

Jeane Freeman MSP
Cabinet Secretary for Health and Sport
The Scottish Government
St Andrew's House
Regent Street
Edinburgh
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2 November 2020

Dear Cabinet Secretary,

Older people and COVID-19

The COVID-19 pandemic has had a huge impact on older people: 90% of COVID-19 deaths in the first wave of the pandemic were in people aged over 65. Around 46% of COVID-19 deaths in Scotland occurred in a care home, emphasising the impact that COVID-19 has had on that sector.

Whilst it is right that we protect older people with frailty from the physical effects of contracting COVID-19, we must remember that this protection and isolation comes at a considerable emotional and physical cost. Communal areas in care homes and sheltered accommodation units were closed, and clubs and groups aiming to support older people with frailty have stopped. This has particularly affected those living with dementia and the people that care for them. We continue to see admissions to hospital and acute care where the person is greatly deconditioned because of the pandemic. These people are presenting with the usual conditions because of their frailty but are taking much longer to recover enough to manage again at their previous level.

The second wave of the pandemic is now upon us, with numbers of positive cases in hospital rising daily. Although more is now known about the virus, including how it affects older people and how it can be treated, we must ensure that the terrible experiences of older people during the first wave are not repeated. The urgent priority must be to apply learning from this. Therefore, we urge the government to consider the following points.

- **Policy decisions and allocation of resources must be made on the basis of evidence and need, not age.** Older people are not a homogenous group – some people aged over 65 will be incredibly active and mobile and others will be living with long-term conditions, including frailty. We urge the government to guard against ageism in its allocation of resources.

- **Care homes must be supported.** Care homes must have equitable access to PPE, to regular testing, and prompt results, for residents and staff. Homes must also be supported to set up effective isolation facilities for residents with symptoms or confirmed COVID-19. Given the detrimental effect on quality of life for care home residents through not being able to see their loved ones, care homes must be supported to enable safe visiting as a priority. Staff must be supported and encouraged to continue to practice realistic medicine and, with appropriate input, consider if hospital admission is in the best interest of the individual patient. Ongoing anticipatory care planning and use of resources such as Hospital At Home is essential.
- **Ensuring good standards for patient care and staff well-being.** We have watched with admiration the efforts of our colleagues in health, social care and in care homes. However, we also know that many of these services were already under-staffed and under-resourced. Their ability to meet increased demands during the pandemic will be hampered further as a result. We are pleased to learn of the recently commissioned independent review of adult social care in Scotland. We would ask that the panel consider the need for enhanced access to well-resourced and expanded multi-disciplinary teams able to deliver Comprehensive Geriatric Assessment (CGA). This will reduce delays in discharges from acute care and ensure more older people with frailty are able to continue living in homely environments. Our CGA teams in both acute and community care would benefit greatly from expansion and increased resource. These teams are made up of many individuals who specialise in the assessment, care and management of older people with frailty – advanced practitioners, allied health professionals, geriatric medicine doctors (trainees and consultants) and pharmacists. We urgently need more individuals to be trained and employed in these roles to ensure the high standards of care that our population rightly expects and deserves.
- **Reducing inequalities and re-starting of support services.** Those of us in Scotland who specialise in the care, management and system design for older people living with frailty in our communities hold the principles of **Realistic Medicine (RM)** at the centre of all that we do. Anticipatory Care Planning (ACP) is an absolute requirement and we were able to build on existing good work to maintain the good collaboration between primary and secondary care to ensure sensible ACP planning in the older people with frailty we assess and care for. One of the most important principles of RM is to reduce inequalities in access, enabling all to receive the benefits of our health and social care systems. We applaud the rapid upscaling of



virtual platforms such as NearMe and telephone consultations. Whilst this has enabled many to access services and still be assessed and treated in their usual place of care, many older people with frailty struggle with these new options. While we appreciate that services such as cancer diagnosis and treatment will, and rightly should, be prioritised, we urge the prompt restarting of vital community rehabilitation and support services, including community pharmacy input and older people's mental health services. These services help older people and their carers stay healthy and at home. This in turn will reduce demand on emergency services, releasing hospital and care home capacity.

The British Geriatrics Society Scotland believes that these are crucial areas for the Scottish Government to focus on to ensure that older people are not disproportionately affected by the second wave of the pandemic and its associated restrictions. We urge you to call upon the expertise available through the British Geriatrics Society. We have over 4300 members, including over 400 in Scotland, from a multi-disciplinary background, and who are highly experienced in the specialist care of older people in acute, primary and community settings. Please encourage NHS Boards and Health and Social Care Partnerships to call upon this resource to ensure the best possible outcomes for our older people as we navigate through the next stage of this pandemic. Ensuring that older people have the right care and support that they need, when and where they need it, will help to strengthen the resilience of the whole health and care system.

We would welcome the opportunity to discuss this with you further. To arrange this, please contact our Policy Manager, Sally Greenbrook, at s.greenbrook@bgs.org.uk.

Yours sincerely,

Professor Tahir Masud
President

Dr Jennifer Burns
President Elect

Dr Alan McKenzie
Chair, Scotland Council