

**British Geriatrics Society**  
Improving healthcare  
for older people

**BGS**



# Fit for the future, Fit for older people





A general election manifesto from the  
**British Geriatrics Society**

# In summary: 10 asks of the incoming government

## Provision of person-centred care: before, during and after ill health

-  1 Embed the BGS Blueprint as the basis for integrated, person-centred, age-attuned care across the NHS.
-  2 Prioritise prevention and proactive care to enable older people to live healthy, independent lives for longer and reduce unplanned hospital admissions.
-  3 Invest in services that prioritise treating older people quickly and discharging them on the same day where appropriate.
-  4 Invest in rehabilitation services, ensuring that older people are given the best chance at recovery from ill health.

## A fully trained and sustainable workforce

-  5 Ensure workforce needs for healthcare in an ageing society are met, with one geriatrician per 500 people over the age of 85.
-  6 Increase the number of medical school places and reform medical training so that it remains an attractive career for graduates.
-  7 Ensure that professionals across the multidisciplinary team and care settings are supported to develop the skills needed to care for older people.
-  8 Mandate frailty training for all professionals working in the NHS.  
This includes all generalist staff and specialists in most other specialties, with the exceptions of obstetrics and paediatrics.

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## A long-term solution to social care

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Remove barriers to careers in social care by increasing pay, improving terms and conditions and ensuring visa arrangements are in place to allow care staff to come to the UK and to bring their families.



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Implement a long-term, sustainable social care system.



## Help us share our 10 asks of the incoming government

Visit the link below to visit the dedicated general election page on our website, where you will find shareable versions of all of our 10 asks, plus templates for you to write to your local electoral candidates.

[www.bgs.org.uk/GE2024](http://www.bgs.org.uk/GE2024)

# The ageing population

The population of the UK is ageing. By 2045, there will be 15 million people of pensionable age in the UK with the largest increase occurring in the oldest age groups. The number of people aged 85 and over is projected to double in the same period.<sup>1</sup> An ageing population is cause for celebration – advances in medicine and improved lifestyles mean people are living longer than ever before and contributing to society.

However, this also means more people living longer with increasingly complex health needs which will have a profound impact on demand for health services. Up to half of those aged 85 and over live with frailty.\* In addition, there will be a substantial increase in the number of people living with multimorbidity. In 2015, 54% of people aged over 65 were living with multimorbidity.† This is predicted to rise to 67.8% by 2035. Of particular note is the projected increase in the number of people with dementia. Researchers estimated that in 2019, 885,000 people in the UK were living with dementia. This is projected to increase by 80% by 2040, to nearly 1.6 million people. An NHS fit for the future means an NHS fit for the increasing number of people living with frailty, multimorbidity and/or dementia. It is vital that the next government recognises these realities of an ageing population and takes the opportunity to plan ahead and make health services work better for everyone.

However, the good news is that ill health is not an inevitable part of ageing and even with long term conditions, many people live relatively healthy lives well into old age. The incoming government must support public health and encourage individuals to lead healthy active lives. They must also seize the opportunity to transform the health and care system, so that it is there for everyone as they age. Without reform to cater for the growing needs of an ageing population, the system and workforce challenges will only proliferate. We call on the incoming government to be bold and prioritise the three following areas to ensure that health and social care services work for older people, now and in the future.



**‘The good news is that ill health is not an inevitable part of ageing... The incoming government must support public health and encourage individuals to lead healthy active lives.’**

\* Frailty is defined as the inability to recover from periods of ill health.  
† Multimorbidity is defined as living with two or more long term conditions.



