

**Key Points:**

- Title change and new content
- Replaces version dated July 2002
- Highlights some of the improvements to patient services that should arise from the NHS Plan 2000.
- National Service Framework for Older People is highlighted.
- NHS Services specifically aimed at older people are identified.

## **NHS services and older people**

The government in Scotland is reviewing the health service structures and delivery so you would be advised to contact:

Age Concern Scotland at 113 Rose Street, Edinburgh EH2 3DT, tel: 0131 220 3345, for further information, [www.ageconcernscotland.org.uk](http://www.ageconcernscotland.org.uk)

There are also differences between England, Wales and Northern Ireland.

Those in Wales or Northern Ireland should contact their national body:

Age Concern Cymru, 4th Floor, 1 Cathedral Road, Cardiff CF11 9SD,  
tel: 029 2037 1566 (charged at national rate); website [www.accymru.org.uk](http://www.accymru.org.uk);

Age Concern Northern Ireland, 3 Lower Crescent, Belfast BT7 1NR,  
tel: 028 9032 5055 (charged at national rate) Monday to Friday 9.30 am – 1 pm.

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## 1. The New NHS – 10 year plan for investment and reform

The NHS Plan<sup>1</sup> was launched in July 2000 with a commitment to put patients and people at the heart of the health service. The document includes plans to reform NHS structures and the way services are organised and delivered. It also includes plans to extend the roles of nurses and other health professionals and involve patients in the development of local services. Sustained increases in NHS funding have been promised to support the investment in staff, NHS premises, IT and training that is needed to implement the modernisation programme.

### 1.1 Local Management and delivery of services

Changes to make health services more responsive to the needs of local communities they serve started with the introduction of Primary Care Groups (PCGs). During 2002 PCGs became **Primary Care Trusts (PCTs)** and each was incorporated into one of 28 **Strategic Health Authorities (SHAs)**. SHAs have replaced regional and local health authorities.

Strategic Health Authorities are not responsible for delivering services. Their role is to focus on longer term planning and ensure national priorities (such as improving standards for cancer services) are included in local plans. They are also responsible for ensuring quality services are provided by all the Trusts in their area. They are the local link with the Department of Health.

<sup>1</sup> The NHS Plan: A Plan for Investment, A Plan for Reform. July 2000 The Stationery Office.  
www.nhs.uk/nhsplan

Primary Care Trusts are local clusters of GP practices covering a population of around 100,000. They hold the resources and responsibility to improve the health of their local population and commission services that will meet their needs. This may be through hospital services but also services offered by dentists, opticians, pharmacists, chiropodists, occupational therapists and mental health care teams. Each PCT produces a booklet for their residents. This outlines the services offered by the Trust, how its budget is spent, its plans for improving services and success at reaching national targets. It should have processes in place so local people can comment on and help shape local health services.

PCTs must also ensure provision of services such as emergency ambulances, population screening, NHS Direct and walk-in centres.

Primary Care is care provided in the community and accessed via a health professional working in the community. Secondary Care is specialist care typically provided in a hospital, following a referral by a health professional, usually a GP.

Acute / Hospital NHS Trusts deliver hospital services. Mental Health Trusts and Ambulance Trusts deliver their own services.

## **1.2 National Institute for Clinical Excellence (NICE)**

NICE was established in 1999 to promote clinical excellence and effective use of resources in the NHS. Its aim is to provide patients, health professionals and the public with authoritative, reliable guidance on current 'best practice' on treatments and care for NHS patients. It can be asked to look at treatments for specific medical conditions, new and existing drugs and treatments and procedures used to diagnose illnesses.

The NHS is now required to make drugs available throughout England where NICE advises that they are clinically and cost effective.

Guidance is produced by independent groups that include professionals working in the NHS and people who are familiar with issues that affect patients and their carers. There is also a 30 member Citizens Council to bring the views of the public to the NICE decision making process.

### **1.3 National Service Frameworks**

National Service Frameworks (NSFs) were announced in the NHS Plan in recognition of the need to raise standards and reduce unacceptable variations in care across the country. They set national standards of treatment and care that people using health and social care services should expect, regardless of where they live. In order to meet the standards, specific steps have to be taken to address shortcomings. Milestones also have to be reached to show progress is being made. All local health and social care services will be monitored to ensure they are providing quality services and meeting the standards.

The Commission for Health Improvement (CHI) will monitor health services to see how well NSF guidelines are being implemented. See section 10.1 Commission for Health Improvement.

There are NSFs for older people, coronary heart disease, cancer, diabetes, mental health and paediatric intensive care. Others are in preparation.

### **1.4 National Service Framework for Older People**

This was launched in March 2001. It is a 10 year programme to improve the health and social care of older people whether they are living at home, in a care home or being cared for in hospital. It has eight standards to be addressed:

- rooting out age discrimination - older people should have fair access to services or treatment whatever their age.
- person-centred care - older people should be treated as individuals with respect and dignity.
- intermediate care - develop services that promote independence and expand those such as the community equipment service that helps older people to live as independently as possible.
- general hospital care - older people should receive high quality care in good quality hospital environments.
- stroke - services should be provided that help prevent strokes and provide treatment and rehabilitation following a stroke.

