Frailty and Ageing in Hertfordshire:

Real stories from our community

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Contents

Key themes

Through community spaces, online interviews and via email, 41 residents aged between 65 – 100 years old shared their views on frailty and ageing well in Hertfordshire.

The majority of residents did not consider themselves to be frail. They often did not want to be associated with the term, demonstrating a need for a culture change around perceptions of frailty and greater awareness around lived experiences of frailty and other age-related conditions.

Residents were generally proactive in preventing frailty. Many said they try to stay physically active, look after their wellbeing and socialise with friends and family., However, limited mobility and difficulties with transportation often hindered their ability to maintain their independence and to stay as active as they would like to be.

Residents want more support from GP services. A large number do not feel supported and find accessing their GP practice increasingly difficult. They called for regular check-ups for older people to monitor their health and to support them to age well.

Most residents do not have regular medication reviews and are not certain what each of their medications are for. Although some felt confident taking and managing their medication independently, others said their medication reviews were sporadic, despite taking several medicines. each day.

Residents had good experiences of hospital care and felt positive about receiving hospital care at home. Most want to avoid going into hospital where possible, and although the majority were not aware of the hospital at home scheme, they were positive about this initiative and would prefer to receive care in their own home.

Residents were reluctant to think about their future care preferences and end of life wishes. Residents want to live in the present and did not want to think about planning for the future. Many were not aware of advance care plans but did have concerns about the cost, availability and quality of social care services.

Residents want more information and advice about ageing well and preventing frailty. Many had not received any information or advice and would like to receive this from their GP practice or the council.

Recommendations

We recommend that the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Transformation Committee consider how best to implement the following:

Communications:

- When reviewing the communications toolkit, consider updating it with the feedback received from our engagement.
- In promoting the toolkit, ensure it is used alongside targeted engagement with different communities in Hertfordshire, paying particular attention to those who are digitally excluded or housebound, and who have limited understanding of spoken or written English.
- Consider using alternative language to 'frailty' in patient-facing communications, avoiding dismissive or stigmatising language and using strength-based alternatives instead.
- Increase awareness of the value of thinking ahead to prepare for future health and support needs as an older person and encourage residents to take an active approach to ageing. This should include emphasising the importance and benefits of completing advance care plans and other provisions such as wills and power of attorney.

GP services:

- Ensure older residents have thorough, annual medication reviews, as appropriate – this may be via the GP, community pharmacy, or Neighbourhood teams.
- GP practices to increase the available training on having end-of-life and advance care planning conversations, and encourage staff to have discussions with older patients about planning for the future and advance care plans, providing the appropriate information and support.
- Ensure older patients can access GP services in-person and by telephone, taking into account digital exclusion.
- Consider using social prescribers to:
  - Promote physical activity by providing information on ways they can age well and prevent frailty by staying physically active within your mobility level
  - Reduce health and social care costs and social isolation by:
    - signposting to local groups, clubs, activities and community transport schemes
    - contacting older residents to provide a wellbeing check, particularly for more vulnerable patients and carers, those who are housebound, and people with dementia and/or long-term conditions.
  - Combating ageism and challenging negative perceptions about frailty by:
    - providing information on signs of frailty and how they can access support
    - signposting on future care planning and advance care planning

System-wide:

- Provide information about hospital at home and virtual wards to raise awareness amongst older residents and to address any potential hesitancy.

- Continue efforts in de-stigmatising frailty and provide information about the signs of frailty, encouraging older people to get support if any of the signs applies to them.
- Facilitate, maintain and promote social groups and community transport for older adults as vital parts of the infrastructure to support older adults to live and age well.

1 Background

1.1 About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire about health and social care services. We provide an independent voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and champion and enable the work that addresses gaps in service quality and/or provision.

1.2 About the Hertfordshire and West Essex Integrated Care System

The Hertfordshire and West Essex Integrated Care System (ICS) was established as a statutory body on 1 July 2022. Integrated Care Systems are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, coordinate and commission health and care services[1]. The Hertfordshire and West Essex ICS is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

1.2.1 Integrated Care Board

The Integrated Care Board (ICB) is an NHS organisation responsible for planning and overseeing how NHS money is spent across Hertfordshire and West Essex, with the aim of joining up health and care services, improving health and wellbeing, and reducing health inequalities. The board of the ICB includes representation from NHS Trusts, primary care and from Hertfordshire County Council and Essex County Council[2].

