ROTACIÓN EXTERNA EN EL SERVICIO DE GERIATRÍA DEL HOSPITAL UNIVERSITARIO DE LLANDOUGH, CARDIFF (GALES, REINO UNIDO)

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NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

- Envejecimiento de la población: ↑ **de los más ancianos:** ↑ de aquéllos con **necesidades sanitarias y de cuidados**
- 2001, a 10 años → **sanos, activos e independientes**
  - Sistema Nacional de Salud + ayuntamientos locales + sector privado
  - Ancianos + cuidadores + especialistas punteros en el cuidado del anciano
- **8 estándares:** cuidado basado en las **necesidades clínicas**, **no en la edad**
- **Metas** específicas
- **Cuidado intermedio** como prioridad

NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

The NHS Plan: Principles

- *The NHS will provide a universal service for all based on clinical need, not ability to pay.* Older people have supported the NHS all their lives. The NHS should be there to provide the services they need, based on their clinical need alone, and no other consideration [Standard 1].
- *The NHS will provide a comprehensive range of services.* Older people are more likely to have more complex health needs and require access to a full range of primary, community and acute hospital services. They will also benefit from intermediate care initiatives designed to bridge the gap between hospital and home either as part of rehabilitation after an acute event or where a problem can be more appropriately managed by measures other than hospital admission [Standard 3].
- *The NHS will shape its services around the needs and preferences of individual patients, their families and their carers.* This NSF is based on a person-centred approach to care. Older people and their carers will be given a voice to put their views forward through patient forum and patient councils, subject to legislation currently before Parliament [Standard 2].
- *The NHS will respond to different needs of different populations.* Different communities may have different needs; this should be recognised when delivering services to older people from any community. This is particularly important as there are now more older people from minority ethnic communities who have become established in the UK over the last 50 years [Standard 2].
- *The NHS will work continuously to improve quality services and to minimise errors.* All NSF standards are supported by performance measures designed to monitor progress against the standards and to provide health bodies with the information they need to assess whether and how their services need to be improved [Chapter 4].
- *The NHS will support and value its staff.* Providing a quality service for older people means having trained and motivated staff. Within the context of wider developments on workforce, action will be taken to ensure that staff working with older people are properly prepared and supported in their work [Chapter 5].
- *Public funds for healthcare will be devoted solely to NHS patients*
- *The NHS will work together with others to ensure a seamless service for patients.* As people age, they have an increasingly complex range of needs which may mean they need a range of services across health and social services. These should be provided in as seamless a way as possible, to avoid confusion for older people and their carers and to minimise duplication of effort [Standard 2].
- *The NHS will help keep people healthy and work to reduce health inequalities.* Older people benefit from health promotion initiatives and these should be tailored to be accessible and relevant. The overall aim is to ensure that people have additional years of healthy life, free from disability [Standard 8].
- *The NHS will respect the confidentiality of individual patients and provide open access to information about services, treatment and performance.* Older people should be treated as partners in their own care, and have their confidentiality respected as with other patients. Information should be provided to older people and their carers about the services which are available and the options they have [Standard 2].

STANDARD 1: Rooting out age discrimination. Evitar la discriminación en el acceso a los servicios (SNS y SS) como consecuencia de la edad

STANDARD 2: Person-centred care. Individualizar en función de necesidades concretas permitiendo la toma la de decisiones por parte del paciente

STANDARD 3: Intermeditate care. Integración de servicios para recuperación temprana, evitar hospitalización innecesaria, apoyo al alta y maximizar el tiempo de independencia

STANDARD 4: General Hospital Care. Asegurar la atención especializada necesaria durante la hospitalización

STANDARD 5: Stroke. Disminuir la incidencia y asegurar el acceso al cuidado integral en caso de ictus (diagnóstico, tratamiento, prevención secundaria y rehabilitación)

STANDARD 6: Falls. Reducir el número de caídas y sus consecuencias, y asegurar acceso a tratamiento efectivo y programas de rehabilitación en caso de caída

STANDARD 7: Mental Health in older People. Promover adecuada salud mental, y tratamiento y apoyo a aquellos con demencia y depresión

STANDARD 8: The Promotion of health and active life in older age. Promover una expectativa de vida sana

NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

- **STANDARD ONE: ROOTING OUT AGE DISCRIMINATION**

Every NHS organisation and council with social services responsibilities should:

- establish local leadership for older people's services
- establish a review, with service users and carers, of all relevant policies to ascertain whether they enable older people to access services on the basis of need or whether there are also age criteria which determine access
- within the NHS, agree a rolling programme to tackle any areas of age discrimination which are identified including additional resources (both financial and human) where these are required
- implement for social services, guidance on *Fair Access to Care Services*
- involve staff in implementing this programme, providing additional training and support where necessary
- communicate this programme of work to patients and users to their carers, and to the local community.

