

ACHIEVING IMPROVED ACCESS TO SERVICES THROUGH BETTER HOSPITAL CARE FOR OLDER PEOPLE

The Department has produced the attached self-assessment best practice tool/checklist to help CEs to review the hospital care provided for older people.

Why the interest in older people's care?

Hospital care is often inadequately focussed on the particular needs of older people – even though older people are hospitals' main clients:

- in-patient acute care in hospitals is primarily older people's care – two thirds of acute in-patient days are used by people over 65
- admission rates for people over 65 are three times higher than for people 16-64
- lengths of stay for people over 65 are significantly higher than for those under.

Standard 4 of the National Service Framework for Older People covers older people's care in hospital, to help make sure that hospital care meets the needs of the main client group. To ensure that older people receive the specialist help they need in hospital and that they receive maximum benefit from having been in hospital, the service needs to be delivered through appropriate specialist care and by general hospital staff who have the right set of skills to meet older people's needs.

It's not just about better outcomes for older people

If the NHS and social care services get it right for older people, then this helps tackle the "problems" of the acute sector, ie by avoiding unnecessary admissions and by achieving the shortest appropriate lengths of stay, this reduces pressure on A&E and on acute beds, and thereby helps to tackle trolley waits, cancelled operations, waiting lists, etc.

Why the checklist?

CEs need to know how successful they are at delivering care to older people. Going through this checklist on a regular basis will help evaluate the service and help identify areas that need action.

How to get it right

We are not saying that the checklist will produce solutions to problems – it is designed to help analyse the problems. It is extremely difficult to achieve good quality care for older people in hospitals, or to solve the "problems" of the acute sector, unless all stakeholders at the highest level are committed to this. There needs to be **high level agreement on a joined up policy to deliver the right care to older people, in the right place, at the right time**. The checklist is simply a means of getting information to help inform the stakeholders who need to be involved in the task.

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CHECKLIST TO ASSESS CARE OF OLDER PEOPLE

I IMPLEMENTING THE OLDER PEOPLE'S NSF

	Implemented	Work in Progress	Plans to take action
Implementation of the Older People's NSF			
Is there a mechanism for implementing the general hospital standard of the NSF for OP across the hospital?			
Does the hospital have access to intermediate care services to: <ul style="list-style-type: none"> • avoid unnecessary admission • facilitate discharge as soon as possible? 			
Does the hospital provide falls services in line with the NSF?			
Are specialist stroke services in place?			
Privacy and Dignity			
i) Are there plans in place to improve dignity and <u>privacy across the whole organisation</u> ?			
ii) Are there plans in place to upgrade/refurbish any old Nightingale or mixed sex wards?			

2 REVIEWING PERFORMANCE

Does the Executive Board regularly review the services provided for patients, assessing the type of services provided, and their use, by different age groups?

Does the Board consider the following?

	Yes	No	Plans to consider
A Monthly statistics			
Number of medical “sleepouts”, by age group and speciality			
iLength of stay for >75 years			
Length of stay for >85 years			
28 day re-admissions			
Number of delayed discharges			
i Number of in-hospital falls			
B Progress with “Essence of Care” across the 9 listed domains			
C Patient survey data (by age)			
Is there a mechanism for the Executive Board to receive regular feedback from the following?			
i) The Clinical Leaders for older people including Modern Matrons/Nurse Consultants			
ii) Complaints – analysed by age			
iii) PALS – in relation to the services for older people			
iv) Patient Forums – in relation to the services for older people			
D Clinical Governance			
Does the Trust’s Clinical Governance arrangements reflect older people’s services issues.			

3 IMPROVING THE SERVICE

How is Standard 4 incorporated into the Trust's Business and Service Planning in the following areas:

	Implemented	Work in Progress	Plans to take action
A Majority User Focus			
i) What hospital service improvement programmes are currently underway, and are the needs of older people being integrated into this work?			
ii) Do patient pathway protocols ensure the delivery of the right care to older people, in the right place, at the right time, and by the right health care professionals?			
B Older People Skills Development			
Is there a mechanism for the Executive Board to receive regular updates on the whole organisation strategy to address skills and training deficits in the care of older people?			
C How are older people engaged in helping the trust to improve its care?			
	Times		
D Response Times			
1. What is the <u>maximum</u> response time to obtain specialist assessments in the following situations:			
i) Access to an older people's multi-disciplinary team in A&E/MAU			
ii) Access to an older people's multi-disciplinary team in non-elderly care wards			
iii) Access to an older people's multi-disciplinary team for older people with mental health problems			
2 What is the <u>maximum</u> response Times to access the following:			
i) Intermediate care services			
ii) Falls assessment service			
iii) Specialist stroke care			
iv) Specialist palliative care			