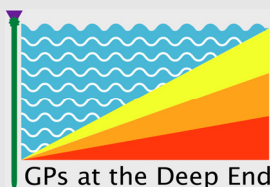


DEEP END SUMMARY 10

Care of elderly patients

Five Glasgow GPs met on Thursday 26th August 2010 at the Section of General Practice and Primary Care at the University of Glasgow for a discussion about policies and practices for elderly patients, drawing on their experience, commenting on a policy review by researchers at Stirling University, and considering what types of intervention would be feasible and acceptable in maintaining independent living at home.

- Most national policies and top down initiatives, including SPARRA and HEAT targets, have little profile and impact in general practices addressing the practical needs of patients on a day to day basis.
- Care has become increasingly fragmented, with acute hospitals becoming less helpful in providing comprehensive care, often addressing only some of a patient's problems, with early discharge and inadequate communication to the practice.
- Joint working between professions and services in the community is patchy, but can work well, especially when colleagues know each other by name and have developed mutual respect and trust.
- District nurses and health visitors are an invaluable source of cumulative knowledge about elderly patients, their problems, preferences and circumstances. If shared effectively, such knowledge protects against impersonal, fragmented care.
- Patient expectations and family resources are lower in deprived areas, providing different types of challenge for primary care teams.
- GPs are hesitant to adopt a proactive approach, because of pressure of work, lack of resources and patient's reluctance to see themselves as vulnerable and needing care.
- Screening of elderly patients is only justified if it provides new information and if needs can be met; practitioners prefer a case-finding approach, making use of routine contacts to provide individual advice.
- Additional services could be made known to patients in this way, if primary care staff were better informed about what is available locally.
- In severely deprived areas, "elderly people" are younger, in terms of having less healthy life expectancy at a younger age
- The Keep Well target age range of 45-64 is appropriate, therefore, for measures to promote healthy living and maintain independence in elderly people in deprived areas
- Keep Well has worked best in deprived areas when delivered in close collaboration with practices.
- An expanded service is possible, but only if core services are secure.



GPs at the Deep End

"General Practitioners at the Deep End" work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Royal College of General Practitioners (Scotland), the Scottish Government Health Department, the Glasgow Centre for Population Health, and the Section of General Practice & Primary Care at the University of Glasgow.

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Full report available at <http://www.gla.ac.uk/departments/generalpracticeprimarycare/deepend>