

### Question 3

What do you think could help older people stay out of A&E?

#### GP Appointments

- Being able to get a doctor when required
- Doctors (or practice staff) to phone to check up on very elderly patients
- Lack of confidence in emergency GP services
- Being able to see someone when something occurs and not being expected to make an appointment for a another day
- Not waiting 2 weeks to see my GP
- I would have taken him to see GP but it was Sunday night – (my elderly dad) was very tired by the time we got in
- It would have been better if the GP could have come out to see my husband
- More home visits by GPs or senior nurses (x 3)
- A lot of people would go to the GP instead if they can get an appointment sooner (X2)
- Doctors available at weekends
- Someone aware of an ongoing condition who is easily contactable and able to quickly arrange correct treatment

#### Care at home

- Encourage more older people to wear falls alarms
- Older people will go all day with the problems but not do anything about it so the 1st person they see, often a carer, rings an ambulance
- Go back to having a warden to check on people everyday
- More interventions to keep people safe in the home and more outside contact so they are not alone (X2)
- More triage work at home pre-admission. If an older person rings Rothercare then when they arrive they will ring for an ambulance. GPs would advise doing this rather than coming out. I can understand that the risk may not be their (carers) pay grade but protocols should be in place because even the transfer to hospital may cause more distress to the patient

#### Community services

- Yoga classes – for flexibility and balance to prevent falls
- Pharmacy hotlines for help and advice
- Older People's clinics
- Community nurse led/GP led telephone advice line available 24 hours a day – a lot of people just need reassurance and this could filter out people who should not be attending A & E
- Better local health services in the community
- If more houses were made accessible it would help prevent falls
- If transport was available I would have made sure my mother got to the walk-in centre
- Some sort of evening facility available in the community and hospital – various agencies should talk to each other about this problem

#### Care home

- The nursing home kept sending my mum in 2 or 3 times a week – it was the worst place for her to be and they said she shouldn't be there. I think the home didn't want her to die in the care home

#### Information

- People need to know about and ring 111 for advice 1st (X2)
- Older people need more information and education about keeping well and to phone NHS direct before panicking and going into hospital
- Need more information on the use of the walk-in centre
- I didn't know about the walk-in centre
- Having handy tips on understanding what is an emergency
- More information and communication
- People don't know where to go

#### What next?

- Presentation of report and findings to ROPF members, the CCG, RMBC and wider partners including Rotherham hospital trust, HealthWatch and the voluntary sector.
- Report to be sent through CCG policy structures
- Develop work on identifying activities which are already beginning to address some of the issues raised in the research and then prioritise where there are gaps.
- Update this paper in 6 to 8 months on work that has been done and progress made

# How can we help lower the number of older people being admitted to A&E?

Report on a survey undertaken by  
Rotherham Older People's Forum, 2015

Older People's  
Rotherham  
Forum

## Who did the survey?

Rotherham Older People's Forum undertook this survey between May and October 2015. We worked together with the Rotherham Clinical Commissioning Group who also funded the research.

## Why did we do it?

Rotherham Older People's Forum (ROPF) has been working together with voluntary and statutory partners over the past couple of years to raise awareness of issues that affect older people in the Borough and to involve older people in discussions about these issues.

We consulted with older people in 2011 and again in 2014 to ask what are the 5 key priorities for older people in Rotherham – 'Keeping active and well' moved from 4th in 2011 to joint 1st in 2014 indicating older people's increasing desire to focus on their health and wellbeing.

We undertook two previous surveys on these health issues:

- "What matters most about health in your community" – 2012.
- "How do older people feel about the changes to health services" – 2013.

## What did we hope to achieve?

1. Provide information to older people in Rotherham about appropriate action and health care services when a health issue arises.
2. Gather information about older people's experience of accessing a health service when a health problem arose – what they currently do, what has helped them to find the right service and what barriers have they have experienced or think there are and how they think these could be overcome.
3. Provide feedback to a range of partners about our findings.

## What did we do?

1. Held a workshop with ROPF members to find out what some of the key issues are and to develop a "pen picture" to illustrate many of these issues and which is based on real experiences.
2. Designed a postcard questionnaire. 500 were distributed throughout the Borough, primarily through Age UK Rotherham. 61 were completed.
3. Talked to older people at our Older People's Day event, and at Rotherham show about their experiences of hospital admission and provided them with information and advice.

## What did we find out?

### Key messages from our workshop

#### Care homes

- Care staff told to call 999 when a GP visit might be more appropriate
- Especially night staff – less training or confidence?