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- **STANDARD TWO: PERSON-CENTRED CARE**

The NHS and councils

- agree at Board (NHS) and Committee (Social Services) level their core values for the care of older people, and how in practice they intend to make sure that needs are best met
- communicate this to older people and their carers, and to the wider local community
- involve staff, users and carers in reviewing the information provided for older people across the organisation - and where appropriate across the whole health and social care system
- agree a rolling programme to develop local information systems so that information is provided in appropriate format and languages, for both older people themselves and their carers. This should be in line with the *Better Care Higher Standards* charters guidance published in March 2001.
- agree local arrangements for a single assessment process for older people. This process will cover both health and social care needs, including physical and mental health
- implement the single assessment process
- ensure that, where appropriate, the carers of older people are offered their own assessment of their caring and health needs
- establish a single integrated community equipment service which meets key national targets
- implement integrated incontinence services.

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- **STANDARD THREE: INTERMEDIATE CARE**

The NHS and councils should, in line with the national guidance:

- agree a 3 year implementation plan for intermediate care, as part of the Local Action Plan and Joint Investment Plan, with arrangements for systematic monitoring and review focusing on:
  - responding to or averting a crisis – including, for every PCG/T area, a clear strategy for preventing avoidable acute hospital admissions
  - rehabilitation and recovery – to include discharge/rehabilitation planning at the earliest possible opportunity during an acute hospital admission. Every PCG/T area to develop an appropriate range of services to meet local needs
  - preventing unnecessary or premature admission to residential care – ensuring that early investment is targeted at service users at highest risk and that care plans clearly identify any potential for rehabilitation
- ensure that the plan addresses the service, organisational and personal development needs of the new intermediate care teams.

NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

- **STANDARD FOUR: GENERAL HOSPITAL CARE**

Extremes of Age: The 1999 Report of the National Confidential Enquiry into Perioperative Deaths

Recommendations

- Fluid management in older people is often poor; it should be accorded the same status as drug prescription. Multidisciplinary reviews to develop good local working practices are required.
- A team of senior surgeons, anaesthetists and physicians needs to be closely involved in the care of older patients who have poor physical status and high operative risk.
- The experience of the surgeon and anaesthetists need to be matched to the physical status of the older patient, as well as to the technical demands of the procedure.
- If a decision is made to operate on an older patient then that must include a decision to provide appropriate postoperative care, which may include high dependency or intensive care support.
- There should be sufficient, fully-staffed, daytime theatre and recovery facilities to ensure that no older patient requiring an urgent operation waits for more than 24 hours once fit for surgery. This includes weekends.
- Older patients need their pain management to be provided by those with appropriate specialised experience in order that they receive safe and effective pain relief.
- Surgeons need to be more aware that, in older people, clinically unsuspected gastrointestinal complications are commonly found at post-mortem to be the cause, or contribute to the cause, of death following surgery.

Every NHS Hospital Trust which provides services for older people, working with the rest of the health and social care system, should:

- agree protocols between their specialist old age team and other departments within the hospital to ensure that all older people can benefit from the expertise of the specialist team
- recognise the risks which hospital admission can pose for older people, assess the risks for each individual and ensure that the risks are anticipated and minimised. This will require particular attention to hydration, nutrition, skin care and continence, from arrival at hospital to discharge
- identify Clinical Leaders (Modern Matrons) for Older People to oversee care of older people in wards
- ensure that discharge is planned from the point of admission.

