

Better Health in Old Age

*Report from Professor Ian Philp, National Director
for Older People's Health to Secretary of State
for Health*



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Contents

	Foreword	v
1.	Background	1
2.	Vision and Future Challenges	2
3.	Progress	6
	Summary	6
	Promoting Health	7
	Investing in Community Services	12
	Services for Old-Age-related Needs	20
	Changing Attitudes	26
4.	Conclusion	32
	Appendix	
1.	NSF Standards	33

Foreword



The National Service Framework for Older People was launched in 2001. It promotes independence and well-being for older people and support for them to live at home or in community settings as far as possible. The emphasis in the NSF has been right across the whole health and social care system rather than being narrowly focused on just one or two conditions. This is an ambitious agenda but a crucial one.

It is heartening to see that greater numbers of older people are being protected by having a flu jab, giving up smoking and having breast cancer screening. It is never too late to look after your health. Falls and fracture, which are the leading cause of death due to injury in older people, are being vigorously dealt with.

Delayed discharge, which was a real problem a few years ago, has fallen substantially since we tackled it with a national drive and extra resources. Once out of hospital, older people can take advantage of up to six weeks' active convalescence and rehabilitation. New funding for Extra Care housing has led to imaginative schemes around the country providing individual privacy but at the same time flexible 24-hour support from social care and health teams. At home, we provide community equipment faster than before and have increased home-care packages and support year on year.

Services for common conditions in old age are vastly improved. Stroke is the third biggest killer in the UK after heart disease and cancer. There are now double the number of specialist stroke units in England compared to 1998, with further rapid progress in the development of stroke services. In a host of other areas such as emergency care, surgery, long-term conditions and mental health, older people are benefiting from reforms to mainstream services.

After three years, it is clear that the NSF has galvanised the NHS and social care into more person-centred services and reduced ageist attitudes and practices.

That tide is now irreversible, and I am delighted to welcome this report as evidence of substantial progress in services for older people and their families. Improved health in old age benefits everyone.

A handwritten signature in black ink, reading "John Reid". The signature is written in a cursive style with a long horizontal stroke extending to the right from the bottom of the name.

The Rt Hon John Reid MP
The Secretary of State for Health

1. Background

- 1.1. In March 2001, we published the National Service Framework (NSF) for Older People's Services. The NSF is at the centre of the Government's response to meeting the health and social care needs of an ageing population in England.
- 1.2. The NSF sets eight standards for improving the health and social care of older people (see Appendix 1).
- 1.3. By the end of 2004, there will be an additional £1.4 billion for the development of health and social services for older people. An extra £1 billion has been set aside for community-based services to be provided for older people by 2006.
- 1.4. The National Director for Older People's Health leads the implementation of the NSF. Promoting health requires the contributions of not only the NHS but also that of councils, the independent sector and older people themselves.
- 1.5. In this report, we describe the progress that has been made since the NSF was published. We identify the major challenges and how these are being addressed. We describe the drivers for further reform and the principles that underpin our vision for improving health for older people – now and for future generations.



2. Vision and Future Challenges

Our overall goal is to ensure that services are designed around the needs and choices of patients, service users and citizens. The four principles that underpinned the development of the NSF for Older People should continue to underpin further improvements in health and care for older people, but each can be refreshed.

2.1 Person-Centred Care

- 2.1.1 Our approach to promoting person-centred care has been about a personalised response, the treatment of older people with dignity and respect and the rooting out of age discrimination.
- 2.1.2 In the next phase, we want more control to pass to service users through direct payments for social care, greater choice, increased control and responsibility for self-care.
- 2.1.3 This will require fair and consistent assessment of needs, with budgets devolved either as direct payments to social service users, or to front-line practitioners who can work with service users to align service response to users' priorities. Diversity of service provision will be required to increase choice for service users.

2.2 Joined-Up Services

- 2.2.1 We have promoted joined-up services by bridging the gap between hospital and home, developing a single assessment process and developing integrated services for falls, stroke, mental health, and continence.
- 2.2.2 In the next phase, services will continue to expand and change with the developing research evidence base.
- 2.2.3 On current trends we could see the end of delayed discharge as a significant issue for the health service within four years. However, we will need to continue to invest in community services, particularly the intermediate care services that provide alternatives to hospital admission or support early

