

British Geriatrics Society
Improving healthcare for older people

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The Rt Hon Jeremy Hunt MP
Chancellor of the Exchequer
HM Treasury
1 Horse Guards Road
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1 February 2023

Dear Chancellor,

Spring Budget 2023 – Representation from the British Geriatrics Society

As you prepare for the Spring Budget during this time of extreme pressure on the nation's finances, the British Geriatrics Society (BGS) urges you to prioritise the NHS and social care and, in particular, older people – the largest group using these services. Through your extensive experience as Secretary of State for Health and Social Care and as previous Chair of the Health and Social Care Select Committee, you will be well aware of both the triumph of an ageing population and the challenges posed to health and social care services.

Almost 12 million people in the UK are of pensionable age and this is projected to rise to over 15 million by 2045. There will also be a significant increase in the number of very old people with the over-85 population set to double by 2045. The Government must prepare now for this rapid growth of the largest user group of NHS and social care services.

Evidence shows that people aged 65 and over account for 40% of admissions to acute hospitals and that 47% of hospital inpatients aged over 65 have frailty. Outside of hospital, around 10% of those aged over 65 live with frailty, rising to between a quarter to a half of those over 85. Frailty alone costs

healthcare systems in the UK £5.8 billion a year. These figures are not inevitable, nor are they irreversible. With the right support and investment, frailty can be slowed and, in some cases, reversed, enabling older people to lead more healthy lives for longer and to maintain independence, avoiding expensive hospital admissions and delaying social care costs. With this in mind, we have set out four areas where we urge you to increase investment in the upcoming Budget.

Rehabilitation

15% of older people discharged from hospital are readmitted within 28 days. Investment in coordinated discharge, intermediate care and rehabilitation services can ensure that older people are supported to continue their recovery once they are discharged and do not return to hospital, saving the NHS money. The government, and health and social care providers, must protect and preserve the right to rehabilitation for all older people who need it. Effective care of older people with frailty requires early mobilisation in hospital, rapid establishment of rehabilitation goals, and continued therapy input until their condition has stabilised.

Care closer to home

We call for continued investment in a multi-professional urgent community response that provides both intensive short-term hospital level care at home through Virtual Wards and Hospital at Home and access to goal-oriented home-based and bed-based reablement and intermediate care services. These must work closely with ambulance, ambulatory care and same day emergency care services as an integrated local network, to minimise avoidable hospital admissions and reduce waiting times. Investment in these services can also ensure that older people who are admitted to hospital are more likely to be discharged earlier which improves health outcomes for the individual as well as freeing up hospital beds and saving the NHS money.

Care homes

41% of emergency hospital admissions from care homes are for conditions that are manageable, treatable or preventable in the care home or community. Investment in good quality healthcare support for care homes saves the NHS money and reduces avoidable hospital admissions for older people. There should be continued efforts to implement Enhanced Health in Care Home models where it is possible to do so. These initiatives should focus on minimising inappropriate polypharmacy, which is costly and may lead to medicine-related harms, as well as discussing resident and family preferences about what should happen in the event of an acute healthcare crisis.

Workforce

Underpinning all of this must be investment in the health and social care workforce. Statistics show that there are currently around 135,000 vacancies across the NHS and another 165,000 in social care. In the short term, systems will have to be creative about how they use the workforce currently available including greater use of technology for professional-to-professional decision-making support, extended scope of practice, and some refocusing of roles. However, in the longer term, more experts in older people's healthcare will be needed. 43% of consultant geriatricians are due to retire in the next ten years. Across health and social care, and around the country, colleagues tell us it is impossible to recruit the necessary expertise to deliver existing services. The government must publish the long-promised workforce strategy and it must set out a fully costed plan for how the NHS will be staffed to meet the increasingly complex needs of our ageing population.

The BGS has over 4,600 members who are healthcare professionals working with older people in acute, primary and community care across the UK. We urge the government to call on our expertise to ensure that investment in health and social care services meets the needs of older people.

We would welcome the opportunity to discuss this with you further. If you would like to arrange a meeting, please contact our Policy Manager Sally Greenbrook (s.greenbrook@bgs.org.uk) to make arrangements.

Yours sincerely,

Professor Adam Gordon
President

Professor Jugdeep Dhesi
President Elect