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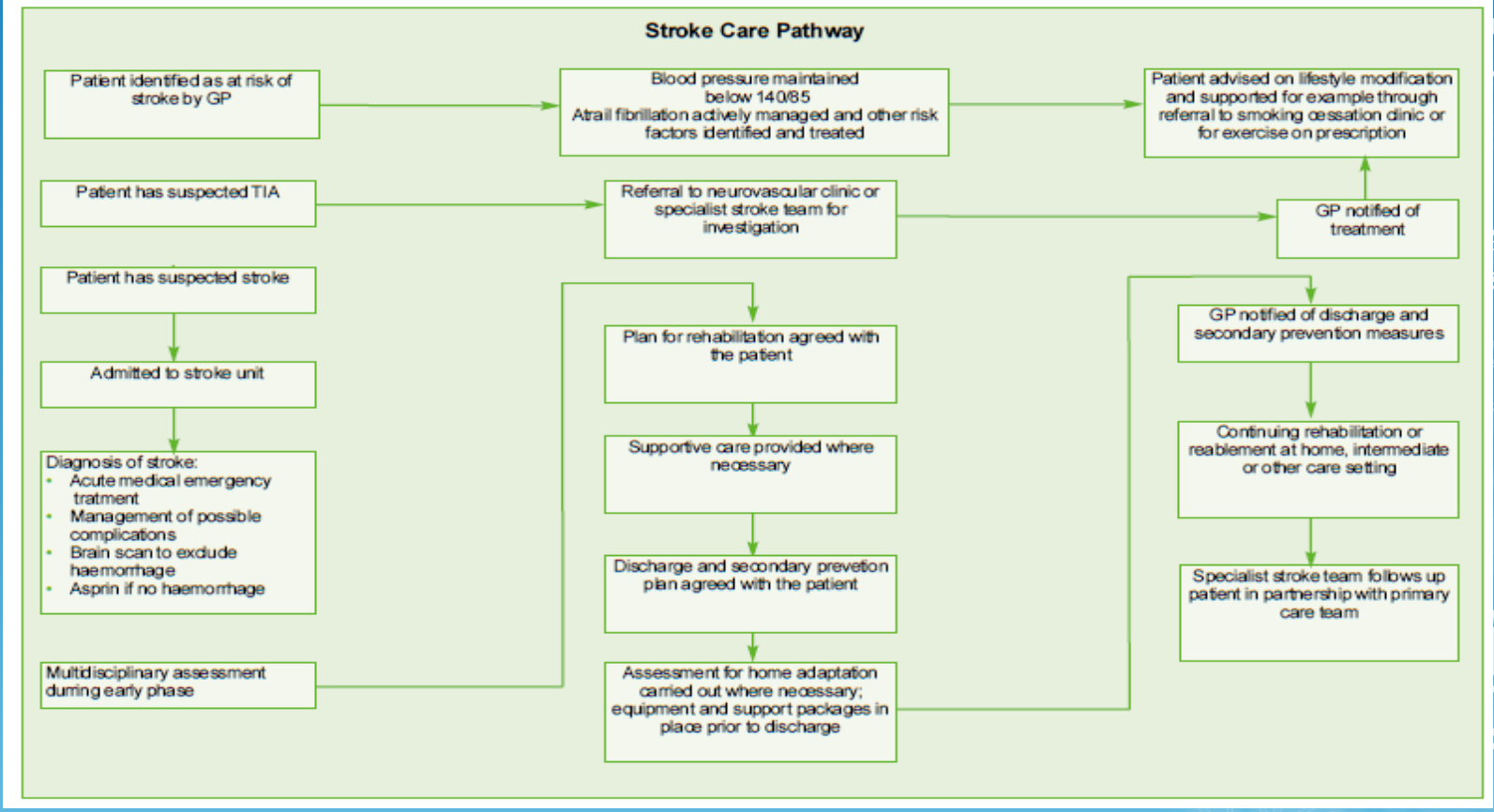
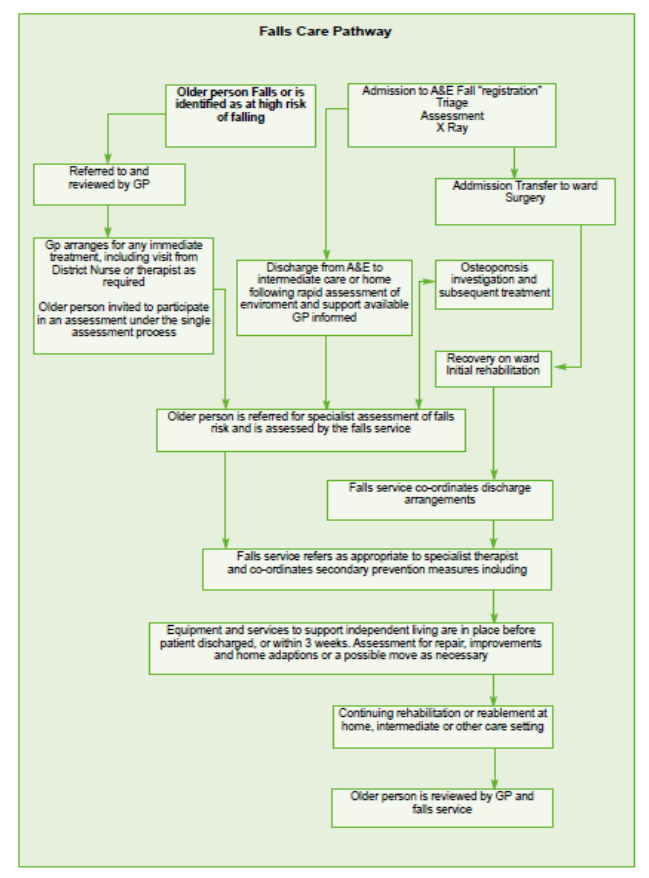
- **STANDARD FIVE: STROKE**