- falls - services should be provided that help prevent falls and provide treatment and rehabilitation if injury arises as a result of a fall.
- mental health - provide services that help prevent mental health problems and provide appropriate treatment for depression, dementia and other mental health needs.
- promotion of health and active life in old age - provide services that help older people to lead a healthy, active life.

Additional guidance underlines the importance of supporting older people so they get the most from medication.

This NSF has implications for hospital and social services and services offered through PCTs. It also requires health and social services to work more closely to offer a seamless service to older people.

Older People's 'Champions' have been appointed at different levels – managers, health professionals and older people - to represent older peoples views and provide leadership on local planning teams. The programme is overseen by the Older People's Taskforce, chaired by the Director for Older Peoples Services.

A range of issues arising from the NSF standards is being progressed. These include:

- age discrimination scrutiny panels have been identified in each area. They have reviewed health and social services policies and eligibility criteria to ensure older people are not unfairly discriminated against on the basis of age. They will be monitoring and comparing treatment rates in ten different hospital procedures to ensure older people are not unfairly discriminated against.
- for those unable to live without support, a 'single assessment process' is being developed for use by health and social services staff. It should be operating in all parts of the country by 2004. The following components will be crucial to the process. It should be conducted by the most appropriate health or social services professional. The older person should be an active participant in the process. The assessment should be structured to keep the scale and depth in proportion to the older person's needs. Support currently provided by carers and the needs carers should be taken into account. Significantly, having gained

appropriate consent, information collected should be shared with relevant health or social services personnel to avoid duplication and ensure a joined up, holistic approach to care. The care plan that is produced should maintain the dignity and maximise the independence of the older person.

- an integrated continence service is being developed to offer support and expertise to patients and carers in hospital, at home and in care homes.
- health and social services are in the process of amalgamating their community equipment services and budgets. This will mean there is a recognised contact point in each area. It should also mean budgets are spent effectively to provide modern, high quality equipment without undue delays.
- over 3,000 intermediate care beds had been introduced by December 2002. These are designed to provide active rehabilitation for periods of up to six weeks. This short-term intervention is designed to maximise independence and enable people to remain in or resume living in their own homes.
- specialist multidisciplinary teams to support the care of older people in general hospitals are being identified. Almost 75% of hospitals have teams in place. A nursing structure that includes leaders with specialist responsibility for older people and staff with the right set of skills to meet the needs of older people is also being pursued. The NSF document draws attention to the basics of good management of older people's medical care and medication while in hospital. It also highlights the importance of ensuring support is offered in a respectful way to patients who need help with basic tasks of daily living such as washing, eating and dressing.
- To support the prevention and treatment of strokes, all general hospitals should be following the Royal College of Physicians clinical guidelines for stroke care and auditing their procedures. By 2004, they should have implemented plans to introduce a specialised stroke service. Almost 75% of hospitals have already achieved this target.
- Health and social services are identifying factors that contribute to the risk of falling. They are also reviewing strategies to prevent those who have already fallen, from falling again. It is hoped to have an integrated falls service in place in all areas by 2004.

- Local PCTs are developing programmes to promote healthy ageing and prevent disease in older people.

## **2. GP Services**

The NHS Plan recognised the need to find new ways of working in order to deliver high quality patient care. This was acknowledged when drawing up the new GP contract which, if endorsed by the profession, should be phased in later in 2003.

Practices are to be given more flexibility to use their resources in a way that suits local circumstances and meets patient needs.

Since the NHS Plan was published, progress has been made to expand the role of pharmacists, nurses and other health professionals. They have wide ranging skills that can be more fully exploited in delivering high quality care. Ways of increasing the range of services offered within general practice are also being explored.

Nurses are now able to undertake specialist training that allows them to prescribe from a limited list of medicines and other prescription items. This initiative aims to increase efficiency and teamwork within a practice. It will also mean nurses can be more involved in the management of patients with chronic conditions such as diabetes and heart disease. It is hoped to involve pharmacists in similar practice initiatives in the future.

There are plans for GPs with clinical specialist interests, beyond their general medicine expertise, to take on new responsibilities. In conjunction with hospital based consultants, they will be able to act as local experts in the community. This will include taking referrals from fellow GPs in specialist areas such as ophthalmology, dermatology, orthopaedics and ear, nose and throat. It may also be possible to carry out procedures in a practice setting that would otherwise need to be done in hospital. The intention is that services can be more localised, based in familiar settings, with easier access to faster care. However such GPs will not replace hospital consultants. Consultants will continue to play a crucial role in patient care.

As progress is made to modernise practice premises, train staff and make funding available, initiatives such as these could appear across the country.

## **2.1 Registering with a GP**

Everyone living in the UK has a right to register with a GP. This right is based on residency and not nationality or payment of taxes. You can choose your GP, providing their list is not full and they agree to accept you.

