

British Geriatrics Society

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STANDARDS OF MEDICAL CARE FOR OLDER PEOPLE

Expectations and Recommendations

Compendium Document A3 (1997)

Endorsed by:

Age Concern, The Association of Directors of Social Services, The College of Occupational Therapists, The Royal College of General Practitioners, The Royal College of Nursing, The Royal College of Physicians (London), The Royal College of Physicians and Surgeons of Glasgow, The Royal College of Physicians (Edinburgh), The Royal College of Psychiatrists, and the Royal College of Speech and Language Therapists.

INTRODUCTION

The National Health Service is a service for everybody. For many people and their families it is the most important public service of their lives. With increasing age, illness and disability are more likely. An effective and efficient health service seeks to provide optimal health in later life in the face of illness and disability.

These statements and proposed standards recognise that older people are important and valuable members of society. They acknowledge that some functions, for example sight or hearing may be impaired with increasing age and that recovery from illness or operations may take longer. Old age itself is not an adequate explanation or cause of physical or mental illness.

Previous documents outlining standards have centred on service specification in terms of facilities related to population numbers. This document seeks to establish the needs and expectations of individuals as the prime focus of services.

Health services should aim to:

- promote good health and well-being and to prevent and lessen illness, disability and long term infirmity among older people;
- treat illness when it does happen;
- enable older people to lead as full and independent a life as possible as active members of the community;
- provide a comprehensive health and social service to support people in their own homes;
- ensure appropriate provision of institutional care when required;
- ensure that dignity is preserved and distress minimised at all times;
- ensure that service effectiveness and efficiency are promoted through clinical audit, research and development;
- ensure that training and high professional standards are established and maintained by all staff.

Present achievement of these objectives is patchy. This guidance confirms areas of care which are good

and sets benchmarks of service for the establishment and maintenance of appropriate services. Throughout this document, we outline **STANDARDS** which should be available at all times and **EXPECTATIONS** which we consider reasonable and achievable.

Several terms used require explanation. General Practitioners together with nursing staff and others constitute the **PRIMARY HEALTH CARE TEAM**. Many services for elderly people require the skills of a variety of professionals and they are often described as **MULTIDISCIPLINARY**.

1 GENERAL INFORMATION & COMMUNICATION

Older people may expect:

- a clear and sensitively expressed explanation by staff of their medical condition/illness unless their ill health prevents this, and of the treatment options - available in writing if required;
- if the older person so wishes, this information will be given to relatives, friends and carers as well;
- to be involved in decisions made about their health and care;
- that relatives, friends or other advocate may act on their behalf, if the older person has difficulty in understanding or communicating;
- practical advice on appropriate support services and information to enable them to adapt to illness and disability;
- written detailed information on local health and social services, voluntary organisations and on benefits;
- support will also be available to their family and friends;
- access to their health records and the security of knowing that everyone in the NHS is under a legal obligation to keep records confidential.

2 ACHIEVING THE BEST POSSIBLE HEALTH

- Older people should receive health care which takes account of their levels of dependency, and on the basis of their clinical and social needs alone, not on age.
- Older people have a right to:
 - be registered with a General Practitioner (GP);
 - be allocated, by their local Health Authority or Commission, a GP within two working days;
 - be supplied with a list of doctors within two working days, together with details of how to change doctors, by Local Health Agencies;
 - be entitled to change their GP easily and quickly.
- The GP and other members of the primary care team will provide most health care. In the event of uncertainty with regard to the older person's condition or a need for specialist reassurance, guidance, treatment and advice, older people can expect to be referred to a hospital department best able to meet their needs.
- The older person may expect to receive information on:
 - a healthy lifestyle;
 - the dangers of smoking and excessive alcohol consumption;

- healthy eating and the problems of obesity;
- the benefits and importance of regular appropriate exercise;
- home safety and advice on how to avoid personal accidents;
- social support and welfare benefit rights;
- bereavement counselling;
- benefits of vaccinations;
- high blood pressure causes and corrections.
- Older people of 75 years and over should expect to be offered a health check once a year at their GP's surgery, or at home if preferred.
- Older people may take advantage of the GP's facilities to perform basic hearing and sight checks and to receive advice on their ability to drive.
- The identification of a non-urgent problem with an older person's sight or hearing should lead to appropriate action being initiated within at least four weeks. Where conditions such as glaucoma, requiring urgent attention, are detected, appropriate action should be taken promptly.
- If necessary the person may be prescribed glasses and may expect to be referred to their GP if certain eye conditions are found. Means tested benefits can assist with the cost of eye tests and the provision of glasses.
- Older people should, however, make their own arrangements (rather than asking their GP):
 - to have regular NHS dental check ups and treatment;
 - to have regular eye testing;
 - to have chiropody.
- Services in a person's own home should be available for the housebound for the assessment of sight, hearing and dental care.

