

Improving healthcare (England)

May 2019

Older people must be able to access health services that do not discriminate and that are equipped to provide safe, high quality care that's right for them.



“Less than half of the recent increase in hospital activity can be explained by a growing and ageing population”
NHS financial sustainability, National Audit Office (2019)

The NHS

For all of us, the National Health Service (NHS) plays a vital role in maintaining our health and wellbeing, but we are likely to become most reliant on health services as we age. Poor health in later life is not inevitable and is not irreversible. However, we are much more likely to live with one or multiple long-term conditions. The majority of people over 85 are living with three or more. If our muscle and bone strength and balance is reduced, as can often happen without the right support, we are more likely to fall, with people aged 65+ representing the majority of trauma cases arriving at A&E. Diseases such as cancer occur most commonly in later life with 36% of new diagnoses occurring in people over 75, while the majority of all new diagnoses relate to people aged 65+.

Key statistics

41%

Admissions to hospital that involve older people (7.6 million each year).

65%

Emergency bed days occupied by older people.

34 million

Total annual outpatient attendances, people over 65 (2017/18).

The ways in which health and care services are organised do not always reflect the fact that older people are often its main users. Caring for people with long-term conditions, and in particular multiple long-term conditions (multi-morbidity), is widely recognised as a relative weakness in care delivery. Health conditions will often be treated in isolation rather in the context of a person living with other conditions and a variety of social, psychological and environmental needs. Intervening early to prevent someone's health



becoming worse – for example helping to manage diabetes or respiratory health – can mean people are only picked up when they enter urgent and emergency services. The impact of this can affect us at any age, but the risks become more significant as we age.

Community services

A long-standing aim of national health policy is to move more care out of hospital and into the community. Underpinning this drive is the desire to reduce the need for more expensive and higher risk treatment in hospital, which can happen when someone is admitted as an emergency following a crisis. However, the growth in hospital funding continues to outpace community servicesⁱ. Between 2001 and 2013, the number of emergency admissions for ambulatory care sensitive conditions (i.e. admissions that should be avoidable with the right support at home) increased by 48 per centⁱⁱ.

83% of community nurses say there is not sufficient staff to get the work done

Survey of district and community nurses, King's College London (2014)

Not every admission can be avoided and there will always be times when it is necessary for someone to have a stay in hospital. However, significant reductions in admissions are only achievable by reducing the need for care in the first place and this will mean investing in community and primary care services. Older people frequently report issues accessing GP services. For those living in care homes, this can be an even greater challenge, with some residents having little control over when and how they see their GP. The NHS must seek to strengthen the breadth and availability of community services and focus on maximising overall health and wellbeing, rather than predominantly responding to individual crises as they occur.

What is frailty?

Frailty as a clinical term, which is widely used by health and care professionals, refers to people whose low physical reserves make them more vulnerable to even relatively minor shocks to their health.

Frailty

Many of the issues facing older people accessing health services are evident in the care of people living with “frailty”. This means it is incredibly important to support people with frailty to build their overall resilience; prevent shocks and traumas; and when needs do arise, to treat them with well-planned, coordinated and expert care. Frailty exists on a spectrum and in many cases can be managed and in some cases reversed.

Not all older people are frail and frailty is not about age. However, ageing does play a role in frailty and it predominantly effects people in later life. Approximately 12 per cent of people over 65 live with frailtyⁱⁱⁱ, raising to between 25 and 50 per cent of people over 85^{iv}. Our research has demonstrated that older people themselves do not like the term “frailty” while many health and care professionals that do not specialise in older people’s care may be using it inappropriately. This can mean not only that older people feel alienated from those caring for them but also that the types of care offered may not reflect a proper understanding of what works or what’s possible. For example, some health professionals we spoke to believed that frailty could be a reason to recommend a ‘do not attempt cardiopulmonary resuscitation’ (DNACPR) notice on a person’s notes rather than prompting them to think about what additional support was required^v.

The care and treatment of frailty is central to improving health services for older people. This must start by raising both understanding amongst health professionals and the expectations of older people. Frailty should never act as a barrier to care. Older people living with frailty must be able to expect care that is targeted, planned, and wherever possible based on the goal of improvement rather than just maintenance. They should also expect that it will be incorporated into other treatments they may be receiving. For example, for someone receiving surgery, an assessment and care plan that targets frailty reduces the risk of complications by up to 80 per cent^{vi}.