# 1

## Provision of person-centred care: before, during and after ill health

**Older people's healthcare must be joined-up and person-centred, focusing on what is most important to the individual. Comprehensive Geriatric Assessment (CGA) should be routine for all older people with care provided according to the needs of the individual.**

In 2023, the BGS published its Blueprint, *Joining the Dots*.<sup>2</sup> This document provides a guide to the prevention and management of frailty in older people across all settings, from prevention and proactive care through to long term care in care homes and end of life care. We have heard from people working in health systems across the country who are finding the Blueprint a useful basis for planning their services for older people. The incoming government must build on the calls made in the Chief Medical Officer's (CMO's) 2023 report<sup>3</sup> and make the ageing population a policy priority, using our Blueprint as a basis for good quality, integrated, person-centred care for older people.

While fast and efficient access to hospital care is often crucial for older people experiencing an episode of serious ill health, most older people are not usually in hospital, and most would prefer to limit any time spent in hospital. It is vital that the next government focuses on keeping people well to prevent hospital admissions, provides as much care as possible away from the hospital and supports people to recover after a period of ill health.

Provision of high-quality proactive care can help to identify people at risk of deterioration and provide care that can prevent or delay the onset of ill health. Proactive care (previously known as anticipatory care) was a crucial part of the Ageing Well programme, as set out in the NHS Long Term Plan in 2019. NHS England published proactive care guidance in late 2023 outlining how proactive care can benefit older people with frailty and we know that those areas around the country that provide these services are having a positive impact on older people in their community and preventing unnecessary hospital admissions. The next government must actively encourage prevention approaches and support NHS systems to continue to establish such services.

Through services such as front door frailty and same day emergency care (SDEC), older people presenting to hospital can be identified early and, if admission is not necessary, return home the same day. Community and outpatient support can be provided for long-term conditions and end of life care, when appropriate. The aim should be to provide timely care in the community which avoids older people experiencing a health crisis. This improves patient experience and outcomes as well as reducing the burden on the system and thus saving money. There are good examples of this happening



across the country but it is far from universal. Integrated Care Systems (ICSs) are responsible for building services that are joined-up and provide high-quality care for older people, removing the need for many separate outpatient appointments and different patient pathways. The incoming government must ensure that ICSs prioritise person-centred older people's healthcare across all care settings.

Older people who are admitted to hospital must have access to high-quality rehabilitation both when they are still in hospital and when they are discharged. This can help them to regain a level of health and independence and reduce their risk of being readmitted to hospital. Currently 15% of older people who are discharged from hospital are readmitted within 28 days. While many older people will not return to the full health they had before their illness, most will experience some improvement in health if given access to rehabilitation services, benefiting their own recovery and reducing the burden on the health service.

Rehabilitation plays an important role in reducing hospital readmissions, but services are currently in short supply with inadequate staffing. We urge the incoming government to invest in the rehabilitation workforce and ensure that all older people leaving hospital have access to the rehabilitation they need to achieve recovery.

## Asks of the incoming government



Embed the BGS Blueprint as the basis for integrated, person-centred, age-attuned care across the NHS.



Prioritise prevention and proactive care to enable older people to live healthy, independent lives for longer and reduce unplanned hospital admissions for older people.



Invest in services that prioritise treating older people quickly and discharging them on the same day where appropriate. This has benefits for patients as long stays in hospital are often harmful for older people. This also frees up capacity in hospitals, enabling more people to be treated.



Invest in rehabilitation services, ensuring that older people are given the best chance at recovery from ill health.

‘Older people who are admitted to hospital must have access to **high-quality rehabilitation** both when they are still in hospital and when they are discharged.’

# 2 A fully trained and sustainable workforce

In a recent BGS membership survey, 80% of respondents said that their services were short-staffed at least weekly and this had a damaging impact on the care they were able to provide for patients. This in turn resulted in older people experiencing a worsening of their health and avoidable harms as a result of delayed, absent or sub-optimal treatment. Staff shortages across all professions and care settings must be addressed to bring standards of care back up to an acceptable level.

The publication of the long-awaited NHS Long Term Workforce Plan was a step in the right direction. The BGS is broadly supportive of the Plan's themes on training, retention and reform. However, since its publication, very little detail has emerged regarding how the aims of the Plan will be achieved, and the recruitment crisis continues.

