

# londonage

Age UK London Magazine Winter 2018



## Campaigning Across the Capital

The campaigns helping London to love later life

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# Comment



**Paul Goulden**  
CEO  
Age UK London

Welcome to the Winter 2018 issue of London Age! This time around we're concentrating on a whole host of different campaigns across London, all designed to improve the lives of older Londoners.

For many older people the trip to the hospital can be as stressful as the appointment itself. Rosie McKearney explains how Age UK's Painful Journeys campaign aims to change this.

The safety of older Londoners is also a key concern, as we learn how to stay safe around medication before receiving an update on our recent Streets and Pavements campaign.

We also feature our recent "Evolution of Ageism" conference, which brought together expert speakers from across the age sector to discuss how we can alter the course of age-discrimination.

We then learn all about the innovative Red Bag scheme before finishing, as always, by placing our volunteer Sandra Russell in the hotseat.

I hope you enjoy this edition of London Age, it's been another successful year here at Age UK London, here's to 2019!

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# Top news

## We Are Here

Age UKs across the country have launched the No One Should Have No One To Turn To campaign.

Over 2.5 million older people in the UK feel they have no one to turn to for help and support. For millions of older people, this is the reality. Every day. Even on Christmas. We believe no one should have no one to turn to. Not at Christmas. Not ever. That's why we are here.

Find out more on the Age UK London website: [www.ageuk.org.uk/london](http://www.ageuk.org.uk/london)

## Solicitors' Fees Change

From 6th December 2018 solicitors have to publish their prices for a number of services, including: employment tribunals; debt recovery; and motoring offences.

All firms regulated by the Solicitors Regulation Authority must publish prices and a description on their website if they provide these legal services.

This can help people find out more about the legal services, compare costs, and make an informed choice.

Learn more on the SRA website: [www.sra.org.uk/](http://www.sra.org.uk/)

## #WarmHeartCamden

Age UK Camden is excited to announce the launch of their winter fundraiser, #WarmHeartCamden, tackling the issue of fuel poverty among older people in the borough.

The campaign asks those that don't need their Winter Fuel Allowance to consider donating it instead. Many residents have already got involved - including playwright Alan Bennett!

Learn more on the Age UK Camden website: [www.ageuk.org.uk/camden](http://www.ageuk.org.uk/camden)

## TV Licence Consultation

Currently all households with people over 75 are entitled to a free TV licence. That Government-funded scheme - which is expected to cost £745m by 2021/22 - comes to an end in June 2020.

It is for the BBC to decide on any future scheme and to pay for it, and the Corporation has produced a consultation document with a range of options and a set of questions. The consultation is open from 20 November 2018 to 12 February 2019.

Find out more on the BBC website: [www.bbc.com/your say](http://www.bbc.com/your say)

## Painful Journeys Campaign

For most of us just having a hospital appointment is enough to worry about, but imagine having to make a long and complicated journey alone, in pain and feeling anxious about not getting there in time. Campaigns Manager Rosie McKearney explains how Age UK's Painful Journeys campaign aims to improve the experiences of older patients across the country.



**Very few people actively look forward to a hospital appointment. More often than not, it's an anxious time. Like with any trip, you have to factor in the logistics. Should I take someone with me? How long will it take? Should I leave the heating on? Is the bathroom window closed?**

One thing you shouldn't have to factor in, especially when you're an older or disabled person, is a four hour round trip because the bus to your local hospital has been cut or because you're no longer deemed eligible for NHS patient transport.

Most of us will rely on public transport and the NHS at some point in our lives; they are both crucial to the UK's health and wellbeing. But we know that hospital visits often play a larger role in the lives of older and disabled people, which is why it's so vital that we do something to address just how difficult these people often find it to get to their appointments. We know that transport issues have forced many older people to cancel, refuse or miss critical hospital appointments, with up to 16% of the people surveyed by Age UK reporting this.

A quarter of older people's bus journeys are to get to medical appointments, yet we know 1.45 million older people struggle to get there.

