

Scrutiny Report

AGED POPULATION – EQUITY IN ACCESS TO SERVICES – A SCRUTINY REPORT



Chairman's Foreword

Acknowledging the ageing population of the United Kingdom, the Health Scrutiny Panel wanted to consider whether older people have equitable access to health services in Worcestershire.

Researching this scrutiny topic has been an interesting and sometimes challenging exercise. As the exercise progressed, Members become aware of just how large an area this subject matter covered and recognised that an in-depth study would require a significant investment of time. With that in mind, Councillors recognised that it would not be possible to conduct a fully comprehensive evaluation of access to health services across the County. The Scrutiny Panel's report is, therefore, a snapshot of examples of good practice that we found in Worcestershire and highlights a number of potential issues for the future work programme of the Health Overview and Scrutiny Committee to consider.

I would like to take this opportunity to thank all those who have participated in the scrutiny exercise, including attending the workshop event held in November 2004, members of the Older People's Forums in Worcestershire and those who provided such valuable information about their own services, giving Members of the Scrutiny Panel an insight into how effective services can be achieved in Worcestershire. I am also most grateful to those who have given their valuable time and knowledge to give presentations to the Scrutiny Panel, including Ros Keeton, Chief Executive of Worcestershire Mental Health Partnership Trust, Caron Grainger, Director of Public Health at Redditch & Bromsgrove PCT and Eddie Clarke, Head of Health and Social Care at Worcestershire County Council. My thanks also go to Peter Unwin at University College Worcester who worked with us to develop questionnaires which proved most helpful in gathering data on local service provision and all other contributors detailed on page three.

I commend this interim report and its recommendations to the Health Overview and Scrutiny Committee. I trust that Members will find it of use in determining future work plans.



Philip Gretton
Chairman, Health Scrutiny Panel,
(June 2003-May 2005)

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Executive Summary

The Health Scrutiny Panel had concerns about whether older people have equitable access to health services and agreed the following scope for a scrutiny exercise:

What is meant by access to services?

- What evidence is there that there is inequity in access to services for older people?
- What are the barriers to accessing services for older people?
- What can be done to remove the barriers to accessing services?

What is the local NHS doing to ensure older people have fair access to services?

- What is the existing provision of health care for older people in Worcestershire?
- What are local NHS policies on provision of health services for older people?
- How well are these initiatives working?

How does the NSF on older people address inequities in access to services?

- What progress has been made in Worcestershire towards the NSF for older people?

Three critical points in the pathway of care for vulnerable older people provided a focus for the exercise, namely:

- At a time when an older person first experiences significant difficulty in coping with daily living, and needs support at home
- When a crisis occurs and there is a need to access more intensive and/or specialist care – perhaps at home, perhaps in hospital, and
- When a person is nearing the end of an episode of acute treatment and needs to go home with the maximum support and encouragement to enable them to manage as well as possible.

The Scrutiny Panel has not attempted to conduct a comprehensive, in depth evaluation of health services across Worcestershire. This report considers a snap shot of good practice and acknowledges that there was some very good practice taking place in the services reviewed, with efforts being made to enable and encourage access to services by older people. The report raises issues for future consideration, including those below:

It is recommended that the views of service users is an issue that the Health Scrutiny Panel picks up after the County Council elections and explores whether users of the services examined consider that those services are accessible.

Any future scrutiny should seek to establish whether and how all services could come up to the standard of the services that the Health Scrutiny Panel saw.

The report also recommends that a key element of any future scrutiny should be to establish what progress has been made in Worcestershire on the NSF for older people. This may in-part be achieved by reviewing progress made following the Joint

Review Action Plan and the Social Services Inspectorate Performance Review Report, both of 2003.

Overall, it is acknowledged that there is a need to ensure that age discrimination awareness becomes part and parcel of staff development and training and that the levels of understanding of the issues with staff and the general public continue to increase. The ongoing involvement of older people in the way services are both designed and provided is also essential in order to ensure appropriate and accessible services for the aged population.