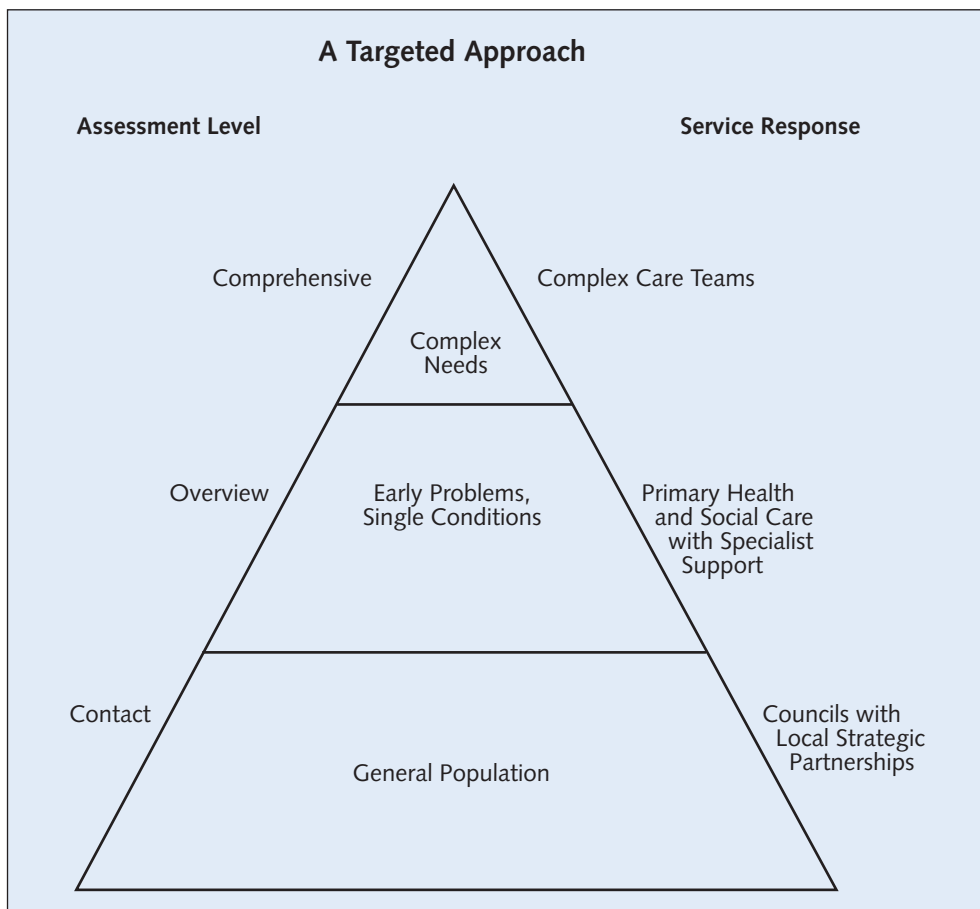
discharge. Furthermore, the commissioning and provision of intermediate care services needs high-level leadership with the support of both the local NHS and social services, with involvement of the independent sector in delivery.

- 2.2.4 Good progress has been made in the development of services for old-age related conditions. Investment in stroke, falls and continence services will need to continue and move with emerging evidence about the need for early intervention in stroke, scanning for risk of fractures in high risk people with falls and forthcoming guidelines on best practice for managing faecal and urinary incontinence.
- 2.2.5 Mental health services for older people need further attention. The widespread introduction of the single assessment process will allow early detection of depression, dementia and loneliness in old age. Suicide rates in older people have fallen greatly in the last ten years but older people remain a high risk group, so the detection and treatment of depression in old age is a priority.
- 2.2.6 Age discrimination in mental health services needs further attention, so that services developed for working adults are available to older adults on the basis of need, not age and vice versa.
- 2.2.7 Mainstream primary care, intermediate care, hospital care, residential and other long-term care services all need to be able to accommodate the care of older people with mental health problems as these often co-exist with other problems.
- 2.2.8 Further investment in specialist old age mental health services is required to provide care for those with greatest needs as well as providing advice and support to mainstream services.

2.3 Timely Response to Needs

- 2.3.1 Timely response to needs has concentrated on rapid access to treatment and care following the identification of need or at crisis.

- 2.3.2 In the next phase, services will be increasingly proactive, with population screening, opportunistic case finding and anticipatory care used to identify problems at an earlier stage and intervention ahead of crisis.
- 2.3.3 People with complex needs will have these addressed by teams working across hospital, community and care services. Primary care networks will be strengthened with an electronic record system to share information about needs and promote early identification and response. Local strategic partnerships led by councils will develop and implement plans to promote health, independence and well-being of older people. (See Figure)



2.4 Promotion of Health and Active Life

- 2.4.1 The promotion of health and active life for older people is embedded in local NHS and council planning, with specific programmes on disease prevention.
- 2.4.2 In future, the Performance Assessment Framework for councils and the public health targets for the NHS need to be better aligned to promote well-being, independence and health in old age.
- 2.4.3 The forthcoming White Paper on public health will need to emphasise the benefits of health promotion for older people, with incentives for the NHS and councils to work together and invest in health promotion activities for people as they enter, and throughout, later life. In particular, opportunities to increase physical activity need to be encouraged and to be inclusive of marginalised groups of older people: those living alone, the socially isolated or those with specific needs based on their culture and race.

2.5 Drivers for Change

- 2.5.1 The last NSF milestones are to be met in April 2005, but mechanisms are in place to ensure that services for older people continue to improve. These include national and local targets, workforce development, information technology to implement electronic personal care records, independent inspection of health, social care and council services, the publication of evidence-based national guidelines, further research and the ongoing work of many national organisations and local champions committed to improving the health and care of older people.
- 2.5.2 Older people's champions working in NHS trusts and councils (some 1,800 in number) will continue to ensure that the needs of older people are understood, that older people have an increasing choice and power in decision-making about their care and that need rather than age is used to determine access to treatment and services.

3. Progress

3.1 Summary

- 3.1.1 Health in old age is improving, with increased life expectancy for people at the age of 65 years.
- 3.1.2 Older people are at least as likely as younger people to look after their health. Investment in community services is providing care closer to home. Services have been redesigned to meet the needs of an ageing population and attitudes are changing: people are being treated on the basis of their needs rather than their age.

Summary of Progress	Then	Now
<i>Life expectancy</i>		
At the age of 65 (men)	14.6 years (1993)	16.1 years (2002)
At the age of 65 (women)	18.2 years (1993)	19.2 years (2002)
<i>Age standardised mortality rate per 100,000 population for over 65s from:¹</i>		
All causes	5,260.6 (1993)	4,428.4 (2003)
Coronary heart disease	1,381.1 (1993)	857.1 (2003)
Stroke	598.6 (1993)	504.2 (2003)
Cancer	1,210.8 (1993)	1,104.4 (2003)
Suicide	11.8 (1993)	8.8 (2003)

1 Age-standardised rates are rates which have been adjusted to take into account different age-structures of the population being described. They enable fairer comparisons to be made over time or between areas and are used because most mortality rates change very rapidly with age. The source of these data are the Office for National Statistics (ONS) Mortality Statistics.