GP practices operate on a geographical basis. You are normally accepted if you live close by, as this will allow a GP to visit you at home in an emergency. In some areas there may be a stricter 'catchment area' system which includes designated streets only.

To identify practices in your area, contact NHS Direct - the confidential, 24-hour advice and health information service. Call them on local call rate number 0845 46 47.

The list they send may include practice details such as the number of GPs and whether male and female GPs are available.

For more information about NHS Direct see section 3.1 NHS Direct

Details on local GPs and dentists are also available on the NHS website [www.nhs.uk](http://www.nhs.uk) by entering your town or postcode.

If there are several practices in your area, ring and ask if they are accepting new patients. There is a maximum number of patients allowed on each practice list. If a practice is enrolling new patients, call in to collect a copy of the practice leaflet. This will name the GPs, indicate surgery hours, indicate whether an appointment system operates, explain arrangements for getting advice over the phone, for collecting repeat prescriptions, for out of hours provision and requesting home visits. It could also include details on special clinics offered for those with chronic conditions such as diabetes. It may also be possible to see complimentary therapists such as osteopaths through the practice.

A visit to the practice will allow you to see the facilities and discover how easy it is to park nearby or get there by public transport. You can also discuss any specific needs you may have. These may include wheelchair access to consulting rooms or availability of a GP who speaks your language, if English is not your language of choice.

Before being accepted as a new patient or as part of the registration process, you will be offered a basic health check, usually with the practice nurse.

If you have difficulty finding a practice to accept you, contact NHS Direct. See section 3.1 NHS Direct. There is a responsibility to assign you to a GP if you are unable to find one yourself. NHS Direct will explain the process.

## **2.2 Registering with a GP for residents of care homes**

If you move permanently into a care home locally, your own GP may be willing to continue to care for you. If this is not possible, a number of local GPs may provide services for residents of particular homes. You should receive the same range of NHS services that you received when living in your own home. There should not be any additional charges for GP services or NHS services the GP says you need.

## **2.3 Making an Appointment**

Most practices operate an appointment system. If the GP of your choice is free, you can make an appointment with them. There is usually a system to allow you to see a GP in an emergency if there are no free appointments. In many practices it is possible to speak to a GP or practice nurse on the phone if you call at an agreed time.

The NHS Plan has set targets that should enable patients to see a GP within two working days or another primary care professional within one working day by the end of 2004.

## **2.4 Home Visits**

Most GPs will make home visits but only to patients they feel are too ill to visit the surgery. Give a full description of your condition when you phone the surgery. This will allow an informed decision to be made on whether a home visit is necessary. If possible call the practice in the morning to allow for a visit the same day.

## **2.5 Out-of-hours services**

Many practices use a designated out-of-hours service or work with a local GP co-operative to manage their out-of-hours provision. Calling the practice number will usually put you in touch with the appropriate service. Check the practice leaflet for details.

If you cannot find your practice phone number, call NHS Direct. See section 3.1 NHS Direct. They will be able to refer you to your GP's out-of-hours service. There are plans to co-ordinate all out-of-hours services through NHS Direct in the future.

## **2.6 Changing your GP**

If you are moving away from the area or have found another local GP who is willing to accept you, it is not necessary to tell your GP that you wish to change.

Once a new GP has agreed to accept you, the practice will contact your previous GP for your medical records. However you may, as a courtesy, wish to notify your GP of plans to leave the practice.

## **2.7 GP services when away from home or on holiday**

If you know you will be living away from your usual home for up to three months, you may apply to a local practice to be accepted as a 'temporary resident'. If their list is not full, they will most likely accept you.

If you become ill on holiday, you should ask the hotel reception if they have an arrangement with a local practice. If staying with friends, you could approach their practice to see if they are willing to treat you.

You could also contact NHS Direct. See section 3.1 NHS Direct. They will be able to discuss the options available locally.

## **3. Services to complement GP services**

### **3.1 NHS Direct and NHS Direct Online**

NHS Direct – 0845 46 47 - is a **confidential** national 24-hour

telephone advice and health information service staffed by nurses and professional advisers.

- you can call NHS Direct for advice on what to do if you or a family member feels ill. You will be transferred to a nurse, who will ask you a series of questions. Then using their skills, experience and a comprehensive computer system, they will advise you on the most appropriate course of action. You may be able to treat yourself at home following a visit to the pharmacist. If the problem is more serious, you may need to see your GP or go to hospital. If your problem is very serious, NHS Direct can connect you to the ambulance service.
- NHS Direct can give details of local GP practices, NHS dentists, emergency dental services, walk-in centres, opticians and pharmacies including late opening pharmacies. They can tell you which PCT or SHA covers your area.
- NHS Direct provides information on particular health conditions; self-help or support groups.

If English is not your language of choice, they offer a confidential translation service. Call 0845 46 47 and say the English word for the language you would prefer to use. You will then be connected to an interpreter who will help NHS Direct staff give you the help or information you need. Alternatively ask a friend to make the call. The friend can pass the phone to you when the interpreter is on the line.