Membership of the Health Scrutiny Panel, Contributors and Support

HEALTH SCRUTINY PANEL

Worcestershire County Council

Mr W P Gretton (Chairman)
Mrs P E Davey
Mrs E M Davies
Mrs J M Davy
Mr R J Farmer
Mr R C Peachey
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Bromsgrove District Council

Mr D McGrath

Malvern Hills District Council

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Redditch Borough Council

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Worcester City Council

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Caron Grainger (Director of Public Health at Redditch & Bromsgrove PCT)
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Sandra Hudson (West Midlands South Strategic Health Authority)
Ros Keeton (Chief Executive, Worcestershire Mental Health Partnership NHS Trust)
Tony Leak (Worcestershire County Council)
Sally-Anne Osborne (Wyre Forest Intermediate Care Service Manager)
Peter Unwin (University College Worcester)
Carol Warren (Older People's Champion)
Dr Wilson and colleagues (Upton Surgery, Upton-on-Severn)

SCRUTINY SUPPORT

Suzanne O'Leary (Overview and Scrutiny Manager)
Sandra Connolly (Overview and Scrutiny Officer)
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David Stoker (Healthskills)

Introduction

1. The proportion of the United Kingdom population over 74 years of age will increase from around 7% to nearly 11% in the next 50 years. The Health Scrutiny Panel had concerns about whether older people have equitable access to health services, particularly screening. Members also wanted to assess Worcestershire's progress against the National Service Framework for Older People – Standard 1: Rooting Out Age Discrimination.

2. It is important to stress that older people are not a homogenous group. Some are very fit and able to access services; some are very dependent on services and those with chronic illnesses can be very good at managing the healthcare system. However, many older people do find it harder to access services or may be stoics and believe their symptoms are only signs of old age that cannot be treated. There is also a tendency for younger people to be more vocal and demand services more effectively.

3. The Scrutiny Panel has not attempted to conduct a comprehensive, in depth evaluation of health services across Worcestershire. This report considers a snapshot of good practice and raises a number of issues for future consideration.

Terms of Reference & Scope of Scrutiny

4. The Scrutiny Panel agreed to examine older people's access to health services in Worcestershire. In particular to explore:

What is meant by access to services?

- What evidence is there that there is inequity in access to services for older people?
- What are the barriers to accessing services for older people?
- What can be done to remove the barriers to accessing services?

What is the local NHS doing to ensure older people have fair access to services?

- What is the existing provision of health care for older people in Worcestershire?
- What are local NHS policies on provision of health services for older people?
- How well are these initiatives working?

How does the NSF on older people address inequities in access to services?

- What progress has been made in Worcestershire towards the NSF for older people?

5. In November 2004 the Scrutiny Panel held a workshop to consult a group of experts in order to identify some priority topics for this important scrutiny exercise. There was a considerable degree of consensus between the attendees who focussed on the difficulties in accessing information and services, particularly for vulnerable people living alone. Following the workshop it was agreed that the scrutiny should focus on the issues involved in accessing information and services at three critical points in the pathway of care for vulnerable older people who live alone, i.e.:

- At a time when an older person first experiences significant difficulty in coping with daily living, and needs support at home
- When a crisis occurs and there is a need to access more intensive and/or specialist care – perhaps at home, perhaps in hospital, and
- When a person is nearing the end of an episode of acute treatment and needs to go home with the maximum support and encouragement to enable them to manage as well as possible.

6. Members were keen to look at these three critical stages in different parts of the County. The Scrutiny Panel therefore established three case study exercises, one in each PCT area, to focus on each of the critical stages identified in the care pathway for older people and identify key areas of strength, and areas where practice could be improved. Visits were made to service providers in primary and intermediate care.

What is meant by “access to services”?

7. A first step in the scrutiny was to explore what is meant by access to services. The NHS Plan highlighted the need to reduce inequalities in access to NHS services. It stated that:

“the ‘inverse care law’, where communities in greatest need are least likely to receive the health services that they require, still applies in too many parts of the country. Inequity in access to services is not restricted to social class and geography; people in minority ethnic communities are less likely to receive the services they need. Many deprived communities are less likely than affluent ones to receive heart surgery, hip replacements and many other services including screening.”

8. The Scrutiny Panel noted that there were different types of “access”, for example:

- Communications/information
- Transport/physical access to services/opening times etc
- Getting on waiting lists
- Hidden protocols (ie age discrimination)
- Provision of services for older people - eg Dementia, podiatry, diabetes, orthopaedics (hip replacements)
- Different levels of service - eg community nursing, intermediate care, geriatricians

9. Members were concerned that ageism in healthcare staff and lack of awareness of treatments available may cause disparity in services. These issues were also raised in research on cancer treatment for older people.¹

10. Members identified a number of important themes to explore:

- Access to good quality, simple information
- Help for vulnerable people in accessing/understanding the information available
- Does the single assessment process work?
- Access to screening

¹Turner et al, Cancer in Old Age – Is it Inadequately Investigated and Treated, 1999

- Timely access to crisis support
- Service variations – e.g. cataracts
- Varying responses from primary care

The NHS Plan

11. The NHS Plan set out that by 2001 local NHS action on tackling health inequalities would be measured through the NHS Performance Assessment Framework and by 2003 reducing inequalities will be a key criterion for allocating NHS resources to different parts of the country.

