

## Factsheet 44

# NHS services

September 2021

### About this factsheet

This factsheet contains information about NHS 'primary care' services – services you approach in a non-emergency situation when you first have a health problem.

It looks at services to help you identify:

- if you need to see a GP
- services provided by a GP and services you access via your GP
- services from your local pharmacy
- how the NHS helps you manage a long-term condition that can be treated and managed but not cured
- NHS screening programmes and services for older adults.

Age UK produces other factsheets on NHS services – these include factsheet 5, *Dental care: NHS and private treatment*; factsheet 61, *Help with health costs* and factsheet 66, *Resolving problems and making a complaint about NHS care*.

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

Contact details for any organisation mentioned in this factsheet can be found in the *Useful organisations* section.

# Contents

|  |           |
|--|-----------|
| <b>1 National Health Service</b>                         | <b>4</b>  |
| <b>2 <i>Equality Act 2010</i> and age discrimination</b> | <b>5</b>  |
| <b>3 Local NHS services</b>                              | <b>6</b>  |
| 3.1 Primary and secondary care services                  | 6         |
| <b>4 Non GP services to help if you are unwell</b>       | <b>7</b>  |
| 4.1 Getting help when feeling unwell                     | 7         |
| 4.2 Serious or life-threatening illness or injury        | 8         |
| <b>5 GP services</b>                                     | <b>9</b>  |
| 5.1 Registering with a GP practice                       | 10        |
| 5.2 Arranging to see a GP                                | 13        |
| 5.3 Removing a patient from the practice list            | 15        |
| 5.4 Help with hearing difficulties                       | 15        |
| 5.5 Help with mental health needs                        | 16        |
| 5.6 Referral for a physical or mental health condition   | 17        |
| 5.7 Chiropody, physiotherapy and other services          | 19        |
| 5.8 Falls Prevention Services                            | 21        |
| 5.9 Supporting people with long-term conditions          | 21        |
| 5.10 Sexual Health Services                              | 22        |
| 5.11 Support to maintain independence                    | 22        |
| 5.12 Personal health budgets                             | 23        |
| 5.13 Helping to improve GP services                      | 23        |
| <b>6 NHS services for older people</b>                   | <b>24</b> |
| 6.1 Over-60s – free prescriptions                        | 24        |
| 6.2 Over-60s – free NHS sight tests                      | 24        |
| 6.3 Over-50s – free seasonal flu jab                     | 24        |
| 6.4 Over-65s – free jab against pneumonia                | 25        |
| 6.5 Shingles vaccination                                 | 25        |
| 6.6 NHS screening programmes                             | 26        |

|   |           |
|---|-----------|
| <b>7 Help with health costs</b>                     | <b>28</b> |
| <b>8 Services at your local pharmacy</b>            | <b>29</b> |
| 8.1 Reporting unwanted side effects from medication | 31        |
| <b>9 End of life care</b>                           | <b>31</b> |
| <b>10 Complementary therapies</b>                   | <b>34</b> |
| <b>11 Accessing your health records</b>             | <b>34</b> |
| 11.1 Access to medical records of a deceased person | 36        |
| <b>12 Resolving problems and making a complaint</b> | <b>37</b> |
| <b>13 Accessible Information Standard</b>           | <b>38</b> |
| <b>14 NHS Constitution – your rights</b>            | <b>39</b> |
| <b>15 Health and social care organisations</b>      | <b>39</b> |
| Useful organisations                                | 43        |
| Age UK  | 47        |
| Support our work                                    | 47        |

# 1 National Health Service

The fundamental principle of the NHS is that no one should be denied or charged for necessary *emergency* treatment in an NHS hospital. You can also consult a GP without charge and apply to register with a GP, regardless of nationality and residential status. You must pay NHS prescription charges unless you are in a group exempt from these charges. See section 7 for information on exemptions.

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

## EU citizens and settled status

If you are a citizen of an EU country, Norway, Iceland, Liechtenstein or Switzerland, and were living lawfully in the UK on or before 31 December 2020, and wish to continue residing in the UK, to maintain your entitlement to free NHS healthcare after 30 June 2021, you must apply to the EU Settlement Scheme.

Once you have been granted pre-settled or settled status, or while your application is pending, you should not be charged for your healthcare, as long as you continue to be ordinarily resident in the UK. You may be asked to show that you hold pre-settled or settled status when seeking healthcare.

If you have not applied by 30 June 2021, you may lose your right to access free healthcare. If this happens, you should seek advice from an immigration adviser regulated by the Office of the Immigration Services Commissioner (OISC), to explore your options. See [www.gov.uk/find-an-immigration-adviser](http://www.gov.uk/find-an-immigration-adviser) to find an OISC regulated adviser.

## If visiting the UK

You may have to pay if you need *non-urgent* hospital treatment, such as a follow up outpatient appointment. The rules vary depending on whether you live in a European Economic Area (EEA), and have a valid European Health Insurance Card, or have been issued with an S1 certificate or in a country who is a member of the European Free Trade Association (EFTA), or are visiting from outside of these areas.

You can read about your rights at [www.nhs.uk/nhs-services/visiting-or-moving-to-england](http://www.nhs.uk/nhs-services/visiting-or-moving-to-england)

There is official guidance available, '*Guidance on implementing the overseas visitor charging regulations*'. For more information, see [www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations](http://www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations)

## 2 Equality Act 2010 and age discrimination

The *Equality Act 2010* ('*the Act*') protects you from being unfairly discriminated against. It applies to anyone over the age of 18 and to all public services. It means it is unlawful for the NHS, without good and sufficient reason, to provide inferior services, or refuse to provide them solely because of a '*protected characteristic*' defined by the Act.

### Note

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

Under *the Act*, discrimination means *unfairly* treating you differently because of your age. The law only intends to prevent *harmful or unjustifiable* use of age, including a '*stereotypical view*' of a particular age group. It does not intend to prevent differential treatment where there is '*objective justification*'.

Cancer screening and flu vaccination programmes are examples of where there may be objective justification for the NHS to offer a service to a certain gender or people within certain age ranges.

Other situations where *the Act* applies to the NHS include:

- **When a GP, consultant or other health professional discusses treatment options with you or makes a ‘best interests’ decision about treatment or care.** Your age can play a part but staff should take account of your ‘*biological*’ age, not simply your ‘*chronological*’ age (your age in years).

If there are treatments for conditions such as cancer that are less successful or less well tolerated as people get older, the doctor should discuss this openly when explaining treatment options.

- **When providing NHS services or considering treatment options.** An example of ‘*Unjustifiable discrimination*’ would be to stereotype someone of a particular chronological age.
- **When designing or providing a service (such as at a GP practice or out-patients clinic).** An example of age discrimination would be where staff treat you differently on the basis of your age, or take a stereotypical view of people of a particular age.