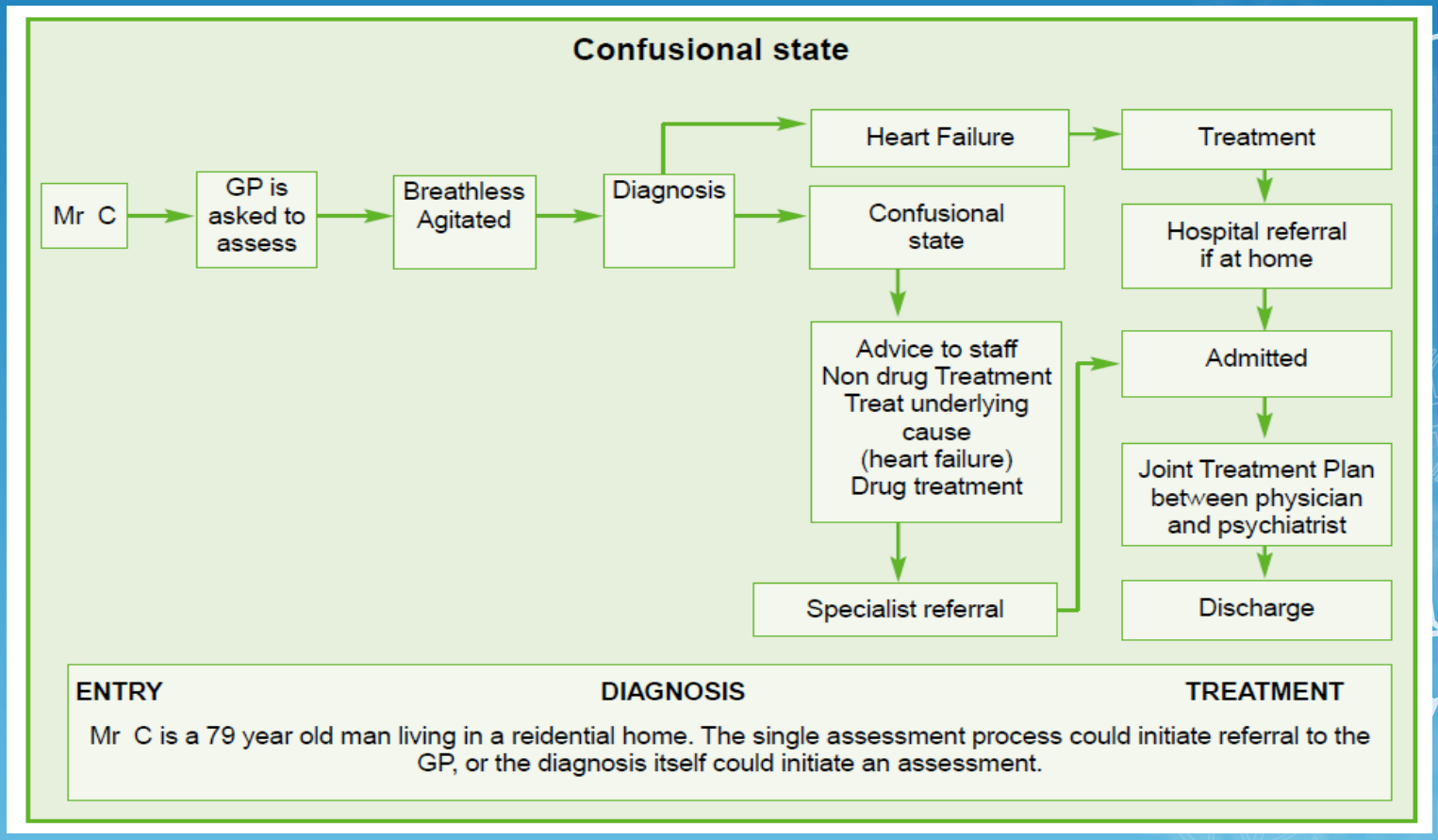
NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