#### Care at home

- Many unhappy with the quality of care from care agencies
- When carers are late or miss calls, people miss medication or don't get meals at the correct time
- It's hard for individuals and their families to navigate the health and social care systems
- Care should be given with respect to the person's wishes and their dignity
- Wages for care staff tend to be very low
- 2 showers a week and late calls means no time to, for example, check on pressure sores
- Staff told to call for an ambulance even when minor problems arise

#### Hospital discharge

- Discharge assessments are supposed to be done with the family but this often doesn't happen.
- When people are discharged without proper care in place they end up back in hospital

#### Carers

- Carers are often exhausted, they don't know about services available and don't often ask for help
- More support, information and advice is needed for carers

#### GP appointments

- People often go to hospital if they can't see a GP when they feel they need to
- Older people often don't like to make a fuss so may leave things until they get much worse
- Visit by a nurse or GP in the person's home might prevent many older people being taken to A&E

#### Loneliness and isolation

- People tend to worry much more when left on their own
- They may only see a carer or neighbour once-a-day

#### Information

- Many older people don't have access to the Internet to get information and advice
- Unsure what services are available in the community e.g. the walk-in centre
- Lack of support, care and advice to keep well

## Our pen picture...

Edith is 87, has diabetes and is generally quite frail. She is prescribed lots of different tablets, but doesn't take them all, as some make her feel 'funny'; but she doesn't mention this to anyone. To be honest, it would be hard to tell anyone as her tablets get delivered automatically. When she does see the doctor or nurse, they are so busy she doesn't like to say anything. There is a cupboard full of tablets in her kitchen, but it's OK, because her prescriptions are free after all and she can give them to the nice lady next door, or her son if they need anything.

Edith doesn't like to make a fuss, she waits till she is 'forced' to ask for help. This might be when her granddaughter visits – but she really doesn't like to do this.

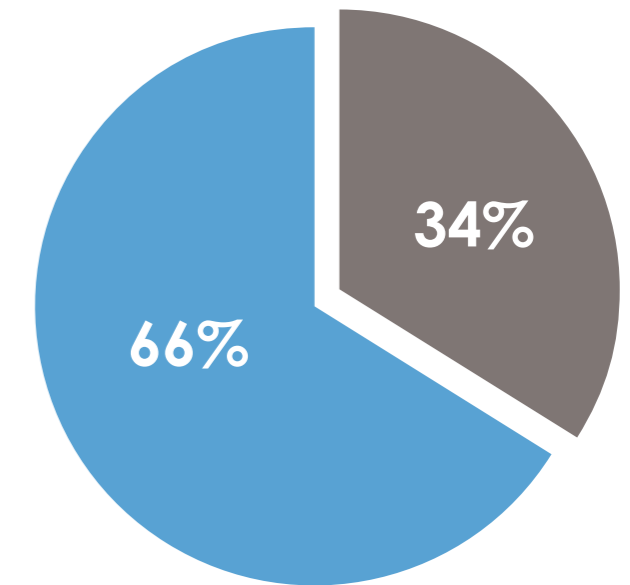
She gets three visits from social care each day, one to get her up, one to put her to bed, and one in the middle of the day. They don't come at the same time though so she worries about them. In the morning they are often late, not coming till after 9am, and Edith wakes early. She shouldn't really get up on her own as she has fallen a couple of times but she often needs the toilet and really can't bear to just lie there. She knows that she needs to eat something and take her tablets but sometimes she has had to lie in bed for 14 hours without a drink or food and without her tablets. She worries that this could make her diabetes worse.

Edith needs to eat certain things at certain times, but she really doesn't have much of an appetite. The lady that comes to help her at lunchtime can't stay with her while she's eating - in fact she often doesn't even take her coat off. Edith would like to choose what she eats and when, but knows that the carers (who are different nearly every day) don't have much time to mess around like that. Sometime Edith ends up throwing the food away and nibbling a biscuit or some bread.

Last month Edith ended up calling 999 as she didn't feel well and couldn't get someone to take her to the GP. The carer told her to phone 999 as that's what the agency told them to do.

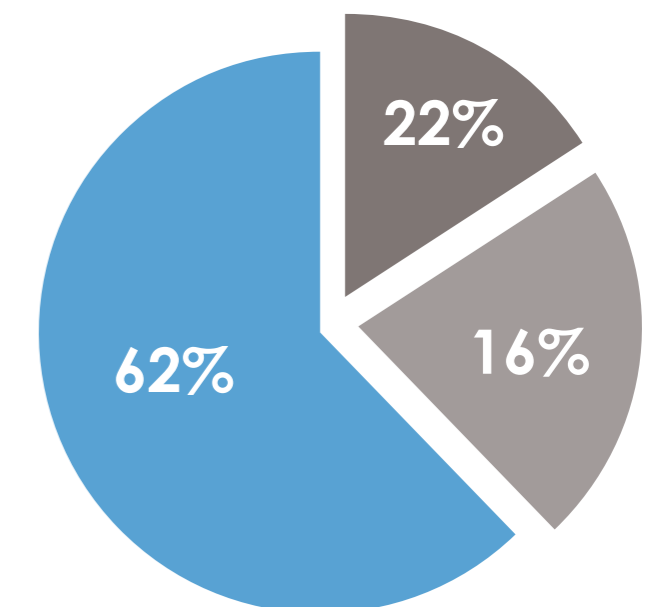
## Question 1

Have you or anyone you know been admitted to A&E in the past few months?



## Question 2

What reason did they go to A&E for?



- It was the right place to go
- I didn't know where else to go / take them
- Other services (eg GP) were not available