12. In relation to access to services by older people, the NHS Plan proposed that a single assessment process for health and social care would be introduced by the end of 2004/05. Initially this would focus on those older people who are most vulnerable, for example, those who live alone or those who are recently bereaved or those recently discharged from hospital or entering residential or nursing care.

13. Each of these older people, and where appropriate their carers, will be involved in agreeing a personal care plan, which will document their current package of health and social care, their care co-ordinator, monitoring arrangements, and a list of key contacts for rapid response at home and in emergencies.

What is the local NHS doing to ensure older people have fair access to services?

14. In order to explore what current good practice is on ensuring older people have fair access to services, what can be done to remove the barriers to accessing services, and to consider how well these initiatives are working, the Scrutiny Panel broke into task groups to look at services at three stages of the critical care pathway.

Stage 1 – when needs first emerge

15. At a time when an older person first experiences significant difficulty in coping with daily living, and needs support at home, the Scrutiny Panel wanted to find out how easily older people can access:

- Good simple information about what is available
- A single enquiry/ information number
- Practical support – home care, support for independent living
- A social life
- Day activity – e.g. voluntary sector day services
- Screening for depression, dementia
- Physiotherapy, chiropody, dentistry, audiology
- “Well person’s” screening from GP
- Drug regime reviews – to guard against over-prescribing
- Promoting self management of chronic conditions
- Older people’s forums
- Information for/support to carers
- Benefits advice for users and carers
- Information geared to the needs of people in minority communities.

- They also raised the issue of the needs of particular groups – e.g. people with learning and/ or physical disabilities and sensory impairment.

16. Members therefore visited Upton Surgery, Upton upon Severn and Winyates Health Centre, Redditch to discuss these issues with the primary healthcare teams. Points raised are listed below.

- **Information about what is available**

17. Both practices provided leaflets and had posters in the surgery. They also listed services in a booklet that is given to the patient and their family for them to refer to. Upton practice also stressed the importance of providing information via self-help support groups.

- **Practical support – home care, support for independent living**

18. The main objective is to keep patients in their own homes for as long as possible, taking into account not only the patients themselves but also their carers and families and how help can be given to them. They stressed the importance of preventing crises occurring and there was a health visitor for the elderly who visited older people at home.

19. Home visits are available, although they are not encouraged. Patients are encouraged to come away from home because it makes them feel part of the community. If they are housebound completely then home visits are arranged, not only from the GP but also the nurses and other members of the team as required.

- **Physiotherapy, chiropody, dentistry, audiology**

20. Both practices provided a wide range of services including chiropody, physiotherapy and occupational therapy. Both also had GP attached social workers.

21. Dental services for the elderly were raised as an issue that needs to be addressed.

- **“Well person’s” screening from GP**

22. Screening was by request and anyone from the age of 65 can have a complete screening for blood pressure and urine. Blood pressure was highlighted as a very useful tool for screening for needs of older people. In Upton this process was used to encourage people to take up appropriate health care.

- **Drug regime reviews – to guard against over-prescribing**

23. Repeat prescriptions are reviewed every six months and pharmacists played an important role in medicines management for older people. Winyates Health Centre had developed close partnership working with a pharmacy.

- **Promoting self management of chronic conditions**

24. In Upton, patient education was encouraged to enable older people to cope better by themselves.

- **Information for/support to carers**

25. GPs in both practices were aware of the importance of carers and were beginning to log them onto their systems, though they noted it was easy for carers to slip through the net.

- **Benefits advice for users and carers**

26. In Upton, the health visitor for the elderly highlights if people may be eligible for Attendance Allowance.

- **Needs of particular groups – e.g. people with learning and/or physical disabilities and sensory impairment.**

27. Winyates Health Centre had a number of facilities in place to assist users with particular needs. For example, Loop, Braille signs, an audio call system by name, a wheelchair on site, and a car park with disabled spaces. Specific needs were also input on the computer to alert GPs during the consultation with the patient.