3.2 Promoting Health

“The latest progress report on older people’s services provides evidence of good progress in promoting health in old age.”

James Johnson

Chairman of council, British Medical Association

“The LGA welcomes the partnership approach that the NSF has encouraged in terms of promoting health and active life for all older citizens.”

Cllr David Rogers OBE

Chair of the Supporting People Board, Local Government Association

“Older people want the same things from life as everyone else, and social care has to move away from the assumption that the need to take part in society and to live an active and fulfilling life ends at the age of 65.”

Gordon Lishman OBE

Director general, Age Concern

“Physiotherapists and other allied health professionals would applaud the success of the NSF in leading to substantial improvements in the delivery of healthcare for older people and their ability to lead independent lives.”

Phil Gray

Chief Executive, Chartered Society of Physiotherapy

“PRIAE’s work with Black and Minority Ethnic elders shows that they are keen to engage with professionals that help promote good health and well being.”

Naina Patel OBE

Director, Policy Research Institute on Ageing and Ethnicity

- 3.2.1 Major progress has been made in promoting health, with increased uptake of vaccination against flu, breast cancer screening and smoking cessation.
- 3.2.2 Councils, together with the local NHS and other partners, are implementing plans to enhance the health, independence and well-being of older people as active citizens in their local communities.
- 3.2.3 A range of services to reduce the risk of falls and their consequences is having a major impact on the health, independence and well-being of older people.

Summary of progress

Promoting Health	Then	Now
Uptake of flu vaccination for over 65s	65% (2000)	71% (2004)
Number of people aged 60 and over who successfully quit smoking at four-week follow up	12,900 (2000/2001)	42,900 (2003/2004)
Number of women aged 65 and over who have been screened for breast cancer	103,000 (2000)	148,700 (2003)

Figure is for the financial year 2000/2001
 Figure is for the financial year 2003/2004.

Case Study A – Blackburn and Darwen ‘Up for Owt’ Programme

A week in the life of 81-year-old Ted Howarth’s life would exhaust many people half his age.

He starts every morning with half an hour’s brisk walk before breakfast and then moves onto cycling, golf, horse riding, bowling or tai chi, depending on the day of the week.

And that doesn’t include his activity holidays, which often involve canoeing and abseiling.

Ted is one of many older people who are taking advantage of the ‘Up for Owt’ programme – a community physical activity project launched in 2002 in Blackburn and Darwen, with participants encouraged to take ownership.

The programme aims to coordinate other exercise classes run by different agencies and also to target older people not already catered for – those who find it difficult to get out of the house and those, like Ted, who want something more challenging.

“I’ve always been active because it keeps you young and being partially sighted hasn’t put me off. I feel 18, not 81. I suppose I could sit on my backside and watch TV all day, but what’s the point?” says Ted, a retired newsagent.

“I’d be lost without all the activities. They give you something to look forward to because it’s not just the exercise you benefit from, mentally and physically, but just getting out and meeting people, and it also encourages people of my age, and often younger, to try something new,” he says.

“Unfortunately, I wish I’d known more about the benefits of exercise so I could have helped my wife more. She died of a stroke after suffering a mini-stroke.”

The project has also helped Jenny Watson, 72, and her husband Wilf, 74, to get out into the community more, as well as regaining her confidence after a fall.

“I used to be a bit of a couch potato but I’m now active every day,” says the 72-year-old. “I joined a ladies gym, and three months ago I could only do five minutes on the treadmill. Now I can do 20 minutes and another 10 on the cycling machine.”

During an average week, Jenny takes part in keep fit, salsa, tai chi, line dancing and cycling.

“The activities lighten up our days and it means we do more together, which is important because my husband hasn’t been well after suffering two heart attacks,” says Jenny.

Andrea Madden is Health and Fitness Coordinator for Blackburn with Darwen Borough Council. She helped develop the programme, which is one of a number initiated by the Pro-active Lifestyles group.

The group is run in partnership with the council, Blackburn with Darwen PCT, Age Concern and other independent bodies. Input and support comes from elected members, non-executive directors, the Older People’s Forum and Older People’s Champions.

“We wanted to get away from the stereotypical view of the type of exercise that older people enjoyed, such as tea dances and keep fit classes, and change older people’s expectations of what activities they are capable of doing. If we [could] change their mindset then it would have a huge impact on their health,” says Andrea.

The home-based exercise programme targeted people who may have just been discharged from hospital after suffering a stroke or heart attack or who were visually impaired.

