

# Winter 2024-25: Time to act for older people

24 October 2024

**At the beginning of 2023 the British Geriatrics Society published, with partner organisations, a statement about “Protecting the rights of older people to health and social care.”**

**We wrote this because our health and social care system was in crisis – with more patients waiting for care or discharge than ever before. This dire patient experience was backed up by the worst process metrics for ambulance and emergency department waits and delayed transfers of care since records began.**

We renewed our recommendations in November 2023 because we feared that systems had not made sufficient progress in their preparations for winter 23/24. This turned out to be prescient and we, once again, saw substantial strain on health and social care systems last winter. This was to the detriment of older patients living with frailty and multiple long-term conditions (MLTC), who use health and social care services more than any other population group.

In England, we approach winter 2024 with a new government, which has acknowledged publicly the challenges we raised in our previous winter statements. They have pledged to transform health and social care structured around transitions from hospital to community, from reactive to proactive care, and from analogue to digital. We welcome these commitments, but transformation takes time and none of the promised improvements will be in place before the winter months.

We acknowledge that there have been positive steps since last winter. Shortly after our last statement was published, NHS England published the long-awaited guidance on proactive care for older people with moderate and severe frailty. This document outlines how people with frailty can be supported to remain well and independent, reducing unplanned hospital admission.

Skills for Care have published their [workforce plan for social care](#). This has very clear, and fully costed, recommendations and an options appraisal that provides our leaders with choices. Staffing in social care will respond more rapidly to investment in the short term than will investment in the healthcare workforce. Such investment would ensure that people are more likely be able to access the support they need in the community, allowing them to remain well and, reducing necessary hospital admissions. Better resourcing of social care would also mean that people who are admitted to hospital are provided with the support they need upon discharge and are less likely to get stuck in hospital waiting for care packages to materialise. We must heed the lessons from the pandemic and recent care crises that our health and social care systems are connected. You cannot repair the damage to one, without fixing the other.



**British Geriatrics Society**  
Improving healthcare  
for older people

The Chief Medical Officer for England published his annual report in late 2023 which focused on health in an ageing society. The CMO highlighted that there are many steps that can be taken to ensure better health for older people. However, he also highlighted the challenges facing older people's healthcare, including the differences in health outcomes experienced by people living in rural and coastal communities and the shortage of healthcare professionals with the generalist skills needed to care for older people.

Shortly after taking office, the new Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an independent investigation of the NHS, highlighting some of the pressures facing the system. In his report, Lord Darzi acknowledged the challenges that were not envisaged when the NHS was established, such as those presented by an ageing population with multiple long-term conditions.

Despite these positive steps, we are now hearing from BGS members that services are already critically overloaded in many parts of the country and have been so throughout the summer. Statistics from the Nuffield Trust Quality Watch showed 38,800 people in England during September 2024 had trolley waits of more than 12 hours in Emergency Departments, up 34% from the previous month and up 18% from the same month last year. The system also failed to meet its target of 75% of all people attending Emergency Departments being assessed, treated and admitted or discharged within 4 hours. NHS leaders had previously set out that this target should have been achieved in March 2024, with further improvement expected subsequently. These issues are not specific to England – data from Public Health Scotland shows that only 69.4% of patients attending Emergency Departments were seen and either admitted, transferred or discharged within four hours during August 2024. This is the lowest figure ever recorded against this metric. Despite intensive work from those at service, system and national levels, the situation remains precarious, and particularly so for the vulnerable older adults who use services the most.

With this in mind, we are writing, again, to highlight the situation and to propose immediate priorities to ensure that older people with frailty and multimorbidity are able to access the care they need over the winter months. We hope that our new leaders are listening.

The BGS highlights seven evidence-based short-term actions to take in this current crisis:

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**1** Services for older people living with multiple long-term conditions should take a coordinated and person-centred approach including the involvement of experts in older people's healthcare as appropriate.



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BGS's [Joining the Dots Blueprint](#) sets out what coordinated and person-centred care should look like for older people.

This can reduce unnecessary investigations and medications, and support older people to make informed decisions about their future care, treatment and place of care. Effective implementation of proactive care to identify those in the community at risk of deterioration and early intervention can prevent ill health occurring or worsening. The BGS will shortly be publishing the evidence base to support [NHS England's Proactive Care Framework](#) and also a guide about the delivery of proactive care in primary and community care settings.