The devastating cuts to bus services across the country have played a large part in this. In fact, you have probably seen the effects across the capital day on day, year on year since austerity began in 2010. When it comes to NHS patient transport, the effect of commissioners having to make cuts in this area are less apparent but no less distressing for those who used to rely on it. This has a profound impact on older people who live with a health condition that requires them to attend regular hospital appointments.

Despite this being a huge issue for millions of people across the UK, there are no obligations on local authorities to ensure bus routes serve local hospitals and there has not been a review of eligibility criteria for NHS-provided patient transport since 2007.

If vulnerable people in our society are being failed on their way to hospital, whether it's through bus routes being cut or moved to save struggling council budgets, or the quality of NHS patient transport varying widely across the country, many more people will end up being treated at the point of crisis rather than the point of care.

Improving how older and disabled people get to vital hospital appointments makes sense. Stressful, complicated, and expensive journeys to and from hospital benefit no one, from patient to doctor to taxpayer.

But the solutions to this issue could be more straight-forward than many think. Simple things could make a difference, like ensuring local authorities have an obligation to serve local hospitals with bus routes, or standardising the transport information included in hospital appointment letters to enable people to make an informed decision about how they get there. Or making sure bus stops at hospitals are placed carefully to ensure older and disabled people could access the entrance easily from the stop. For those too unwell to travel on public transport, it's vital that the NHS provides a consistent and fair way of assessing who should qualify for this service so that the NHS remains truly free at the point of delivery.

Age UK decided to do something about this and we started a campaign calling on the Government to improve the experiences of the millions of older people making stressful, expensive or inaccessible journeys to hospital, called Painful Journeys.

Throughout our campaign, we have seen successes. The Government appointed Steve Brine MP as the first ever minister with responsibility for non-emergency patient transport. Alongside Nusrat Ghani MP, the Minister for accessible travel, the Government now has two ministers to look after this specific issue to make sure it does not fall through the cracks.

The Department for Transport has also published a new Inclusive Transport Strategy, which recognises how important it is for older and disabled people to be able to get to hospital easily and affordably. The strategy sets out how Government is going to change the situation. For example, the NHS is going to review the eligibility criteria for patient transport, which we know is a problem for lots of people. The strategy also recognised the importance of a coordinated, cross-departmental approach and committed that the Department for Transport will work closely with Department for Health and Social Care.

In November 2017 when the Department for Transport published the draft of this document, there was absolutely no mention of travelling to hospital at all or how difficult it is for people to get there. However, when the Department received messages from thousands of our campaigners about this, they realised how important it is to improve people's experiences getting to hospital.

While we have seen many successes, we will continue to hold the Government to account on their Inclusive Transport Strategy.

**To find out more about Age UK's Painful Journeys campaign, head to their website:**

[www.ageuk.org.uk/our-impact/campaigning/painful-journeys/](http://www.ageuk.org.uk/our-impact/campaigning/painful-journeys/)

# Staying Safe Around Medication

Our recent “Staying Safe” conference was an opportunity for expert partners to highlight areas that can cause harm to older people, and advise how these problems can be prevented. One of these experts was Emma Hammett, a founder of Stay Safe for Older People, a website that brings together free safety information for older people. In this article, Emma offers some tips for staying safe around medication.



**Poisoning is a serious problem for older people. There were 7,132 cases of over 65s requiring hospital treatment in 2015/16 (a 9% increase on the year before and 25% increase on the previous year!)**

We know those requiring hospital treatment are just the tip of the iceberg as there are many thousands of cases that are treated at home and never recorded.

Medication is most prevalent poisoning issue for over 65s, followed by food poisoning and poisoning from Carbon Monoxide.

Over the age of 65 over 90% take at least one drug, 12% take 10 or more drugs, while those in care homes take 7-8 drugs on a regular basis. It's little wonder medication can become confusing.

Multiple medications can lead to increased drug interaction, plus our sensitivity to medication increases as we get older, which means getting into good practise around the tablets we take can help us get the most from our medication, as well as helping us avoid medication mishaps.

**Be actively involved in understanding health conditions and prescribed medications.**

It is crucial that you talk with the healthcare providers, ask questions, read trustworthy and reputable online sites and join health support groups. When visiting the doctor, nurse or pharmacist, write down questions first and take a friend if possible. Ask the health professional to write down important information so you have it to refer to later.

