EVIDENCE SUMMARY – NATIONAL CONTEXT

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BASICS

DOCUMENTS

Document No	Title
2.1	BGS 'Seamless Care – Obstacles and Solutions'
2.2	BGS 'Rehabilitation of Older People'
2.3	MeReC bulletin – 'Prescribing for Older People'
2.4	HAS 2000 – Standards for Health and Social Care Services for Older People
2.5	NHS Plan Summary
2.6	NSF for Older People – Summary
2.7	'Implementing Medicines-related Aspects of the NSF for Older People'
2.8	NSF for Older People – Short summary
2.9	SNMAC report – 'Caring for Older People: a nursing priority, integrating knowledge, practice and values'

ABBREVIATIONS

Abbreviation	Description
HAS 2000	Health Advisory Service 2000
BGS	British Geriatric Society
CGA	Comprehensive Geriatric Assessment
SNMAC	Standing Nursing and Midwifery Advisory Committee
NSF	National Service Framework
HImP	Health Improvement Programme

WHO'S WHO

Title	Name	Dates

1 NATIONAL CONTEXT

The standard of NHS care for older people has caused concern since before 1998. A number of reports have found care to be deficient, and particular concerns have been raised about ageism, an inadequate and demoralised workforce, poor care environment, and lack of seamless care, amongst other issues. The National Service Framework for the Care of Older People was produced in March 2001 in response to these concerns, and aims to equalise standards of care across the NHS, enlarging the workforce, improving the care environment, and eliminating ageism. (2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9) **[this might be a bit too summary-level]**

In 1997, The Health Advisory Service 2000 (HAS 2000) report "Not Because They Are Old" was published, and drew attention to ways in which care of older people on acute wards in

general hospitals was adversely affected by insufficient staff with generally low levels of morale. In the same year, the British Geriatrics Society's document 'Seamless Care – Obstacles and Solutions' drew attention to ways in which NHS care of older people may have been fragmented as a result of the purchaser-provider split (introduced in the 1990 NHS and Community Care Act), and Health Authorities being divided into smaller units (trusts). It was noted in the document that organisational structures that isolate or split elderly services within one or more trusts, or structures that have different budgetary or organisational systems for 'health' and 'social' care may adversely affect care, as may organisational arrangements which create barriers between communities and hospitals, and between hospitals themselves. The diverse care needs of the elderly are an additional factor in being difficult to orientate solely within a particular care environment. The document recommends a multidisciplinary approach to rehabilitative care, including Comprehensive Geriatric Assessment (CGA) – a physical, mental, social, economic, functional, and environmental assessment of older people. (2.1, pp1-2)

In 1999, HAS published 'Standards for Health and Social Care of Older People', which outlines standards of care to be expected from providers of care for older people. Standards are given for communication with service users and carers, for inter-organisational policies, for clinical practice, staffing issues, and for clinical governance. (2.4)

The NHS Plan section 'Dignity, Security and Independence in Old Age' (July 2000) outlined government plans for care of the elderly, including commitments to produce a National Service Framework for Care of Older People to eliminate ageism, streamline local assessment processes, and ensure good clinical practice. (2.5, p124)

The Standing Nursing and Midwifery Advisory Committee's 2001 report on standards of nursing care for older people focuses on care of older people in acute settings. It found standards of care provided to older people to be deficient in fundamental aspects of nursing, such as nutrition, fluids, and rehabilitation needs, for reasons such as lack of clinical leadership, inadequate training, and lack of resources. The report identifies particular shortfalls that can be addressed - in nursing education, nursing practice, staffing, and organisational and environmental factors – in order to improve nursing care for older people. (2.9)

The National Service Framework for Older People was published in March 2001 and sets standards for care of older people in all care settings. The framework places special emphasis on the older patient's, their relatives', and carers' involvement in the care process – including in care planning. There are to be local mechanisms to ensure the implementation of the framework's recommended actions – HImPs, joint investment plans, clinical governance frameworks, best value, and the integration of health and social care services. Progress towards implementation is to have been made by June 2001. (2.6, p25)

2 TRUST CONTEXT

3 MANAGEMENT OF HEALTHCARE

3.1 TRUST STRATEGIC MANAGEMENT

3.1.1 Leadership

3.1.2 Accountabilities and Structures

3.1.3 Strategic Direction and Planning

3.1.4 Health Economy Partnerships

3.1.5 Patient and Public Partnerships

3.2 SERVICE STRATGEIC MANAGEMENT

3.2.1 Leadership

3.2.2 Accountabilities and Structures

3.2.3 Strategic Direction and Planning

3.3 CLINICAL GOVERNANCE

3.3.1 Clinical Governance Strategy

3.3.2 Trust Organisational Responsibilities for Clinical Governance

3.3.3 Ward Clinical Governance Arrangements

3.3.4 HA Role as moves to PCT

4 QUALITY OF PATIENT CARE

4.1 QUALITY INDICATORS

4.1.1 Staff Attitude

4.1.2 Effectiveness and Outcomes

4.1.3 Access to Services

4.1.4 Organisation of Care

4.1.5 Humanity of Care

4.1.6 Environment

4.2 STAFFING AND ACCOUNTABILITY

4.2.1 Workforce and Service Planning

4.2.2 Medical Staffing & Accountability

4.2.3 Nursing Staffing and Accountability

4.2.4 AHP Staffing and Accountability

4.2.5 Other Staffing and Accountability arrangements

4.2.6 Out of Hours Arrangements

4.2.7 Team working

4.2.8 Recruitment and Retention

4.2.9 Schemes of Delegation

4.3 GUIDELINES, PRACTICES & PERFORMANCE MANAGEMENT

4.3.1 Patient Transfer

4.3.2 DNR

4.3.3 Palliative Care

4.3.4 Nutrition and Fluids

4.3.5 Patient Records

4.3.6 Trust Performance Management Arrangements

4.7.5 Induction

4.7.6 Mandatory Training

5 HOW LESSONS HAVE BEEN LEARNED

5.1 COMPLAINTS

5.1.1 Trust Management of Complaints

5.1.2 Ward Management of Complaints

5.1.3 Trust Lessons learned

5.1.4 Ward Lessons learned

5.1.5 Complaints training

5.1

6 SPECIFIC POLICIES

7 ANYTHING ELSE THAT DOESN'T SEEM TO FIT

7.1 FIRST THING

7.1

7.2 SECOND THING

7.2