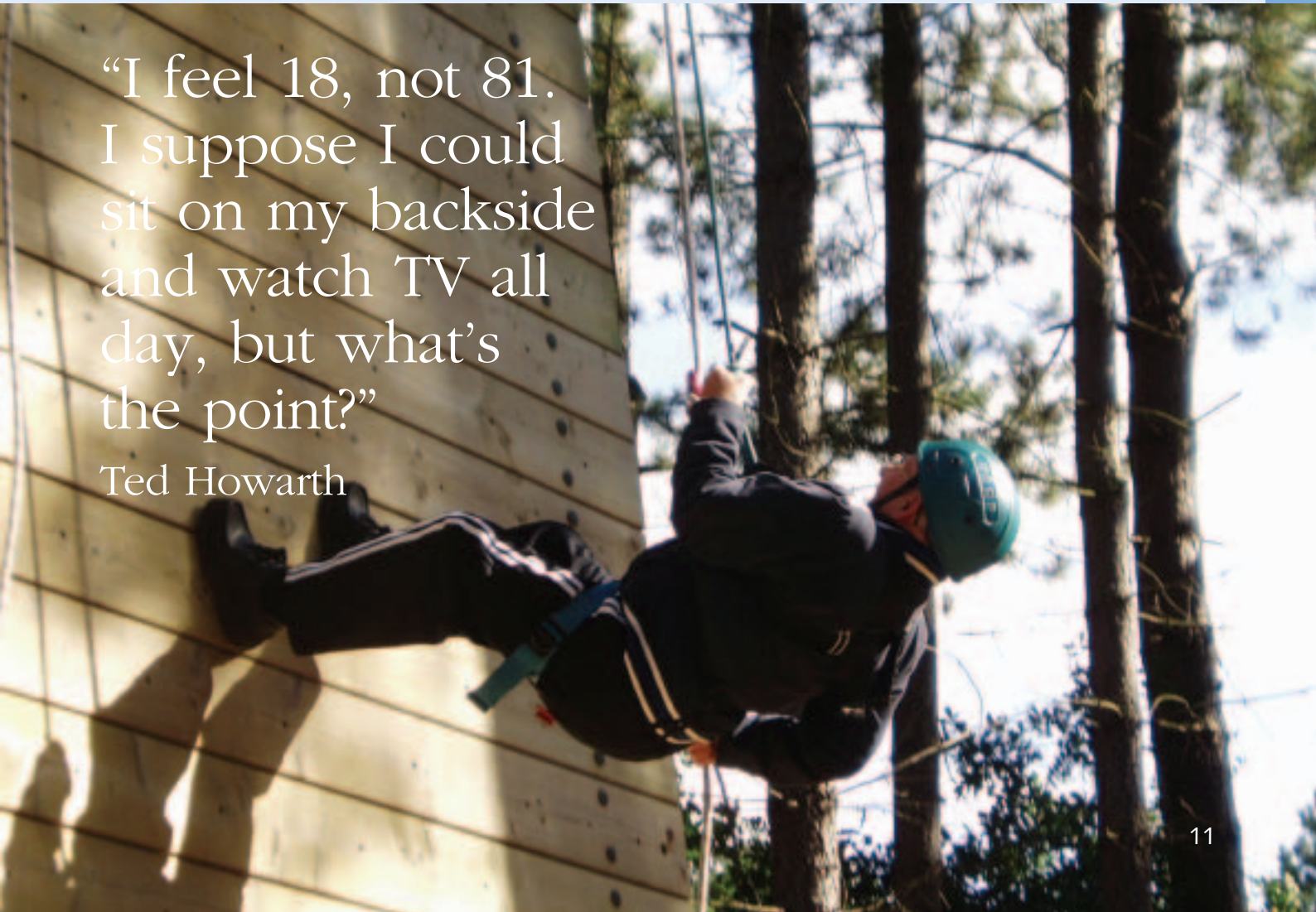
An instructor goes into the home over six weeks to teach functional exercises including improving balance, joint strengthening, getting in and out of a chair properly and building up leg strength and stamina – all building on work by physiotherapists and occupational therapists.

“The programme aims to improve capabilities for everyday life and build their confidence so that they feel like living life again. We’ve had some real

success stories, with older people who were very immobile now enjoying tai chi and water aerobics," Andrea adds.

"At the other end of the scale, we've been delighted by the response. It's gone from strength to strength. We've had to buy more bikes, [which] we keep at Witton Country Park, which are also used by our partners for their projects. We added horse riding after requests from older people and now organise activity holidays and day trips."

The project won the Queen Mother's Award for Care of Older People at the NHS Health and Social Care Awards 2004.

A photograph showing a person rappelling down a wooden wall in a forest. The person is wearing a blue helmet, a dark jacket, and dark pants. They are holding onto a rope and are positioned horizontally against the wall. The background consists of tall, thin trees and a clear sky.

"I feel 18, not 81.
I suppose I could
sit on my backside
and watch TV all
day, but what's
the point?"

Ted Howarth

3.3 Investing in Community Services

“The NSF for Older People has been a significant driver in both improving the quality of community services and in extending their range with and across housing and the NHS.”

Andrew Cozens
President (2003-2004), ADSS

“Well integrated intermediate care services transform lives by supporting older people and people with long term conditions to make choices in line with their own preferences for a high quality of life.”

Virginia Beardshaw
Director of UK services, British Red Cross

“The NSF has stimulated the development of an imaginative range of intermediate care services. These new rehabilitation services are being built where they need to be – closer to older people in their local communities.”

Sheelagh Richards
Chief Executive, British Association and College of Occupational Therapists

“An important practical achievement arising from the NSF for Older People is the radical reorganisation of Community Equipment Services (ICES).”

Sue Adams
Director, Care and Repair

“We are encouraged by progress under the National Service Framework, where family carers are acknowledged as integral partners in the delivery of support to older people in the community.”

Margaret Fletcher

Director of UK operations, Princess Royal Trust for Carers

“The NSF has been the focus for rapid change in the care of the elderly in primary care.”