You can often clarify and resolve a situation by discussing it with staff concerned. The law means that you can take NHS organisations, clinicians or managers to court on grounds of age discrimination. Speak to the Equality Advisory Support Service helpline if you think you have been discriminated against.

For more information, see factsheet 79, *Equality, discrimination and the Public Sector Equality Duty*.

## 3 Local NHS services

### 3.1 Primary and secondary care services

**Primary care services** are often your first point of contact when you need healthcare. They include services available at a GP practice or walk-in centre, community pharmacy, and NHS services provided by dentists or high street opticians.

**Secondary care services** are usually, but not always, hospital-based. They include out-patient clinics, planned and emergency hospital treatment and associated diagnostic services, for example radiology.

## Commissioning NHS services

NHS England and Clinical Commissioning Groups (CCGs) are responsible for buying (commissioning) NHS services from GPs, dentists, and hospitals. For more information, see section 15.

## 4 Non GP services to help if you are unwell

### 4.1 Getting help when feeling unwell

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

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

#### Local pharmacist

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

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

#### NHS 111

NHS 111 is a confidential, free 24-hour telephone line operating in England. It provides a single point of access if you are worried about an urgent medical concern, a dental problem, are seeking advice in a non-life-threatening situation or have run out of prescribed medicine. Ask for a translator if you need one. See <https://111.nhs.uk/> for more information.

Depending on your symptoms, NHS 111 staff may tell you how to look after yourself at home or recommend another service to help you such as a community pharmacy. They can connect you to a nurse or health professional for further advice. They can book a GP appointment or in some areas, book an appointment with other local NHS services.

If the problem is more serious, they may advise you go to your nearest minor injuries unit, urgent care centre, or emergency department. If very serious, staff can send an ambulance directly.

### **Note**

999 is always the number to call in serious, life-threatening situations.

### **NHS walk-in centre**

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

### **Urgent treatment centres and minor injury units**

These are for patients with non-life-threatening injuries, and are GP led, and usually open for at least 12 hours every day. Appointments can be booked through the NHS 111 service or through a GP referral, or alternatively as a walk-in service. They can treat broken bones, minor burns, head and eye injuries, injuries that require stitches. Many also have diagnostic tools available to them.

### **Emergency and out of hours dental services**

Call NHS 111 to find out where to access emergency or out-of-hours NHS treatment. If you have a usual dentist, the practice website or out-of-hours message often explains how to access emergency care.

## **4.2 Serious or life-threatening illness or injury**

If your illness or injury is serious or life-threatening, call 999 or go to your nearest Emergency department. Life-threatening situations include:

- loss of consciousness



- persistent severe chest pain
- heavy blood loss that cannot be stopped
- medicine overdose
- signs indicating 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.

### **Waiting time targets**

The aim is for 95 per cent of patients attending the Emergency department to be admitted, transferred, or discharged within four hours of arriving. NHS England publishes waiting time figures and they take account of waits at Emergency departments and minor injury units. Hospitals are encouraged to publish their own figures.

If you attend an Emergency department or spend a night on a ward, the hospital should ask you the Friends and Family Test question, described in section 5.13.

## **5 GP services**

GP practices in England must register with the Care Quality Commission (CQC) and be inspected by them, to ensure they meet its standards. To find out how the CQC regulates and rates practices, visit their website or read their booklet *'What can you expect from a good GP practice'*.

To help practices to provide a wider range of services and better access for patients, each practice is a member of a local Primary Care Network.

### **A range of services and health professionals**

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

Nurse practitioners, nurse consultants and specialist nurses frequently work alongside GPs and practice nurses. They can diagnose, treat and manage a variety of health conditions. Some staff, due to their additional training, can prescribe from a list of medicines. See section 5.9 for information about supporting people with long-term conditions.

## 5.1 Registering with a GP practice

You do not need to be ‘*ordinarily resident*’ in England to receive NHS primary *medical* care. Anyone may register with a practice and consult with a GP without charge but must pay NHS prescription charges, unless in an exempt group, for example, being aged 60 and over.

Each practice has a boundary, enclosing certain streets or postcodes. Practices are free to register new patients who live outside their boundary, but it is for a practice to decide if it is clinically appropriate and practical to register you in this way.

You have a right to choose your practice. Staff will give you a GMS1 registration form to complete. The practice must accept you unless there are reasonable grounds to refuse. It is not considered reasonable to refuse registration because you do not have a proof of address or personal identification at hand. The same applies if you are an asylum seeker, refugee, a homeless patient, or an overseas visitor, whether lawfully in the UK or not.

If the practice is refusing to register you, it must give reasons for its refusal in writing. It may refuse to register you because:

- it has no capacity to take on new patients
- may not be accepting patients who live outside its practice boundary
- in your particular circumstances, it may not be appropriate to register with a practice a long way from where you live
- you have been removed from that GP surgery register before.

See [www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/](http://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/) for more information about registering with a GP practice. For details of local practices, visit the NHS website. If you cannot find a practice to accept you, contact NHS England Customer Contact Centre.

### Choosing a practice

If a practice is accepting new patients, collect a practice leaflet or look on their website. This explains how to register and more about the staff and services they offer, including:

- name and qualifications of health professionals and support staff
- holding special clinics for example for diabetics
- opening hours
- how to make an appointment to see or speak to staff or for a home visit
- how to request a repeat prescription
- how to contact a doctor out-of-hours
- information for patients with disabilities or special language needs
- how to comment or complain about services.

Identify and ask about things important to you, for example ease of parking or support for carers.

Practices have a responsibility to ensure everyone who needs to use their practice can do so. If you have difficulties getting to the practice, due to a disability or caring responsibilities, discuss them with the practice manager so they can do their best to address or resolve them. If you are a carer, ask the practice to note this in your records. This can help your GP understand your needs better and support you and the person you care for.

The GP contract requires every patient to have a named, accountable GP who takes responsibility for co-ordinating their care. You can express a preference for who you want and practices should make reasonable efforts to accommodate you. This does not mean you will see this GP every time you visit. New patients should be allocated an accountable GP within 20 days of registration and told at the next appropriate time. The practice should invite you for a new patient check to discuss your general health, and where necessary, offer this through a home visit.

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

Your GP may be willing to continue to care for you if you move permanently into a local care home. Otherwise you must register with a new practice. Care homes in some areas have a nominated GP from a local practice who is responsible for all residents. The aim is for you and the care home to build a relationship with the GP practice. You have the right to request to register with a different practice.

Care home residents are entitled to the same range of services as people living in their own home and should not be asked to pay for NHS services the GP says they need.

## 'Out of area' patient registration option

GP practices are free to register patients who live outside their practice boundary. They can agree to accept your application but without any obligation to offer home visits. You may want to consider this option if you are in relatively good health and move just outside your current practice boundary or would like a practice close to your place of work.

