



Old Age Concerns: BGS Northern Ireland (BGS NI) Election Priorities for 2011

Good quality care costs, poor quality costs society more.¹

Your Health Matters, The Annual Report of the Chief Medical Officer for Northern Ireland 2009

Introduction

The British Geriatrics Society (BGS) seeks to promote better health and care for older people. Its membership includes the vast majority of health professionals who shape and delivery healthcare to older people in Northern Ireland.

This manifesto sets out the Northern Ireland Branch of the BGS's key priorities for the 2011 election.

Context: Ageing Northern Ireland

There are around 1.75 million people in Northern Ireland² of whom 249,900 are 65 and over³. Similar to most European countries, we are an ageing society. Currently about 14% of our population is 65 and over but by 2041 individuals aged 65 and over will represent about 25% of our population.⁴

As we age our risk of illness and disability increases. With disability and illness our use of for health and social care resources increases.

Health and social care services are facing unprecedented financial challenges at a time of increasing demand. For older people health and social care needs are inextricably linked. Short term attempts to reduce social care costs are likely to result in increased health care costs such as individuals being unnecessarily delayed in hospital beds will waiting social care packages at home. Rising to meeting these challenges will be complex and difficult but Northern Ireland has the unique advantage of a fully integrated health and social care system.

BGS NI believes that we need to prioritise healthier ageing strategies and work hard to ensure the most efficient, effective use of health and social care resources.

¹ *Your Health Matters, The Annual Report of the Chief Medical Officer for Northern Ireland 2009*, Department of Health, Social Services and Public Safety, 2010, 4.

² *Your Health Matters, The Annual Report of the Chief Medical Officer for Northern Ireland 2009*, Department of Health, Social Services and Public Safety, 2010, Table 1A Northern Ireland: Sex and Age Distribution of Population and Percentage of Total Population in Each Age Group (2008).

³ Derived from *Your Health Matters, The Annual Report of the Chief Medical Officer for Northern Ireland 2009*, Department of Health, Social Services and Public Safety, 2010, Table 1A Northern Ireland: Sex and Age Distribution of Population and Percentage of Total Population in Each Age Group (2008).

⁴ Office of the First Minister and Deputy First Minister, Examining the Case for a Commissioner for Older People – Final Report, May 2008, 5.

The patient and Client Council has identified the care of older people as one of 3 health priorities for people in Northern Ireland while the Chief Medical Officer for Northern Ireland pointed out sharply: 'Good quality care costs, poor quality costs society more'.⁵

Principles of care

The BGS believe that to treat and care for people effectively, respect their dignity and treat them as equal citizens healthcare must be structured and delivered on the following principles. The BGS believes that care should:

- promote the independence and allows older people to live the lives they choose and also die how they choose;
- be holistic and person centred;
- be evidence based and focus on outcomes, not outputs;
- be based on a full and complete assessment and diagnosis;
- be compassionate and caring;
- be based on need, not age and promote the fair and equal treatment for older people;
- and be multidisciplinary, involving the skills of all, regardless of setting and aim to integrate the services of health, social and community care professionals to provide a seamless service.

Priorities for action

Older people will always be the principle users of health and social care services. All health and social care services should have the needs of our older population central to provision.

1. **Health promotion activity should enable all people to remain physically active and socially engaged as they age.** This approach will deliver benefits for the individual, their wider family circle and to society in general by reducing the burden of chronic disease (e.g. heart disease, cancer, and depression) promote independence and reduce dependency and social isolation.
2. **Most health and social care provision should be available through community based services.** These services must be delivered by a range of professionals / individuals who have appropriate skills in assessment, diagnosis and treatment. The service should be available in a timely fashion to allow individuals to remain independent for as long as is possible ideally in their own homes.
3. **No individual should enter long term care (residential or nursing) without being offered the opportunity of comprehensive assessment and rehabilitation by skilled professionals.** Evidence suggests that comprehensive assessment offers an individual a chance to improve

⁵ *Your Health Matters, The Annual Report of the Chief Medical Officer for Northern Ireland 2009*, Department of Health, Social Services and Public Safety, 2010, 4.

independence, reduce their risk of admission to hospital or long term care and improves their quality of life. Currently there is no provision for universal comprehensive assessment prior to placement. Figures show that Northern Ireland has higher rates of institutional care than other devolved nations. The move to institutional care is often regarded as a devastating event of the person and can be an extremely costly way of caring for people if it is not required.

4. **Individuals living in care homes must have better access to appropriate health care.** People living in care homes are highly vulnerable through complex diseases patterns and high prevalence of dementias but evidence suggests that these individuals often have the poorest access to medical care. The BGS NI believes that new patterns of working between GPs, other primary care clinicians, specialist nurses and older people's medical specialists must be developed to improve medical care for residents. New models of care should promote opportunities for residents or their families (were appropriate) to consider and possibly record future care wishes, including palliative care options.
5. **Palliative care services for older people should be extended to equally cover a full range of conditions, notably dementias, and must not just be cancer focused.**
6. **When older people require services in hospital they must have equal and equitable access to the whole range of services they are likely to gain benefit from.** Individuals should not be delayed in hospital if their needs can be better met in their own homes.
7. **Dignity and respect for individual service users should be the central tenet of all Northern Ireland health and social care services.** We all identify with the need to be respected and treated with dignity in our lives. This need is strongest and most critical when we are most vulnerable through illness. Treating people with dignity and respect is a hallmark of quality care.⁶ Unfortunately older people report instances where they have been treated with less dignity and respect by health and social care professions because of their age.⁷ The BGS is committed to improve quality care through public campaigns: the 2007 *Behind Closed Doors*⁸ campaign and last year's *Don't Forget the Person* campaign.⁹ BGS NI will continue to work with all statutory and voluntary bodies to promote dignity in care.

About the BGS

⁶ Age NI, Strategic Plan, 2010, 4.

⁷ Age NI (Age Concern and Help the Aged NI), *One Voice, Shaping our ageing society in Northern Ireland*, 2009, 6-7.

⁸ See

http://www.bgs.org.uk/index.php?option=com_content&view=article&id=297:dignityintro&catid=60:dignity2006&Itemid=501

⁹ See

http://www.bgs.org.uk/index.php?option=com_content&view=article&id=307:dignity2010aims&catid=79:dignity2010&Itemid=204

The British Geriatrics Society (BGS) was founded in 1947 for “the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons, the holding of meetings and the publication and distribution of the results of research”. It has branches throughout the UK and has over 2,500 members including doctors practicing geriatric medicine, old age psychiatrists, general practitioners, nurses, therapists and scientists. For more information on the BGS please www.bgs.org.uk or contact Tom Thorpe MCIPR, Press, PR & Parliamentary Affairs Officer on 07779 269 182 or tomthorpe@bgs.org.uk