

1. Improving your experience of care

Question A: How could the approach described in the Discussion Document be developed further in order to improve the experience of our patients and their carers?

There are currently many methods of involving patients in health planning including public partnership forums, patient focus & public involvement, health councils and numerous other local consultation processes. However, many participants in these consultation processes often feel that they are presented with a *fait accompli*. This is evidenced in former Health Minister Andy Kerr's letter to the Scottish Health Council following the Council's annual review in March 2007 where the Minister stated "the public tended to see Boards' proposals as firm decisions."

For older people, one of the biggest barriers to accessing health care is transport. Rural areas are characterised by infrequent public transport that means that older people may find it difficult to attend GP and hospital appointments. Moreover, journeys may entail more than one mod of transport – for example, to access public transport it may be necessary to have access to a car to get to the car. In general, older people with mobility problems can find public transport vehicles difficult to physically access.

Access to health care should be a seamless process but invariably geographical location is a critical factor for a significant percentage of the Scottish population – this could be related to more out of town new hospitals being built in urban areas and/or location of health care services in rural areas. For older people, public transport should be integrated with community transport schemes to facilitate door-to-door service. This measure will ensure less missed appointments and improved and consistent health care provision.

Question B: Which aspects of this agenda would you prioritise?

Public transport infrastructure, including community transport needs to be improved to allow greater access to health care.

Older people's needs should be fully represented in the design, planning and implementation of health services. Moreover, older people's views and experiences should be sought through consultation and evidence-giving sessions – it is critical that people experience consultations as open and transparent processes where they make a real contribution to health care development. All decisions regarding older people should have had older people's representation at every stage.

Waiting times for health services are another area where improvements are needed as timely intervention for even minor ailments can result in very positive health outcomes for both the patient and the health service.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

Question C: What specific actions should NHSScotland take at a national, regional or local level to improve the experience of care?

At a national level NHSScotland should reduce waiting times. It is important that health strategies and resources focus on reducing waiting times and are implemented at a national level to ensure standardisation across Scotland.

At a regional level NHSScotland should seek to improve access to health services through an improved transport infrastructure, which includes the use of community transport or hospital passenger transport. This can be achieved by building partnerships with Regional Transport Partnerships (RTPs).

At a local level NHSScotland should ensure that there is better representation and consultation with older people.

Question D: What further opportunities do you see for improving patient experience through cooperation and collaboration between NHSScotland and its partners?

By working in a more collaborative and integrated way with both local authorities, community planning partnerships and other s, such as transport partnerships there is increased opportunity for better service planning and delivery.

Question E: Have you had any recent personal experiences that might help us shape and inform future actions? – Not Applicable

Question F: Which key performance targets would best focus NHSScotland on improving the patient and carer experience?

Feedback from patients and carers through independently organised surveys, focus groups and national representative groups and organisations. By seeking both qualitative and quantitative information about patient's experience of care, services can be improved and become more patient focussed.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

2. Best Value

Question A: How could the approach described in the Discussion Document be developed further in order to ensure the long term sustainability of services?

NHSScotland has undergone various national and local transformations in a short number of years. This has led to service changes and new services being successfully piloted but not 'mainstreamed' resulting in general confusion and concern amongst service users and health care partners. For example, voluntary sector organisations can spend as much time looking for resources as delivering services.

Health services should be planned for and delivered over the medium to long term (5-10+ years) as opposed to the short term planning and delivery currently implemented. Improved health outcomes and the reduction of health inequalities can only be effectively measured over a period of time – unlike waiting list figures which are simply snapshots taken at a particular time.

Best value can also be delivered through a change in focus from hospital-centred acute conditions to prevention and long-term condition management in the community. This section does not examine how best value can be achieved; for example, by focussing upon anticipatory care rather than reactive care. The Kerr Report stated that NHSScotland should work to ensure that health crises are prevented. People aged 65 and over represent just 16.2% of the population yet represent 33% of all hospital bed usage in Scotland (SMR 01, ISD Scotland) so preventative measures to reduce hospital admissions can be viewed as best value activity.

Question B: Which aspects of this agenda would you prioritise?

By sharing premises with other health service providers NHSScotland can, provided it is implemented properly, allow older people to access more services in a shorter period of time thereby limiting the need for multiple journeys.

Team working across services is important to ensure that older people do not need to repeat their medical history to every new professional delivering services to them

Question C: What specific actions should NHSScotland take at a national, regional or local level to deliver best value?