Before agreeing to your request, the GP must:

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

The practice should explain what happens during normal hours when illness means you cannot reasonably be expected to visit the surgery.

Your practice must monitor the effectiveness of this arrangement and if your health needs change, may consider whether it would be better to register with a practice closer to home. Practices do not have to offer out of area registration - either without home visits or with home visits when needed - so an application may be refused. It applies only to GP practices based in, and patients living in England, not in cross border situations with Scotland or Wales.

## Registering as a temporary resident

If you are going to live away from your usual address for up to three months, you can apply to be a temporary resident at a local practice. They are likely to accept you unless their list is full. If you become ill while staying with friends, approach their practice to see if they are willing to treat you. If staying in a hotel, it may have an arrangement with a local practice. Otherwise, call NHS 111.

## Changing your practice

You do not need to tell your practice if you want to change or have found another one to accept you. You may wish to tell them as a courtesy. Once a new practice accepts you, your old practice transfers your medical records, including your **unique 10-digit NHS number**.

## 5.2 Arranging to see a GP

### Extended hours and out-of-hours services

Practices may offer appointments before 8am, after 6pm, and at weekends. When calling your practice outside its normal hours, you are usually redirected to their out-of-hours service. For non-urgent care, use the NHS 111 online tool or call for advice.

### Making an appointment

GPs have a duty of care to ensure they offer services in a manner and time that meets your clinical needs. Practices have a system for booking appointments, allowing you to see a GP in an emergency or when there are no free appointments, and to speak to a GP or nurse on the telephone at an agreed time, with some offering video consultations.

Healthwatch have a video of tips to help you prepare for a video consultation, see [www.healthwatch.co.uk/advice-and-information/2020-07-28/getting-most-out-virtual-health-and-care-experience](http://www.healthwatch.co.uk/advice-and-information/2020-07-28/getting-most-out-virtual-health-and-care-experience)

You can book an appointment by telephone and online. Ask your practice receptionist to explain how to register for online services and about apps you can download to your smartphone or tablet, such as **NHS App** or **myGP App**. Online tools let you:

- book appointments with a GP of your choice or cancel appointments
- order repeat prescriptions (see section 8)
- view your GP record (clinical information)
- link to register as an organ donor (NHS App).

For general information, go to NHS website [www.nhs.uk/using-the-nhs/nhs-services/gps/gp-online-services/](http://www.nhs.uk/using-the-nhs/nhs-services/gps/gp-online-services/)

## **Making the most of your appointment**

A typical appointment slot is 10 minutes. If you have complex or multiple issues to discuss, ask for a double appointment. Make notes to remind you what you want to tell or ask the doctor about. Do not miss things out because you think they are trivial. GPs can only work with what you tell them, so let them decide what is significant.

- If worried about new symptoms, try to remember when you first noticed them. Does there seem to be a pattern or certain times when they are better or worse? Could they be linked to changes in medication?
- If you do not understand the answer to your questions or any words used, ask for an explanation or for the answer to be written down.
- If going for test results and to discuss treatment, your doctor should tell you if there is more than one treatment, about the pros and cons of each and whether there are common side effects.

## **Seeking a second opinion**

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

## Home visits

The practice leaflet or website explains criteria for home visits. While having a general policy, staff should make decisions on a case-by-case basis, based on clinical need. Giving a full description of your condition when you phone, helps the doctor decide if you need a home visit.

### 5.3 Removing a patient from the practice list

A practice can make a written request to NHS England for you to be removed from their list. This happens if you tell them you are moving outside the practice boundary or relocating abroad. It can happen if the practice believes your behaviour towards staff or other patients is unacceptable or your relationship with it has irrevocably broken down.

If the practice intends to request to remove you from their list, it must have given you a written warning in the previous twelve months prior to requesting your removal. This does not apply if you were violent, threatened staff or other patients, and the police were informed; or if the practice believed issuing a warning was not reasonable or practical.

The practice should provide you with specific reasons for wanting your removal, unless it reasonably believes the circumstance surrounding the request mean it is not appropriate to give a specific reason, and there has been an irrevocable breakdown in your relationship with the practice. If it is difficult to register with a new practice, contact NHS England for details of your Area Team. They can allocate you to a new practice.

If you disagree with the reasons for your removal and believe you have been treated unfairly, complain to NHS England Customer Contact Team. See section 12 for information about making a complaint.

### 5.4 Help with hearing difficulties

If hearing difficulties affect your daily life, make an appointment to see your GP. If there is no medical reason, such as an ear infection or build-up of wax, your GP can refer you to a local audiology department or specialist provider for a hearing test.

Audiology staff discuss the results with you and your options, including whether you would benefit from a hearing aid in one or both ears. NHS hearing aids are provided on long term loan and new batteries are free. If you want to buy a hearing aid privately, check the hearing aid dispenser is registered with the Health and Care Professions Council.

NICE produce guidance *NG98 Hearing loss in adults: assessment and management*, see [www.nice.org.uk/guidance/ng98/informationforpublic](http://www.nice.org.uk/guidance/ng98/informationforpublic)

Royal National Institute for Deaf People (RNID) have information about hearing loss and aids. Hearing Link helps people manage hearing loss.

### Note

RNID offer a telephone or online hearing check. Call 0844 800 3838 which costs 7p a minute and your phone company's access charge. For the online check, see <https://rnid.org.uk/information-and-support/take-online-hearing-check/>

It is not a medical diagnosis but aims to identify hearing loss and if necessary, recommend next steps such as speaking to your GP.

## 5.5 Help with mental health needs

Mental health issues are as important as physical illnesses and like physical illnesses, respond better when diagnosed and treated early. It is important to speak to your GP if you experience periods of anxiety, low mood, poor sleep, or a loss of interest in things you used to enjoy on most days of the week, and this goes on for two weeks or more. A range of treatments can help, depending on the severity of your symptoms.

Talking treatments such as counselling help you understand and manage your feelings and behaviour. They can help if you feel low, anxious or out of sorts. They are proven to work and research shows they can work particularly well for older people. In many areas, you can self-refer to your local service, and they only contact your GP with your permission.



Help is available through an NHS initiative called '*Increasing Access to Psychological Therapy*' (IAPT). Find out more by speaking to your GP or see the NHS website at [www.nhs.uk/service-search/find-a-psychological-therapies-service/](http://www.nhs.uk/service-search/find-a-psychological-therapies-service/)

## **5.6 Referral for a physical or mental health condition**

If your GP agrees you should see a consultant about a physical condition, you have a right to choose a consultant-led team. For a mental health condition, you have a right to choose the consultant or named health care professional who leads the mental health team.

You can choose to have your first outpatient appointment at a hospital where that consultant works and be treated by their team. The hospital must be in England and can be an NHS hospital, or independent hospital offering suitable treatment that provides this service to the NHS.