When taking your medication, you are aiming to achieve the most appropriate concentration of the medication in your bloodstream to treat your condition. Drugs are metabolised and broken down in the body at different rates. This makes it important to follow instructions about when and how often to take your medicines and when to avoid taking them with other medications, food or alcohol. Some medicines need to have the dose carefully titrated upwards and downwards so it is vital it is never stopped abruptly, as this can lead to serious rebound side-effects.

**Have medication and/or a list of medications available at all times to show health professionals in case an accident occurs.**

Keep a copy on your phone for easy reference or carry a paper copy. Include details such as:

- Names of all medications being taken, including any Over the Counter (OTC) medications, dietary supplements and herbal remedies – exact spelling, purpose, and whether it is the brand name or a generic substitution (many medications have similar sounding names).
- The name of the doctor who prescribed each prescription medication.
- The purpose of each medication or the symptoms the medication is supposed to treat.
- How often and what dose (amount) to take.

- Whether they should be taken on a full or empty stomach.
- When repeat prescriptions are required.
- The medication's side effects or drug interactions, and what to do if they occur. Report any new symptoms to your doctor.
- How long the medication is to be continued and if any blood tests are required for periodic monitoring.
- What to do if you miss or forget a dosage.
- Be sure to update the list if taking something new, a medicine is stopped, or the dose is changed. GPs and pharmacists should review all medications regularly.
- Remind them of any allergies or problems encountered with certain medicines.



## Read the Patient Medicine Information leaflets

These are provided in the packaging of the prescription medicine and give important information to help you understand the medication and avoid problems.

## Use one pharmacy

Always use one pharmacy to build a helpful relationship with the pharmacist and keep prescription records in one place. This enables the pharmacist to regularly monitor medications and inform you about potential drug interactions. Many pharmacists can renew prescriptions automatically and can arrange for someone else to collect medication. If necessary, pharmacists can help by supplying pre-prepared pill boxes to make it easier for people to take the right medication at the prescribed times.

## Store medicines safely

- Check expiry dates. Store according to the directions on the medication.
- Keep all medication in its original packaging – bottle, box or tube – so the dosage and directions are always close at hand.
- Never decant medication into different containers, always use the original clearly labelled.
- If the label has worn off and you are no longer sure what was in it, dispose of it carefully.

- Keep medicines out of the sight and reach of pets and children.
- Ensure you move them off bedside or breakfast tables when grandchildren come to visit and be mindful of medication in your handbag when visiting little ones.
- Never share prescription medicines or take others' medications.

## Take a friend or family member with you when visiting the doctor or a hospital specialist

Write down all the issues to discuss before the appointment and include a list of all the medication that is currently being taken and any previously prescribed which you have discontinued due to side effects etc.

## Alcohol may interact with many medications

Drinking alcohol when taking a prescription can present a significant health risk. As we get older our liver may struggle to cope with alcohol and medication. Many prescription medications can interact with alcohol and cause potentially dangerous adverse effects. Some prescription medications may not work as intended when combined with alcohol, some may not work at all, and some may become harmful. Consult a health care professional for additional guidance. Be aware that many foodstuffs also interact with medication and can reduce or increase its potency – grapefruit is a common culprit. Caffeine can also interact with bronchodilators and asthma medication and cranberry juice should be avoided with Warfarin.



## Driving and prescription medication

Be careful when driving and operating machinery when taking prescription medication as it may cause dizziness, drowsiness or altered vision. If affected, cease driving immediately and consult a health professional. Many medications state this as a recognised side effect with some people being more affected than others.

## E-monitoring

E-monitoring is a great advancement which is available as an e-pill dispenser. It will alert you, your loved one or carer if you haven't taken your medication, or if you have only taken some of it. This will help ensure you are taking your pills appropriately and they have the best chance at treating or controlling your condition.

It is strongly advised that you attend a Practical First Aid course to understand what to do in a medical emergency.

First Aid for Life provides this information for guidance and it is not in any way a substitute for medical advice. First Aid for Life is not responsible or liable for any diagnosis made, or actions taken based on this information.