A 24-hour textphone service is offered on 0845 606 46 47. The same service – advice if you are feeling unwell or information on a medical condition or support group – is available by textphone.

There is also an online service [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk). The on-line service allows you to look for information on a wide range of health conditions, treatments and operations. It also provides information on healthy living and gives links to other web sites you may find helpful. A specialist section looks in depth at a range of topics including diabetes, stroke and breast cancer. There is also a self-help guide to treating common illnesses at home.

### **3.2 NHS Walk-in centres**

There are currently over 40 centres open 7 days a week from early morning until late evening. They are designed to provide fast and convenient access to help if you are feeling unwell. They are often located in the centre of town or grounds of a hospital. A mixture of nurse practitioners and nurses provide a range of services to treat minor illnesses and also minor injuries – cuts, grazes or strains. They can also offer health information and advice. Call NHS Direct to see if there is one near you.

### **3.3 NHS Minor injuries treatment centres**

These are also open 7 days a week and treat minor injuries. Call NHS Direct to see if there is one near you.

### **3.4 Community pharmacists**

Pharmacists are qualified to give advice on common complaints such as sore throats, colds, flu and aches and pains. Based on your symptoms, they can assess whether a visit to a doctor is advisable. A pharmacist can also answer questions about prescription or ‘over-the-counter’ medication you are taking. They can also advise on suitable over-the-counter medicines for minor conditions.

## **4. Other NHS primary care services**

### **4.1 NHS primary care professionals**

Your GP is able to refer you to health professionals with expertise to treat specific aspects of certain conditions. They may visit you at home or hold clinics at your own or another local practice or community health centre. In those instances where specialist equipment is required, it may be necessary to visit them at the local hospital.

You can access district nurses, chiropodists/podiatrists, physiotherapists, occupational therapists, speech and language therapists, dietitians and palliative care nurses such as Macmillan or Marie Curie nurses through your GP.

For services such as **chiroprody**, there are often eligibility criteria that you must meet in order to be treated as a NHS patient. Services such as nail cutting, unless you have an additional medical problem, are unlikely to be offered as NHS treatment. Your GP should be able to advise you.

**Physiotherapists** use a range of techniques to restore movement and function within the body. As well as conditions such as back pain and muscle strains they can help a much wider range of conditions such as osteoporosis or asthma.

**Occupational therapists** can advise on modifications or equipment that may be useful at home to increase the independence and mobility of a person with a disability. They can be accessed through a GP or social services.

**Speech and language therapists** can help not only with communication difficulties but also with eating and swallowing difficulties. These may arise following a stroke or in patients with dementia. They may also be accessed through social services.

**Dietitians** have expertise in nutrition. They can advise on suitable meals and eating patterns for diet related diseases such as irritable bowel syndrome, diabetes or coronary heart disease. They can also advise on menus provided in care homes and give general advice to those wishing to follow a healthy diet.

## **4.2 Complementary therapists**

Interest in complementary therapies such as acupuncture, chiropractic, herbal medicine, homeopathy and osteopathy has increased in recent years. They are not often available as an NHS service. If you are considering any of these therapies on a private basis, it is advisable to discuss this with your GP. This is particularly important if you are taking medication and might be recommended to take other medication or herbal remedies by the therapist. It is important the therapist has the appropriate qualifications and insurance to treat you.

## **4.3 Counsellors**

In some practices, GPs are able to refer you to a counsellor. However there may be quite a long waiting list. Your GP will be confident of the qualifications and competency of the counsellor you are referred to.

## **5. Community equipment**

This includes a wide range of equipment for home nursing usually provided by the NHS such as pressure relief mattresses and commodes. It also includes equipment for daily living items normally provided by social services such as shower chairs, raised toilet seats and lever taps. Communication aids such as low vision aids and flashing telephones are also included.

The NHS Plan recognised the importance of such aids to independence and quality of life. It therefore set a target for health and social services to have pooled their equipment and have it managed within a single inventory by April 2003. By April 2004 the services should be fully integrated so that the equipment is accessed through one local entry point. The charges made for such equipment are also under review. See Age Concern Factsheet 42 *Disability equipment and how to get it*, for further information.

## **6. Specialist NHS treatment and hospital services**

### **6.1 Outpatient/inpatient appointments**

If your condition requires the opinion of an expert, you will be referred to a consultant in a specialist field of medicine. The appointment is usually at the local hospital. However in some parts of the country, consultants hold outpatient clinics at the local GP practice or health centre.

Public consultation prior to drawing up the NHS Plan, highlighted patient concerns about waiting times and last minute cancellation of appointments and treatment. The NHS Plan has therefore set targets to improve waiting times. From March 2003, people should wait no longer than 21 weeks for an outpatient appointment following a GP referral. For inpatient treatment the target is a wait of no longer than 12 months. By 2005 it is hoped these times will be reduced to a maximum wait of three months for outpatient and six months for inpatient treatment.

