

British Geriatrics Society
Improving healthcare for older people

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Labour Party National Policy Forum Consultation – Submission from the British Geriatrics Society, March 2023

The British Geriatrics Society (BGS) is pleased to be able to contribute to the Labour Party's National Policy Forum process. In the lead-up to the next general election, it is important that political parties engage with stakeholders to ensure that their manifestos reflect the needs of the public.

The BGS is the membership society for healthcare professionals working with older people across the UK. Founded in 1947, we now have over 4,600 members and are the only society in the UK offering specialist expertise in the wide range of healthcare needs of older people. Older people are the main users of health and social care services and have high mortality rates, different patterns of disease presentation, slower response to treatment and requirements for social support that call for specialist medical skills. Geriatricians, nurses, GPs, old age psychiatrists, allied healthcare professionals, pharmacists and researchers provide high quality care for older people as part of a multidisciplinary team during acute illness, chronic illness, rehabilitation and at the end of life, both in hospital and community settings.

We have structured our submission around the questions posed in the consultation document.

- 1. How can Labour ensure our public health services prevent worsening population health, ensure pandemic preparedness, address widening health inequalities, and offer early intervention programmes that reduce pressure on our communities and other services (in conjunction with wider social policy)?**

Prevention of ill health must be considered across the life-course and for all population groups, including older people. Labour should ensure that their plans for preventing ill health do not exclude older people. 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, allowing them to stay

well, remain independent, stay out of hospital and return home as quickly as possible when they are admitted to hospital.

The NHS Long Term Plan committed to implementing anticipatory care (now renamed as proactive care) which would involve identifying older people in the community who are either at risk of developing frailty or with mild frailty, and providing proactive care aimed at preventing or delaying the onset of frailty. This would enable older people to live independently for longer and reduce their likelihood of requiring hospital admission or other intensive treatments. The anticipatory care workstream of the NHS Long Term Plan has however had promised funding reduced and removed, despite there being a strong evidence base for this intervention. Labour could enable more people to live independently for longer by committing funding to anticipatory/proactive care. This would reduce dependency and subsequent costs in terms of hospital care.

In addition, we urge Labour to engage with the Inequalities in Health Alliance (IHA) to identify how health inequalities can be addressed across the life-course. The IHA is a group of over 230 member organisations, including the BGS, who are concerned about worsening health inequalities.

2. What should Labour do to strengthen primary care (including all primary healthcare professions) and to shift healthcare where possible into the community, while ensuring high quality hospital services?

Primary care is essential for older people with many older people particularly valuing their relationships with GPs and other members of the primary care team. However, it is important to ensure that when older people need care from other parts of the system, they have a joined-up experience. Integration across systems is key to ensuring that services work better for patients. We encourage the Labour Party to focus on better integration across systems.

It is important that care for older people is provided at the right time in the right place for the patient. In some cases, this will involve hospital admission and it is important not to downplay the role of hospital care for many people. However, hospital admission for older people increases the risk of deconditioning, delirium and hospital-acquired infection. It often also means an extended period of time away from the people who matter to them most – this is a particularly important consideration to older people who are nearing the end of their lives. Older people are also likely to get stuck in hospital as they may have increased care needs when they return home which take time to arrange or are not possible to arrange, due to a lack of social care. Hospital admission in older people should be avoided if possible. There are services in place around the country including urgent community response, same day emergency care, virtual wards and hospital at home which aim to avoid hospital admission and, if necessary, provide hospital-level care in a home environment. Details about the various models in

place can be found in the BGS publications *Right Time, Right Place*¹ and *Bringing Hospital Care Home*.²

We urge the Labour Party to support these initiatives with additional funding to ensure that all older people can access high-quality care close to home. However, this will not be sufficient in isolation. The NHS workforce is in crisis and there are currently not enough healthcare professionals in place to provide additional community-based services while maintaining high-quality hospital-based care. The Labour Party should prioritise the NHS workforce and commit to increasing medical school places and promoting roles such as advanced clinical practitioners and physician associates.