As the incoming government considers the next steps for the NHS workforce, it is imperative that the needs of older people are central to these plans. The ageing population means that we need more experts in older people's healthcare. Distribution is very uneven across the country with some areas, as identified by the CMO, being poorly served with specialists given their local population needs. We estimate that by 2030, an additional 1,846 geriatricians will be needed to meet a benchmark of one geriatrician to every 500 people aged over 85. More needs to be done to encourage medical students to specialise in geriatric medicine, recognising that this is the biggest medical specialty and is likely to remain so. Four in ten consultant geriatricians are due to retire in the next ten years and currently not enough specialists are being trained to replace them.

It is not just doctors who are needed: more must be done to recruit and retain multidisciplinary professionals to contribute to older people's care. The incoming government needs to adopt a range of strategies to address the critical workforce challenge currently hindering high-quality care. This must include increasing the number of medical school places and reforming medical training to make it more attractive to young graduates. The government must also do more to promote newer blended roles that allow healthcare professionals to work across specialties and roles that enable professionals to advance in their careers without leaving patient-facing roles.

In addition to recruiting more professionals with expertise in older people's healthcare, there is a need for a nationwide approach to ensuring all healthcare professionals are equipped with basic skills in caring for older people with frailty and other conditions common with ageing, included cognitive impairments. With the exception of those working in paediatrics and obstetrics, most healthcare professionals will care for older people more than any other population group. All healthcare professionals should have the skills needed to care for older people with frailty and other conditions common in older age. The incoming government should mandate frailty training for all professionals working in the NHS.





# Asks of the incoming government



Ensure the workforce needs for healthcare in an ageing society are met by setting a benchmark across the UK of one geriatrician per 500 people over the age of 85.



Increase the number of medical school places and reform medical training so that it remains an attractive career for graduates.



Ensure that professionals across the multidisciplinary team and across care settings are supported to develop the skills needed to care for older people with increasing levels of frailty and multimorbidity.



Mandate frailty training for all professionals working in the NHS. This includes all generalist staff and specialists in most other specialties, with the exceptions of obstetrics and paediatrics.

‘The ageing population means that we need **more experts** in older people’s healthcare.’



# 3

## A long-term solution to social care

Over the last few decades, Prime Ministers from both major parties have promised to reform social care but none have followed through on that promise and the social care sector is now in crisis. This has a considerable impact on the NHS and in particular on older people's services. A lack of social care means that older people who are medically well enough to be discharged from hospital cannot go home because the care that they require to return home is not available in the community.

At one point in winter 2022/23, 13,000 people were in hospitals in England who did not need to be there but could not access the care they needed to be discharged. Older people who are stuck in hospital often decondition and end up needing more care than they otherwise would. In addition, delays in discharge have a knock-on effect on the rest of the hospital system. If older people who are well enough can be discharged, beds are freed up which allows people to be moved from emergency departments to wards. This in turn allows people to be moved from ambulances into emergency departments, enabling ambulances to respond to more emergencies.

All of this relies on a functioning and sustainable social care system, which currently does not exist. The incoming government must take immediate steps to give care workers a pay rise, ensuring that working in care is an attractive and competitive option for jobseekers. The care sector relies heavily on staff from outside of the UK and this is unlikely to change. The incoming government must reverse any visa restrictions that make it difficult for care staff, who are typically not highly paid, to come to the UK or to be accompanied by their families.

These however are relatively short-term measures. The incoming government must be bold and reform the entire social care system. Think tanks and charities have set out ways in which the sector could be reformed in a fair and sustainable way – now is the time to adopt one of these plans and to have an honest conversation with the public about how social care is paid for.

**‘The incoming government must be bold and reform the entire social care system.’**



# Asks of the incoming government



Remove barriers to careers in social care including increasing pay, improving terms and conditions and ensuring visa arrangements are in place to allow care staff to come to the UK and to bring their families.



Implement a long-term, sustainable social care system.