- **STANDARD SIX: FALLS**



NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

- **STANDARD SEVEN: MENTAL HEALTH IN OLDER PEOPLE**



NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

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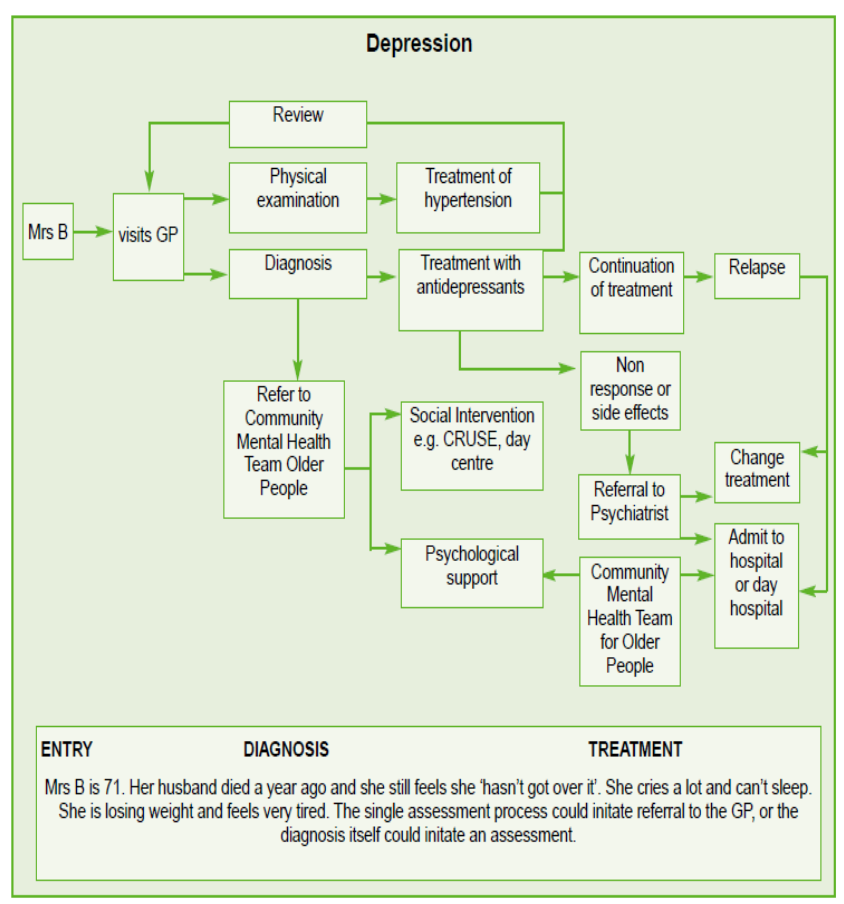
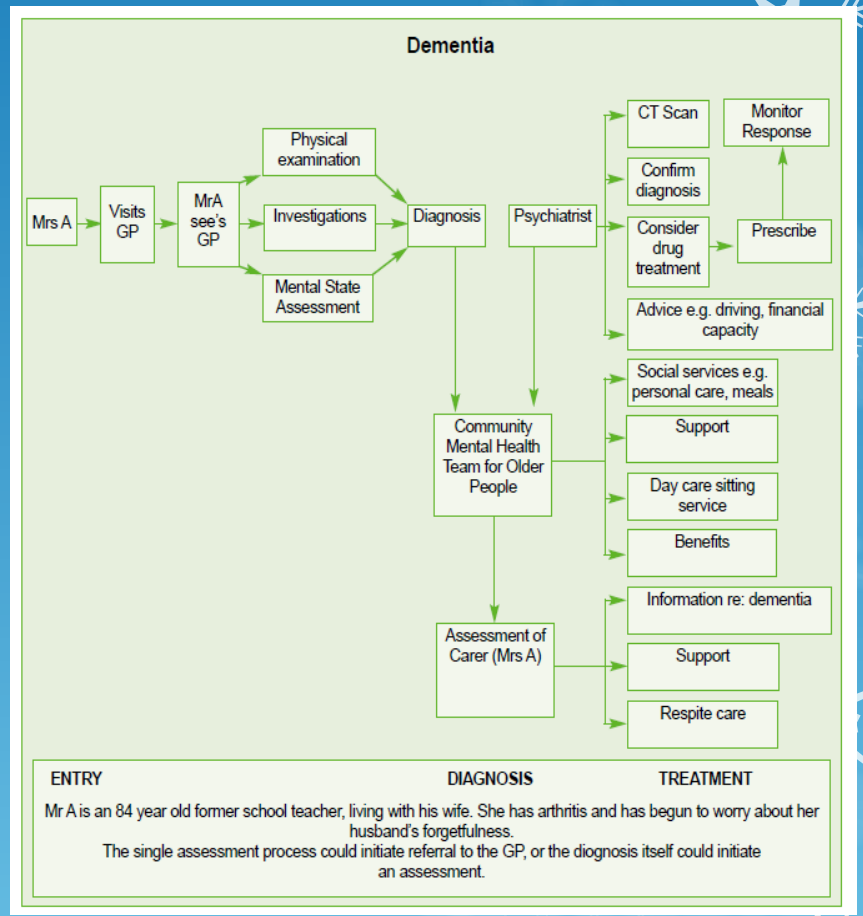




NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

- **STANDARD EIGHT: THE PROMOTION OF HEALTH AND ACTIVE LIFE IN OLDER AGE**

CORONARY HEART DISEASE National Service Framework

Standard One:
The NHS and partner agencies should develop, implement and monitor policies that reduce the prevalence of coronary risk factors in the population, and reduce inequalities in risks of developing heart disease.

Standard Two:
The NHS and partner agencies should contribute to a reduction in the population in the prevalence of smoking in the local population.

Standard Three:
General practitioners and primary care teams should identify all people with established cardiovascular disease and offer them comprehensive advice and appropriate treatment to reduce their risks.

Standard Four:
General practitioners and primary care teams should identify all people at significant risk of cardiovascular disease but who have not yet developed symptoms and offer them appropriate advice and treatment to reduce their risks.

THE NHS CANCER PLAN

The NHS Cancer Plan sets out new ambitions for cancer services, including:

- reducing the risk of cancer through reducing smoking and promoting a healthier diet
- raising public awareness with better, more accessible information
- extending cancer screening. Including breast screening to all women up to the age of 70 and making it available on request for women over 70
- improving cancer services in the community. Providing funding for a lead clinician for cancer in every primary care trust and investing in training and support in palliative care for district and community based nurses.

NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

NHS

Health and social care services for people aged 50 and over
to help maintain good health, well-being and independence

Keep on the road for longer

Produced in partnership with AGE Concern HELP THE AGED WE WILL

Information

To find out which of the services in this leaflet you might benefit from contact NHS Direct, 24 hours a day, on 0845 4647 or make an appointment to speak to your GP or practice nurse.

For details of services available in your area, or to find a local GP, contact your local Primary Care Trust (PCT) or Patient Liaison Service (PALS). To find out your local PCT or PALS contact details visit the NHS Choices website at www.nhs.uk or call NHS Direct on 0845 4647.