At a national level NHSScotland should set out what is meant by best value in a health & care context, including the change in focus from hospital care to community based service.

At a regional level NHSScotland can work to disseminate good practice in relation to policy and practice in the delivery of health care.

At a local level NHS Scotland should be planning the long-term future of successful pilots as each one should have a clear exit strategy and the opportunity to bid for continuation funding.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

Question D: What further opportunities do you see for ensuring best value through cooperation and collaboration between NHSScotland and its partners?

Working in much closer partnership with local authorities and the voluntary sector will allow NHSScotland to identify service gaps better as well as look at new ways of delivering health services. It will also ensure that NHSScotland does not duplicate services that the local authorities and voluntary sector organisations are already delivering.

Question E: Have you had any recent personal experiences that might help us shape and inform future actions? – Not Applicable

Question F: Which key performance targets would best focus NHSScotland on delivering best value for patients?

Best value indicators for patients and the performance of NHSScotland in meeting these targets should be clearly explained and communicated.

One clear best value indicator should be the accessibility of services including the need for and provision of transport for patients.

3. Taking Responsibility

Question A: How could the approach described in the Discussion Document be developed further in order to enable people of all ages and in all communities to take more responsibility for their own health and wellbeing?

It is disappointing to note that there are no specific actions or ideas related to older people and their health and wellbeing in this section. The Scottish Executive document, *All Our Futures* examines Scotland's ageing population and highlights a number of ways in which older people can take responsibility for improving their own health and wellbeing – this may include better understanding of lifestyle and its impact on later life to minimising personal risk in the home through falls, for example, which is often associated with increased frailty and dependency

Question B: Which aspects of this agenda would you prioritise?

As well as being engaged in tobacco, alcohol and healthy eating campaigns, older people should also be prioritised with specific campaigns about good mental health (benefits of gentle physical exercise, volunteering and community involvement) and how to minimise risk of personal injury at home and in public places through increasing mobility difficulties, for example.

Question C: What specific actions should NHSScotland take at a national, regional or local level to promote health and sustain a culture of health improvement?

At a national level, NHSScotland should reflect the fact that Scotland's population is ageing and act to ensure that health service planning and delivery for older people is centrally focussed.

At a regional level, service planning and delivery should ensure that that it is fully inclusive of older people.

At a local level, NHSScotland should manage health campaigns that are targeted at older people's needs and reflect the diversity of older people by reason of race or ethnicity, religious belief or sexual orientation, gender, or disability. This is particularly important for those older people who are hidden to hard to reach. Furthermore, there should be scope for successful pilot projects to be mainstreamed.

Question D: What further opportunities do you see for supporting and promoting health through cooperation and collaboration between NHSScotland and its partners?

New and innovative services can emanate from working in partnership with other services. Given that hidden or hard to reach patients may perceive health professionals as 'intimidating' and 'authoritarian', voluntary sector organisations can often engage better with such users. By adopting less formal methods of community engagement to promote better health, NHSScotland can ensure that more people are taking responsibility for their own health.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

Question E: Have you had any recent personal experiences that might help us shape and inform future actions across Scotland? – Not Applicable

Question F: Which key performance targets would best focus NHSScotland on creating the environments in which good health can flourish?

NHSScotland should work to measure not only the number of people who have received information about taking responsibility for their own health but also measure what people have done with information that has been given to them. This will ensure that key health messages are not only heard but acted upon.

4. Tackling Health Inequalities

Question A: How could the approach described in the Discussion Document be developed further to make a sustained impact on health inequalities?

It can be argued that health inequalities are symptomatic of wider inequalities in society which may be rooted in socio-economic factors – long periods of unemployment and/or low skilled employment, consistently poor and inadequate housing, high crime and social marginalisation, for example.

NHSScotland should train all professional health staff to recognise the impact of life circumstances on health equality and to work in partnership with local authorities and others to minimise these inequalities.

Question B: Which aspects of this agenda would you prioritise?

NHSScotland should ensure that the equalities agenda (driven by increasing access to health care) is inclusive of older people, particularly those older people living in areas of multiple deprivation where different factors impact simultaneously.

Question C: What specific actions should NHSScotland take at a national, regional or local level to tackle discrimination, promote equality and diversity and reduce health inequalities in our society?