Specialities with the highest waiting times include hip and knee surgery, cataract and heart surgery. A number of initiatives have been taken to address this situation. In 2002 the Patients' Choice initiative was introduced for all patients who had been waiting six months or more for heart surgery. It

offered them the option of surgery at another hospital offering treatment more quickly. A pilot to assess the benefits of extending the Patient Choice initiative to include cataract operations was conducted in the London area later in 2002. In the longer term it is intended that patients will be able to have more choice about when and where they are treated.

Another initiative to help ease waiting times is the introduction of Diagnostic and Treatment Centres (DTCs) across the country. DTCs are primarily dedicated to carrying out pre-booked diagnostic tests and surgery in orthopaedics and ophthalmology. Some centres may treat urology and ear nose and throat (ENT) patients. Unplanned or emergency treatment will not be offered. Ten centres are currently open, with 19 planned for 2004/2005. Speak to your GP for further information about these initiatives locally.

Missed appointments and non attendance at outpatient clinics can add to patient waiting times. Appointment dates and times chosen by hospitals rather than patients makes this situation more likely. The National Booked Admissions Programme, an initiative with a target date of 2005, is designed to address this. Already hospitals are offering patients appointments at their convenience in at least two 'long wait' specialities. Once compatible computer systems are in place, patients will be able to choose the date / time of an outpatient appointment or inpatient care from their GP practice or while at the hospital.

## **6.2 Inpatient care**

Public consultation prior to the launch of The NHS Plan also raised concerns about the hospital environment. These ranged from standards of cleanliness in hospitals, quality of hospital food, timing of meals to dissatisfaction at being accommodated in mixed sex wards. Several initiatives were introduced to address these issues.

One of these is the introduction of 'modern matron' posts – 1,900 staff had been appointed to this role by April 2002. Modern matrons have overall control of a group of wards, working closely with ward sisters and charge nurses. They are able to help address the issue of cleanliness on wards but a key role is to provide strong clinical leadership on wards and improve patients' experience of hospital.

Independent Patient Environment Action Teams (PEAT) have been established to review a broad range of issues affecting the hospital environment. The teams include hospital managers and patients representatives. They use a traffic light system to grade hospital standards of cleanliness and food quality.

Latest results suggest almost 60% hospitals now have the 'green' rating for cleanliness with the remaining 40% rated 'yellow' and achieving acceptable standards. Three years ago 35% hospitals had a 'red' rating.

The Better Hospital Food programme is an ongoing initiative designed to improve the nutritional value and attractiveness of hospital food. This will include not only the quality of food served at mealtimes but plans to make food available on the ward 24-hours a day via the ward kitchen. This will be of particular help to patients who are not able to eat at regular mealtimes due to the timing of tests or late admission to a ward.

During 2002 mixed sex hospital accommodation was virtually eliminated and by December 2002, 90% of the large, old-fashioned, open plan Nightingale wards for older people had been modernised.

### **6.3 Transport to/from hospital**

Most hospitals offer a non emergency patient transport service (PTS) to help those who are medically unfit to travel and have no alternative means of transport. In some areas volunteer car schemes can help those who have difficulties using public transport. These schemes are run by a variety of organisations including Council for Voluntary Services (CVS), Womens Royal Voluntary Service (WRVS), British Red Cross and local volunteer bureaux. The Community Transport Association can give you contact details if there is a community transport scheme in your area. See section 12.1 Useful organisations.

There is also a scheme to help patients on a low income, who have difficulty funding transport costs, to attend hospital for consultant appointments or treatment. For further information about this scheme see section 8 Help with health costs and also Age Concern Information Sheet, *Help with health costs*.

## **7. Special NHS Services for older people**

Health promotion and prevention of ill health are important aspects of health care. A number of initiatives have been launched to help and support older people to continue to live healthy, independent lives.

### **7.1 Free prescriptions for over 60s**

Anyone aged 60 or over does not have to pay for NHS prescriptions. There is a box on the back of the prescription you will be asked to sign. Some GP practices have a computerised prescribing system which will show your date of birth on the prescription. If this is not the case, you may be asked to provide evidence of your age. This is more likely if you are not using your regular pharmacy.

Some pharmacies are able to make deliveries to housebound people or have a service to collect repeat prescriptions from local GP practices. If this might be useful to you, ask the pharmacist. There may be a charge for such services.

### **7.2 Free NHS sight tests for over 60s**

Anyone aged 60 or over is entitled to a free NHS sight test. It is generally suggested that adults have a sight test every two years. However, a sight test every 12 months has been recommended for those aged 70 and over by a joint working party of the Department of Health and professional bodies representing optometrists. It is however up to individual opticians to use their professional judgement in individual cases.

Some opticians only offer 'private' sight tests. Therefore it is important to confirm you will be having an 'NHS' sight test when you book your appointment. You should also check whether they are including the full range of tests. Tests for those conditions such as glaucoma and other eye diseases that are more likely in older people are particularly important. Those of African-Caribbean origin, with diabetes or who have a relative with glaucoma are at higher risk of developing a sight problem.

