

Steve Brine MP
Chair, Health and Social Care Select Committee
House of Commons
London
SW1A 0AA

8 February 2023

Dear Mr Brine,

Prevention inquiry – response from the British Geriatrics Society

The British Geriatrics Society (BGS) is pleased to contribute to this important inquiry on prevention. This submission has been developed with the BGS Research and Academic Development Committee and the Editorial Team of our journal, *Age and Ageing*.

1. About BGS

1.1 The BGS is the membership organisation for all healthcare professionals engaged in the treatment and care of older people across the UK. Since 1947 our members have been at the forefront of transforming the quality of care for older people. Our vision is for a society where all older people receive high-quality patient-centred care when and where they need it. We currently have over 4,600 members including geriatricians, nurses, GPs, allied health professionals and pharmacists working across acute, primary and community care settings.

1.2 While ageing itself cannot be prevented, BGS members are engaged in preventing ill health in later life and ensuring older people are enabled to live healthy, independent lives for as long as possible. With a rapidly ageing population, we urge the Committee to ensure that older people are included in this Inquiry so we can ensure that we are all able to live well in our later years.

2. Prevention in older people

2.1 Prevention of ill-health is the cornerstone of geriatric medicine. So much of what geriatricians, nurses, GPs and allied health professionals working with older people do is aimed at achieving better health outcomes for their patients, enabling them to stay well and independent at home, and to remain at home or return home from hospital as quickly as possible when they become ill. **The BGS has published a report about prevention in older people called *Healthier for Longer* which we urge the committee to consider.**¹

2.2 The NHS Long Term Plan prioritised prevention of ill health for older people in the form of anticipatory care. This involves proactively identifying those with, or at high risk of, ill health and providing comprehensive assessment and early interventions to prevent or delay poor outcomes and reduce emergency hospital admissions, which is both beneficial for individuals and saves the NHS money. The national rollout of this programme has been delayed and the promised funding unlikely to materialise, despite evidence that the approach works and enthusiasm across systems for this programme. **We urge the Committee to consider the evidence for proactive anticipatory care and make recommendations for investment in this approach.**

3. Frailty prevention

3.1 Frailty can be defined as an increased vulnerability to ill health which increases the risk of adverse outcomes including falls, delirium and disability.² It is sometimes anecdotally described as a lack of ability to ‘bounce back’ after a period of ill health. Frailty affects up to half of people aged over 85 in the UK³ and costs healthcare systems in the UK £5.8billion a year.⁴ Frailty can however be prevented and reversed through programmes such as anticipatory care (detailed above) combined with comprehensive multidisciplinary assessment and preventative interventions such as:

- Structured medication reviews for ‘polypharmacy’, the prescribing of multiple medicines, to prevent medicine related harm and reduce health and care resources.
- Falls prevention and urgent response for fall-related injuries which are common in older people, limit independence and quality of life and increase mortality and healthcare costs. We commend the World guidelines on falls prevention and management.

3.2 In addition, research is ongoing into specific ways in which frailty can be prevented. For example, BGS members are involved in work to delay physical and cognitive frailty by targeting the gut microbiome, using diet and/or supplementation. The project builds on promising early results from food supplementation.

Thank you for the opportunity to contribute to the first stage of this important inquiry. If you would like to discuss any aspect of our submission or invite one of our expert members to give oral evidence, please contact our Policy Manager, Sally Greenbrook, to make arrangements (s.greenbrook@bgs.org.uk). We look forward to contributing to further stages of this inquiry in due course.

Yours sincerely

Sarah Mistry
Chief Executive

¹ British Geriatrics Society, 2019. *Healthier for longer: How healthcare professionals can support older people*. Available at: <https://www.bgs.org.uk/resources/healthier-for-longer-how-healthcare-professionals-can-support-older-people> (accessed 8 February 2023)

² Clegg A, 2013. ‘Frailty in older people.’ *Lancet*. March 2; 381(9868): 752–762. doi:10.1016/S0140-6736(12)62167-9

³ Clegg A, Young J, Iliffe S, Rikkert MO and Rockwood K, 2013. ‘Frailty in elderly people’. *Lancet* Mar 2;381(9868):752-62. doi: 10.1016/S0140-6736(12)62167-9

⁴ Han L, Clegg A, Doran T and Fraser L, 2019. ‘The impact of frailty on healthcare resource use: a longitudinal analysis using the Clinical Practice Research Datalink in England’. *Age Ageing* Sep 1;48(5):665-671. doi: 10.1093/ageing/afz088.