The consultant will not necessarily be present for this or future appointments but retains overall clinical responsibility for your care.

This choice is available in most circumstances but not if you need urgent or emergency care, for example if you have chest pains or cancer is suspected, or you are detained under the *Mental Health Act 1983*. If you are not offered a choice, despite further discussion with your GP, contact your local CCG to find out what choice should be available.

### **Choosing your hospital – practical and quality issues**

You can discuss your preferences and options with your GP, compare hospitals on the NHS website, or read hospital inspection reports on the CQC website. As well as clinical care, think about things such as the likely wait for your first appointment, car parking, or public transport.

## Booking an appointment through NHS e-referral Service

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

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

To book an appointment later on:

- log into NHS e-referral online at [www.nhs.uk/using-the-nhs/nhs-services/hospitals/nhs-e-referral-service/](http://www.nhs.uk/using-the-nhs/nhs-services/hospitals/nhs-e-referral-service/) or
- call Appointment Line on 0345 608 8888 or textphone 0345 850 2250.

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

## Waiting times

You have a right to access certain services within national maximum waiting times. You have the right under the NHS Constitution to:

- start your NHS 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 referral if a GP makes an urgent referral because cancer is suspected.

If this is not possible, the hospital responsible for your treatment should take all reasonable steps to offer you a choice of other hospitals that can see or treat you more quickly. Although not a right, if your operation or treatment is cancelled for non-clinical reasons, on or after the day of admission (including the day of surgery), the NHS should aim to offer you another binding date within 28 days, to be funded at the time and hospital of your choice.

## 5.7 Chiropody, physiotherapy and other services

Your GP can refer you to other health professionals for a diagnosis or treatment. You can see them at a local practice, health centre or hospital or they may visit you at home.

**Chiropodists** (also known as podiatrists) help with problems with your lower legs or feet. In some areas, you can self-refer to the chiropody service but in many cases, you need a GP referral. To receive NHS treatment, you must meet local eligibility criteria. This can mean having a medical foot problem or being at risk of foot-related problems because you have diabetes, arthritis or circulatory problems.

The NHS is unlikely to offer routine care such as nail cutting but local voluntary organisations such as Age UK may do.

**Continence services.** See a GP if you have bladder or bowel problems. They may decide to refer you to a district nurse or continence clinic for an assessment and to discuss treatment, or ways to manage a problem. They may decide you need pads or other products for long term management and where appropriate, include this in your care plan.

Each CCG has its own criteria for deciding when continence products are necessary, which products it prescribes, and it may limit the number of pads per day. If these do not meet your needs, speak to the health professional treating you and explain why. If unhappy with the outcome, you can complain. For more information, see Age UK Guide IG15, *Bladder and bowel problems*. Continence Product Advisor gives evidence-based advice on how to choose and use suitable products.

**Dietitians** are experts in nutrition and special diets and work with Speech and Language Therapists to help patients with swallowing difficulties. They can advise on meals or supplements for people with poor or small appetites.

**Macmillan Nurses** help patients with cancer and their families through diagnosis and treatment. They also advise on aspects of care when treatment is for comfort and not cure, known as palliative care.

**Marie Curie nurses** offer free nursing care to support people with a terminal illness who wish to die at home, and their family and friends. They can provide one-to-one nursing care and support overnight in your home. Speak to your GP or district nurse to see if they work in your area.

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

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

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

### Note

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

## 5.8 Falls Prevention Services

If you have a fall or start to feel unsteady, discuss this with your GP, even if you generally feel fine and were not injured by the fall. Your GP may want to check your medication or arrange tests to see if there is a medical reason to explain why you fell. With your permission, your GP can refer you to the local falls prevention service for a falls risk assessment. This service aims to:

- try to work out what is making you unsteady
- listen to what you think the problem might be
- work with you to develop a plan to help reduce your risk of falling.

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

As well as considering your risk of further falls, your GP may review your risk of osteoporosis. This condition affects bone strength and means you can break a bone following even a minor fall. If you are at significant risk, your GP should discuss options to reduce your risk. The Royal Osteoporosis Society has information about osteoporosis. For further advice, see Age UK guide IG14, *Staying Steady*.

## 5.9 Supporting people with long-term conditions

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

Staff involved in your care should be keen to help you better understand and manage your health. This may include asking about your health priorities and goals, then drawing up a care plan to help you manage your condition(s) on a day-to-day basis.

Ask them about national support organisations and how to contact local support groups, where you can share experiences with people living with the same condition(s). Many patients benefit from self-management courses. Ask your GP or support group if there are local courses.

## **NICE Quality Standards**

NICE Quality Standards aim to help with the planning and delivery of quality of care. They indicate what achievable markers of quality care look like. There are Standards for chronic heart failure, COPD, dementia, type 2 diabetes, depression, and stroke.

NICE has Standards for NHS services, social care and public health. There are Standards to help people live well with dementia and to support the mental wellbeing of older people in care homes. You can refer to them when discussing your care.

## **5.10 Sexual Health Services**

You can access by visiting your GP, **at** some pharmacies or a sexual health clinic. If you are unsure which service is right for you, you can contact NHS 111 for further guidance. You do not have to use a local clinic, but you may wish to check what services are provided at your chosen service before attending. The service is confidential and will not be shared with anyone outside of the clinic without your permission.

## **5.11 Support to maintain independence**

Having one or more '*long term*' conditions can have an impact on your independence and wellbeing. It is important to tell your GP if you notice small, gradual changes in your ability to manage everyday things such as getting in and out of the bath; notice unintentional loss of weight; are suffering minor health setbacks or have found it difficult to bounce back after an illness. This is sometimes described as '*showing signs of frailty*'.

When staff know about such things, they can work with you, to keep you as well and independent as possible. They may invite you to discuss any worries about your health or ability to manage and find out what is important to you.

This might involve looking at your medication. If you have become unsteady on your feet or had a fall, looking for possible reasons why. They may identify signs and symptoms for you to watch out for and explain what to do if you notice them. If you care for a partner, it can be helpful to look at what this role entails and identify local support to help you both.

Staff may discuss adding information to your Summary Care Record, which is described in section 11.

## 5.12 Personal health budgets

A Personal Health Budget (PHB) aims to give you more choice, flexibility, and control over how money is spent meeting your long-term health and wellbeing needs. It is not new money, but money the NHS would have spent on your care. If you have a PHB, you and your NHS team must agree on how you spend it.

You have the right to have a PHB if eligible for a personal wheelchair budget, or for section 117 aftercare funding (if you have been detained under certain sections of *Mental Health Act 2005*). You have a right to a PHB if eligible for NHS Continuing Healthcare (NHS CHC), unless there are clear clinical or financial reasons why it would not be appropriate. It cannot be used simply for paying care home fees.