Getting it wrong for older people with frailty can mean longer periods of dependency and poor health and ultimately can lead to a shortened life. Someone living with frailty who is admitted to hospital, and who does not receive appropriate care, can experience significant muscle wastage, reduced resilience and exposure to risks such as infections and in-patient falls. This is bad for them and an inefficient use of valuable healthcare resources. Getting health care right for older people means getting it right for people living with frailty – avoiding poor health in the first place; planning and joining up care when needs do arise; and getting people on the right pathway of care when crises occur.

Left out

A report published by Age UK and the Royal College of Surgeons¹ revealed that older people in one part of the country are much more likely to receive surgery for breast cancer than in others. Age UK's report on talking therapies and depression² shows that only half the expected numbers of referrals are older people, meaning many people are missing out on an important treatment. The Mental Health Taskforce report to NHS England³ acknowledged that older people were not getting the support they needed and were identified as a priority group in its recommendations.

¹ Access all ages 2, RCS, Age UK, MHP Health, 2014

² Hidden in Plain Sight, Age UK, 2016

³ The Five Year Forward View For Mental Health: A report from the independent Mental Health Taskforce to the NHS in England February 2016

Equal access

Many older people experience barriers to care based on their chronological age, with research showing that older people have poorer access to treatments for common health conditions. Treatment rates drop disproportionately for people over 70-75 years in areas such as surgery^{vii}; chemotherapy^{viii}; and talking therapies^{ix}.

Treatments that are predominantly accessed by older people, such as hip and knee replacements and cataract surgery, have historically seen restrictions during periods of low funding growth. For example, in 2017, the Royal College of Ophthalmologists (RCOphth) revealed that cataract surgery was being rationed^x, against the guidance of the standards setting body NICE^{xi}. This means that older people had to wait for a more severe deterioration of sight before receiving treatment, putting them at greater risk of falls and isolation.

In spite of funding boosts in recent years, since 2010 the NHS has been in an unprecedented period of flat funding growth, well below the historic average of 4 per cent a year. With the additional pressures this has put on the systems, both national leaders and local commissioners must guard against decisions that reduce older people's access to care and must have full regard for the Equality Act 2010. However, not all treatments are right for all people at all times. Someone's ability to tolerate treatment and their personal preferences can play a legitimate role in deciding not to have a particular treatment.

The role of the NHS is to make sure those that are able to benefit are given every opportunity to access the care that's

right for them and that if additional support is required, that this is made available. Work carried out by Age UK, Macmillan Cancer Support and the Department of Health showed that a support plan from geriatricians and assistance from local voluntary sector services can improve an older person's chance of having successful cancer treatment^{xii}.

A long-term plan for the NHS?

Since NHS England published its Five Year Forward View strategy paper in 2014, a number of major projects have tested new ways of working. For example, the Vanguard programme supported local services to bring together health and social care organisations, as well as voluntary sector organisations, to cover a broad range of health and care needs in a joined



up way. Transformation efforts subsequently grew to cover larger geographic areas in an attempt to create local health and care economies that align more closely, and are more accountable, to patient and public needs. However, anecdotal evidence from local Age UKs suggest that progress that was made within the Vanguard programme is being undermined by cuts to local services.

Health Service Commissioners are often finding they need to juggle a number of competing priorities: coping with reductions in overall funding; meeting ever growing demand; and attempting to implement new policy approaches from NHS England before earlier changes have had a chance to embed themselves. These challenges led to growing calls for more money to be made available and in June 2018, the Prime Minister committed to £20 billion extra for the NHS by 2022/23. The NHS Long-Term Plan followed in January 2019 and represented a number of positive developments for older people's care. Amongst the priority areas for change are three programmes focused on older people: enhanced health in care homes; urgent rapid response care closer to home; and wider services aimed at supporting people in the community. If these are achieved, it will transform how the NHS cares for people living with frailty, with a focus on keeping older people well for longer and wherever possible reducing the severity of their frailty.