- **The single assessment process**

28. At the Upton practice there were monthly, multi-disciplinary “planning for elderly people” team meetings, where concerns, views and patients’ requirements for can be discussed. This group includes the invaluable membership of *Stay-Put*, an alarms provider, and Elgar Housing Association. The team considered that this was the concept of the single assessment process in action.

- **Reaching older people who are reluctant to see a doctor**

29. Upton have a computerised patient alert system, which flags up, for example, if someone has not attended for a flu vaccination or has not been to the practice for a long time. This enables the team to have low-key contact with the patients and was a useful way of bringing people in for other services.

30. Winyates noted that there is more of a problem with young men being reluctant to access services than older men.

- **Transport**

31. In both practices there was community transport to help older people access clinics or other services. However, for patients in rural areas transport could still be a problem.

- **‘Same day’ appointment systems**

32. Members noted that ‘same day’ appointment systems could prejudice older people who are frail, rely on carers, or cannot competently use a telephone. Winyates agreed that the telephone dependent culture can be off-putting and understanding new appointments systems can be a barrier. Provision was made for such people using home visits if appropriate and flexibility in the booking system.

- **What opportunities do your older patients have to comment on/get involved with service provision?**

33. Both practices used suggestion boxes, patient surveys and feedback relating to GP services and nursing services. There is also an audit on all complaints so that they are followed up.

- **Other Issues**

34. Practice-attached social workers were considered beneficial by all of those the Panel met, although there were issues about differing cultures with the County Council social workers and increased understanding of practice social workers' role by County Council colleagues would be beneficial.

35. Upton requested more support for its health visitor for the elderly, particularly an extra healthcare assistant. There was also a desire to have direct access to nursing home beds and there was a need for more palliative care beds.

Stage 2 – At a time when referral to a specialised service is required

36. When a crisis occurs and there is a need to access more intensive and/or specialist care – perhaps at home, perhaps in hospital, the scrutiny raised the following points which need to be examined:

- What factors affect ease of access?
- Does the single assessment process work?
- Skills of all practitioners – medical, nursing, therapy, social care – to pick up key indicators
- Availability of crisis support services – e.g. admission prevention element of intermediate care services
- Availability of specialist services e.g. older people mental health team
- Influence of 'QALYs' (quality adjusted life year) – is willingness to refer diminished by assumptions on longevity expectation, recovery potential, chronological age, assumptions on future living options (i.e. assuming a person will go into a care home), fitness for operation, mental capacity to understand what the operation would entail.
- Differing referral patterns from GP practices to different specialist teams / services
- Issues related to MRSA
- Are 'transition pathways' as clear as they could be – to ensure knowledge of the person passes from community to hospital staff?

37. In relation to mental health services, Members met Rita Harrison, Service Manager for Older Adults at Worcestershire Mental Health Partnership NHS Trust and the following principle points emerged:

- there was a problem in the County with access to mental health beds due to block-purchasing of beds in Worcestershire specialist care homes by neighbouring authorities;

- services provided are mainly for complex needs – there are access issues at the early stages of diagnosis and the provision of information and support to patients and carers.

Stage 3 – when discharge is being planned from acute care

38. The scrutiny looked at access issues when a person is nearing the end of an episode of acute treatment and needs to go home with the maximum support and encouragement to enable them to manage as well as possible. A number of questions were raised by the Scrutiny Panel:

- Does the single assessment process work?
- Is an appropriate range of immediate post discharge care – including practical arrangements (food, warmth, personal care) and skilled intermediate care available / planned
- Are services available 24/7?
- Are 'transition pathways' as clear as they could be – to ensure knowledge of the person passes from hospital to community staff?
- Are decisions made about longer term care needs when a person is still in acute care? Is there a plan to avoid doing this?
- Is there sufficient capacity of the right sort (e.g. shortage of dementia and other mental health care home places)
- Are wards geared up to encouraging people to go home, or is there a tendency to recommend care homes prematurely?

39. Members visited the Wyre Forest Intermediate Care Service to address some of these points. Issues raised are listed below.

