Making services fit for an ageing population.
What else do we need to do?

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What I want to cover...

• I: Population ageing & attitudes to it
• II: Implications for health and wellbeing?
• III: And for services?
• IV: What older people/carers want?
• V: Systems/services are fit for ageing pop.?
• VI: How do we get better?

• I have provided article & key references
• I try to answer all emails/questions
• Will take Qs on specifics of policy (DH England)
• But not main focus
Recommendations for:

– Senior Leaders
– Team Leaders
– Professional bodies/societies
– Policy makers, government, NHS commissioning board
– Think tanks and commentators
2012: “Perfect Storm” circling round care of older people

- Equally perfect opportunity for lasting change
- Ombudsman “care and compassion”
- Patients’ association campaign
- CQC DANI Inspections
- Age UK/NHS Confed. Dignity commission
- Dementia Strategy ( & several reports on care)
- Social care funding/reform
- Age equality duty
- £15-20bn “Nicholson Challenge”
  - Older patients with complex needs as key
- Francis Report
Perceptions and stereotypes of ageing
(Clinical staff drawn from society and often bring these attitudes with them)

• “It is commonly believed that older people lead a rather gloomy existence characterised by social isolation, neglect from their family, beset with health problems and suffering considerable emotional stress” ...Most pernicious is the assumption of “passivity and dependence”...with older people “Incapable of running their own lives and as passive recipients of services”

• *Christina Victor. The Social Context of Ageing*
Health and Care Services.
Why “older people R us”?

• Success story of population ageing
  – Key facts and figures

• Big issues
  – Pensions, housing, workforce, long term care, carers

• Unhelpful/polarised attitudes/stereotypes

• Ageism & age-discrimination
  – Society, media, professionals, services, behaviour

• Upside of ageing/health/wellbeing
  – Stereotypes wrong.
  – Most older people feel “healthy” & fairly independent

• Downside
  – LTC (multiple, age-related) frailty, disability, dependency

• Implications for health/social care services
  – Volume, spend, casemix, multiple service use
What do older people/carers want?

• In health & wellbeing to avoid need for care?
• In safe/good/dignified/person-centred care?
• In care for their loved-one?
• Including those with dementia?
• In end of life care?
• In continuity, transition, co-ordination?
How we define quality?

- Outcomes
- Applying proven interventions to deliver
- Safety
- Experience
- (Continuity/integration/co-ordination)
- (Fairness/non-discrimination)
• “If we design services for people with one thing wrong at once but people with many things wrong turn up, the fault lies not with the users but with the service, yet all too often these patients are labelled as inappropriate and presented as a problem”
“Systems designed to treat occasional episodes of care for normally healthy people are being used to deliver care for people who have complex and long term conditions. The result is often that they are passed from silo to silo without the system having ability to co-ordinate different providers”
Before I “talk down” services

• Much good practice guidance
• Many brilliant services
  – Slow dissemination/adoption?
• Successful campaigns/programmes
  – Which have delivered
• Many happy patients/carers
• Good overall satisfaction
• Comparisons with services in other nations
• “Public narrative” unhelpful
  – Gloom, sensation, scandal, “golden-age”, victimhood

• Modern, relevant constructive solutions?
Back to “Quality”...

• Outcomes/interventions e.g.
  – National audits: continence, nutrition, falls, fractures, hip fractures, dementia care
  – NCEPOD reports periop. care/ressus
  – Cancer care (e.g. registry)

• Safety e.g.
  – falls, drugs, hospital mortality, DVT, pressure sore, hospital acquired infection, readmission
Quality - efficiency

• Efficiency

• Unwarranted variation
  – NHS and Social Care Atlas
  – National Audits with local feedback
  – Activity e.g. Admission/readmission/care home placement/LOS

• Inefficiencies at interfaces/transitions
  – Delayed transfers of care
  – Avoidable admissions/readmissions
Quality: Experience.