If you do not have the right to a PHB but are interested in having one, discuss it with a health professional who manages your care. If appropriate, they can help you make a case for having one, and then approach your CCG.

For more information, see [www.nhs.uk/using-the-nhs/help-with-health-costs/what-is-a-personal-health-budget](http://www.nhs.uk/using-the-nhs/help-with-health-costs/what-is-a-personal-health-budget)

## 5.13 Helping to improve GP services

### Patient Participation Groups

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

## Providing feedback

GP practices should offer you the opportunity, after an appointment, to respond to the Friends and Family Test question: *“how likely are you to recommend the practice where you’ve been treated to your friends or family if they needed similar treatment?”* You can also provide feedback on NHS website and Care Opinion.

For more information, see [www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/](http://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/)

## 6 NHS services for older people

### 6.1 Over-60s – free prescriptions

NHS prescriptions are free for people aged 60 and over.

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

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

Adults should have a test every two years. If aged 70 and over, you should have one as often as your optician recommends. They can use their professional judgement to decide the frequency of your sight test.

If you find it difficult to visit an optician, your usual optician may be able to visit you at home. If they cannot, call your CCG or local Healthwatch for information about opticians offering home visits. Many care homes arrange for an optician to visit on a regular basis.

### 6.3 Over-50s – free seasonal flu jab

A dose of flu can lead to complications such as pneumonia or severe bronchitis in some people. As the flu virus is always changing, there is a new vaccine every year that targets viruses likely to be in circulation. This is why you need a flu jab every year. GP practices usually start their flu jab service in September or early autumn. Community pharmacists offer free flu jabs in some areas.



The NHS offers a flu jab to adults aged 50 and over, or if you receive Carer's Allowance, or are the main carer of an older or disabled person who would be at risk if you were ill, or if you live with a person who was previously identified as being required to shield due to coronavirus. It is available to people below the age of 50 who are at risk of complications if they have flu. This includes people who have:

- specific long-term conditions, including chronic lung disease, a heart problem, diabetes, liver or kidney disease, or multiple sclerosis
- had a stroke or a mini stroke – the latter is known as a 'transient ischaemic attack', commonly referred to as a TIA
- a lowered immune system because of taking steroid medication or having cancer treatment.

#### 6.4 Over-65s – free jab against pneumonia

You are eligible for this jab if aged 65 and over. It protects against pneumonia, septicaemia and bacterial meningitis and is commonly called the '*pneumo*' or PPV23 jab. You do not need a jab every year, and most people have it only once. It is available through your GP practice.

#### 6.5 Shingles vaccination

Being vaccinated against shingles can *reduce your risk* of having shingles. If you subsequently have shingles, symptoms are likely to be milder and last for a shorter time. You only need to be vaccinated once and can have the vaccination at any time of the year.

You are eligible for vaccination if you are aged 70-79 years. Eligibility ceases once you reach 80, because the vaccine seems to be less effective beyond this age.

Your GP decides whether you have the vaccination, as some people are not suitable, for example if your immune system is weakened after cancer treatment. See [www.nhs.uk/conditions/vaccinations/shingles-vaccination/](http://www.nhs.uk/conditions/vaccinations/shingles-vaccination/) for more information. Your GP practice may have a leaflet.

## 6.6 NHS screening programmes

You must be registered with a GP practice to be included in a screening programme, as they use GP patient lists to issue invitations. It is your choice whether to take part in screening, so the NHS produces information to help you decide, and sends it with your invitation.

Screening is a way of identifying apparently healthy people who may be at an increased risk of having that particular condition. The aim is to offer it to people most likely to benefit, and to detect it early, when treatment has a better chance of working. Even if you decide to go for screening, you should remain vigilant between screenings and report any relevant symptoms or concerns to your GP.

Due to screening services being put on hold during coronavirus, you may find that certain groups of people are being prioritised once services restart, for further information see [www.nhs.uk/conditions/nhs-screening/](http://www.nhs.uk/conditions/nhs-screening/)

The **NHS breast screening programme** invites women aged between 50 and 70 for screening every three years. However, the age range for breast screening is being extended. This is being introduced as a phased approach across England, so you may be invited for screening if you are aged 47 to 49 years, or 71 to 73 years in some areas.

If you are not invited for screening over the age of 70, you are still eligible for screening every three years. Contact your local breast screening clinic to request screening.

You should receive a leaflet with your invitation, explaining breast screening and the possible benefits and risks. You can read the leaflet at [www.nhs.uk/conditions/breast-cancer-screening/](http://www.nhs.uk/conditions/breast-cancer-screening/) and it includes a link to the leaflet in other languages.

The **NHS cervical screening programme** invites women between the ages of 50 and 64 for screening at their GP practice every five years. Once you reach the age of 65, you are only invited if you have not been screened since the age of 50 or had a recent abnormal result. NHS website has information [www.nhs.uk/conditions/cervical-screening/](http://www.nhs.uk/conditions/cervical-screening/)

The **NHS national bowel screening programme**, if you are between the ages of 60 and 74 you will be sent a home testing kit every 2 years. The programme is currently being extended to include people from the age of 56.

You receive a Faecal immunochemical test' (FIT) with instructions for use and then post it to a laboratory for analysis. If over the age of 75, you can request a screening kit every two years by calling the Bowel Screening helpline. The FIT kit replaces the 'faecal occult blood' (FOB) test kit. It is more specific and easier to use, as it requires only one sample, rather than six required by the FOB test.

The NHS website has information about bowel screening at [www.nhs.uk/conditions/bowel-cancer-screening/](http://www.nhs.uk/conditions/bowel-cancer-screening/)

**NHS Abdominal Aortic Aneurysm (AAA) screening** is offered to men when they reach 65. It uses an ultrasound scanner (as used to monitor a developing baby during pregnancy). It can detect a symptom-free abnormality that can develop in the aorta – a major artery.

AAA screening is offered only to men because aneurysms are more common in men. A large aneurysm can be serious but if detected at an early stage, it can be monitored and treated if necessary.

For more information, see the NHS website [www.nhs.uk/Conditions/abdominal-aortic-aneurysm-screening/](http://www.nhs.uk/Conditions/abdominal-aortic-aneurysm-screening/)

Screening to detect **diabetic retinopathy** - an eye condition - should be offered annually to anyone aged 12 and over who has diabetes. You can opt out but speak to your GP if you are not invited. For information, see the NHS website [www.nhs.uk/conditions/diabetic-eye-screening/](http://www.nhs.uk/conditions/diabetic-eye-screening/)

There are no plans to screen men to detect risk of **prostate cancer** because it has not been proven that the benefits of testing outweigh the risks. Speak to your GP if you want to know more or to understand the benefits and risks of having a blood test that could lead to a prostate cancer diagnosis.