**2** Investment in good quality healthcare support for care homes reduces avoidable hospital admissions.



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There should be continued efforts to implement Enhanced Health in Care Home models where it is possible to do so. These initiatives should focus on minimising inappropriate polypharmacy and discussing resident and family preferences about what should happen in the event of an

acute healthcare crisis. The BGS has published guidance on the provision of healthcare in care homes in our [Ambitions for change report](#).

**3** Experts in older people's care must be included in Government and NHS policy planning.



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Older people are the largest group of people who use NHS services, accounting for 40% of hospital admissions and 62% of hospital bed days. Older people are also the fastest growing age group, with the number of people aged over

85 projected to double by 2045. The BGS has supported calls for the establishment of an Older People's Commissioner in both England and Scotland to advocate for the rights of older people. These roles already exist in Wales and Northern Ireland and have had a positive impact on older people's advocacy in those nations.

**4** All older people with frailty should receive comprehensive multidisciplinary assessment as soon as possible after they arrive in hospital.



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This is often best achieved by dedicated services such as acute frailty units, or frailty assessment teams. Such teams can initiate early treatment to prevent deterioration and enable timely discharge to community services at home.

We outline more about how to deliver such approaches in our guide to [Front door frailty](#) services.

**5** There must be a focus on preventing, identifying and managing both deconditioning and delirium in hospital.



**5. There must be a focus on preventing, identifying and managing both deconditioning and delirium in hospital.** Both are avoidable and are associated with increased length of stay in hospital and increased dependency on discharge. All hospitals should have a delirium policy in place as described in our [Delirium Hub](#). Information on preventing deconditioning is available from the [‘Sit up, Get dressed, Keep moving’](#) campaign and the [Reconditioning Games](#).

**6** The government, and health and social care providers, must protect and preserve the right to rehabilitation for all older people who need it.



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Effective care for older people with frailty requires early mobilisation in hospital, rapid establishment of rehabilitation goals, and continued therapy input until their condition has stabilised. The right to rehabilitation

means that older people must be supported by rehabilitation multidisciplinary teams wherever they receive care. Where delayed transfers of care to community rehabilitation services are unavoidable, rehabilitation should commence in hospital. Older people with rehabilitation goals should not be transferred to a care home or community bed without assurance of appropriate rehabilitation being available. BGS’s [Reablement, Rehabilitation, Recovery: Everyone’s business](#) report outlines what good quality rehabilitation looks like for older people.

**7** There should be continued investment in a multi-professional urgent community response that provides both intensive short-term hospital level care at home through Hospital at Home and access to goal-oriented homebased and bed-based reablement and intermediate care services.



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These must work closely with ambulance, ambulatory care and same day emergency care services as an integrated local network. We have written more about this in [Right Time, Right Place, our guide to urgent community-based care for older people](#) and [Bringing hospital care home](#), which outlines how virtual wards and Hospital at Home services can support older people.



These seven recommendations remain substantively unchanged from previous versions of this document. We suggest that lack of progress in these priorities is principally due to the ongoing workforce crisis across the NHS. To move from a recurring cycle of crisis response, it is important to recognise that there are not enough professionals across the multidisciplinary team to care for the complex needs of an ageing population. Progress against the NHS England Long Term Workforce Plan has been lacklustre. In our paper, [The Case for More Geriatricians](#), we outlined the need for increased availability of geriatricians across the UK to provide systems leadership to develop health and social care systems fit for our population. We remain gravely concerned that NHS leaders in England, Scotland, Wales and Northern Ireland have not addressed the need to train more doctors in this (or any other) specialty. The situation is urgent.

Recruiting enough geriatricians is one step towards building multidisciplinary skills and capacity to care for older people across the system. This should include proactive and personalised anticipatory care that helps older people stay independent and healthy for as long as possible. The role of nurses, therapists and GPs in leading such services must be recognised. We need a similar focus on recruiting expertise in care for older people across these disciplines. Across health and social care, and around the country, colleagues tell us it is impossible to recruit the necessary expertise to deliver existing services. The new Secretary of State for Health has pledged to focus on measures aimed at improving recruitment and retention. Until there is serious action on addressing workforce shortages, older people will continue to come to harm through delays and sub-optimal care.

The BGS and its partners will continue to campaign for transformation of the health and care services used by older people. Solutions such as spot purchasing beds or time-limited funding perpetuate a short-termist approach which is not sustained beyond a few months, after which the same challenges resurface. A joined-up integrated system of care would deliver better health outcomes for older people, and thereby unblock some of the ongoing systems problems the NHS faces, such as long waiting lists for elective care, delayed transfers of care and avoidable hospital readmissions. If we do not engage in systems transformation now, how will we prepare for the increased demands of an ageing population?