**For more information about our practical and online courses and to access free resources, please visit the following websites:**

[www.firstaidforlife.org.uk](http://www.firstaidforlife.org.uk)  
[www.onlinefirstaid.com](http://www.onlinefirstaid.com)

# Age-friendly Streets and Pavements

Every year we use our “Your Priorities” survey to ask older Londoners what they think are the main things that need to be changed in their lives. For two years in a row the top issue has been the condition of London’s streets and pavements. Here’s how we reacted.



**Every year in our “Your Priorities” research Age UK London asks older Londoners what their main calls for change are – see our Summer edition of London Age for further details.**

In 2018, for the second year in a row, the top issue coming out of “Your Priorities” was the condition of local neighbourhoods. This included a lot of different specific concerns, many relating to accessibility of streets in one way or another. Uneven or damaged pavements and obstructions such as advertising signs were a particular concern, along with problems like litter and fly-tipping. So we decided to look into developing a campaign for improvements to make London’s pavements and streets age-friendly.

Streets and pavements are an important part of making a city or a local community age-friendly. Both London as a whole, and some of the boroughs, are members of, or joining, the World Health Organisation’s Age-friendly Cities and Communities Network. According to the WHO, an age-friendly city “encourages active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.” The WHO looks at age-friendliness within eight domains including outdoor spaces and buildings, which covers streets and pavements.

Most of the streets and pavements in London are managed by the boroughs, while Transport for London manages some of the main roads and their pavements (basically the Red Routes).

So a campaign to improve pavements needs to focus on persuading TfL and the boroughs. Transport for London bases its work on the London Transport Strategy and one of the strategy’s key planks is the Healthy Streets approach. Streets are supposed to be accessible and welcoming places encouraging people to walk and cycle, as key contributions to making London healthier. If older people are finding serious problems with pavements and streets in London, this is an obstacle to the strategy working.

We followed up our initial consultation of older people by looking for any evidence already researched by other bodies about street and pavement concerns. It was easier to find research about some problems (such as fly-tipping and litter) than about others, like the effects of the physical condition of pavements on older people and others.

Our next step was to confirm the findings of our “Your Priorities” research through a more in-depth discussion with a group of older people and key stakeholders. Along with Ageing Better in Camden, on 19 September we invited older people and stakeholders from Camden and across London to discuss streets and pavements in the context of what makes a city age-friendly.

The participants were a mixture of older people, representatives of local voluntary or community organisations, councillors and officers from several London boroughs. Becoming an Age-friendly City or Community involves developing a plan of action to change policies and services in order to make the local area more inclusive for older people. It is not something that happens overnight, and it is vital that older people themselves have a key voice in making their community age friendly.

Our guest speakers on the 19th included Peter Lush from Kilburn Older Voices Exchange (KOVE) who focused in on the need for seating facilities in public places after a general look at outdoor space issues, and Patricia Edeam from Living Streets who looked at issues around pavements and streets. Councillor Alison Kelly, Camden Council’s Older People’s Champion, talked about steps Councils can take and encouraged participants to make specific pledges to support age-friendly communities. We recorded the pledges that participants made.

Discussion sessions brought out a wide range of issues that the participants from their various perspectives thought were problematic for older people, and some proposed solutions.

Problems which participants brought up about the outdoor environment in general included air pollution, lack of public toilets, blocked drains, not having enough seating in public areas and anti-social behaviour.



In relation to streets and pavements, problems included: not having enough time to cross the road on the green man; uneven or slippery pavements; broken pavements; lack of dropped kerbs for wheelchair users; pavements that were too narrow; and for some people, cobbles. Pavements obstructed by advertising boards, café seating, rubbish bins (or rubbish dumped in the street), or trees planted in pavements were all seen as making streets less welcoming for older people. It's worth noting that some of the things that were pointed out as barriers to accessibility could also be seen as positive from other points of view, like street trees or outdoor café seating.

Some of the changes and solutions which people wanted to see were really the mirror image of problems identified: for example providing more and better seating, and more dropped kerbs, increased crossing time at pedestrian crossings.