## NHS service to keep you well

**NHS health check** is a service that aims to assess your health and if necessary, help you lower your risk of common but preventable diseases such as heart disease, type 2 diabetes, stroke, and kidney disease.

They offer it every five years to people between the ages of 40 and 74, who have not already been diagnosed with one of these conditions. If you meet these criteria, you can expect a letter from your GP or local authority inviting you for a check. If you have the check when over 65, they will tell you of signs and symptoms of dementia to watch out for.

For more information, see the NHS website:  
[www.nhs.uk/conditions/nhs-health-check/what-is-an-nhs-health-check-new/](http://www.nhs.uk/conditions/nhs-health-check/what-is-an-nhs-health-check-new/)

## 7 Help with health costs

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

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

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

**If you receive Universal Credit and meet the criteria**, you may be eligible for help with NHS costs. Go to the NHS website for information  
[www.nhs.uk/using-the-nhs/help-with-health-costs/help-with-health-costs-for-people-getting-universal-credit/](http://www.nhs.uk/using-the-nhs/help-with-health-costs/help-with-health-costs-for-people-getting-universal-credit/)

If you receive Pension Credit Guarantee Credit, one of the other benefits above, or are eligible for help through the NHS Low Income Scheme, you may be eligible for help with the cost 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. Ask the referring doctor or dentist whether their referral qualifies for help.

For more information, see factsheet 61, *Help with health costs* or the NHS website: [www.nhs.uk/using-the-nhs/help-with-health-costs/](http://www.nhs.uk/using-the-nhs/help-with-health-costs/)

## 8 Services at your local pharmacy

Pharmacists are experts on medicines and help if you have questions about, or difficulty taking, prescribed or over-the-counter medicines. They can advise on using an inhaler and treating minor illnesses such as coughs, colds, stomach upsets, and aches and pains.

Speak to your community pharmacist if you find medicine labels difficult to read, the usual packaging hard to open, or tablets difficult to swallow. If you take many tablets on several occasions at different times of the day, let your pharmacist know if you find it difficult to take them as prescribed. Your pharmacist may offer a simple solution or be able to decide if you are eligible for special help due to disability.

Other pharmacy services include cholesterol testing, blood pressure checks, and stop smoking advice.

### Electronic Prescription Service (EPS)

Most prescriptions are now signed, sent, and processed electronically. This aims to improve efficiency and safety when dispensing medicines. You nominate a pharmacy to dispense your repeat prescriptions on a regular basis. When you contact your practice to order a repeat prescription, it sends it to that pharmacy, via the practice IT system. This eliminates paper prescriptions and errors due to handwriting.

If your prescription is unlikely to change, the GP can agree to set up automatic delivery of your prescription for a specified number of repeats. You can amend your nominated pharmacy or amend it temporarily if you are going away and likely to need a prescription during that time. For more information, speak to your practice or see [www.nhs.uk/using-the-nhs/nhs-services/pharmacies/electronic-prescription-service/](http://www.nhs.uk/using-the-nhs/nhs-services/pharmacies/electronic-prescription-service/)

Many pharmacies offer a **home delivery service**. This is a helpful service but can limit the opportunity to ask questions about your medicines. Most pharmacists are happy to speak to you on the phone, so always call the pharmacy if you have questions about your medicines.

### **‘New medicines’ service**

The New Medicines Service aims to support you in the early days of taking a new medicine, so you get maximum benefit from it. If prescribed new medicine for asthma, type 2 diabetes, chronic obstructive pulmonary disorder (COPD), high blood pressure, or any blood thinning medicines, ask your pharmacy if you can take part.

For more about this service, see the NHS website [www.nhs.uk/using-the-nhs/nhs-services/pharmacies/new-medicine-service-nms/](http://www.nhs.uk/using-the-nhs/nhs-services/pharmacies/new-medicine-service-nms/)

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

Your GP should regularly review your medication to make sure you take the most appropriate medicines at the most appropriate dose. If your practice employs a clinical pharmacist, they may take on this role.

In addition, your community pharmacist may invite you for a MUR if you:

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

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

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

The pharmacist asks you to sign a consent form to have a MUR and to sharing feedback with relevant health professionals, such as your GP.

## 8.1 Reporting unwanted side effects from medication

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

A yellow card form is available in most pharmacies or you can complete an online form or call the yellow card hotline. For information, see <https://yellowcard.mhra.gov.uk/>

## 9 End of life care

**Palliative care** is care and support provided for people living with a '*terminal illness*', defined as one where cure is no longer possible and it is likely to lead to a person's death. It aims to address your physical, emotional and spiritual needs, make life more comfortable and support your family before and after your death. It can help at any stage, not simply during the final weeks of an illness. Though no longer only available to people with cancer, they are the most likely recipients.

Developed by the hospice movement, palliative care skills are increasingly available outside a hospice environment for example in hospital or as part of care in your own home. Marie Curie Care has information to help people affected by a terminal illness, see [www.mariecurie.org.uk/help/support/terminal-illness](http://www.mariecurie.org.uk/help/support/terminal-illness)

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

### Choice about end of life care

Many people die in hospital, yet most people say they would prefer to be cared for at home. If you are about to make such a decision, talk it over with your GP and seek thoughts of people you live with. Find out what you can expect as your illness progresses, what support is available from NHS staff to help you and informal carers during the day and at night. If you live alone, ask what 24-hour support would be available.

If diagnosed with an advanced, progressive, incurable illness, the NHS team caring for you should offer, or you can ask for, the opportunity to discuss your future care. This is often referred to as '**advance care planning**'. You can ask your family or nominate someone else to participate too, and at one or over several meetings may wish to:

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

Staff should record your wishes and preferences in an '*advance care plan*' or '*preferred priorities for care*' document and review it with you regularly. They must seek your consent to share it with professionals involved in your care. It is a '*live*' document, so you can amend and add to at any time.

You may consider making a Lasting Power of Attorney, advance statement, or advance decision to refuse treatment. See factsheet 22, *Arranging for someone to make decisions on your behalf* and factsheet 72, *Advance decisions, advance statements and living wills*.



## Electronic Palliative Care Co-ordination System

In some areas, there is an Electronic Palliative Care Co-ordination System. It holds care plans and end of life preferences of people with incurable or life-limiting illnesses. Out-of-hours doctors and paramedics can access it with your consent, so they can consider and meet your end of life choices and preferences where possible. Ask your GP if this is available or planned for your area.

***One Chance to get it right: improving peoples experience of care in the last few days and hours of life*** identifies five priorities for care of the dying patient that staff should follow when it is thought someone may die within the next few days or hours.