3 ILLNESS

- Most illness will be managed by the GP and the primary health care team. A patient has the right to emergency medical treatment at any time, either from their GP or at a hospital accident and emergency department as appropriate.
- If a patient's condition requires outpatient attendance, they may expect:
 - to be seen within one week if their GP believes that the problem requires urgent attention. If the problem does not require urgent attention, they may expect to be seen within eight weeks;
 - to be seen on time or to receive an explanation for any delays which do occur;
 - to have their condition investigated within four weeks of their first appointment;
 - their GP to receive information within one week, regarding their attendance in out patients.
- If the patient's GP considers that they require specialist treatment from a doctor or from another person with specialised knowledge of the problems of old age, and it would be impractical to attend a hospital, the patient may expect to be visited at home for problems requiring urgent attention.
- If the patient's condition necessitates hospital care, they may expect:
 - to be cared for by a medical team appropriate for their needs in an environment able to meet their needs;

- where necessary, to be cared for by staff who have specialised training in dealing with the multiple complex medical problems of older patients;
- an accurate diagnosis and the proper treatment of all their medical and psychiatric problems;
- if appropriate, a full multi-disciplinary assessment of their needs;
- to receive in-patient care and facilities as long as their condition requires it.

4 RECOVERY AND REHABILITATION

Recovery from illness often takes longer in later life. Specialised rehabilitation is often required to restore health both in the community and in hospital. If rehabilitation is indicated, patients may expect:

In Hospital:

- to receive care until they can return home;
- to be treated and cared for by a multi-disciplinary team which recognises their potential abilities and encourages (rehabilitates) them by means of exercise and other programmes so that they can return to as independent a life as possible.

At Home:

- if their condition makes an independent lifestyle impossible, arrangements for their future care support to be made within two weeks of assessment;
- if they choose, their family and other carers to be involved in their rehabilitation.

DISCHARGE FROM HOSPITAL

(concordant with a joint policy statement by the British Geriatrics Society, the Association of Directors of Social Services and the Royal College of Nursing, The Discharge of Elderly Persons from Hospital for Community Care, BGS, London, 1995)

The patient and, subject to the patient's agreement, the patient's carers must be involved with decisions regarding discharge arrangements and will be informed at all stages. Before a patient is discharged from hospital, they can expect to be advised how their continuing needs should and can be met. The patient's hospital will agree arrangements with the primary care team and agencies such as community nursing services and local authority social services departments.

The patient's GP will be advised of their condition and the discharge plans.

Older patients may expect:

- to receive a copy of a written discharge checklist which will set out a plan for their continued care. A member of the health care team will work through this list with patients to ensure that they understand it;
- to receive instructions which will help them be aware of what they need to do, including information regarding medicines. Adequate prescribed drugs will be supplied from hospital to ensure a continuity of treatment following discharge before a routine renewal prescription can be provided by the patient's GP;

- the staff involved in the patient's care to be skilled and knowledgeable in the special needs of older people;
- if necessary, to be visited at their home soon after discharge, either by a member of the primary health care team and/or members of the hospital multidisciplinary team;
- if there are complicated medical and social needs, but the person wants to remain at home, Social Services to assess their needs and, in conjunction with the GP, arrange the necessary support;
- provision of appropriate equipment prior to discharge from hospital (e.g. commodes, bath and toilet rails etc.).

5 SPECIAL HEALTH SERVICES FOR OLDER PEOPLE

Older people should have equitable access to a full range of specialist medical opinion and particularly easy access to departments which specialise in the physical and mental problems of older people. GPs should refer older patients to the most appropriate department for their particular problems.

Day hospitals offer outpatient assessment, treatment, rehabilitation and multidisciplinary management of many health problems associated with old age.

If older patients are referred to a day hospital they may expect:

- when attending a day hospital, a multi-disciplinary team will assess and manage their health problems;
- when attending the day hospital, arrangements will be made to transport them to the hospital and back home afterwards, if required.
- patients and their carers may feel the need for a temporary break (respite) from each other, or, the carers may develop health problems of their own which makes caring difficult.

Patients are entitled to:

- support in an emergency, which will be arranged by either the patient's GP and/or Social Services;
- respite care on a pre-arranged, planned and regular basis.

Respite care may be provided in a residential home, nursing home, in a hospital day centre, in the patient's own home, or in hospital or a combination of the above as appropriate, depending on need.

Some health problems occur more commonly among older people and require special services.

Memory Problems

- Memory problems are often a consequence of specific disease. Ageing alone does not result in failing memory.
- If older patients have problems with their memory and their GPs cannot identify a cause, they may expect to be referred to a psychiatrist with specialist knowledge of the mental health problems of older people, or a physician with specialist knowledge of memory problems, for assessment.
- If the memory problem is not curable, the patients and their carers may expect to receive advice on management, information regarding appropriate health, social and voluntary services and to be given on-going support.

