

Review of
Older People's Services
in
NHS Ayrshire and Arran

Executive Summary

December 2002

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This report covers a review of older people's service in NHS Ayrshire and Arran, which was undertaken by the Scottish Health Advisory Service prior to its integration into NHS Quality Improvement Scotland on 1 January 2003. Copies of the Quality Indicators for Older People's Services [first published by the Scottish Health Advisory Service (SHAS)] are available from NHS Quality Improvement Scotland.

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First published March 2003

We thank all those who contributed to this review and report.

Executive Summary

The Scottish Health Advisory Service (SHAS) last visited services for older people in Ayrshire and Arran in May 2000. Most of the recommendations from the report have been taken forward or are in the process of development. Older people in Ayrshire and Arran are receiving good care and staff in these services are to be congratulated for working hard to provide a warm, caring and friendly environment that contributes greatly to the quality of life of patients. Community hospitals in particular are regarded as highly important to local communities, especially on the islands. There are many areas of good practice.

During our visit we met many users and they had a high degree of satisfaction with the service provided. Carers identified particularly with the level of explanation given to them about their relatives and about their own needs as carers. Both users and carers reported excellent care and good communication but they felt staffing levels were inadequate. They raised only a few areas for further improvement, including a lack of privacy in nightingale wards and the need for diversional therapy.

There is good practice and this includes the involvement of patients and their carers in policy development, planning and decision-making, the Patients' Council in the Acute Trust and patient committees in the Local Health Care Cooperatives (LHCCs).

Older people are a priority and developments, including a multi-agency strategy, stroke, primary and community care and a shift of care from hospital to the community, improvements in the journey of care and the provision of advocacy, support this. However clinical services in North and South Ayrshire are still inconsistent. The equity of access to and the provision of services still need to be addressed, especially in acute medical care of older people, ortho-geriatric care and the availability of specialist input into community services and community care assessments.

Specialist wards for older people are still accommodating too many patients whose discharge is delayed, making the service unavailable to some older people. This is inequitable and is an inefficient use of resources and manpower. The good joint working relationships and the joint plans to address delays in discharge that we witnessed should resolve the problems.

In the last report the quality of life experienced by the older person in hospital was not consistent and areas for improvement were suitable accommodation, diversional therapy, privacy and dignity, and choice. Many of these areas have been addressed and there is excellent practice in nutrition and continence care. Diversional therapy is still not available to all patients.

The quality of accommodation in hospital was reported as poor in the last report. Apart from the closure of Ballochmyle Hospital and the opening of East Ayrshire Community Hospital and general redecoration, there has been very little improvement to the accommodation. Continuing care and community hospital accommodation still remains inappropriate, mixed sex standards have not been addressed in some areas and bed designation does not reflect how beds are being used.

Recommendations

Compliance with the NHS Quality Improvement Scotland Older People's Quality Indicators is variable and there is evidence of progress towards full compliance in some areas. Several suggestions for improvements are made throughout the text and the key areas for improvement at present include:

1. The inequity of access to services and the need to improve liaison with the different services between North and South Ayrshire should be addressed. The key issues include:

- input to communities and community hospitals;
 - memory clinics;
 - ortho-geriatric care;
 - liaison with old age psychiatry; and
 - a review of consultant job plans.
2. Consultant geriatricians should be involved in the assessment of all patients being considered for community care assessment to minimise inappropriate placements and reduce the number of moves an individual patient makes.
 3. The multi-agency strategy for older people should have an implementation plan with priorities for investment identified and dates for implementation. It should also address the issues raised in this report such as unsuitable accommodation, lack of advocacy services and a review of continuing care, respite and day hospital provision.
 4. Bed management issues should be addressed to reduce the number of patient moves. This should include the triage of patients in medical admissions units and the review of beds for continuing care patients in wards shared with those patients whose discharge is delayed.
 5. There is a need to audit compliance with the resuscitation policy, the prescribing of 'as required' medicines and implementation of the Adults with Incapacity Act.

February 2003