- **Intermediate Care Services**

40. Wyre Forest PCT Intermediate Care Service is unique within Worcestershire's PCTs. The focus of the Intermediate Care Service is to avoid unnecessary admissions to hospital or long-term care and to facilitate timely discharge from these facilities with return to patients' own environment and locality as soon as possible. In addition, the service encourages the individual to retain their current level of independence and to maximise this to enable them to remain in the community. The Intermediate Care Services include services provided in patients' own homes and the Wyre Forest Community Unit, a 20-bedded facility on the Kidderminster Hospital site. The Intermediate Care Service includes the Manager, GP as clinical lead and clinical staff which include nurses and therapists on the Wyre Forest Community Unit. Additionally, in the community the team comprises , nurses, support workers, occupational therapists and a physiotherapist and key to the delivery of the services is the administration team.

41. The Intermediate Care Service receives referrals from a patient's own GP or from the Primary Care Liaison Nurses at the Worcestershire Royal Hospital. This team of nurses is employed by Wyre Forest Primary Care Trust but are located in Worcester.

42. The focus of the Intermediate Care Service is to prevent admission to hospital or long term care therefore approximately 75% of patients who access the service are within the community. The remainder of the patients are from Worcester or other out of area hospitals. In summary, patients can access the services via:

- the community with support within their own home
- the community with admission onto the Wyre Forest Community Unit
- discharge from acute hospital care with transfer to the Wyre Forest Community Unit
- discharge from acute hospital care with support from Intermediate Care community team within the patient's own home

43. A typical admission from the community involves a GP referring a patient to the scheme for support due to a change in their current health needs that requires additional support and care. The Intermediate Care community team nurse/therapist assesses the person's health and social care needs. This assessment informs the person, their family and the team about the type of care and support they require which may include nursing and rehabilitation in their own home or an admission to the Wyre Forest Community Unit. Common conditions of those accessing the Intermediate Care Service include cancer, heart failure, following a fall, urinary tract infection, chest infection, stroke, and unstable diabetes.

44. The model that the service had adopted enabled the team to rapidly respond to a referral in most cases and deliver a flexible package of support as needed. The team were also able to support other community nursing and therapy teams across health and social care.

45. Although the Intermediate Care Service worked well in Wyre Forest, it was highlighted that other models work well in other areas – the key issue is developing services that are based on evidence and take into account the local needs. Members recognise that uniformity of provision should not be assumed to be essential. Historical changes to the structure of health services within Worcestershire were also acknowledged as a factor in the development of services, eg. a long history of joint working in Kidderminster between the NHS, Social Services and the voluntary and independent sectors.

46. The Intermediate Care Service links with the on-site Out of Hours service, with the Social Services Emergency Duty Team and the North Worcestershire Reablement Team. The locality was previously successful in being accepted to take part in the national Accelerated Development Programme for Support Workers in Intermediate Care across health and social care. This programme has facilitated the development of these roles across organisational boundaries. Role design across health, social care and housing is ongoing within a variety of schemes.

47. Staff in the Intermediate Care Service are proactive and flexible in their approach to supporting patients within the locality. The adopted model in combination with robust primary care services has resulted in minimal delays in accessing the right care in the right place at the right time most of the time.

- **Access to services**

48. The Intermediate Care Service was one area that piloted the Single Assessment Process. It was considered that computerisation of the Process would improve the assessment system in facilitating up to the minute documentation. However, it was recognised that mobile technology would be needed at the earliest time.

49. The Intermediate Care Service team acknowledged that links with mental health services was an area that required further development between the organisations. In those cases where it became apparent on admission that mental health needs were greater than those manageable, the team would work with psychiatrists and Community Psychiatric Nurses to identify a more appropriate care pathway. The Intermediate Care Service was also liaising with the learning disability team to understand the reason for the low number of referrals. It was believed that this could be due to a number of reasons, eg the appropriateness of services, lack of awareness of the services, etc. Once this was understood developments could be proposed to overcome gaps in service provision and identify improvements.

50. Other agencies making use of the team include Macmillan nurses, the Discharge Liaison Team at the Acute Trust, Social Services and therapists. There would also be a pilot exercise with the Ambulance Trust in the area of falls/hypoglycaemic attacks whereby if on arrival at the patient's home the ambulance service finds their condition to be stable they will refer them to the Intermediate Care Service for additional assessment and/or support if required.

- **Patient Involvement in Services**

51. Older people are in general very involved in health across Wyre Forest PCT. The local Older People's Forum is supported by both the PCT and Social Services. Local events, eg. eating well / electric blankets / etc. are very well attended. Overall there is a high degree of public involvement in health in Wyre Forest, from the service provision level to agreeing personal care plans.