Falls and Immobility

- Ageing increases the risk of falling and is associated with movement difficulties. These problems may be caused by treatable medical conditions.
- Older people may expect:
 - to have a full assessment of the cause of their condition, by the General Practitioner and where indicated by medical staff with the appropriate specialised training and experience;
 - to be provided with equipment, which will make it easier to move around. This will be lent where indicated and instruction and training on correct use given;
 - in an emergency to receive help and assistance.

Continence Problems (Bowel and Bladder control)

- Difficulty in controlling bladder or bowels (incontinence) may be due to treatable medical conditions.
- Older people may expect:
 - to be assessed by the primary health care team and where necessary, receive specialist assessment of their condition and receive treatment;
 - if the condition is not curable, to be given advice and/or aids to help them manage better with their incontinence.

6 COMMUNITY AND SOCIAL SERVICES

In order to ensure a comprehensive health care system, it is essential for good communication between the doctors, the primary care team, and staff who treat the patient in hospital, and Social Services.

Older people may therefore expect, when needed:

- flexible and responsive community service support throughout the week;
- day care facilities;
- home care;
- night sitting and night visiting;
- appropriate equipment and aids to assist in daily living;
- the home to be adapted for the older person's needs within a reasonable period, after being judged fit to return home;
- supportive aids to cope with continence difficulties including an incontinence laundry service;
- community physiotherapy, occupational therapy, chiropody (care of feet), speech and language therapy and help from a dietician;
- bathing services;
- a system for monitoring care and safety if the person lives alone, especially with a view to preventing accidents from happening;
- that their care requirements will be assessed regularly;
- flexible, planned respite care to be provided to support older persons and their carer(s).

7 CHANGING HOME

If, despite treatment and rehabilitation, an older person is no longer able to manage at home, they may expect to receive care, depending on their needs, in sheltered accommodation, a residential home, nursing home or long stay care ward in hospital.

Older people are entitled to a full multi-disciplinary assessment in the community. If necessary, they may be offered further assessment, treatment and rehabilitation in hospital. Older people and their families will be given information on how the assessment will be done. The team assessing their condition may recommend that they move into care in which case they may expect:

- arrangements for their accommodation to be in place within one month;
- to exercise reasonable choice of future accommodation and have a right to appeal against placement;
- to visit their new home and approve it before transfer;
- an agreed care plan to be provided, which is to be regularly reviewed;
- wherever they live, to be entitled to consider it their home and they may expect, as far as their health will allow, a quality of life comparable to that which they enjoyed whilst living at home;
- as far as their health will allow, to determine their own lifestyle and to be as autonomous as their situation allows;
- that staff in the home will have received basic and ongoing training in dealing with the needs of older people;
- the nursing home to provide a high quality of care and meet regulatory standards;
- the GP will be kept informed to enable continued and appropriate medical supervision;
- dignity and privacy will be respected at all times;
- to be able to appeal against recommendation for nursing home placement;
- where health service continuing care is needed due to the complexity of their medical or nursing needs, consultant supervision will be available.

8 SUPPORT DURING TERMINAL ILLNESS

If an older person suffers from a terminal illness they may expect to receive medication and professional care, to ease pain and to make them as comfortable as possible (palliative care).

This care may be administered at home, in a hospital or in a hospice, depending on their needs.

9 DRUGS AND MEDICINES

The older patient is entitled to:

- be prescribed suitable medicines for the treatment of their condition;
- be prescribed medicines free of charge;
- have their treatment regime reviewed regularly.

The patient can expect to:

- have clearly labelled medicine containers that they can read without difficulty;

- have their medicines stored in containers that can be opened by them.

10 TRANSPORT TO AND MOVING AROUND HOSPITAL AND GP SURGERIES

Older people may expect that:

- hospitals and GP surgeries/health centres will be clearly sign posted;
- access to health facilities will be suitable for persons with impaired mobility and wheelchair users;
- if they are unable to make arrangements to get to hospital, transport will pick them up from home on time and get them to their destination on time for their appointment and will take them back home within a reasonable time.

11 THE OLDER PERSON'S RESPONSIBILITIES

Older People are expected to:

- let the parties concerned know as soon as possible, if they cannot keep an appointment;
- tell their doctor or hospital if they change name, address or telephone number;
- return equipment such as wheelchairs, crutches, walking sticks or frames when they no longer need them so they can be used by other people;
- make comments and suggestions so that services might be improved, knowing that nothing will be held against them for doing so;
- make appointments for regular dental and eye checkups;
- seek to resolve complaints by sensible discussion before making formal complaints in writing;
- notify their GP of any other/alternative medication they may be taking (e.g. from a private consultation or bought over the counter);
- treat staff with the same courtesy they expect to receive.

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