For more information on how to stay healthy and independent for longer visit www.nhs.uk/livewell/staywellover50

For information on a range of health, care and other issues relevant to older people, call the Age Concern Information Line on freecall 0800 00 99 66 or go to the websites www.ageconcern.org.uk or www.helptheaged.org.uk

Please note, many of the services in this leaflet are available locally and these may be delivered differently from area to area.

NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

GET CHECKED OUT

Checks and services available to help keep you up and running for longer

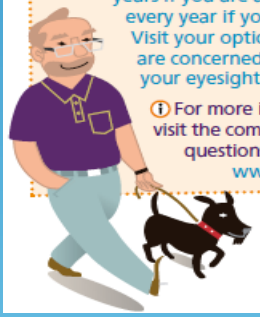
Sight

Regular sight tests can help maintain good vision making it easier to get about and reducing the risk of accidents. Sight tests can also help catch conditions such as age-related macular degeneration, cataracts or glaucoma early when they are easier to treat.

If you are aged 60-69 you can ask for a free, NHS-funded sight test every two years. From age 70 it's every year. Tests are available, if you need them for a clinical reason, and vouchers may also be available to help pay for glasses if you are on a low income.

→ Make sure you get a free, NHS-funded sight test every two years if you are aged 60-69, every year if you are 70+. Visit your optician if you are concerned about your eyesight.

ⓘ For more information visit the common health questions section of www.nhs.uk



Hearing

Hearing problems can make it difficult to do everyday things like shopping or socialising. That's why it's important to get regular hearing tests.

Regular hearing checks can make sure any hearing impairment is picked up as soon as possible. If you do need a hearing aid, you will be assessed and fitted with an aid within 18 weeks.

→ Ask your GP to refer you for a hearing test if you think your hearing is getting worse or is causing problems.

ⓘ For an automated phone or online hearing check from the charity for deaf and hard of hearing people RNID, visit www.rnid.org.uk or call 0844 800 3838 (calls from a BT landline cost up to 5p per minute).

Footcare

For many people having healthy, pain-free feet is the key to living an independent and active life. That's why making sure your feet are well looked-after is a priority.

Affordable footcare may be available to many people who need it. In addition, people who have been assessed as needing treatment by an NHS chiropodist or podiatrist will be able to access these services.

→ Ask about locally available affordable footcare services. Your local Age Concern may also offer a nail cutting or footcare service. Call free on 0800 00 99 66 for contact details of your local Age Concern.

ⓘ For more information about footcare visit the Society of Chiropodists and Podiatrists' website www.feetforlife.org

Falls

Staying steady on your feet is important in later life. If you fall and fracture your wrist or hip it could affect your ability to remain living in your own home.

Local services are therefore helping people reduce their risk of falling. These may include advice on exercising to keep a good posture and muscle tone, eating well, and removing hazards in the home to prevent trips and falls.

Tests may also be available to spot the early signs of the bone weakening condition known as osteoporosis. If you do fall and hurt yourself, you may be offered treatment such as scans, medication and exercise to help you back up on your feet again.

→ Find out about local services to help reduce the risk of falling.

ⓘ For more information visit the falls prevention section of www.helptheaged.org.uk

NATIONAL SERVICE FRAMEWORK FOR OLDER PEOPLE

Vaccinations

Some influenza, or flu, viruses can lay you low for weeks, lead to hospitalisation or even prove fatal in older people. That's why, at 65, you can ask for a free vaccination to reduce the risk of catching flu every year.

You can also have a free vaccination that offers protection against infections such as blood poisoning (septicaemia) and meningitis. Free yearly 'flu jabs' are also available to younger people for whom flu might be dangerous, including those with long-term conditions such as asthma and diabetes.

→ Ask for a free vaccination to reduce the risk of catching influenza every year if you are aged 65 or over.

ⓘ For more information visit www.nhs.uk/conditions/flu-jab

Cancer screening

Regular screenings for cancer are important because picking up signs early enough can help give you a fighting chance of beating these serious conditions.

• Breast

If you are a women aged 50-70 and registered with a GP you will automatically receive a letter offering a free mammogram (breast scan) every three years. From age 70 you can ask for one every three years. From 2012 mammography invitations will be sent to all women aged 47-73.

• Cervical

Women aged 25-49 who are registered with a GP are invited for cervical screening every three years. Women aged 50-64 are invited every five years. Over-65s will be invited for cervical screening if they have never been screened or their last three tests were not clear.

• Bowel

From December 2009, bowel cancer testing kits will be automatically sent every two years to everyone aged 60-69 who is registered with a GP. If you are over 69 you can ask for a kit every two years. You will receive an invitation letter explaining the programme and an information leaflet. A week later, you will get the testing kit along with step-by-step instructions for using it at home.

ⓘ For more information about cancer screening visit www.cancerscreening.nhs.uk To order information leaflets on screening call the freephone Department of Health publications orderline 0300 123 1002.