- **Measures of effectiveness**

52. Service effectiveness was measured through length of stay statistics, delayed discharge rates (very low), rate of uptake of service, complaints, compliments etc. Recent analysis had shown that Wyre Forest PCT was 27% under the national average for emergency admissions.

53. Members noted it is important to make a critical assessment of specialist services for older people. Age Concern has suggested that managers become 'mystery shoppers' as a means of assessing the service they provide.

- **Other Issues**

54. A number of possible additional services / resources / areas for improvement were identified including more night sitters, increased work with mental health and learning disabilities teams, decreasing the number of referrals being refused, the availability of specialist palliative care and staffing challenges (eg. sickness / maternity). The team was also keen to look into increasing health input into rehabilitation services, which may increase the capacity to care for people with higher health needs. A business case had been prepared for an integrated rehabilitation unit with better facilities than currently available – current provisions constrain what it is possible to do.

55. Whilst the Intermediate Care Service team did not experience difficulties caused by the absence of an identical service in South Worcestershire or Redditch & Bromsgrove, it was acknowledged that other agencies, eg. Acute, Ambulance, Social

Services, dealing with different systems across the County may struggle. Equity of care was key for the population of Worcestershire. It could be beneficial to compare the experiences of these other agencies across the County.

56. GPs tended to be protective of admissions to the unit, concerned that if beds were used as step-down beds from the acute setting, there may not be room for new admissions from the community.

57. In response to a question about pressure being put on the Intermediate Care Service to accept patients, Members were advised that Primary Care Liaison Nurses within the Acute Trust were skilled in assessing patients and would not refer patients who were not sufficiently stable. However, some pressure on the service can be appropriate – the team does have a County-wide responsibility as part of Worcestershire’s health services. If there were inappropriate referrals there would be an increasing number of transfers back to the acute setting.

58. There was a strong culture within Wyre Forest of avoiding sending patients to the Worcestershire Royal Hospital when possible and this has resulted in the investment in the Intermediate Care Service and other community and primary care services.

The Older People’s National Service Framework

59. The NSF for older people was published on 27 March 2001. It sets new national standards and service models of care across health and social services for all older people, whether they live at home, in residential care or are being looked after in hospital.

60. The NSF is a ten-year programme of improvement implemented through local health and social care partners, and national underpinning programmes. Progress will be monitored through a series of milestones and performance measures, and will be overseen by the NHS Modernisation Board and the Older People's Services.

61. Standard One is aimed at rooting out Age Discrimination in the delivery of health and social care services to ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age. A progress update published by the NHS in November 2004² said that: “NHS organisations have checked their written policies to ensure they have no age bias. Only a very small number have been found that discriminate against older people. In these cases, procedures are being reviewed.”

62. The progress report highlighted that benchmarking tools are being introduced to help those responsible for commissioning or delivering services at a local level to compare patterns of treatment, access and availability of services, with those in other areas. The Scrutiny Panel agreed with research from the King’s Fund and Age Concern³ that it was important to develop such comparisons as quickly as possible.

63. Regular progress reports on the NSF in Worcestershire are made to the PEC and Strategic Health Authority Board.

² *Better health in old age*: Report from Professor Ian Philp, 2004

³ Age Concern, Project Report – *Practical Solutions for Rooting out Age Discrimination*, April 2004
King’s Fund, *Old Habits Die Hard – Tackling Age Discrimination in Health and Social Care*, 2002

Conclusion

64. A key area of the scrutiny that we have not yet addressed is the views of service users. **We recommend that the Health Scrutiny Panel picks this up after the County Council elections and explores whether users of the services we have examined consider that those services are accessible.**

65. The Scrutiny Panel considered there was some very good practice taking place in the services it reviewed, with efforts being made to enable and encourage access to services by older people. There is a need to assess the extent of good practice and to look at services that are not performing. **We recommend that any future scrutiny establishes whether and how all services could come up to the standard of the services we have seen.**

66. The Scrutiny Panel has been unable so far to clearly establish what progress had been made in Worcestershire on the NSF for older people. Again, **we recommend that this be a key element of any future scrutiny.**

67. Progress is being made following the Joint Review Action Plan (July 2003) and the Social Services Inspectorate Performance Review Report (2003) on key areas such as ensuring community-based services to support rehabilitation and maintain people in their own homes; increasing access to regular respite care; and ensuring information to service users is available and up-to-date. **We recommend that a future scrutiny would need to consider progress in more detail.**

68. It is important that age discrimination awareness becomes part and parcel of staff development and training and that the levels of understanding of the issues with staff and the general public continue to increase. Members also support the Age Concern's report's point that there is a need for more involvement of older people in the way services are provided.

