a large number of free Information Guides and Factsheets on a range of subjects including money and benefits, health, social care, consumer issues, end of life, legal, employment and equality issues.

Whether you need information for yourself, a relative or a client our information guides will help you find the answers you are looking for and useful organisations who may be able to help. You can order as many copies of guides as you need and organisations can place bulk orders.

Our factsheets provide detailed information if you are an adviser or you have a specific problem.
Age UK Advice

Visit the Age UK website, www.ageuk.org.uk, or call Age UK Advice free on 0800 169 65 65 if you would like:

- further information about our full range of information products
- to order copies of any of our information materials
- to request information in large print and audio
- expert advice if you cannot find the information you need in this factsheet
- contact details for your nearest local Age UK

Age UK

Age UK is the new force combining Age Concern and Help the Aged. We provide advice and information for people in later life through our, publications, online or by calling Age UK Advice.

Age UK Advice: 0800 169 65 65
Website: www.ageuk.org.uk

In Wales, contact:
Age Cymru: 0800 022 3444
Website: www.agecymru.org.uk

In Scotland, contact Age Scotland
by calling Silver Line Scotland: 0800 470 8090
(This line is provided jointly by Silver Line Scotland and Age Scotland.)
Website: www.agescotland.org.uk

In Northern Ireland, contact:
Age NI: 0808 808 7575
Website: www.ageni.org.uk
Support our work

Age UK is the largest provider of services to older people in the UK after the NHS. We make a difference to the lives of thousands of older people through local resources such as our befriending schemes, day centres and lunch clubs; by distributing free information materials; and taking calls at Age UK Advice on 0800 169 65 65.

If you would like to support our work by making a donation please call Supporter Services on 0800 169 87 87 (8.30 am–5.30 pm) or visit www.ageuk.org.uk/donate

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