Older patients and the NHS: lessons from the front line

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Some facts

- Population is getting older
- By 2030
  - 50% more 65+ (6.2 million)
  - 100% more 80+ (2.8 million)
- Disease prevalence increasing
- Arthritis, CHD, stroke, dementia, diabetes
- 700,000 dementia sufferers now / 30% of inpatients
- 1,700,000 in 20 years
- On average women living with ill health for 11 years… men 7

One team shared values
Some uncomfortable facts

- 40% of the patients admitted to hospital every year are classed as ‘older people’
- People 85 and older are 10 times more likely to be admitted than 20-40 year olds
- 34% of older people are malnourished on admission

Older people are not a category of patient... they are increasingly THE patient.

One team shared values
Why hospital?

- Study after study shows that 40% of patients could be catered for outside hospital
- But the ‘frail elderly’ are with us because…
  1. Little other provision for looking after them in the community
  2. We aren’t very good at turning people round at the front door
  3. Once admitted there are not enough home support or rehab’ or community care beds / to discharge into

Media calls this ‘bed blocking’… more accurate to say that some older people are ‘stranded’ in hospital.
Focus on LTC and more effective responses to urgent care needs

Clear operational performance framework and integrated with GP processes

Improved integration with primary care responders

Front load senior decision process including primary care

Objective: A left shift of activity across the system as a function of time; yesterday’s urgent cases are today’s acute cases and tomorrow’s chronic cases.
Frail older people and urgent care - Leicester experience

- 23% of County and 13% of City are ‘old’
- 3% of all ED attendees… 0ut of 150,000
- Account for 11% of all breaches
- >15% of admissions to the acute medical unit
  - 90% admitted to ward
  - LOS 9 vs 3.9 days average
  - 30% vs. 22% readmitted post-discharge
- Of those going home from AMU
  - 16% vs. 12% readmitted within 90 days
  - Mortality within 90 days 30% vs. 6%
What is going wrong?

- Frail older people are different
- Managing frail older people is not taught very well, doctors / nurses / AHPs
- Managing frail older people is not aspirational
Key UHL developments

- Emergency frailty unit (EFU)
  - Located in EDU
  - Consultant geriatrician & team 7/7

- Frail Older Peoples’ Advice & Liaison Service (FOPAL)
  - Located in AMU
  - Consultant geriatrician & team 5/7
Emergency Frailty Unit (EFU)

- **Aims**
  - To improve the quality of care and decision making for frail older people attending the Emergency Department
  - To deliver multidisciplinary assessment from nurses, therapists and geriatricians in the Emergency Department

- **Objectives**
  - To reduce the ED conversion rate from 90% to 80%
  - To reduce the LoS for admitted patients by 0.5 days
Is it working?
EFU snapshot 2010 vs. 2011

• Average number of people aged 85+ attending per month 665 (2011) vs. 607 (2010) (↑10%)

• Despite increase attendance 6% absolute increase in discharge rates

• If sustained over 2011, 40 patients aged 85+ going home per month who would have been admitted in 2010

• 5% decrease in admissions = £2.5m

• 7, 30 and 90 day readmissions have dropped (90 from 26% -14%)
Frail Older Peoples’ Advice & Liaison Service (FOPAL)

- **Aims**
  - To improve the quality of care and decision making for frail older people attending the acute medical unit
  - To deliver multidisciplinary assessment from nurses, therapists and geriatricians in the acute medical unit

- **Objectives**
  - To increase AMU discharge rate from 8% to 10%
  - To reduce LoS for admitted patients by 0.5 days
FOPAL outcomes – June 2011

• In 69% of patients seen FOPAL recommendation different to acute physicians

• In those discharged, readmission rate 7%

• No deaths within 30 days in those discharged
Combined impact?

- 14% reduction in in-patient stays

- But these are 24% longer, *sicker patients where they need to be.*
“The SILVER BOOK”

An intercollegiate body of work describing care standards for older people over the first 24 hours of an urgent care episode, with the specific remit to:

- guide commissioning of services for older people in urgent and emergency care
- support providers to deliver the highest quality of care for older people in emergency settings
- support development and implementation of quality care standards for older people
- identify and disseminate best practice
- influence policy development proactively at national level

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Experience in hospital

- Most older patients rate their hospital care as ‘good, very good or excellent’… in Leicester that’s 97%
- But the NHS treats millions of patients and if even a tiny percentage have a horrible experience it’s a large number
- Health Service Ombudsman: ‘Care and Compassion?’ (Feb 2011) …difficult to read for all NHS
- *Even in the best hospitals some staff could have lost their souls*

One team shared values
Q28 - Overall, how would you rate the care you received?

<table>
<thead>
<tr>
<th></th>
<th>All Responses</th>
<th>Over 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>57.8%</td>
<td>57.7%</td>
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<tr>
<td>Very Good</td>
<td>28.2%</td>
<td>30.1%</td>
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<tr>
<td>Good</td>
<td>10.8%</td>
<td>10.6%</td>
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<tr>
<td>Fair</td>
<td>2.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Poor</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

From our own patient polling
So what does this tell us?

Getting the basics right: observations, notes, pressure area care, nutrition, pain control, hygiene

Plus…

- time to care
- treat me, not my symptoms
- tell me what’s happening
- ask me what I think
- talk to my family members
- don’t talk about me, talk to me
- help me with dressing, eating, getting to the toilet

One team shared values
The Leicester Way

- Hourly ward rounds
- Nurse in charge badges
- Meet matron
- Caring at its best training for all nurses
- Mealtime volunteers
- 1,656 Older People’s Champions
- Overall, live by our values, ‘We treat people how we would like to be treated’

It’s working… our patient polling and ‘metrics’ show that older people’s experience in our hospitals is really improving

One team shared values
In summary…

- Care of older people is really the NHS core job and we’ve got to do it better.
- The NHS as a whole knows this and there is some really good work taking place… but it has to involve older people and their representatives to be truly successful.
- We cannot tolerate excuses for failings in care… being ‘busy’ cannot ever condone neglect.

The NHS is yours… we just look after it for you… you have the right to hold us to account.

*Finally, thank you to Tony Donovan and team from AGE UK Leicester for their support / ideas and challenge.*

One team shared values