APPENDICES

Scrutiny Scoping Template

<p>Scrutiny Topic (name of review)</p>	<p>Aged Population – Equity in Access to Services</p>
<p>Officer Support (Scrutiny Review Officer lead)</p>	<p>Suzanne O’Leary - Overview and Scrutiny Manager Sandra Connolly - Overview and Scrutiny Officer</p>
<p>Rationale (key issues and/ or reason for doing the review)</p>	<p>Concerns about whether older people have equitable access to health services, particularly screening. Assessing Worcestershire’s progress against the National service Framework for Older People – Standard 1: Rooting Out Age Discrimination.</p>
<p>Purpose</p>	<p>Initially the exercise will clarify problems then go on to make recommendations about how to tackle them locally.</p>
<p>Terms of Reference & Scope of Scrutiny (What are the key questions and issues to raise? What are the main elements of the scrutiny? What will be left out?)</p>	<p>To examine older people’s access to health services in Worcestershire.</p> <p>In particular to explore:</p> <ul style="list-style-type: none"> • What is the existing provision of health care for older people in Worcestershire? • What are local NHS policies on provision of health services for older people? • What is meant by access to services? • What evidence is there that there is inequity in access to services for older people? • What are the barriers to accessing services for older people? • What is the local NHS doing to ensure older people have fair access to services? • What are the County Council and its partners doing to ensure older people have fair access to services? • How well are these initiatives working? • What can be done to remove the barriers to accessing services? • How does the NSF on older people address inequities in access to services? • What progress has been made in Worcestershire towards the NSF for older people?

<p>Comments on scope of scrutiny</p>	<p>Definition of aged population: Scrutiny to look at three bands:</p> <ul style="list-style-type: none"> • 50-65 • 65-80 • 80+ <p>to see differences in needs/access.</p> <p>Different types of “access”:</p> <ul style="list-style-type: none"> • Communications/information • Transport/physical access to services/opening times etc • Getting on waiting lists • Hidden protocols (age discrimination) • Provision of services for older people, eg Dementia, podiatry, diabetes, orthopaedics (hip replacements) • Different levels of service eg community nursing, intermediate care, geriatricians <p>Consider older people as Carers and relatives of patients.</p> <ul style="list-style-type: none"> • What services are provided for them? • Access to knowledge • Assessments <p>(NB Social Services Scrutiny Panel proposal)</p> <p>Patient Choice:</p> <ul style="list-style-type: none"> • What will it mean for access by older people? Eg given several options: • Who will explain them • How can they access these options
<p>Indicators of Success (what factors would tell you what a good review should look like)</p>	<p>Clarifying whether there are differences in access or not by age, geography, gender, ethnic origin, services required</p>

Specify Witnesses/ Experts (who to see and when)	
Spring-Summer 2004	Briefing on National Service Framework
November	Workshop event Including Directors of Public Health and older people champions
January 2005	Task groups to meet: <ul style="list-style-type: none"> • service providers; • service users and carers
January – February 2005	Also to hear from: Age Concern; local community & voluntary sector groups; PPIFs; older people forums; Head of Adult Services, Social Services Practitioners: GPs, district/community nurses, Strategic Health Authority Local PCTs – chief executives/older people service commissioners
March 2005	Consider draft report
Specify Evidence Sources for Documents (which to look at)	National Service Framework for Older People – especially Standard 1
Specify Site Visits (where and when)	Visit practitioners and users – January 2005
Specify Evidence Sources for Views of Stakeholders (consultation/ workshops/ focus groups/ public meetings)	Initial workshop November 2004
Barriers/ dangers/ risks (identify any weaknesses and potential pitfalls)	
Draft Report Deadline	March 2005