Dr Michael Dixon

Chairman, NHS Alliance

- 3.3.1 Intermediate care services, which bridge the gap between hospital and home, are providing active convalescence for more than 331,271 people a year, with 80% of these people being older people.
- 3.3.2 70% of the country is now covered by integrated community equipment services.
- 3.3.3 While over recent years we have increased investment in care homes, we have also been investing more heavily in other forms of care settings to provide more choice for older people. There has been growth in both intensive support to remain at home and ExtraCare housing, which are providing additional capacity and choice in the provision of long-term care.
- 3.3.4 Financial support to family carers has doubled, and there has been growth in the number of older people who themselves volunteer within community services.
- 3.3.5 The combined impact of the investment in community services has reduced the pressure on acute hospitals. Unlike in other developed countries, delayed discharge from acute hospitals in England is no longer rising. In fact, the number of delayed discharges has reduced substantially – from 6,419 in December 2001 to 2,619 in June 2004 – releasing capacity equivalent to building eight new district general hospitals, and more than one million bed days per year.

Summary of progress

Developing Services	Then	Now
<i>Intermediate care</i>		
Intermediate care beds	4,442 (1999)	8,697 (2004)
People receiving intermediate care	132,000 (1999)	331,721 (2004)
Intermediate care places	7,149 (1999)	17,339 (2004)
<i>Community equipment</i>		
Integrated community equipment services	400 separate health and social care equipment services (2000)	70% of country covered by integrated services (2004)
<i>Intensive home care</i>		
Number of households receiving intensive home care (10 contact hours and six or more visits during the week)	81,400 (2002)	87,000 (2003/2004)
Proportion of older people receiving intensive home care as a proportion of all older people supported intensively to live at home or in residential care	27.2% (2001/2002)	29% (2002/2003)
<i>Extra Care housing</i>		
The number of ExtraCare tenancies provided by councils, registered social landlords and other providers	18,000 (1997)	25,500 (2003)
<i>Support for carers</i>		
The number of carer assessments carried out separately or jointly with clients	202,000 (2000/2001)	313,000 (2002/2003)
The number of carers receiving direct payments for social care	100 (2002)	970 (2003)

Developing Services	Then	Now
<i>Delayed discharge</i>		
General	6,419 (Dec 2001)	2,619 (June 2004)
Over 75s	5,117 (Dec 2001)	1,930 (June 2004)
The number of over 75s experiencing a delay on any one day	5,673 (Sept 2001)	1,930 (June 2004)
Rate of delay (over 75s)	12% (Sept 2001)	4.67% (June 2004)

Case Study B – City of Sunderland Intermediate Care Centre

When 83-year-old Myrtle Wild discovered she was to undergo her second hip operation in two years, she felt confident about walking again.

“I’d been to Farmborough Court for a month after my first operation and the care was so good I wasn’t worried about my recovery. It was like going home. You’re accepted with love the minute you go through the door,” says Myrtle.

She is one of the 1,300 patients who have benefited from intermediate care at Farmborough Court – a 52-bed intermediate care centre that opened two years ago.

The joint initiative sees City of Sunderland Social Services, Sunderland PCT, Sunderland City Hospital, South of Tyne & Wearside Mental Health Trust, carers and older people working together for the first time.

Patients are medically stable but have illnesses ranging from stroke, trauma, chest and heart problems to dementia and are given short- to medium-term rehabilitation.

Already, the service saves 18.6 beds a day at Sunderland City Hospital – a virtual saving as these beds are quickly filled by new admissions. Of the 1,300 people treated, 71% were provided with care that led to timely and appropriate discharges and, impressively, 73% continue to live at home six months after discharge.

Myrtle adds: “The rehabilitation was excellent. It’s important to get your muscles working after a hip operation, so I had to work hard doing exercises that build strength and flexibility. I was determined to walk again.

“I knew exactly what I had to do when I got home and I still do my exercises three times a day, as well as going for a daily walk. I’m now reliant on just one walking stick. I’m very grateful to all the staff for helping me get home and on my feet again.”

Karen Wright, rehabilitation service manager, manages a team of occupational therapists and physiotherapists who work with reablement assistants and home care assistants to support rehabilitation programmes.

The team also works closely with the Intermediate Care Fieldwork and Assessment Team, social workers, 24/7 and rapid response nursing teams, who provide support for people in their own homes. The teams can access intermediate care places and also provide health and social care support to help older people at home, which can include home-care staff trained in reablement techniques.

“As well as delivering rehabilitation, we also discover what patients want to achieve during recovery,” says Karen.

“After an illness, older people often lose their confidence and so we work on lost skills such as mobility, such as getting on and off buses, being able to wash and dress themselves and making a cup of tea. We also work on strength, stamina and balance and get them confident about going home.”

At the centre, which is unique for its dementia care, older people undertake person-centred rehabilitation and take part in daily social groups, focusing on mental health well-being, reminiscing or orientation, and are supported to return to their own homes rather than care homes.

Karen adds: “We are very proud of the service, because older people do benefit from staying here. It’s a really positive way for them to recover. They leave feeling supported and confident about going home.”

Norman Taylor, a divisional manager for City of Sunderland Social Services, is the city’s lead for the service.

“We were doing quite well at reducing delayed discharge before the advent of the NSF and intermediate care because all the agencies worked well together, but some patients lost out in quality of care,” says Norman.

“Now if people need time to recover or are on the borderline of going into care, we can provide them with quality care and rehabilitation to get them home. We had a few doubts about how well it would work for patients affected by dementia, but we are delighted that the service has been really successful in getting many of them home too.”

Norman puts the service's success down to many factors: the facility itself, staff dedication, training home care staff in rehabilitation and the backing of senior executives who allow operational managers to get on with delivering the service.

"However, the older people of Sunderland have also made a huge contribution – those who sit on the user group and the patients who give us feedback," he adds.

The project won the Queen Mother's Award for Intermediate Care of Older People at the NHS Health and Social Care Awards 2004.



