



Old Age Concerns: BGS Scotland election priorities 2011

“A test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection and care for the old, the incurable, the helpless are the true gold mines of a culture.”

Abraham J Heschel, Jewish theologian and philosopher, 1907-1972¹

Introduction

The British Geriatrics Society is a multi-disciplinary professional membership association that seeks to promote better health and care for older people. Its membership includes the vast majority of health professionals shaping and delivery care to older people in Scotland.

This manifesto sets out Scottish branch of the British Geriatrics Society's (BGS) key priorities for the 2011 election to the Scottish Parliament. It is hoped that, by identifying what BGS Scotland and its members believe are the priorities for health, political parties and individual candidates will enter the 2011 elections armed with information on what is best for improving the quality and delivery of health and care services for older people across Scotland.

The NHS is facing unprecedented financial challenges at a time of increasing demand. Rising to meeting this challenge will be complex and difficult. It should be remembered that history shows that looking after older people well is cheaper than looking after them badly.

Context: Ageing Scotland

There are just over one million people aged 65 and over in Scotland. They make up just under a fifth of the Scottish population.² This population is projected to grow by 62% by 2031. Those aged 85 and over will rise by a projected 144% by 2031.³

As the population ages so does the incidence illness and disability. Of the population aged over 65, 40% aged 65-74 have illness or disability, this rises to 55% for people aged 75-84 and finally to over two thirds (67%) for people aged 85 and over.⁴ Also, many older people have multiple conditions with 29% of people living with long-term conditions living with more than one condition.⁵ Expenditure on older people is expected to rise by two thirds from the current spend of about £4.5 billion by 2031.⁶

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:

- enhances the dignity, respect and for older people.
- promotes independence and allows older people to live the lives they choose and also die how they choose.
- that is holistic and it person centred.
- is evidence based and focuses on outcomes, not outputs.
- is based on a full and complete assessment and diagnosis.
- is multidisciplinary, involves the skills of all regardless of setting and aims to integrate health, social and community care professionals to provide seamless service.

Priorities for action

These principles must be addressed through the following policy priorities:

1. Building a health and social care workforce to meet the needs for an ageing population. If current patterns of care are continued in future it is projected that by 2016 there could be an additional 23,000 older people requiring care and by 2031 an additional 83,000 – almost double the number of older people receiving formal care services today.⁷ However, a recent census by BGS Scotland found that one in ten of the 146 consultant geriatrician posts in Scotland were vacant and that between 28 (20%) and 38 (25%) could become vacant through retirements and existing vacancies.⁸ It is important that these posts are filled as geriatricians are one of the key clinical groups that can help improve the health of Scotland's ageing population.

2. Improving medical support of care homes and their residents. There are around 33,000 residents in 950 care homes in Scotland.⁹ Care home residents can be highly vulnerable having high levels of illness and disability often requiring constant medical and nursing support. Around 70% of residents have dementia¹⁰, about 40% of residents fall twice or more¹¹ and over one in ten residents are malnourished.¹² The BGS would like to see the recommendations of the *Frailty, Older People and Care Homes: Can we do Better?* report written by the Royal College of GPs Scotland in 2008 implemented.¹³ This observed that training for care home staff is often inadequate, GPs do not routinely provide proactive support to homes and prescribing practice is sub optimal.¹⁴ The report recommended all residents having full comprehensive geriatric assessment of people entering care homes and full multidisciplinary medical support from primary and secondary care delivered to this vulnerable population to help improve care.¹⁵

3. Tackling age discrimination and prejudice against older people. In 1969, American doctor Robert Butler introduced the term 'ageism' defined as 'a process of systematic stereotyping, prejudicial attitudes and direct or indirect discrimination against people because they are older'. [check this].¹⁶

A 2009 British Geriatric Society survey of 200 doctors found that more than half would be worried about how the NHS would treat them in old age. Nearly three quarters said older people were less likely to be considered and referred on for essential treatments. And more than half the doctors said they themselves would be worried about how the NHS would treat them in old age.¹⁷

Surveys of older people have found that 65% agree that age discrimination exists in the daily lives of older people.¹⁸ Over half (52 %) of older people agree that those who plan services do not pay enough attention to the needs of older people¹⁹; and 68% of older people agree that politicians do not see the needs of older people.²⁰

4. Ensuring every older person gets a comprehensive geriatric assessment (CGA).

The CGA is a multidimensional interdisciplinary diagnostic process focused on determining a frail older person's medical, psychological and functional capability in order to develop a co-ordinated and integrated plan for treatment and long-term follow up.²¹ Research has shown that where CGA is used it reduces length of stay, death and institutional care and increases the number of people who return home.²² The BGS recommend that a CGA is carried out for every older person on admission to hospital and care home.