The Royal National Institute of the Blind (RNIB) has a campaign to maintain availability of a comprehensive NHS sight test. They can give you further details on this issue. See section 12.1 useful organisations.

### **7.3 Over 75s annual health check**

A GP or another member of the practice team should offer a free health check to all their patients over 75. This can be at the surgery but should be offered at home for those unable to visit the practice. This has been a requirement since 1990 and its importance was re-emphasised in the guidance issued to accompany the National Service Framework for Older People.

### **7.4 Over 75s medication check**

The National Service Framework for Older People recommended a free annual medication check for all those over 75. For those on 4 or more medications this check should be six monthly. The check may be carried out by the GP but there are initiatives in place to involve community pharmacists. A wider initiative arising out of the NHS Plan is the Medicine Management programme. At present this involves community pharmacists and GPs in pilot studies to see how to help all patients get the best out of their medication. The target is to have a medicine management service in every PCT by 2004.

### **7.5 Free flu vaccination for over 65s**

Complications such as pneumonia or severe bronchitis can follow a dose of flu. It is therefore government policy to offer a flu vaccination to all people aged 65 and over. You should be invited in the late summer / early autumn by your GP practice to have a flu jab.

### **7.6 Breast screening**

The NHS breast screening programme provides screening every three years to women in UK aged 50 and over. Women aged 50-64 are routinely invited for screening.

An extension of the screening programme to include women aged 65-70 has started. By the end of 2004 all women in this age range should be invited for screening.

Prior to this new initiative, women aged 65-70 could contact their local breast screening unit every three years and ask for an appointment. If you fall into the 65-70 age range and it is more than three years since you had a

mammogram, you can contact NHS Direct for details of your local unit. See section 3.1 NHS Direct.

The government is considering a national screening programme for bowel cancer. However the most reliable test and practicalities of administering such a programme have yet to be decided.

## **8. Help with health costs – low income scheme**

People 60 and over do not pay for prescriptions or NHS sight tests. However dental checkups, dental treatment and new glasses do have to be paid for unless you are able to claim Minimum Income Guarantee (MIG) also called Income Support. (This will change in October 2003 to become the Pension Credit).

However you may be able to get help with these costs, through the NHS Low Income Scheme, if you are 60 or over, have a low income and savings of £12,000 or less. Depending on your circumstances you may be entitled to full or limited help with the cost of dental treatment and glasses. Help with costs of travel to and from hospital for consultant appointments and treatment are also possible through this scheme.

For further information on the scheme and how to apply see Age Concern Information Sheet, *Help with health costs*.

## **9. Public involvement in developing and improving NHS services**

The NHS Plan recognises the need for real involvement of local people in the way services are run and new services are developed.

### **9.1 The Commission for Patient and Public Involvement in Health (CPPIH)**

This is a new body that began work in January 2003. It has overall responsibility for ensuring structures are in place to allow the public to have a voice in decisions that affect their health and that of their local community. Several new services will have a role to play in achieving this.

## **9.2 Patient Advice and Liaison Services (PALS)**

There is a PALS operating in every PCT and NHS Trust, as a first point of contact for patients and relatives.

PALS should be able to provide information on local services and support groups. It is also hoped early involvement and intervention by PALS will help resolve any patient concerns or problems with treatment or care before they become major issues.

As a result of their contact with patients, PALS will be a key source of information and feedback for the local Trust. They will be aware of patient experiences, concerns and any gaps in current services offered by the Trust.

If patients wish to make a formal complaint, PALS will be able to tell them about the NHS complaints procedure and about a new service - ICAS - to support those making a complaint.

Trust staff should be able to tell you how to contact your local PALS. NHS Direct also holds this information.

## **9.3 Independent Complaints Advocacy Services (ICAS)**

An ICAS will be set up in every PCT to provide an advocacy service for those making a formal complaint about NHS services. They will take on this role, previously offered by Community Health Councils (CHCs) when CHCs cease to exist on 1st September 2003. Pilot study ICAS have been operating across the country. Their role has been to develop quality standards for this new service which will offer independent support for patients from September.

## **9.4 Patients' Forums**

These will be set up in every PCT and NHS Trust area as a key resource for local people. Their range of responsibilities will include:

- monitoring the range and operation of services provided by the Trust. This will include inspecting premises where services are delivered.
- seeking the views of patients receiving services in the area and making representations to the Trust management;

- referring, where appropriate, any concerns they may have on such issues as patient safety to higher authority eg Strategic Health Authority;

There will be one member of the Patients' Forum on the local Trust Board at Non-Executive Director level.

