

Policy Position Paper

Age friendly health services (England)

March, 2016

Older people must be able to access health services that do not discriminate and are equipped to provide safe, high quality care that's relevant to them; and be treated by people that fully understand their needs and aspirations.

Key issues

Older people are the largest users of health services, representing two thirds of NHS usersⁱ. 65 per cent of all admissions to hospitals are people over 65 and because, on average, they stay longer they make up around 70 per cent of bed daysⁱⁱ. While in hospital, older people are more likely to be moved multiple times, impacting on the length of stay and their experience of careⁱⁱⁱ, and can be faced with the attitude that they “should not be there”^{iv}. A combination of poor discharge planning; a lack of community support; and poor handover from secondary (hospital) to primary (GP) care have contributed to readmissions to hospital within 28 days or discharge more than doubling amongst people over 75 since 1999/2000^v. The Government has acknowledged that “it is vulnerable older people for whom the NHS is not providing effective services, with confusion and fragmentation over how care is provided”^{vi}.

The long-standing direction of travel in national health policy is to move more care out of hospital and into the community. Underpinning this drive is the desire to better manage people's health in the community to reduce the need for more expensive and higher risk treatment in hospital, which can often result from a crisis. However, Age UK's report *The Health and Care of Older People in England 2015* revealed that the growth in hospital funding continues to outpace community services^{vii}. A survey of district and community nurses revealed that 95 per cent believed there wasn't enough time to get the work done^{viii}. 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 cent^{ix}.

The drive to avoid admissions should not be at the expense of older people's access to care. 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. However, many older people will always need some form of hospital care and this should be available in a form that meets their needs. Avoiding admissions should not be seen as a good in its own right.

Research demonstrates 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^x; chemotherapy^{xi}; and talking therapies^{xii}. The Mental Health Taskforce report to NHS England acknowledged that older people were not getting the support they needed and were identified as a priority group in its recommendations. In spite of these inequalities and the proportion of NHS users that are older, medical undergraduates receive on average only 55 hours of geriatric training in five years^{xiii}. With the NHS in an unprecedented period of flat funding growth, both national leaders and local commissioners must guard against any decisions that reduce older people's access to care.

Since NHS England published its *Five Year Forward View* strategy paper in 2014, a number of major projects have started to test new ways of working. For example, the *Vanguards* programme is supporting local services to bring together specialists that cover a range of health and care needs. Such approaches could make a significant difference to older people's care, which is currently too focused on single conditions and less complex needs.

Public policy proposals

- Age UK is committed to supporting the founding principles of the NHS. We recognise the absolute 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.
- NHS England and the Department of Health must cultivate an environment that supports the ambitions of the *Five Year Forward View*. This must include a focus on older people's needs and increased use of the voluntary sector.
- Clinical commissioning groups must address the mental health needs of older people, including full implementation of the Mental Health Taskforce recommendations and rapid progress in achieving parity of esteem between physical and mental health.
- NHS England and commissioners must keep under review the impact of reductions in funding on older people access to and outcomes from care.
- The views and needs of older people must always be reflected in joint strategic needs assessments, driving local commissioning and measuring the performance of local services.
- GP services must be driven by pro-active, preventative care; a full understanding of older people's health needs; and must fully involve their local communities in designing and running services.
- Professional training and workforce planning must reflect older people's needs, including care for older people living with frailty and with multiple co-morbidities. There must be more compulsory training on areas associated with ageing and people in later life as well as strict inclusion of dignity and equality in undergraduate courses and continuing professional development.
- 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.

Also see positions on health and care integration; health, wellbeing and prevention.

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ⁱ A Recipe for care – Not a Single Ingredient, Philp, I, Department of Health 2007

ⁱⁱ Cornwell J et al. Continuity of care for older hospital patients: a call for action. King's Fund, 2012

ⁱⁱⁱ Hospitals on the edge?. Royal College of Physicians, 2012

^{iv} Tadd W et al. Dignity in practice: an exploration of the care of older adults in acute NHS trusts. NIHR service delivery and organisation Programme; 2011. London: Panicoa, 2011

^v Emergency Readmissions to Hospital within 28 Days of Discharge from Hospital: adults (persons) of ages 75+ (IC NHS Indicator Portal), Outcomes, Readmissions

^{vi} Refreshing the Mandate to NHS England: 2014–2015. Department of Health, 2013

^{vii} Briefing: The Health and Care of Older People in England 2015, Age UK, 2016

^{viii} National Nursing Research Unit, King's College London and Employment Research Unit, June 2014 "Survey of district and community nurses in 2013: Report to the Royal College of Nursing" page 4

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

^x Access all ages. Age UK/Royal College of Surgeons, 2012

^{xi} Are older people receiving cancer drugs?. NHS England, 2013

^{xii} <http://www.iapt.nhs.uk/equalities/older-people/> - accessed 23 March 2016.

^{xiii} Gordon, A. et al, UK medical teaching about ageing is improving but there is still work to be done: the Second National Survey of Undergraduate Teaching in Ageing and Geriatric Medicine, Age and Ageing, 2013