

Ageing and the health and care of older people

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Life expectancy is increasing by two years per decade. Older people represent the fastest growing sector of our population, with the over 60 year olds representing one fifth of the population. The largest population increase will be seen in the oldest old age group (over 85s). Between 1991 and 2031, the population of England and Wales will increase by 8%; in comparison, older people in the over 80s age group will increase by 138%. In the United Kingdom (UK), improving the health and social care of our ageing population is one of the government's priority areas; these demographic changes will present enormous challenges for health and social care providers in the UK. They will have particular implications for general practitioners and primary care teams as one of the key priorities for future healthcare delivery to older people will be to ensure that it is delivered as close to their homes as possible. The introduction of the Quality and Outcomes Frameworks (QOFs) has led to a considerable improvement in chronic disease management. However the focus of QOF on single disease management may be detrimental to the care received by older people who often have multiple-morbidities, poly-pharmacy, mental health problems and cognitive impairment and frailty. In addition, the needs of carers are too often overlooked.

General practitioners will require the knowledge and skills to care for older people with complex needs and their carers yet this is not a compulsory part of GP training; in addition they will require support from their specialist colleagues to manage an increasing workload. A recent British Geriatrics Society survey found little change in the % of geriatricians with sessions allocated to Community geriatrics yet the bulk of clinical need is in community settings. Many local and national initiatives are looking at innovative ways of providing more efficient, integrated and person-centred care for older people e.g. Vanguard Schemes and local devolution (Manchester); several SCPR members are involved in such schemes and in their evaluation. There would be considerable added value in bringing together this group of people within an already established NIHR framework such as the SPCR especially with future funding calls from NIHR focused on topics such as multi-morbidity.

Key clinical challenges for possible future research studies include:

- management of complex multi-morbidity and polypharmacy
- clinical assessment and care of older people who are frail/pre-frail
- mental health of older people
- health promotion in later life
- safeguarding, vulnerability and risk assessment
- health and wellbeing of older people from ethnic communities
- ethical and legal issues in elderly care
- quality of healthcare for older people in nursing and residential care
- service provision for integrated health and social care and intermediate care services