At a national level NHSScotland should clearly set out performance indicators that measure health inequalities but this needs to be disaggregated by different variables such as race and ethnicity, gender, disability, sexual orientation and also by geography and socio-economic factors. It is critical that NHSScotland leads from the top – it needs to define and plan its equality strategy.

At a regional level NHSScotland should be working closely with equality groups and organisations, in particular, as there is the capacity for considerable reach to hidden and hard to reach individuals.

At a local level, NHSScotland should further develop links with grass root equality groups and organisations in order to access older people potentially at greater risk. Health care needs to be local based and delivered in venues, which are familiar and safe to minority groups such as BME elders or older LGBT people. For example, minority ethnic day centres have in the past provided health checks for older Asian and Chinese people

Question D: What further opportunities do you see for taking this agenda forward through cooperation and collaboration between the NHS and its partners?

There has been a lot of high profile media communication about health improvement and health promotion. Those areas that have yet to engage with these agendas need to have more focussed methods of engagement through partnership working, including the voluntary sector.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

Question E: Have you had any recent personal experiences that might help us shape and inform future actions across Scotland? – Not Applicable

Question F: Which key performance targets would best focus NHSScotland on tackling health inequalities across Scotland?

Working to reduce health inequalities can be a long-term and in some cases, generational activity. Each indicator for measuring health inequality will be affected by many factors, not just including specific health targets.

Clearly, life expectancy is a clear indicator where there is strong correlation between poverty, poor housing, poor diet and lower levels of life expectancy compared to areas of affluence where life expectancy is measurably higher.

Other indicators such as the level of hospital admissions from areas of deprivation, the level of use of GP and other local services, the rate of substance abuse and suicide rates are all indicators of health inequalities that NHSScotland should be working to reduce.

5. Anticipatory Care and Long Term Conditions

Question A: How could the approach described in the Discussion Document be developed further to help anticipate healthcare problems and improve the management of long term conditions?

As Scotland's population ages, there will inevitably be an increased pressure on NHSScotland for treatment and services. By investing in health promotion and prevention earlier in a person's lifecycle, the NHSScotland will save resources in the longer term as well as enabling allow older people to live longer and healthier, lives.

Tools like SPARRA and IoRN should be integrated and enhanced to help support vulnerable older people. There should not be multiple tools to assess multiple issues. Older people often have to repeat their medical history to many health professionals so a 'one-stop-shop' approach to record keeping and assessment will improve NHSScotland capability of anticipating health care needs.

As the population ages and more people live longer, it is inevitable that carers will also get older. Furthermore, carers may themselves be in employment, or if they leave employment, older carers find it very difficult to return to the workplace. NHSScotland should work with partner agencies to ensure that carers are supported not just in their caring role but also life decisions that will influence their ability to deliver that care.

As well as increasing capacity for cognitive and other psychological therapies NHSScotland should also develop services targeted at older people. This is because depression is the most common mental health problem in later life. In turn, this has an impact on heart disease, diabetes and hospital readmission rates. Furthermore, older people with depression are three times more likely to suffer from elder abuse (UK Enquiry into Mental Health & Wellbeing in Later Life, Age Concern England & the Mental Health Foundation).

Question B: Which aspects of the suggested approach would you prioritise and which particular conditions do you think should be regarded as national clinical priorities?

NHSScotland should develop the SPARRA tool and integrate it with other assessment tools looking at vulnerable people and enhance the capacity of NHSScotland to deliver psychological therapies.

Question C: What specific actions should NHSScotland take at national, regional or local level in order to advance this agenda?

At a national level NHSScotland should further develop SPARRA and other tools, and ensure its effective rollout across the country.

At a regional level NHSScotland should work to increase regional capacity to deliver psychological therapies and then spread good practise regarding those therapies.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

At a local level, NHS Scotland should work with local partners to ensure that carers receive all the information and support that they need, both in terms of their caring activities and in developing their own life choices.

Question D: What further opportunities do you see for improving our approach to long term conditions through cooperation and collaboration between NHSScotland and its partners?

Long term conditions are not just about clinical needs – effective partnership working will be required to ensure social services and voluntary sector organisations, as well as family members and carers, are fully engaged in providing care.

Furthermore, NHSScotland should seek to ensure that active ageing programmes promote mental as well as physical health and well-being in their design, delivery and evaluation.

Question E: Have you had any recent personal experiences that might help us shape and inform future actions across Scotland? – Not Applicable

Question F: Which key performance targets would best focus NHSScotland on anticipating health problems and improving the care we offer to people with long term conditions?