• AAA Screening

Screening for Abdominal Aortic Aneurysm (AAA) using ultrasound can help prevent this heart condition from becoming fatal. That's why AAA screening is being made available to all men in their 65th year over the next four years. Men with detected aneurysms will undergo regular surveillance scans in order to monitor the size of the AAA.

→ Take advantage of all the screening services for serious conditions that are available.

ⓘ For more information about AAA screening visit http://aaa.screening.nhs.uk

Existing health problems

If you already have a health problem you can still help increase your chances of staying as healthy and independent as possible.

Telecare technologies, such as electronic sensors, are available to help you live independently at home. There are also systems to alert a carer if someone who is confused is leaving the house at night.

Intermediate care services can offer care at home instead of at hospital. If you do need to go into hospital, these services help make sure the stay is shorter by supporting you to return home as soon as you are well enough. They can also support people who otherwise might need to go into long-term residential care by providing the opportunity to recuperate and to benefit from rehabilitation.

Knowing more about your health condition can really help. Once you have an understanding of your condition and its treatment, you will feel more confident and be more able to take care of yourself on a daily basis.

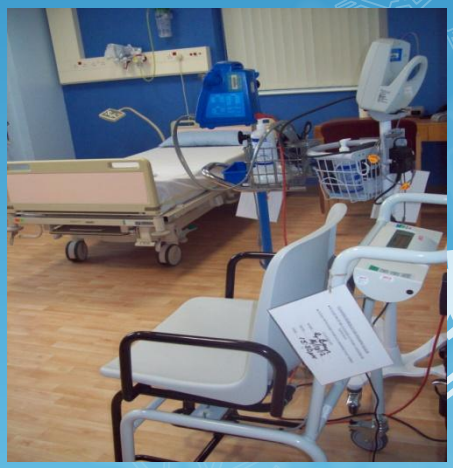
→ Find out about telecare and intermediate care services available in your area.

ⓘ For more information, visit the Your health, your way section of NHS Choices www.nhs.uk for advice on self care support including information about health conditions, skills training, guidance on taking medicines, how to make an information prescription, agreeing a care plan and how to get the most from your visit to the pharmacist or GP.

HOSPITAL UNIVERSITARIO LLANDOUGH

- Cardiff, capital de Gales
- 346.100 habitantes (2011)
- 1 de Octubre – 30 Noviembre ´12. L a V, de 9 a 17 horas
- “Observer”

HOSPITAL DE DÍA – DAY HOSPITAL



HOSPITAL DE DÍA – DAY HOSPITAL

- **30-40** pacientes al día, 1 vez a la semana
- Estancia media **6-8 semanas**
- Mayoría referidos por **facultativo o enfermera especializada**, procedentes de la **comunidad**
- **Staff:**
  - 1 facultativo +
  - 1 enfermera especializada +
  - 3 enfermeras no especializadas +
  - 2 auxiliares de enfermería +
  - 3 fisioterapeutas +
  - 2 secretarias +
  - 2 cocineras

HOSPITAL DE DÍA – DAY HOSPITAL

- MAÑANA:
  - **8:30h: reunión multidisciplinar** → nuevos (4) + revisiones (6)
  - **9h: llegada y desayuno** de pacientes (Sitting area)

HOSPITAL DE DÍA – DAY HOSPITAL

- MAÑANA: de **9 a 12:** valoración de pacientes **nuevos** (facultativo, enfermería, fisioterapeuta, terapeuta ocupacional) (Examination room)

DAY HOSPITAL

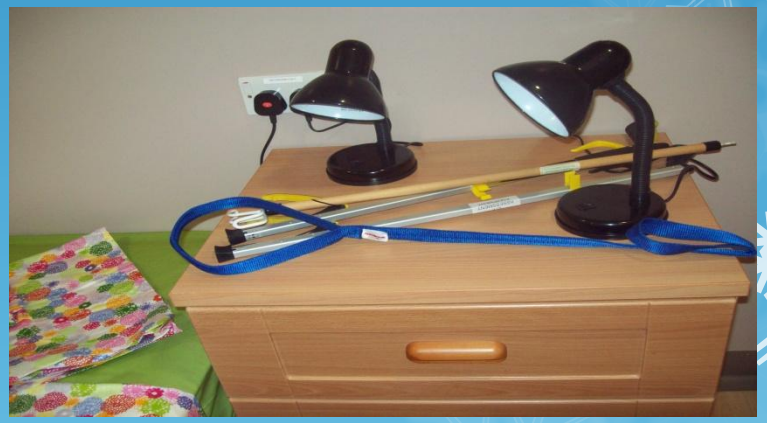
- FISIOTERAPIA (PHYSIOTHERAPY)

HOSPITAL DE DÍA – DAY HOSPITAL

- TERAPIA OCUPACIONAL (OCCUPATIONAL THERAPY)

HOSPITAL DE DÍA – DAY HOSPITAL

- TERAPIA OCUPACIONAL (OCCUPATIONAL THERAPY)



HOSPITAL DE DÍA – DAY HOSPITAL

- MAÑANA:
  - **12h: reunión multidisciplinar** (comida pacientes)
  - 13-13:30h: comida staff (staff room)