The government and the NHS must now take this opportunity to carry out long-needed reform to how the NHS operates. It will need to embed preventative and public health measures that will reduce ill health in the future while also meeting the demands of people that have health needs now, a large proportion of which will be older people. This is likely to need a strong cross-government and cross-party commitment to long-term change that is fully integrated with changes to social care. The NHS has urgent changes it will need to make to become fit for purpose for an ageing population, regardless of the situation in social care. However, the Long Term Plan recognises that lasting

change will only come when a reformed and properly funded social care system is in place, and we strongly agree with this assessment.

Public Policy Proposals

- Age UK is committed to supporting the founding principles of the NHS. We recognise the value older people place on a universal comprehensive health service free at the point of delivery. Funding must be driven by need and optimised to provide the best possible value for money.
- Frailty must be recognised as a preventable and modifiable long-term condition. Management of frailty must recognise, record, and reflect a person's goals for care.
- NHS England must see through its commitment to increase spending and service provision in the community, shifting the balance away from hospital care. Local NHS services must embrace this change and put in place services that meet older people's needs closer to home and that are fully integrated with social care.
- NHS England must routinely capture detailed information on older people's experience of care, particularly with regards to the coordination of care between different services. This must be used in all quality improvement activities and ongoing performance management.
- Commissioners and providers must have robust public engagement practices in place to ensure that older people's views are fully integrated into the development and delivery of services. This must include an accurate picture of local needs.
- Long-term changes to how the NHS operates must demonstrate significant improvement in the care of older people as its largest users. These improvements should include, but not be limited to:
 - availability of services that are proportionate to the size of a growing older population;
 - better access to services that have historically underserved older people, e.g. mental health services, comprehensive care in care homes;
 - older people experiencing a greater focus on maintaining long-term wellbeing and autonomy;

- care that reflects their needs, regardless of setting, e.g. comprehensive care in hospital that works to maintain mobility and self-care wherever possible;
 - fully integrated working with social care services.
- Professional training and workforce planning must reflect older people's needs, including care for older people living with frailty and with multiple long-term conditions. There must be more compulsory training on areas associated with ageing and people in later life and undergraduate courses and continuing professional development should include how to achieve dignity and equality.
 - There must be universal access to information and advice in a range of formats. People should have the right to advocacy support whenever needed.
 - NHS commissioners and providers must incorporate voluntary sector organisations into the local health economy, including by commissioning services and by integrating these services into care plans.

Want to find out more?

Age UK has agreed policy positions on a wide range of policy issues, covering money matters, health and wellbeing, care and support, housing and communities. There are also some crosscutting themes, such as age equality and human rights, age-friendly government and information and advice

Further information

You can read our policy positions here;
www.ageuk.org.uk/our-impact/policy-research/policypositions/

Individuals can contact us for information or advice here;
www.ageuk.org.uk/informationadvice/ or call us on 0800 169 8787

Further information See *policy positions on. Ageing well: health and prevention; End of life care*

ⁱ Briefing: The Health and Care of Older People in England 2017, Age UK, 2017

ⁱⁱ Focus on preventable admissions: Trends in emergency admissions for ambulatory care sensitive conditions, 2001 to 2013, Nuffield Trust/Health Foundation, 2013

ⁱⁱⁱ NHS Digital 2018: GP Contract Services

^{iv} Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. *Lancet*. 2013;381:752–62.

^v Language and perceptions of frailty, Age UK, BGS, Britain Thinks, 2015

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- vi Proactive Care of Older People Undergoing Surgery (POPS) Department of Ageing and Health - Guy's and St Thomas' NHS Foundation Trust, submission to the King's Fund, available here <https://www.kingsfund.org.uk/sites/default/files/media/Guy's%20and%20St%20Thomas'%20NHS%20Foundation%20Trust,%20Department%20of%20Ageing%20and%20Health.pdf>
- vii Access all ages. Age UK/Royal College of Surgeons, 2012
- viii Are older people receiving cancer drugs?. NHS England, 2013
- ix <http://www.iapt.nhs.uk/equalities/older-people/> - accessed 23 March 2016.
- x <https://www.rcophth.ac.uk/2017/11/cataract-rationing-survey-reveals-66-of-responding-eye-units-have-some-restrictions-to-access-surgery/> - accessed 27 June 2018
- xi <https://www.nice.org.uk/guidance/ng77> - Accessed 27 June 2018
- xii Cancer Services Coming of Age: Learning from the Improving Cancer Treatment Assessment and Support for Older People Project, Macmillan Cancer Support, NHS England, Age UK, 2012