In PCT areas the Patients' Forum will have additional responsibilities. These will include:

- providing or commissioning an ICAS service;
- providing training and support to local communities so they can participate and influence local decisions;
- working with other Trusts in the area to ensure a strategic view is taken and acted upon.
- identifying trends and local concerns and reporting on them to decision makers; and
- monitoring how well the local Trust is meeting its duty to involve and consult the public

## **9.5 Overview and Scrutiny Committees (OSCs)**

Since January 2003, all local authorities with social services responsibilities have the power to scrutinise local health services. This is part of their wider role in improving health and reducing health inequalities in their area. As well as being consulted by the NHS when major service changes are proposed, they will be able to challenge service changes by referring them to the Secretary of State. They will also review the overall operation and planning of local services.

## **9.6 Expert Patients Programme**

Many people live with chronic diseases for which there may not be a cure eg heart disease, asthma, arthritis, stroke. As a result, they often become expert in managing their condition and minimising its effect on their day to day lives. In the past, the NHS has tended to focus on patients as recipients of care rather than active partners in management of their condition. The Expert Patients programme recognises that patients, doctors, health professionals and support groups all have a role to play in the successful management of chronic illnesses. Pilot studies have been running to find the best way to achieve this. By January 2003, 144 PCTs had joined the Expert Patients programme.

The intention is to give patients more control over their lives by giving them the confidence to take decisions and self manage their condition in partnership with health professionals.

More information on this initiative can be found on the Department of Health website [www.doh.gov.uk/cmo/progress/expertpatient/index.htm](http://www.doh.gov.uk/cmo/progress/expertpatient/index.htm).

## **10. Monitoring Quality Standards in the NHS**

### **10.1 Commission for Health Improvement (CHI)**

CHI is the independent regulator for NHS care. It has the ultimate aim of improving patient care through inspections and reviews of all Trust services. Its inspections look at the systems an organisation has in place to ensure patients receive the highest quality care. This includes assessing whether the organisation is 'patient-centred', treats patients with respect and involves them in decisions about their care. Patients and the local community are always invited to participate when CHI reviews their local PCT, Hospital Trust, Ambulance or Mental Health Trust. Reports published following an inspection are available on their website or can be ordered on their order line.

CHI is also responsible for the National NHS Patient Survey programme. These surveys cover different aspects of healthcare on a rolling basis each year. For example they may look at Accident and Emergency/outpatient experiences one year and patient experiences of cancer services the following year. The survey results allow managers to take direct account of local patients' views on services.

CHI is now responsible for the publication of Performance Ratings of all PCTs and NHS Trusts. Performance ratings are published as part of the government's commitment to provide the public with comprehensive, easily understandable information on the performance of their local health services. They are presented as 'star' ratings. These show amongst other indicators, how well Trusts are meeting waiting list and other targets set in the NHS Plan.

## **11. Resolving problems and making complaints**

### **11.1 Local resolution of an issue**

You may feel you want to complain if you are unhappy with services or the attitude of staff you come in contact with. You can often resolve such issues by discussing them with the health professional, practice manager or nurse in charge.

If you do not feel able to raise an issue personally, you can enlist the help of the Patient Advice and Liaison Service (PALS) for the Trust concerned. It is hoped that their intervention can help you resolve any problems before they become major issues or the basis of a formal complaint.

Call NHS Direct if you would like to know how to contact the local PCT or NHS Trust PALS.

See section 3.1 NHS Direct, section 9.2 PALS and section 9.3 ICAS for further information.

### **11.2 Making a formal complaint**

The local PALS will also be able to advise, should you wish to make a formal complaint about NHS services. The NHS complaints procedure is under review and changes are being considered. However the following procedure still applies. A complaint cannot be investigated in this way if you are taking legal action against the Trust or health professional concerned.

If a complaint cannot be resolved locally by speaking to staff concerned, the next step is to make a formal complaint in writing to the Trust's Chief Executive. This is the final stage of the local resolution phase of the procedure.

You should write within six months of the incident forming the basis of the complaint or within six months of becoming aware of the circumstances about which you want to complain. The complaint should be made no longer than one year after the incident took place. In exceptional circumstances these time limits may be waived. You should receive a response to your letter within 20 working days.

If you are not happy with the response, you can ask for an independent review. The response from the Chief Executive, concluding the local resolution process, should tell you how to make such a request. The request for an independent review should be made within 28 days of receiving the letter. If the request is granted – there is no obligation for the request to be granted – an independent review panel will be set up and you will be informed of its terms of reference.

The panel, having taken evidence, will write a report setting out its findings and any action it believes should be taken to put things right. The report will be sent to you and the NHS organisation concerned. The NHS organisation will write to you within 20 days of receipt of the report giving details about the action it proposes to take.

If you are still not satisfied with the conduct of the panel or the content of its report, you may wish to complain to the Health Service Ombudsman. The Ombudsman is independent of government and does not charge for investigations undertaken. The Ombudsman does not have to investigate every complaint. Before she will look into your complaint, she will usually expect you to have completed the procedure outlined above, unless it would be unreasonable to expect you to do so.

You should send your complaint to the Ombudsman within one year of the event in question. In exceptional cases it may be possible to extend this time limit.

The Ombudsman can investigate complaints about the following:

- poor service;
- failure to provide or purchase a service you have a right to receive;
- administrative failures; and
- complaints about care provided by a NHS professional.