However there were some cross-cutting proposals. Several people thought that Councils should employ staff to conduct 'health checks' on streets and it was also suggested that we could develop a more proactive culture of reporting repairs need to the Council. Participants wanted to see more enforcement action against cycling and parking on pavements, and more prosecution of fly-tipping and littering.

Over the coming months Age UK London plans to develop a few specific recommendations based on the feedback we have had from older people, publish them and discuss them with Transport for London and London's boroughs. We hope we can make progress towards these important parts of London's outdoor environment becoming more accessible and age-friendly.

**Learn more about our campaign work on the Age UK London website:**

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

## The Evolution of Ageism Conference

Wednesday October 10th saw Age UK London present "The Evolution of Ageism" conference as part of our Age Allies programme, which aims to raise awareness of age-discrimination across London. The event saw presentations from expert speakers across the fields of age, ageing, and ageism, as well as a series of exercises designed to challenge the audience's perception of ageing.

The attitudes we hold about age and ageing define the quality of life our future selves will experience and the neighbourhoods in which we will live.

We are living active lives for longer, yet our attitudes and language often fail to recognise this fact. Older people are usually referred to as if they are a homogenous group and are often identified by a broad stereotype. Terms such as "senior citizen" or "elderly" can be applied to people in their sixties, yet often conjure an inappropriate image of frailty, dependence, and cognitive decline.

In reality older people are at the very least as diverse as everyone else. We become more individual as we age, not less so. They hold a vast array of untapped interests, skills and experience. Ageism is subtle and implicit, hiding in plain sight, quietly influencing our interactions, behaviour, and decisions. Sugar-coating ageism makes it no more palatable and benevolent intent offers no immunity.

It is this unconscious bias that the Age Allies programme was set up to challenge. Funded by the City Bridge Trust, Age Allies provides free Age Awareness Workshops to organisations and businesses across London as well as raising awareness of the prevalence of ageism across our capital.

As part of the latter aim, Age UK London presented a conference entitled "The Evolution of Ageism", which aimed to explore how ageism works in us, how it affects our lives and to ask how we can influence its future evolution. The event was hosted by London South Bank University after Health and Wellbeing Advisor Andrea Allen became interested in the Age Allies project and provided a lecture hall for our use.

Chaired skillfully by Lauren Wilkinson of the Pensions Policy Institute, the sold-out event saw speeches from experts in the fields of age, ageing, and ageism before the audience had the opportunity to ask questions of the panel.

We first heard from Anthea Tinker CBE, Professor of Social Gerontology at King's College London. Anthea gave a full definition and explanation of ageism, before discussing the evidence and research that supports her work in this field. This was followed by an analysis of positive age discrimination to provide balance to the lecture, as Anthea has experienced both positive and negative ageism. In a wide-ranging presentation, Anthea revealed a number of strands of ageist thought, including the frequent omission of older people from medical and social research – particularly those related to employment.



Following Anthea Tinker's speech, Dr Hannah Swift presented on the psychology of ageism, including the way in which age can influence our concept of ourselves, especially as we get older. Hannah pointed out that we recognise people's age automatically, just as we process other characteristics such as hair colour or race. It was then argued that we use age as a means of establishing familiarity and common understanding with people we meet. Yet this process of categorising people by age can also have negative consequences as it creates a sense of otherness between the generations. Phrases such as "all older people are the same" creep in to daily speech as a result of this process.

Richard Norman chose to focus his speech on a question he had recently been asked – "What would a world without ageism look like?". His response was three-part. Firstly, Richard envisioned a world in which people of all ages would co-exist and thrive in open, accepting, and accessible environments.

Secondly, this world would also ensure that people are active, healthy, independent, and engaged throughout their longer lives. Richard's third and final vision for this utopia was for society to acknowledge that we age throughout our lives and that older people should not be sectioned off into a separate group titled "old people" as is so frequently the case. Richard then moved on to explaining how our unconscious ageism stops us from reaching this goal. Essentially, how can we combat ageism if we are unaware of our own ageism? Accordingly the Age Allies programme operates by facilitating awareness for workshop participants of their own unconscious attitudes and implicit associations.