5. Working to promote prevention and early intervention. The BGS believes that much more needs to be done to on primary prevention and focusing on early intervention. admis

6. Working together to tackle key conditions and areas of care that adversely affect older people.

Nutrition: The evidence of poor nutrition at home can be seen in the fact that as many as 40% of older people admitted to hospital have malnutrition on arrival. As a result of this and problems with hospital nutrition, some 60% of older hospital patients are at risk of becoming malnourished, or becoming more malnourished, during their hospital stay.²³ This is backed up by recent study from Glasgow Royal Infirmary that showed that, at the time, malnutrition in acute hospital admissions went unrecognised and unmanaged in 70% of cases.²⁴

Mental Health. Around one in ten of people over 75 have depressive disorder, a third of whom will have major depression. At one year outcome the presence of minor depression at baseline carries a sevenfold risk of developing major depression. Of the 50% of people who are ever identified as being depressed by their GP only one in six ever have an effective dose of antidepressant prescribed.²⁵

Incontinence. A third of women aged 65 and over and one in seven men aged 65 and over suffer from incontinence²⁶ that translates into just under 172,000 Scots.²⁷ Modern medicine can often effectively diagnose, treat and manage the condition. It is very concerning that millions of older people are suffering from an often avoidable condition that causes distress, suffering and humiliation because it is often undiagnosed and untreated.

Dementia. In Scotland it is estimated that over 65,000 people have dementia, with the figure predicted to rise to over 100,000 by 2031.²⁸ At present only around half of people with dementia are currently recorded on primary care registers in Scotland.²⁹ A recent Glasgow survey showed that nearly one in nine people in care homes had cognitive impairment, half of whom had not been given a formal diagnosis and none of whom was taking cholinesterase inhibitors.³⁰

End of life medicine. The Scottish Care Commission found that the palliative care needs of residents in 43% of care homes for adults and older people are not always recognized or well supported by staff.³¹ They also found that 36% of care homes had not assessed their service to ensure they recognize and meet residents' palliative care needs. The majority (54%) of services have not trained and given their staff the educational support they need to deal with the sensitive issues surrounding death and dying, such as how to cope with the emotional effects of living with a life limiting illness. Many care home staff told us how inadequate they felt when discussing sensitive issues about death and dying with residents. Only 44% of care homes have policies in place to guide staff on when and how to contact members of the primary healthcare team, such as, district nurses, general practitioners (GPs) or specialist palliative care services, such as, Macmillan and Marie Curie Nurses.³²

About the BGS

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 visit <http://www.bgs-scotland.org.uk/council.htm> and www.bgs.org.uk

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For information about the British Geriatrics Society and its campaign ‘Do Not Forget the Person’ contact Tom Thorpe MCIPR, Press, PR & Parliamentary Affairs Officer on 07766 227 724 or 07779 269 182 or tomthorpe@bgs.org.uk

¹ <http://thinkexist.com/quotations/elderly/4.html>. Accessed on 12 November 2010.

² There are 5.194 million people in Scotland and 1.032 million aged 65 and over. Compiled from National Office of Statistics, Mid Year Estimates 2009.

³ Caring Together The Carers Strategy for Scotland 2010 – 2015, Scottish Government, July 2010, 22.

⁴ ‘NHS age discrimination ‘common’’, BBC News, 27 January 2009, <http://news.bbc.co.uk/1/hi/health/7850881.stm>

⁵ General Lifestyle Survey, 2008-2009.

⁶ Elderly Care is ‘big challenge’, BBC News, 24 March 2010.

⁷ Age Concern and Help the Aged, Scottish Government Debate: Reshaping the future care of older people, Wednesday 28th October 2009, 2.

⁸ BGS Scotland, Consultant Manpower Survey, February 2008.

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- ¹¹ Key Questions – Falls, Pulse, 2 February 2010.
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- ¹⁴ BGS and Royal College of GPs Scotland, *Frailty, Older People and Care Homes: Can We do Better?*, 4. <http://www.bgs-scotland.org.uk/consultations.htm>
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- ¹⁹ *One Voice: Shaping our ageing society*, Age Concern and Help the Aged, 2009.
- ²⁰ *One Voice: Shaping our ageing society*, Age Concern and Help the Aged, 2009.
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- ²² See Comprehensive geriatric assessment for older hospital patients. Ellis and Langhorne *Br Med Bull.* 2005; 71: 45-59 and Comprehensive geriatric assessment. Wieland W and Hirth V. *Cancer Control* 2003 Nov-Dec: 10(6): 454-62.
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