In addition, we would encourage the Labour Party to focus on rehabilitation services which are currently in a state of disarray. Successive governments have focussed on moving rehabilitation out of bed-based settings with the intent to move care closer to home. This is an evidence-based and person-centred approach to rehabilitation. However, disinvestment in bed-based rehabilitation has not been met with investment in home-based rehabilitation. In addition to the social care crisis, absence of rehabilitation resource was central to NHS bed shortages this winter. At one point, almost 10% of the acute hospital bed-base was occupied by people who were fit for discharge but unable to access either care or rehabilitation. Integrated Care Systems need to conduct healthcare needs assessments across the country to identify and project the rehabilitation demand in their setting. Services should be commissioned with this demand in mind. The workforce strategy should take account of the need to recruit additional rehabilitation specialists to meet this need.

3. How can education and children's care services support vulnerable children, and those who are disabled or have specialist education needs (SEND), to thrive?

No comment

4. What should Labour include in a Women's Health and Wellbeing Strategy?

No comment

5. How can Labour ensure public service buildings are designed to meet the needs of all their users?

When considering new hospitals as part of this policy area, we urge the Labour Party to consider the main users of hospitals, older people. People aged over 65 account for 40% of hospital admissions and occupy 60% of hospital beds at any given time. It is important that the needs of this population group are prioritised when designing hospitals. This includes ensuring that hospitals are dementia-friendly, and measures are taken to reduce the incidence of falls in hospital.

We highlight, in particular, the need to design hospital settings to take account of the rising number for older people with dementia who receive care in our hospitals. Delirium is a major consideration when caring for older people in hospital. In a general surgical ward, for example, up to two thirds of patients may experience acute confusion – delirium – whilst recovering from a procedure. There are evidence-based design principles that have been shown to reduce the risk of delirium, and which enable better and safer care of people if they become confused whilst an inpatient. Such principles are not universally built into the NHS estate at present and should be considered a priority both in new builds and renovation of existing facilities.

6. What are the specific implications of policy proposals in this area for (a) women, (b) Black, Asian and minority ethnic people, (c) LGBT+ people, (d) disabled people and (e) all those with other protected characteristics under the Equality Act 2010?

Age is a protected characteristic under the Equality Act and we urge the Labour Party to keep this in mind when planning public services. Access to health and social care is a human right, a principle as valid for older people as anyone else. Older people are the main users of health and social care services and as such, it is essential that their needs are central to the design of services. Older people must be able to access the services that they need, at a time and place that is appropriate to them and their voices, and those of their carers, must be listened to. Ageism within health and social care must always be challenged and never accepted.

There is compelling evidence that some population groups are less able to access healthcare services. Those from South Asian backgrounds, for example, are less likely to access memory clinics, and more likely to do so late in their presentation. These concerns can be mitigated to some extent by focussing on how health screening is targeted, how clinics are introduced in supporting literature, and where and when clinics and services are hosted. Focussing on the overlap of age and ethnicity as protected characteristics are key to ensuring that the whole population can benefit from evidence-based approaches to healthcare in later life.

In addition, it is important to recognise that the population profile of some groups with protected characteristics is changing and this must be considered as services are planned. For instance, increasing life expectancy means that people with some disabilities are reaching older age and developing conditions associated with ageing such as frailty. Likewise, people who are HIV positive are also now approaching older age. It is important when we consider health services for older people, the needs of these groups who in the past would not have been expected to reach old age are considered.

7. What consideration would need to be given to policy proposals in this area when collaborating with devolved administrations and local governments in England, Scotland, Wales and Northern Ireland?

The BGS is a four-nations society. Our members have experience of delivering high-quality care for older people in the different contexts in which they work. We have examples of good practice and collaboration that could inform developments in other parts of the UK. We urge the Labour Party to work with devolved administrations to ensure that older people are supported to age well, regardless of where in the UK they live.

We would welcome the opportunity to discuss any of the issues raised in this submission, or any other aspect of older people's healthcare with you as you develop the Labour manifesto. Older people use health services more than any other group. If we get health services right for older people, we are more likely to get them right for everyone else.

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

¹ British Geriatrics Society, 2021. *Right time, right place: Urgent community-based care for older people*. Available at: <https://www.bgs.org.uk/righttimerightplace> (accessed 16 March 2023)

² British Geriatrics Society, 2022. *Bringing hospital care home: Virtual Wards and Hospital at Home for older people*. Available at: <https://www.bgs.org.uk/virtualwards> (accessed 16 March 2023)