## **12. Further information**

### **12.1 Useful organisations**

**British Red Cross** 9 Grosvenor Crescent, London SW1X 7EJ. Tel: 020 7235 5454 website: [www.redcross.org.uk](http://www.redcross.org.uk)

The British Red Cross offers a range of community services including community transport schemes and a short-term wheelchair loan service. Call the above number for your local office contact number or look at their website. The website lists the groups and the services offered by individual groups.

**Community Transport Association** Highbank, Hatton Street, Hyde Cheshire SK14 2NY. Tel: 0161 351 1475  
website [www.communitytransport.com](http://www.communitytransport.com)

The Community Transport Association can tell you whether there is a community transport scheme in your area and give you a contact number. They do not keep details of services offered by each scheme.

**Royal National Institute of the Blind (RNIB)** Customer Services PO Box 173 Peterborough PE2 6VVS. Helpline number 0845 766 99 99. For Ttypetalk service dial 18001 0845 766 99 99. website [www.rnib.org.uk](http://www.rnib.org.uk)  
RNIB provides a range of useful information for those with sight problems. The helpline can advise on all their services and campaigns.

## 12.2 Health professionals organisations

**Health Professional Council (HPC)** Park House, 184 Kennington Park Road, London SE11 4BU. Tel: 020 7582 0866. website [www.hpc-uk.org](http://www.hpc-uk.org)  
The HPC is the new independent UK-wide regulatory body for 12 healthcare professions including chiropodists/podiatrists, dietitians, occupational therapists, physiotherapists and speech and language therapists. If you want to consult one of these therapists privately, they can confirm whether the person is registered. Registration information is also available on their website.

**Chartered Society of Physiotherapy** 14 Bedford Row, London WC1R 4ED. Tel: 020 7306 6666. Website [www.csp.org.uk](http://www.csp.org.uk)

The website section physio2u allows you to identify private registered practitioners in your area with particular areas of expertise eg pain management, orthopaedic. It also includes information on the range of conditions physiotherapists can treat.

**Society of Chiropodist and Podiatrists** 1 Fellmonger's Path, Tower Bridge Road, London SE1 3LY. Tel: 020 7234 8620 website [www.scpod.org.uk](http://www.scpod.org.uk)

The society produces information on footcare. Their website [www.feetforlife.org](http://www.feetforlife.org) contains information on keeping feet healthy and common foot problems. It also allows you to search for a registered chiropodist locally.

### **12.3 NHS websites**

#### **[www.nhs.uk/](http://www.nhs.uk/)**

Allows you to search for local services, explains hospital performance ratings and enables you to look at ratings for your local hospital Trust. It also briefly looks at the history of the NHS and recent changes to NHS structures.

#### **[www.doh.gov.uk/nsf/nsfhome.htm](http://www.doh.gov.uk/nsf/nsfhome.htm)**

Explains the National Service Framework (NSF) programme and allows you to look at the published frameworks for all seven groups currently available.

The NSF for Older People has its own website

**[www.doh.gov.uk/nsf/olderpeople/news.htm](http://www.doh.gov.uk/nsf/olderpeople/news.htm)** is the website for the National Service Framework (NSF) for older people.

#### **[www.chi.nhs.uk/](http://www.chi.nhs.uk/)**

The Commission for Health Improvement (CHI) website outlines the purpose and activities of CHI. Reports written following reviews of local Trusts are posted on this website and can be downloaded free of charge. A charge is made for hard copies which can be ordered from the Stationery Office Tel: 0870 600 5522

#### **[www.ombudsman.org.uk](http://www.ombudsman.org.uk)**

The website for the health services ombudsman based at Millbank Tower, Millbank London SW1P 4QP Tel: 020 7217 4051

## **13. Further information from Age Concern**

The following information sheet may be relevant;

### *LC20 Help with Health Costs*

If you would like

- any additional factsheets mentioned (up to a maximum of 5 will be sent free of charge)
- a full list of factsheets and/or a book catalogue

- further information or if you have questions arising from this factsheet
- to receive this information in a different format or language

phone 0800 00 99 66 (a free call) or write to Age Concern FREEPOST (SWB 30375), Ashburton, Devon TQ13 7ZZ. For people with hearing loss who have access to a textphone, calls can be made by Typetalk, which relays conversations between text and voice via an operator.

Age Concern's series of over 45 factsheets is available as a subscription service to those whose work involves older people. For details please call 0870 500 99 66 (national rate) and ask for our factsheet subscription leaflet.

Age Concern provides factsheets free to older people, their families and people who work with them. If you would like to make a donation to our work, you can send a cheque or postal order (made payable to Age Concern England) to the Personal Fundraising Department, ACE Freepost CNI794, London SW16 4BR.

Find out more about Age Concern England online on [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

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No factsheet can ever be a complete guide to the law, which also changes from time to time. Therefore please ensure that you have an up to date factsheet and that it clearly applies to your situation. Legal advice should always be taken if you are in doubt.

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