“The rehabilitation was excellent. It’s important to get your muscles working after a hip operation... I was determined to walk again”

Myrtle Wild

3.4 Services for Old-age-related Needs

“Since the NSF for Older People was published, older people have moved from the margin to the mainstream in access to NHS treatment and services.”

Dame Gill Morgan
Chief executive, NHS Confederation

“The United Kingdom is one of the leading countries in the world in developing comprehensive specialist stroke services. With the exception of Scandinavia we now have a greater proportion of hospitals with stroke units than anywhere else.”

Dr Tony Rudd
President, British Association of Stroke Physicians

“The Government through Standard Five: Stroke, has positively improved the range and standard of stroke care and services in England.”

Jon Barrick
Chief executive, Stroke Association

“The tide is turning – fewer people are told that dementia is ‘just old age’ and more people are receiving the support and treatment they need.”

Neil Hunt
Chief executive, Alzheimer’s Society

“Since the publication of the NSF for Older People, progress has been made towards the key NSF goal of achieving access to integrated falls services for older people across England.”

Melody Holloway
Chair, AGILE

“We now need to see a sustained effort to establish fully integrated falls services with a strong emphasis on the prevention and treatment of osteoporotic fracture.”

Angela Jordan
Policy Manager, National Osteoporosis Society

“The single most important thing that has moved continence services forward has been the NSF for Older People.”

Sue Thomas
Policy and practice adviser in chronic disease and disability, Royal College of Nursing

- 3.4.1 We have seen major advances in the development and organisation of services for old-age-related needs. These include stroke, falls, and incontinence services. These have been developed as integrated networks across primary, community, hospital and specialist settings. There has been good pioneering work in mental health services for older people but there will need to be a focus in the year ahead to spread best practice.
- 3.4.2 In acute hospitals, there has been a significant increase in the number of specialists in old-age medicine.
- 3.4.3 There has been a major increase in elective surgery for most old-age-related needs, including joint replacements and cataract surgery. This has led to an increase in the independence and quality of life for many older people.

Summary of progress

Old-age-related Needs	Then	Now
<i>Stroke</i>		
Hospitals in England that treat stroke patients with a specialist stroke service	45% (1998)	90% (October 2004)
<i>Mental health services</i>		
Consultants in old-age psychiatry	348 (Sept 2001)	444 (June 2004)
<i>Integrated continence services</i>		
Number of continence advisors	521 (2000)	622 (2004)
Proportion of primary care organisations with plans to develop an integrated continence service	56% (July 2002)	91% (July 2003)
<i>Acute care</i>		
Consultants in old-age medicine	781 (Sept 2001)	922 (June 2004)
<i>Access to elective care</i> (rates per 1000 population for people aged 65 and over)		
Hip replacements	7.4 (2000)	7.7 (2003)
Knee replacements	3.7 (2000)	4.4 (2003)
Cataracts	27.0 (2000)	29.7 (2003)

Case Study C – Bradford Teaching Hospitals

“A stroke can be as disabling for the carer as it is for the patient,” says full-time carer John Brown, whose wife Christine suffered a stroke three years ago.

“We didn’t know who to turn to in terms of help. I didn’t know how to claim any of the benefits we were entitled to, where to go for help or appreciate what a long haul it can be in terms of recovery,” he adds.

John, 67, and Christine, 66, are members of St Luke’s Hospital’s stroke rehabilitation user group, alongside 12 other carers and stroke patients.

The user group comes up with ideas and improvements to stroke services in Bradford. Health professionals also attend to answer questions.

Christine was paralysed down her right-hand side but has now made a good recovery. She says: “We thought it important to come up with a list of all the contact numbers and organisations that can help when you have a stroke, such as where to get a blue disabled badge. We also felt that carers should be talked to more sympathetically in hospital, because it can be such a shock.

“We also supported the idea of putting a white board at the end of each bed so that staff could write down when our next treatment was, otherwise patients can’t organise their day.

“But I think the most important service is a new weekly support group in south Bradford, where patients didn’t have any support at all.”

Denise Beck, user group co-ordinator, says: “One of the first things the user group told us was that when you have a stroke and return home, it’s like ‘falling into a black hole’ because there was no support in the community

“The PCTs, following small-scale tests, now plan to expand their cardiac rehabilitation service to a cardiac vascular service to include stroke patients, because they often have the same needs as heart attack patients in terms of secondary prevention. Patients will have three to six months of treatment after leaving hospital.

“The user group has worked far better than we ever imagined. Their feedback has been very, very useful.”

Nurse specialists, occupational therapists and physiotherapists are all part of the rehabilitation team led by Dr Chris Patterson, Consultant in Elderly Medicine.

“Rehabilitation of stroke patients is very important. It’s been shown that if you go into a rehabilitation unit you are less like to die from another stroke and 30% more likely to return home and be more independent.

“Patients are assessed by a doctor or nurse specialist within 24 hours and an occupational therapist and speech and language therapist within 72 hours. Patients’ average stay is about 30 days. They receive therapy on a daily basis, which also includes secondary prevention. The team also carries out discharge planning.

“Routinely we let GPs and community nurses know that their patient is in the unit so that information is passed between us.

“Occupational therapists will assess the homes of most patients before they are allowed home to make sure that patients will be able to live independently and make suggestions like installing stair or grab rails.”

The TIA one-stop clinic was set up in 1999 and operates weekly at the city’s Royal Infirmary Hospital with no waiting list.

Previously patients were sent by their GPs to various different specialist areas depending on what they had experienced and reported, for example, neurology.

Dr Patterson says: “The service developed slowly so that we wouldn’t get overwhelmed. At first we saw emergency admissions, then casualty admissions and gradually [we] rolled it out to GPs over the last two years.