It recommends staff should ensure:

- 1 If a patient may die in the next few days or hours, this 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 They involve the dying person and those identified as important to them in decisions about treatment and care to the extent they would like.
- 4 They explore and respect the needs of families and those identified as important to the dying person and meet them as far as possible.
- 5 An individual plan of care, including food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

## Useful publications and websites on end of life care

- ***'Planning for your future care'*** explains the rationale behind advance care planning. You can download this in several languages from NHS England website: [www.england.nhs.uk/improvement-hub/publication/planning-for-your-future-care/](http://www.england.nhs.uk/improvement-hub/publication/planning-for-your-future-care/)

- **Gold Standards Framework** – an established training programme and accreditation scheme for front line staff caring for people in the last years of life. You can find information and search for accredited care homes at [www.goldstandardsframework.org.uk/patients-amp-carers](http://www.goldstandardsframework.org.uk/patients-amp-carers)
- **‘Thinking about end of life’** information guide and **Let’s talk about death and dying** available from Age UK Advice or to download at [www.ageuk.org.uk](http://www.ageuk.org.uk)

## 10 Complementary therapies

These include therapies such as acupuncture, chiropractic, osteopathy, homeopathy, and herbal medicine. They are not generally available as NHS treatment but your GP will know of circumstances when they may be. If considering these therapies on a private basis, speak to your GP before making an appointment. If you take prescription medicines, you must be sure any medicine or herbal remedy a therapist recommends, is compatible with your prescription medicines.

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

Other professions such as acupuncturists and herbal medicine practitioners have their own professional bodies but not a regulatory body. These bodies can apply to the Professional Standards Authority (PSA) to receive the PSA Quality Mark and be accepted on the PSA Accredited Register. Go to PSA website to read about accreditation, check Registers online and find a local registered practitioner.

## 11 Accessing your health records

A health record is a historical record of your illnesses and NHS care. It contains information about your physical and mental health, medication, vaccinations, investigations such as blood tests, hospital referrals and discharge letters. You may have paper and electronic records.

Staff based at your GP practice add to your GP record at each appointment. Hospitals you visit hold their own records about your care, as will your dental practice and opticians. This means various places hold personal and health related information about you and must keep this information confidential and secure.

You have the right under *The General Data Protection Regulations (GDPR)* and *Data Protection Act 2018* to apply for access to personal information held about you, free of charge, by making a Subject Access Request, known as a SAR. You can request electronic access or paper copies and give another person permission to access your records.

A person responsible for data management within an organisation is called a *data controller*. They can only refuse to give access to information if, in their opinion, disclosure would cause serious harm to your physical or emotional health or another party; or it relates to a third party who has not given consent for disclosure (where that third party is not a health professional who has cared for you) and after taking into account the balance between the duty of confidentiality to the third party and right of access of the applicant, the data controller concludes it is reasonable to withhold third party information.

## GP records

Registering at your practice for Patient Online or downloading MyGP App onto your smartphone or tablet, gives you online access to parts of your electronic GP record and clinical correspondence. You can choose to nominate someone you trust to access your record.

If you are not registered for online access or want to see parts of your record not visible online, write to the practice manager with the dates of the record you want and anything else to help staff fulfil your request.

You have a **Summary Care Record (SCR)**, created from your GP record, unless you choose not to have one. It contains information about your current medication, allergies and medication you react badly to. You can choose to include additional information about, for example, long term health conditions, treatment or end of life preferences or significant medical history.

Access to your SCR helps an authorised doctor or health professional treat you and respect your preferences, if you cannot communicate, and need care away from the practice, particularly in an emergency. Speak to your GP if you would like to see your SCR, as you cannot view it online.

## **Hospital records**

To access your hospital records, apply in writing to the records office of the hospital concerned. They require proof of your identity or of your right to access a record, if applying on behalf of someone else. You can ask to see, or for copies of, all records and test results that a hospital holds or records relating to a health condition or specific period of care. Many hospitals have an application form to help them provide what you want.

## **Time scales**

*GDPR* requires organisations to respond to your request within one calendar month, starting from the day they received it.

## **11.1 Access to medical records of a deceased person**

*Access to Health Records Act 1990* covers records of a deceased person. To access a record under this Act, you must:

- be a personal representative (executor or administrator of an estate), or
- have a claim resulting from the death (as a relative or another person).

Ask the deceased person's GP how to access their GP record from Primary Care Support England. GP records are generally kept 10 years after someone dies. For hospital records, contact the records office at the hospital they attended. For more information, see the NHS website: [www.nhs.uk/common-health-questions/nhs-services-and-treatments/can-i-access-the-medical-records-health-records-of-someone-who-has-died/](http://www.nhs.uk/common-health-questions/nhs-services-and-treatments/can-i-access-the-medical-records-health-records-of-someone-who-has-died/)

## 12 Resolving problems and making a complaint

Each GP practice, pharmacy, optician, and dental practice providing NHS services must follow the NHS complaints procedure and have a senior staff member responsible for resolving concerns and problems.

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

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

Every area of England has a free **NHS independent complaints advocacy service** commissioned by the local authority. Contact them if you are thinking of making, or want to make, a complaint about NHS care or services. Your local Healthwatch has details of the local advocacy service and may be interested to hear about your problem, although a local Healthwatch cannot investigate NHS complaints.

Advocacy staff do not suggest a course of action but:

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

### Hospital PALS

If your complaint is about services or care in hospital, there will be a hospital Patient Advice and Liaison Service, known as PALS. They can try to help you informally or explain how to make a formal complaint. Hospitals must follow the NHS complaints system.

Each hospital Trust operates a PALS service. 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 their care.

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

For more information, see factsheet 66, *Resolving problems and making complaints about the NHS* and factsheet 5, *Dental Care: NHS and private treatment*.

## 13 Accessible Information Standard

The Accessible Information Standard aims to make sure that when you have a disability or sensory loss, you receive information you can access and understand, as well as the communication support you need, when engaging with NHS or social care staff. This means staff must:

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

For NHS services, it is likely your GP will ask about and record your information and communication needs in your GP record. When referring you for an outpatient appointment or other NHS services, this information should be '*highly visible*' to the receiving department, who transfer it to your hospital record making it '*highly visible*', and act upon it.

They may send correspondence or information in large print, easy read, Braille, or audio format, or by email, or arrange for a lip reader or British Sign Language Interpreter to be available for your appointment. For information, contact your GP practice, The Royal National Institute for Deaf People, or The Royal National Institute of Blind People.

## 14 NHS Constitution – your rights

NHS Constitution establishes the **principles and values** of the NHS in England. It sets out the **rights** that patients, members of the public and NHS staff are entitled to, and the **responsibilities** they owe each other to ensure the NHS operates effectively and fairly. NHS organisations, the independent and voluntary sector who provide NHS services, and local authorities with a public health duty, are required to take account of the Constitution when purchasing and delivering services.

