

Appendix 2

National Service Framework for Older People – The Eight Standards

Standard One: Rooting Out age discrimination

Aim: To ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age.

Rationale: Fair access is at the heart of good public services. Decision about treatment and care is made on the basis of each individual's health needs not their age. Older people from black and minority ethnic groups can be particularly disadvantaged and are likely to suffer more discrimination in accessing services.

Standard Two: Person-centred care

Aim: To ensure that older people are treated as individuals and they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries.

Rationale: Older people and their carers should receive person-centred care and services which respect them as individuals and which are around their needs. Proper assessment of the range and complexity of older people's needs and prompt provision of care (including equipment and continence service) can improve their ability to function independently, reduce the need for emergency hospital admission.

Standard Three: Intermediate care

Aim: To provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.

Rationale: A new range of acute and rehab services is needed to bridge the gap between acute hospital and primary and community care.

Standard Four: General hospital care

Aim: To ensure that older people receive the specialist help they need in hospital and that they receive the maximum benefit from having been in hospital.

Rationale: At any one time older people occupy around two thirds of hospital beds. They may be cared for in range of hospital settings; specialist units, and in medical and surgical wards. Quality of care depends not only on good health care, but also on respect for the older person as an individual.

Standard Five: Stroke

Aim: To reduce the incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke.

Rationale: Stroke has a major impact on people's lives. A substantial proportion of health and social care resources are devoted to the immediate and continuing care of people who have had a stroke. Some groups are at higher risk of stroke than others such as men from African-Caribbean and South Asian communities and in those with lower social-economic groups.

Standard Six: Falls

Aim: To reduce the number of falls, which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.

Rationale: Falls is a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the UK. Osteoporosis, a condition characterised by a reduction in bone mass and density, increases the risk of fracture when an older person falls. A fall can precipitate admission to long term care. Falls in later life are also common symptom of previously unidentified health problems, which need to be identified and managed.

Standard Seven: Mental health in older people

Aim: To promote good health in older people and to treat and support those older people with dementia and depression.

Rationale: Mental health problems among older people exact a large social and economic toll on patients, their families and carers, and statutory agencies. Under detection on mental illness is widespread, due to the nature of the symptoms. Mental and physical symptoms can also interact in older people making their overall assessment and management more difficult.

Older people from black and minority ethnic communities need accessible and appropriate mental health services. Assessment may be culturally biased making it difficult for needs to be properly identified or assumptions may be made about the capacity and willingness of families to act as primary carers.

Standard Eight: Promoting and active health life in older age

Aim: To extend the health life expectancy of older people.

Rationale: Growing old has been seen to represent a period of increasing dependency, as physical strength, stamina and suppleness decline, and the individual has to cope with chronic or long term conditions. Integrated strategies for older people aimed at promoting good health and quality of life, and to prevent or delay frailty and disability can have significant benefits for individual and society.