A key performance target is the reduction of hospital re-admissions for those receiving long-term care as well as other vulnerable people. NHSScotland should also work to measure not only the number of people who have received information regarding caring but also measure what people have done with information that has been given to them. This will ensure that the correct and relevant information is being passed onto carers.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

6. The Best Possible Start

Question A: How could the approach described in the Discussion Document be developed further to ensure that our children get the best possible start in life?

The positive role of older people in society and within families should be highlighted and built upon. *All Our Futures* used the term ‘beanpole families’ where older people have multiple roles in relation to the care and support of grandchildren. When health services are being designed and delivered for children the fact that grandparents may be responsible for transporting and supporting the children needs to be taken into account, with transport being a key example.

Question B: Which aspects of the suggested approach would you prioritise?

Using experienced older people to help provide parenting classes and community support to new or inexperienced parents.

Question C: What specific actions should NHSScotland take at national, regional or local level in order to extend and improve our range of early interventions?

At a national level NHS Scotland should devise and set out key standards and expectations for child health in Scotland including tackling health issues that, if unaddressed as children, will have a detrimental impact when those children become older members of society. Issues such as alcohol abuse, obesity and mental health problems are all prevalent in young people today that will adversely affect them as they become older.

At a regional level, NHSScotland should seek to share good practice regarding the implementation of Delivering a Healthy Future.

At a local level, NHSScotland should seek to support effective parenting programmes and projects for children in the early stages of their development. Currently, these programmes and projects are delivered mostly by social services to children at risk. This should be expanded to include all children who would benefit. Local health professionals would be key in identifying those families who need support.

Question D: What further opportunities do you see for taking this agenda forward through cooperation and collaboration between NHSScotland and its partners?

Children’s health should be a matter for all of society and NHSScotland should drive closer partnership working with all areas of society.

Question E: Have you had any recent personal experiences that might help us shape and inform future actions across Scotland? – Not Applicable.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

Question F: Which key performance targets would best focus NHSScotland on providing early interventions and helping to offer our children the best possible start in life?

Focus upon long-term outcomes instead of short-term indicators. These outcomes should be focussed upon the improvement of child health in Scotland.

7. Continuous Improvement in Healthcare

Question A: How could the approach described in the Discussion Document be developed further to deliver improvements in the quality, efficiency and sustainability of services?

Seek to develop new programmes and ideas that enhance the quality of care for older people. NHSScotland should take evidence from older people and use their input to address problems with service provision, as services should not solely be designed on the best scientific evidence.

Improvement in healthcare is not just about specified waiting times and increasing quality instead it can often be about increasing capacity of services to meet certain needs. For example, waiting times to access mental health services can be reduced to meet national criteria but the capacity of the service means that instead of a high quality weekly intervention, services can be reduced to monthly or even bi-monthly interventions which, in effect, render them unsuitable.

Question B: Which aspects of the overall quality agenda would you prioritise?

Ensure that services respond to the individual needs and circumstances of people's lives. Furthermore, many health care services should be person-led not clinician led.

Question C: What specific actions should NHSScotland take at a national, regional and local level to better embed a culture of safety, quality and continuous improvement?

At a national level, NHSScotland should seek to develop new collaborations to improve the quality (and quantity) of services for people. NHSScotland should develop criteria and mechanisms that would allow NHSScotland staff to work in partnership with others out with NHSScotland structures.

At a regional level, NHSScotland should seek to develop more local diagnostic centres and make tests available earlier. Furthermore, regional testing centres should also have the capacity to deliver diagnostic services in residential settings where necessary.

At a local level, continue to invest in staff training to develop skills development and competences.

Question D: What further opportunities do you see for taking this agenda forward through cooperation and collaboration between NHSScotland and its partners?

Partnership working between NHSScotland, public, private and voluntary sectors should, the voluntary sector and the private sector will be the key driver to improving healthcare and building capacity across Scotland. NHSScotland should be the key partner in building relationships at every level in society.

Question E: Have you had any recent personal experiences that might help us shape and inform future actions across Scotland? – Not Applicable.

Age Concern Scotland. Response to Better Health, Better Care consultation, November 2007.

Question F: Which key performance targets would best focus NHSScotland on the key issues of continuous improvement and quality and how should the new waiting time target be defined in order to maximise its potential for improving the quality of patient care?

Long term outcomes that demonstrate improving health, lower infection rates and successful earlier interventions in health problems.