

Setting the mandate to NHS England for 2016 to 2017

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Name: Tom Gentry
Email: tom.gentry@ageuk.org.uk

Age UK
Tavis House
1-6 Tavistock Square
London WC1H 9NA
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Key points and recommendations

Age UK supports the vision of the *Five Year Forward View* (FYFV), both as a means of establishing new models of care, but also for making progress in reducingfor

Further evidence in our report *The health and care of older people in 2015* (2015) draws links between the under provision of social care and community services and increased admissions to hospitals and can be found at the following link: [Briefing: The Health and Care of Older People in England 2015 \(opens pdf\)](#).

3) *What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for*

To be there when they are ill and prevent serious problems developing
To keep an eye on their health and pick up problems before they develop

spontaneously considered an aim for the healthcare system but older people are open to guidance on this. (There may be significant scope here to take advantage

guidance, yet the comments above suggests such opportunities are currently being missed).

In general older people in this research felt able to access healthcare services in a timely manner and also felt that referral from GPs is working well. Although they did sometimes struggle to get a GP appointment, this was not, overall, a significant a concern.

They find that appointments with GPs and care workers are not long enough to deliver real value and there was concern about not being able to see the same GP over a period of time.

Many said they experienced confusion and anxiety about their medication (including those that were caring for someone else).

Many of the priorities outlined in this consultation do reflect some of the priorities of older people. However, we are very concerned about the negative impact of wider decisions across government on achieving these priorities. For example, the cut of £200 million to public health funding for local authorities, already struggling with the crisis in social care funding, is likely to significantly undermine attempts to improve general health and prevent the risk of many long-term conditions. We are also concerned by speculation in advance of the spending review that funding could be cut to Health Education England, which would reduce its capacity to address a long-standing skills gap in the wider health workforce with regards to care of older people and areas such as end of life care.

We are also not convinced about the push for seven day services as proposed in this consultation. We absolutely agree that people should be able to expect safe and high quality care, whatever day of the week they are being cared for. However, with flat funding growth, it is very difficult to see how capacity could be increased at weekends without impacting on services for the rest of the week. As the older people we spoke to suggested (see above), seeing the same doctor can be more important than immediate access, particularly where you have complex needs and benefit from continuity. It is unlikely that seven day services, without a substantial injection of additional funding, could be achieved without compromising such priorities.

Confusion and anxiety about medication is an issue that comes up frequently. Research we have completed with Exeter Medical School (2014/15) showed that the numbers of people on multiple medications has increased substantially in the last ten years. We do not believe that management of multiple medications by professionals or in settings such as hospitals has adjusted to these changes. We believe that improving the provision and management of medication should be a specific priority for NHS England. Prescribing medicines represents a significant percentage of the overall NHS budget and the impact of

overall ability to manage their health.

We also believe that engaging people on decisions around medication, with the right support, could underpin progress in spreading best practice on shared decision-making and self-management. Existing best practice such as the STOPP/START toolkit for medication management should be used more systematically in the care of older people. We do not support recent suggestions that the price of certain medications should be included on packaging. There is a risk this would lead to non-compliance with medication regimes and misses the opportunity to properly engage people with how they can best achieve