**An example of a patient right** is: *‘You have the right to be given information about test and treatment options available to you, what they involve and the risks and benefits.’*

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

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

## 15 Health and social care organisations

### NHS England and NHS improvement

NHS England and NHS Improvement work together as a single organisation to better support the NHS to deliver improved care for patients, by supporting the delivery of the NHS Long term plan, which promotes the implementation of integrated care systems.

## Integrated Care Systems (ICSs)

Aim to give people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. All parts of England are now covered by one of 42 ICSs.

## Clinical Commissioning Groups (CCGs)

Every GP practice must be a member of a CCG, which is made up of GPs from local practices. CCGs have representatives from other health professionals on their Board. There were 106 CCGs as of 1 April 2021.

CCGs buy local services for their local population 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, they must take account of the NHS Constitution, their local health and wellbeing strategy and take advice from bodies including their clinical networks and senates. Some CCGs have fully delegated responsibility for commissioning general practice, others have joint responsibility with NHS England.

## Health and Wellbeing Board (HWB)

Each local authority (county and unitary authority) has a HWB. It plays a key role in the purchase of local services, by bringing together leaders of the local health and social care system (CCGs, local councillors, Director of Adult Social Care, Director of Public Health and local Healthwatch) to work in partnership and agree how to improve the health and wellbeing of their local population.

HWBs can invite representatives from voluntary and community organisations to be members. Based on the profile of its local population, the HWB prepares a **joint strategic needs assessment (JSNA)** and a **joint health and wellbeing strategy (JHWS)**.

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



## **Public Health England (PHE)**

PHE is an executive agency of the Department of Health and Social Care. It provides national leadership and expert services to support public health in England. It develops plans to protect the population from infectious diseases such as a flu pandemic, or from a terrorist attack. It is responsible for reducing health inequalities, by enabling and supporting individuals and communities to improve their own health.

It buys and delivers programmes to promote health and wellbeing and works with NHS, local government, and other agencies to address factors that affect our health, such as housing, transport and leisure services.

## **Public Health – local authority**

Each local authority (LA) has a Director of Public Health and is responsible for local public health improvement and putting PHE plans into action at a local level such as the Cold Weather Plan and Heatwave Plan. Directors of Public Health are statutory members of HWBs.

LAs must arrange services such as NHS health checks and implement national plans to protect the nation's health, for example against pandemic flu. The NHS, working closely with LA's, retains responsibility for public health services such as national screening programmes.

## **Healthwatch England**

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

## **Local Healthwatch**

There are 151 local Healthwatch bodies commissioned and funded by their county council or unitary authority. They gather views and experiences of users of health and social care services and publish reports on their investigations of local services.

As HWB members, they help make sure views of patients and carers are taken seriously and are an integral part of local commissioning. They can provide information, advice and support on local health and care services, and may provide the local NHS independent complaints advocacy service to support people to complain about NHS services.

## Useful organisations

### **Bowel screening programme**

Telephone 0800 707 6060 (free call)

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

### **Care Opinion**

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

Telephone 0800 122 31 35

Enables the public to give feedback on their experience of NHS or social care services and the organisation to respond.

### **Carers UK**

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

Telephone 0808 808 7777 (Monday and Tuesday 10am – 4pm)

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

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

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

Telephone 03000 616161

Regulates and inspects hospitals, care homes, care agencies, GP and dental practices in England. It does not investigate individual complaints.

### **Continence Product Advisor**

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

Offer evidence based online information to help choose continence products.

### **Dying Matters**

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

Aims to help people talk more openly about dying, death and bereavement and make plans for the end of life. Provides online information for professionals and the public.

## **Department of Health (DH) publications**

[www.healthpublications.gov.uk/Home.html](http://www.healthpublications.gov.uk/Home.html)

Telephone 0300 123 1002

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

## **Equality Advisory Support Service**

[www.equalityadvisoryservice.com](http://www.equalityadvisoryservice.com)

Telephone helpline 0808 800 0082 Mon-Fri 9am-7pm,  
Sat 10am-2pm

Funded by the Equality and Human Rights Commission, the EASS Helpline provides information and advice about the *Equality Act 2010*.

## **Hearing Link**

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

Email [helpdesk@hearinglink.org](mailto:helpdesk@hearinglink.org)

For people with hearing loss and their families. Aims to give knowledge, skills and confidence to manage practical and emotional challenges.

## **Local Healthwatch**

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

Telephone 03000 683 000

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

## **NHS Digital**

<https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/how-we-look-after-your-health-and-care-information>

The provider of data and IT systems for health and social care.

## **Royal Osteoporosis Society**

<https://theros.org.uk>

Telephone helpline 0808 800 0035

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

### **NHS website screening**

[www.nhs.uk/conditions/nhs-screening/](http://www.nhs.uk/conditions/nhs-screening/)

Provides information on breast, cervical and bowel cancer screening.

### **NHS website**

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

Online information helps you find NHS services, identify how you can improve, make choices about your health and manage long term conditions.

### **NHS England**

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

Customer Contact Centre 0300 311 22 33

Commissions GP, dentists, pharmacy and optical services. If you cannot access the NHS website, call them for details of local services.

### **Patients Association**

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

National helpline 0800 345 7115

A charity dedicated to supporting the rights and interests of patients and their families, and improve their experience of healthcare.

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

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

Telephone 0303 123 9999

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

### **Royal National Institute for Deaf People (RNID)**

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

Telephone 0808 808 0123

Charity tackling hearing loss and providing information about specialist equipment and services for people who are deaf and hard of hearing.

## **Yellow Card Scheme**

<https://yellowcard.mhra.gov.uk/>

Telephone 0800 731 6789 Mon-Fri 10am and 2pm

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

## **Health professional organisations**

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

[www.gcc-uk.org/about-us/what-we-do](http://www.gcc-uk.org/about-us/what-we-do)

Telephone 020 7713 5155

Regulate the practice of UK chiropractors. Chiropractors must register with the GCC to practise. Use their website to find a local chiropractor.

### **General Osteopathic Council (GOC)**

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

Telephone 020 7357 6655

Regulate the practice of UK osteopathy. Osteopaths must register with the GOC in order to practise. Use their website to find a local osteopath.

### **Health and Care Professions Council**

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

Telephone 0300 500 6184

Regulates and registers health, psychological and social work professionals, with register of those who meet their standards.

### **Professional Standards Authority**

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

Telephone 020 7389 8030

Oversees statutory UK health and social care regulatory bodies and sets standards and accreditation for organisations with voluntary registers.

## Age UK

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

### Age UK Advice

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

0800 169 65 65

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

### In Wales contact

#### Age Cymru Advice

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

0300 303 4498

### In Northern Ireland contact

#### Age NI

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

0808 808 7575

### In Scotland contact

#### Age Scotland

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

0800 124 4222

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