The question and answer session soon followed, with discussions ranging from the state of London's transport to the role that spirituality can play within the ageing process. There was a notable round of applause for the Freedom Pass and the role this plays in helping older Londoners to navigate the city.

A conversation around reshaping and reframing ageing saw Dr Hannah Swift reference an American study that found that people who had a more positive view of ageing and later life on average lived for seven and a half years longer. There was also the suggestion from the audience that one key way for older people to have their voices heard and respected would be to engage with research projects.

A wide-ranging discussion of media representation soon followed, with consensus across the audience that older people are consistently portrayed in a negative light both in print and on screen. It was widely agreed that combatting this is a necessary yet uphill battle, especially as many older figures in the media often unknowingly perpetuate stereotypes of older people.

Age Allies Coordinator Richard Norman made the point that the media provides what the public wants it to.

As a result, it is up to us to inform the media that the way in which they portray older people has to change. We cannot be a passive part of this process or the situation will never improve.

Richard also pointed out that a frequent feature of both print and on-screen coverage is to name interviewees alongside their age. This is an editorial decision that places unnecessary emphasis on how old someone is alongside the opinion they have to offer, which can easily colour the viewer's perception of the viewpoint given.

The negative stereotypes portrayed by the media are incredibly pervasive and influence the unconscious biases that colour our thinking towards older people. It's therefore no surprise that our workshops highlight the damaging impact that negative media portrayals can have upon older Londoners.





Following the informative (and at times feisty!) question and answer session, our audience moved to the foyer of the building to take part in a series of exercises designed to challenge their perception of ageing.

The first exercise saw participants receive a “Past, Present, and Future” card on which to record their ambitions and achievements at various stages of their lives. One of the key findings of the Age Allies project is that our ageist attitudes are reinforced by our inability to imagine our future selves, as this creates a feeling of disconnect in which ageism can thrive. Our future self is often thought of as a stranger, which makes it easier to ignore the needs and feelings of older people in favour of our current situation. This exercise helped to confront this problem by connecting individuals with both their past and future selves, creating space to consider the feelings of the older generation.

The second exercise asked the audience to look at different pictures of three of our Age Allies volunteers, Vanda, Chris, and Jackie. Participants were then tasked with guessing the age of each volunteer as well as how they spend their time, before this information was revealed at the end of the day. This exercise was designed to reveal the stereotypes that we hold towards older people before counteracting them with the truth. For some, it is incredibly easy to think of older people as one homogenous group and this task helps to challenge this view by revealing the unique and diverse lives of our Age Allies volunteers.

Staff members from Flourishing Lives were also present, interviewing attendees for their responses to the question “how old is ‘old?’”. Their answers were recorded for Flourishing Lives’ audio archive, which will be a collection of recordings on theme of age and ageing.

Overall, the Evolution of Ageism event was an important opportunity to discuss the prevailing research on the topic of ageism with a host of expert panelists, whilst also offering the chance to explore the ways in which our unconscious biases manifest themselves. Our thanks go to all involved in making the conference a success, including event coordinator Catherine Evans and Maria Dowell from Urban Pilot Film Production, who filmed the day’s events.

The Age Allies programme will continue to challenge ageism in 2019 through a series of workshops and presentations aimed at improving businesses and organisations’ attitudes towards older people. Notably, London South Bank University has been inspired to arrange two workshops for their staff and students in the coming months.

**The Evolution of Ageism was hosted as part of the Age Allies programme. To learn more about Age Allies, please visit the Age UK London website:**

[www.ageuk.org.uk/london/projects-campaigns/our-projects/](http://www.ageuk.org.uk/london/projects-campaigns/our-projects/)

## The Red Bag Scheme

Thousands of care home residents will benefit from safer emergency hospital visits as the innovative Red Bag scheme will be extended across the whole of south London. Don Shenker of the Health Innovation Network outlines the scheme and explains the important role it will play in improving the experiences of care home residents.



**Thousands of care home residents will benefit from an innovation designed to make emergency hospital visits safer and speed up discharge, after health and care chiefs agreed to extend the innovative Red Bag scheme across the whole of south London.**

The news was revealed on the United Nation’s International Day of Older Persons and means older residents enjoy a more personal and seamless health and care service.