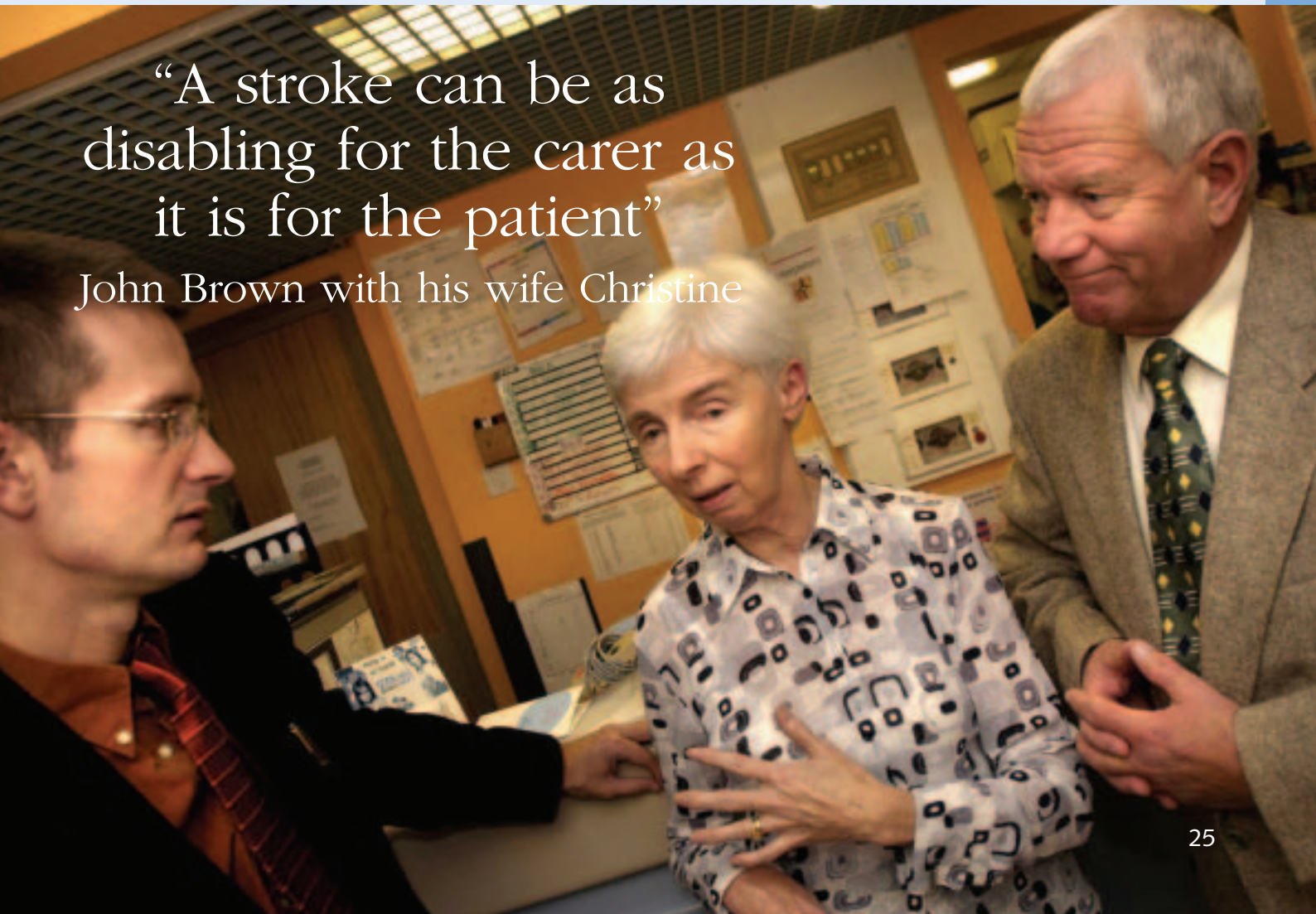
“We came up with a template form for GPs to fill out based on the description of what happened and what the patient experienced, as well as an information package about TIAs so that they are easier to spot. They then fax the form over to us and we make an appointment.”

He adds: "Over the last six to eight months, the number of stroke admissions has markedly reduced, and we suspect this is partly due to prompt review of TIA patients, with early assessment and secondary prevention."

Around nine to ten patients are referred every week; they are given information on smoking, alcohol, exercise and diet and Stroke Association leaflets and undergo blood tests and scanning. Patients then return to their GP for all the recommendations about treatments.

"A stroke can be as disabling for the carer as it is for the patient"

John Brown with his wife Christine



3.5 Changing Attitudes

“The NSF for Older People has been hugely significant in modernising attitudes towards older people.”

Paul Cann

Director of policy and research, Help the Aged

“The NSF builds on the best in the NHS and social care. It creates a solid platform for ensuring that older people are treated with dignity and respect.”

Rodney Bickerstaffe

President, National Pensioners Convention

“Nurses know how important it is for patients to feel they are being treated with respect. Older people especially need to experience care which supports their dignity and reassures them that their opinions and wishes are being responded to.”

Beverly Malone

Secretary general, Royal College of Nursing

“Elder abuse is increasingly recognised by Government, statutory agencies, and growing sections of the public as a pervasive problem that is hard to quantify and complex to tackle...To be effective we need to couple regulatory action with a societal and professional change in attitudes and approach to the care and support of older people.”

Gary Fitzgerald

Chief executive, Action on Elder Abuse

“The development of the NSF marked a sea-change in the way older people were treated in the NHS. As well as some specific clinical targets, for the first time there was a determination to challenge ageism and to ensure that older people were treated with dignity and respect.”