APPENDIX 2

Timeline

10 December 2003	Health Scrutiny Panel received presentation on National Service Framework for Older People. Draft terms of reference for a scrutiny exercise considered.
26 January 2004	Health Scrutiny Panel received presentation from Eddie Clarke, Head of Health & Social Care, Worcestershire County Council. Scrutiny Panel confirmed that it would wish to conduct this scrutiny exercise.
19 March 2004	Draft scrutiny proposal form considered. Workshop event suggested.
8 April 2004	Informal meeting with Sandra Hudson, Older People's Lead, West Midlands South Strategic Health Authority.
21 April 2004	Scrutiny topic considered by Scrutiny Steering Group.
8 July 2004	Health Scrutiny Panel considered the scoping form setting out the scrutiny exercise.
16 November 2004	Workshop Event to identify real / perceived areas of difficulty or inequity in access to services and to seek views on how to take forward the scrutiny exercise.
17 January 2005	Health Scrutiny Panel agreed to form Task Groups
2 February 2005	Task Group 1 Visit to Upton GP Surgery, Dr George Wilson Attendees: Mrs H B Doyle, Mrs P Clayton, Suzanne O'Leary, Alan Courtney
23 February 2005	Task Group 3 Visit to Wyre Forest Intermediate Care Services, Kidderminster Hospital, Attendees: Mrs E M Davies, Mr W P Gretton, Sandra Connolly Sarah Dugan, Director of Clinical Services, WFPCT; Sally-Anne Osborne, WFICS Manager; Carol Warren, Older People's Champion; Joan Fisher, Chair of Older People's Planning Group
February 2005	Task Group 4 Literature Review Mrs J M Davy, Mrs P E Davey, Mr W P Gretton, Mr M C Meikle
3 March 2005	Health Scrutiny Panel Meeting with Rita Harrison, Service Manager for Older Adults, Worcestershire Mental Health Trust
11 March 2005	Task Group 2 Visit to Winyates Health Centre, Dr Borastero, Attendees: Mr W P Gretton, Mr D McGrath, Mrs B Passingham, Suzanne O'Leary

Participants

16 November 2004 – Workshop Event

Colin Beardwood	Older People's Champion, Worcestershire Acute Hospital Trust
Toby Bruce-Morgan	Worcestershire Acute Hospital Trust PPIF
John Calvert	Older People's Champion, Worcestershire Mental Health Partnership Trust
Liz Eyre	Cabinet Member with Responsibility for Social Services, Health and Wellbeing
Joan Fisher	Wyre Forest PCT
Caron Grainger	Director of Public Health, Redditch & Bromsgrove PCT
Ann Holmes	Older People's Champion, Redditch & Bromsgrove PCT
Sue Home	South Worcestershire PCT PALS
Brian Hunt	Worcester City Forum for Older People
Monica Izmajlowicz	Worcestershire Mental Health Partnership Trust PPIF
Valerie Jarrett	Wyre Forest PCT & Worcestershire Mental Health Trust PPIFs
Ros Keeton	Chief Executive, Worcestershire Mental Health Partnership NHS Trust
John Kessell	Worcestershire Acute Hospital Trust & Redditch & Bromsgrove PCT PPIFs
Peter Luttrell	Droitwich Spa Area Forum for Older People
Anne Mace	Wyre Forest PCT PPIF
Nick Peterson	Worcestershire Acute Hospital Trust PPIF
Carrolle Sajid	Age Concern Hereford & Worcester
Terry Stafford	Evesham & District Pensioners Association
Ann Tyler	Worcestershire Mental Health Partnership Trust PPIF

2 February 2005 – Visit to Upton GP Surgery

Dr George Wilson and colleagues

23 February 2005 – Visit to Wyre Forest Intermediate Care Service

Sarah Dugan
Joan Fisher
Sally-Anne Osborne
Carol Warren

3 March 2005 – Meeting of Health Scrutiny Panel

Rita Harrison

11 March 2005 – Visit to Winyates Health Centre

Dr Bill Borastero and colleagues

List of Documents

Age Concern, Project Report – Practical Solutions for Rooting Out Age Discrimination; April 2004

Better Health in Old Age: Report from Professor Ian Philp, National Director for Older People's Health to Secretary of State for Health; Department of Health; November 2004 (progress report on NSF for Older People)

Kings Fund; 'Old Habits Die Hard – Tackling Age Discrimination in Health and Social Care; 2002

Questionnaire for Task Group visits to GPs

Questionnaire for Task Group visit to Intermediate Care Service

National Service Framework for Older People, Department of Health, March 2001

Social Services Action Plan (The Joint Review Action Plan, July 2003, updated to include actions to respond to the SSI Performance Review Report, 2003) Monitoring Report, March 2005

Turner NJ, Haward RA, Mulley GP, Selby PJ; 'Cancer in Old Age – is it Inadequately Investigated and Treated?'; British Medical Journal; 31 July 1999