Started three years ago, Sutton Vanguard’s Hospital Transfer Pathway Red Bag ensures key info such as existing medical conditions and other clinical information is communicated and helps ensure residents return to their care home as promptly as possible once hospital treatment is completed. On average 2.4 bed days are saved per Red Bag used.

Developed by NHS and care home staff, the Red Bag has already been adopted across 11 London boroughs and Croydon Clinical Commissioning Group is planning to roll it out across the borough in November. NHS England unveiled a Red Bag scheme toolkit in June to encourage all areas of the country to adopt the scheme.

Care homes across south London, holding more than 13,000 care home beds between them, have committed to taking part in the Red Bag – a simple innovation which ensures records and personal belongings are kept safe when a care home resident is transferred into hospital. The London Ambulance Service transferred more than 12,000 care home residents to hospital in an emergency last year in south London.

Under the new scheme, when a patient is taken into hospital in an emergency they have a Red Bag to take with them. The bag contains:

- General health information, including on any existing medical conditions.
- Medication information so ambulance and hospital staff know immediately what medication they are taking.
- Personal belongings (such as clothes for day of discharge, glasses, hearing aid, dentures or other items).

The Red Bag also clearly identifies a patient as a care home resident and provides hospital staff with the information they need to speed up clinical decisions.



Since its introduction in Sutton, the Red Bag - which has been used with care home residents 2,000 times in south London since April 2017 - has also stopped patients losing personal items such as dentures, glasses and hearing aids worth £290,000 in a year. The potential for the innovation is significant with a predicted two million more people aged over 75 in ten years' time. This population group is also spending more years in ill-health than ever before.

Caroline Dinéage, Care Minister, said: "The Red Bag is a great innovation that helps link up health and care services for older people, so it's fantastic news that the whole of south London is now committed to using it. Not only is this more efficient - saving valuable resources - but it leads to a much better experience for patients leaving hospital when their treatment has finished.

It's encouraging to see the scheme being rolled out even further across the country as we move towards our ambition of joined up care that is centred around the individual."

Meanwhile, Tara Donnelly, Chief Executive of the Health Innovation Network, commented: "Our hospitals provide great care, but no one wants to spend any longer there than they need to and being transferred from a care home to hospital in an emergency can feel traumatic. That's why the Red Bag is a great example of a simple idea with a big impact."

**This article originally appeared on the Age UK London Blog. For similar articles from experts across the age sector, visit:**

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

## In the hotseat...

Sandra Russell shares her thoughts on her voluntary administration role within our team.

### How did you come to be working for Age UK London?

I had found myself looking for suitable volunteering vacancies in the capital. Age UK London seemed like a good organisation to volunteering with and it is a good feeling to be working for a charity that looks out for older Londoners. Plus, joining has allowed me to utilise some skills that I have built up through the years.

### What projects are you involved in?

At the moment, I volunteer within our admin team, so my work covers a broad range of tasks as part of Age UK London's wider mission to help London love later life. I am hoping to work on - and be involved with - more specific projects in the future, but for now I look to be helpful wherever I can be, assisting different members of staff and departments from day to day.

### What one thing would you ask local boroughs to do to improve things for older people?

I think improvements should be shaped by the specific concerns of older Londoners and take into account their opinions of what needs to be fixed and how.

It is important to note that concerns amongst older people vary from person to person. Naturally some have more concerns than others and the types of issues differ on an individual basis. This should be reflected in the assistance given. During my time here I have been made more and more aware of the excellent work that the London borough Age UKs perform. They often have to create unique solutions to the different challenges faced by older people in each borough, which shows that they recognise that reacting to each individual case with on its own merits is key.

#### Editor

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*London Age* highlights issues which affect older people in the capital. It is produced to support Age UK London's mission to improve the quality of life for older Londoners and to enhance their status and influence.

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Age UK London works across the capital to improve the quality of life for older people and to enhance their status and influence.

If you have any comment on the magazine content or ideas for the next issue, we'd love to hear from you: [gharvey@ageuklondon.org.uk](mailto:gharvey@ageuklondon.org.uk)

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