- Do we consistently deliver what older people and their carers want? e.g.
- All-parliamentary enquiry 2008
- Ombudsman
- Patients’ Association
- “Counting the cost” report on demenia
- Equality act consultation
- Francis enquiry
- Older people have autonomy, personhood, humanity, rights etc yet often infantilised/de-personalised etc
Quality. Continuity/integration

• Patients moved repeatedly
• Transitions/shared care with multiple agencies/professionals
• Problems at interfaces
• Repeating information/poor sharing
• Confusion over “who is who”
• Miscommunication/mistakes at “hand offs”
• Bewilderment “a stranger in a strange land”
• Lack of useful information/support for carers
• No one “system navigator”
Quality: Fair/Non-Discriminatory

• Surveys of managers/doctors/nurses/AHPs
• Experience of older people/carers
• Equality Act Consultation
• Centre for policy on ageing reviews
  – Services differentiated by age, always justified?
  – Incentives/investment
  – Common conditions of ageing neglected/care gaps
  – Worse Rx for older v younger with same condition
  – Older people with frailty/”atypical” presentation written off/therapeutic nihilism
  – “acopia”, “social” “inappropriate” “medically discharged” “bed blocker” etc
“Known knowns” - why things go wrong?

• No shortage of evidence e.g.
  – PANICOA “dignity in practice” report
  – Alzheimer’s “counting the cost of care” report
  – RCN report on nurse staffing for older people
  – consultations/enquiries/strategies
How do we get better?

- No more “groundhog day”
- No more “death by awareness?”
- We already know more than enough about:
  - What older people/carers want
  - What “good” looks like
  - What’s going wrong
  - Why

- Need to focus on constructive Solutions
  - relevant, effective, multifaceted, multi-agency

- No “magic bullet”
“Delivering Dignity” Commission
(Only 6 recs for central gov/policy)

• Recommendations for:
  – Hospitals
  – Nursing/Res Homes
  – Systems
  – Universities
  – Educators
  – Professional Bodies
  – Regulators
  – Leaders
  – DH
  – Wider government
  – Commissioners
  – Professions
  – Advocacy Groups
Solutions...beyond obvious/cliché’d?

• More focus on prevention/proactive care/integration/care closer to home
• So patients only in institutions when required
• Stop tired narrative on “basic” nursing care
  – “accountability”, “matron”, “degrees” “too posh to wash”
• People need a proper diagnosis/assessment/adequate rehab etc
• So not as dependent on “basic care”
• Medicine/allied professions have a stake
Solutions..*beyond* central policy

- Systematically involve older people, carers
  - Training, feedback, design, governance, care
- Re-balance training, education
  - So skills and knowledge reflect new reality
- Workforce skills/planning
  - Right workforce in right part of system
- Good practice guidelines/delivery models
  - Dissemination/implementation/innovation
  - Measurement via audit etc
- Professional/clinical leadership
  - Ward to board to college/society
  - Development
- Advocacy, lobbying, awareness-raising, information
  - Charities, campaigning groups, think tanks
Solutions...policy/central

- Funding decisions/priorities

- System incentives e.g.
  - Operating/outcomes framework
  - Tariff/CQUIN
  - Rules/permissions (e.g. for more integration)
  - Targeted programmes/investment (e.g. Dementia, Reablement)

- Good practice guidelines e.g.
  - NICE guidelines/quality standards

- Regulation, inspection, follow up

- Transparent performance/variation data

- Law
  - Equality, Human Rights, Mental Capacity, Negligence, Statutory Obligations etc
Platitudes, motherhood, apple pie?

• Not all hypothetical “newspeak”?  
• Several recent examples; approach can work  
  – e.g. Dementia, Stroke, Hip Fracture  
• Many examples of clinical leadership e.g.  
  – Local service models, RCP, RCN, BGS  
• Many examples of advocacy e.g.  
  – Patients’ Association, Age UK, NOS, Alzheimer’s. WRVS  
• Law e.g.  
  – Equality Act, Human Rights, Mental Capacity, NHS Constitution  
• Concerted health policy from “the centre”  
Question

• Is all this momentum?
• Sufficient
• To transform care?
• Or convince media and public that it has been transformed?
• If not, what else is required?
If we do have a once in a generation opportunity transform care for older people. Let’s not waste it. It’s us and our families next.

- Thank You
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