Martin Green

Chief executive (1999-2004), Counsel and Care

“Through older people’s involvement, their citizenship, their choices and their control can indeed not only demonstrate how health and social care services can be reshaped but how we as professionals can and must rethink our attitudes to age and ageing in delivering public services”

Mervyn Eastman

Director, Better Government for Older People

- 3.5.1 Because age discrimination has been tackled, older people have been major beneficiaries of the investment and reform in the NHS as a whole. For example, access rates to cardiac procedures have increased most among older people.
- 3.5.2 The implementation of personal care records has been pioneered with older people; this has produced a single system of assessment within the NHS and social care system based on the views and wishes of older people.
- 3.5.3 The take-up of direct payments for social care – cash payments in lieu of receiving services – is starting to grow rapidly albeit from a low base.
- 3.5.4 Adult protection procedures have been improved as part of a systematic approach to root out abuse of older people.

Summary of progress

Changing Attitudes	Then	Now
<i>Tackling age discrimination in heart procedures</i>		
Proportion of cardiac surgery patients aged 75 and over	2.2% (1993)	10% (2003)
<i>Personal care records</i>		
Councils that have implemented the single assessment process	0% (2000)	80% (October 2004)
<i>Direct payments</i>		
Number of older people aged 65 and over receiving direct payments	500 (2000/01)	2,700 (2002/03)
<i>Adult protection protocols</i>		
Proportion of localities that have established adult protection policies	0% (2000)	70% (2004)

Case Study D – Wirral Older Persons' Champions Network

Elizabeth Stewart, 74, is one of 20 representatives on the Wirral Older Persons' Champions Network set up almost two years ago.

The network, made up of older people, carers, health professionals and representatives from the voluntary and private sector, meets every three months.

It follows the progress of the implementation of the NSF for Older People and discusses issues related to their health and well-being, including taking up possible instances of age discrimination.

As well as being a champion, Elizabeth sits on two sub-groups – intermediate care and scrutiny panel for age discrimination.

She says: “We talk to friends and families about any experiences they may have had and report issues back to the network so that they can be tackled. We also meet in different healthcare settings so we can see services first hand and meet with champions from other areas so that we can exchange ideas.”

Elizabeth is now keen to see more publicity surrounding the programme so that more people are aware of what the network is doing.

“Up until recently older people thought that they had been forgotten about by society, but we want them to know that the NSF has highlighted the problems they face, including age discrimination,” she adds.

Dr Andrew Ellis, Clinical Director for Older People's Mental Health Services at Clatterbridge Hospital, Wirral, is also an older person's champion.

He has helped tackle age discrimination in mental health treatment.

“Alzheimer's is predominantly an older people's illness, yet the new medicines for it were being treated differently to drugs for other illnesses that affected a wider age range of patients. We have worked with our PCTs to ensure fair access to these treatments, which often delay the progress of this devastating condition.

“We were also seeing patients who were enjoying the social side of rehabilitation in day centres and then suddenly being told they couldn't attend any more because they were 65. Traditionally, funding for older

persons' day care was also geared towards dementia, which meant that the only day care previously available for 'young' older people with depression was alongside people with dementia," says Andrew.

Improvements were made by working more closely with Bebington and West Wirral PCT and Birkenhead and Wallasey PCT, the hospital's adult mental health services and local authorities, which provide day care. GPs are also being trained to be dementia experts, so that they can carry out some of the follow-up appointments, freeing up the clinics for other patients.

"Age discrimination has been the driver for change and we are now trying to make the service needs-led rather than age-led without losing the advantage of having an older people's mental health service speciality. There's been a shift in culture and perception and patients are happier that they are getting the services that they want," Andrew adds.

Myrtle Lacey, Vice-chair of the network, says: "In forming our network, we have given the champions more profile and have made their collective voice more effective in challenging the way health and social care services are provided locally.

"Age discrimination has been ignored for a long time and the NSF for Older People has done a great deal to raise awareness of the problem. However, there is a lot work that has to be done and part of that is changing society's attitude to older people."

“Up until recently older people thought they had been forgotten about ... the NSF has highlighted the problems they face, including age discrimination”

Elizabeth Stewart



4. Conclusion

Health in old age is improving and should continue to improve. This means that older people will be able to contribute more as active citizens within their communities and within their families, helping to create a stronger and more prosperous society. Although older people will continue to need health and social care services, improvements in disease prevention, treatment and rehabilitation will improve the health, independence and well-being of older people and reduce the need for long-term care.

Appendix 1

NSF Standards: Published March 2001

Standard One	NHS services will be provided, regardless of age, on the basis of clinical need alone. Social care services will not use age in their eligibility criteria or policies, to restrict access to available services.
Standard Two	NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.
Standard Three	Older people will have access to a new range of intermediate care services at home or in designated care settings, to promote their independence by providing enhanced services from the NHS and councils to prevent unnecessary hospital admission and effective rehabilitation services to enable early discharge from hospital and to prevent premature or unnecessary admission to long-term residential care.
Standard Four	Older people's care in hospital is delivered through appropriate specialist care and by hospital staff who have the right set of skills to meet their needs.
Standard Five	The NHS will take action to prevent strokes, working in partnership with other agencies where appropriate. People who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation.
Standard Six	The NHS, working in partnership with councils, takes action to prevent falls and reduce resultant fractures or other injuries in their populations of older people. Older people who have fallen receive effective treatment and, with their carers, receive advice on prevention through a specialist falls service.

Standard Seven	Older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers.
Standard Eight	The health and well-being of older people is promoted through a coordinated programme of action led by the NHS, with support from councils.



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