HOSPITAL DE DÍA – DAY HOSPITAL

- TARDE:
  - continuación grupo de trabajo
  - revisiones (facultativo)

- **GRUPOS DE TRABAJO:**
  - Caídas (principal motivo de consulta)
  - Insuficiencia Cardiaca
  - Enfermedad de Parkinson

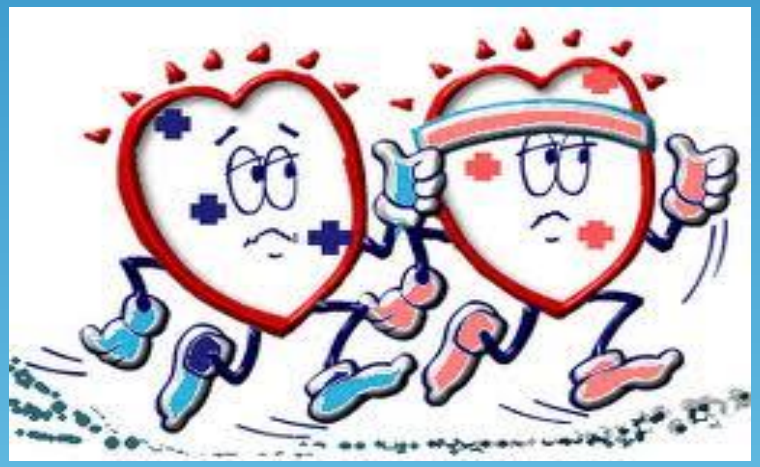
  - Estimulación cognitiva
  - Recuperación ABVD

HOSPITAL DE DÍA – DAY HOSPITAL

- GRUPO DE **CAÍDAS:**
  - FST: potenciación muscular + optimización/recuperación de equilibrio y marcha
  - TO: prevención/tratamiento síndrome postcaída
  - Visitas domiciliarias
  - Continuación en la comunidad

HOSPITAL DE DÍA – DAY HOSPITAL

- GRUPO DE **INSUFICIENCIA CARDIACA:**
  - Sólo referidos por Cardiología (2)
  - Screening de disnea (PFR + Peak Flow + ETE)
  - 2 grupos: high y low level
  - Optimización tratamiento farmacológico (facultativo) → Rehabilitación cardiaca (FST) + técnicas de recuperación de energía (TO)



HOSPITAL DE DÍA – DAY HOSPITAL

- GRUPO DE **ENFERMEDAD DE PARKINSON:**
  - Sólo referidos por Neurología
  - Seguimiento a largo plazo
  - Valoración tratamiento + ajuste/optimización
  - Problemas/Situaciones incidentes
  - Soporte al cuidador principal

UNIDAD DE HUESO – BONE CLINIC

- Paciente ambulante
- **Staff:** 3 facultativos especialistas en Geriatría + 2 enfermeras especializadas
- **> 18 años**
- Hospital de Día

UNIDAD DE MEMORIA – MEMORY TEAM

- Paciente ambulante
- **Staff:** 4 facultativos (3 especialistas en Geriatría + 1 especialista en Medicina Familiar y Comunitaria) + 3 enfermeras especializadas + 1 enfermera sin especialización + 3 neuropsicólogas
- **Sesión multidisciplinar semanal**

UNIDAD DE ICTUS – STROKE UNIT

- Hospitalización: **27 camas** (Llandough Hospital)
- Ictus agudo y subagudo (tras tratamiento específico en el Heath hospital, o procedente de otra planta)
- **Sin criterio de edad**
- Estancia media **4 semanas**
- **Staff:** 2 facultativos especialistas en Geriatría + 2 M.I.R. (SR 4 y SR 2) + 2 enfermeras especializadas + 5 enfermeras no especializadas + 3 auxiliares de enfermería + 3 fisioterapeutas + 3 logopedas + 2 terapeutas ocupacionales
- **Sesión multidisciplinar 2 veces a la semana**
- **Clínica de AIT**
- **Sesiones interhospitalarias** (videoconferencia)

UNIDAD DE PARKINSON – PARKINSON UNIT

- Paciente ambulante
- **Staff:** 2 facultativos especialistas en Geriatría
- Remitidos por:
  - Neurología: casos de difícil manejo
  - Medicina de Familia: sospecha diagnóstica

OTRAS ACTIVIDADES

OTRAS ACTIVIDADES

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

MSc/Diploma : Ageing, Health & Disease

COHORT 2012 - 2013/14

Module Handbook

MODULE 2

RESEARCH METHODS

The Organization and Delivery of Care in Spain

María Moral Carretón
Training Doctor on Geriatric Medicine

November, 19th 2012

Hospital Universitario La Paz
SaludMadrid
Comunidad de Madrid

CONCLUSIONES

- **"Trascendencia"** de la especialidad y figura del **Geriatra (subespecializado)**
- **NSF for Older People**
- Papel clave del **Equipo MTD**
- **Cuidado Intermedio**

¡MUCHAS GRACIAS!