This report will be sent to the Hertfordshire and West Essex ICB Primary Care Transformation Committee to inform how it can further support Hertfordshire residents to age well.

1.2.2 Integrated Care Partnership

The Integrated Care Partnership (ICP) is made up of representatives from different organisations involved in health and care. This includes NHS organisations, local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The partnership is responsible for developing an Integrated Care Strategy which will set out the priorities for Hertfordshire and West Essex for the next 10-20 years[3].

1.2.3 Hearing patient views

Healthwatch Hertfordshire and Healthwatch Essex have been commissioned by the Hertfordshire and West Essex ICB Primary Care Transformation Committee to undertake a series of research and engagement projects. The aims of the projects include:

- Gathering lived experience to feed directly into the committee
- Supporting and enabling Hertfordshire and West Essex ICS to achieve wider participant engagement

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[1] Integrated care systems: how will they work under the Health and Care Act? | The King's Fund (kingsfund.org.uk)

[2] Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk)

[3] Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System (hertsandwestessexics.org.uk)

- Engaging patients and the public on programs covering key priorities and areas of importance at a regional and local level
- Making recommendations to the committee so improvements can be implemented

Using patient and public feedback, each project will focus on improving the relevant service(s) within different areas of primary care by making recommendations to the Hertfordshire and West Essex ICB Primary Care Transformation Committee.

From June – September 2025 Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex to engage with people aged 65 and over about their views on frailty.

2 Aims and methodology

2.1 Aims

The aims of this engagement were as follows:

- To engage with Hertfordshire residents aged 65 and over about their views on frailty and the steps they take to prevent frailty and age well
- To explore what support residents have been provided by primary care services in regards to ageing well
- To understand their perspectives on alternatives to hospital admissions, advance care planning, and future care preferences.
- To understand where residents would seek information and advice about preventing or managing frailty.
- To make recommendations to Hertfordshire and West Essex ICB Primary Care Transformation Committee to improve service provision.

2.2 Methodology

This project used qualitative methods consisting of one-to-one interviews and focus groups to capture real stories and experiences that inform existing NHS data and show what it is like to grow old in Hertfordshire.

Between June – August 2025 we visited three community events for older residents (a lunch club, coffee morning and a “movement for memory” exercise class) and conducted one-to-one interviews and focus groups with attendees. We also held five one-to-one interviews online and an online focus group with an existing group of residents.

Our engagement opportunities were promoted via social media and, shared with the NHS and other statutory services and the VCFSE sector across Hertfordshire to share and distribute via their own networks, contacts and social media channels. Targeted communications were also undertaken, contacting over 25 stakeholders supporting older residents.

The work was focused on: people’s understanding of frailty, GP experiences, medication, hospital admissions and alternatives, care preferences and planning for the future, and information and advice.

41 residents aged between 65 – 100 years old shared their views on frailty and ageing well *(we spoke to 32 people face-to-face at community centres or events, 6 people via online interview, and 3 people via email).* We have included respondents’ ages where possible, but providing this information was optional.

2.3 Limitations

The findings are informed by a small number of participants and cannot be described as representative of the whole Hertfordshire 65+ population. The focus was on getting deep and rich insight of experiences. Furthermore, some of the interviews and focus groups were undertaken in public places with other activities happening at the same time, so responses may have been impacted by this. However it was important that we engage with this group in their own space where they felt comfortable, and it especially enabled us to speak to people who are otherwise housebound.

3 Literature review

3.1 Context on frailty

The term frailty refers to someone's level of independence, and their mental and physical resilience. It is often described and identified using a scale from 'very fit' to 'approaching end of life'. Some indicators of increasing frailty are weakened muscle strength, fatigue, vulnerability to falls, infections and an overall decline in health. However, it's important to note that many indications of frailty can be reversed or slowed down.[4] One sixth (18.6%) of those aged 65 and over are frail and this is expected to increase to 25% of the population within the next 20 years.[5] It is important to note that although widely used in medical assessments of people's conditions, it is a term that is often misunderstood, and isn't always how people would describe themselves (also Age UK reference below).

People also tend to take more medication as they age, which can increase the risk of frailty - the multiple side effects of medicines can make someone's balance impaired and result in falls or affect their cognitive functioning and ability to stay healthy.[6] This age group is also vulnerable to increased health inequalities due to the ongoing impact of the rising cost of living. Age UK found that 10% of older adults were already or anticipating stopping or reducing the care they receive, 15% were skipping or anticipating skipping meals, and 22% were reducing their spending or anticipating having to reduce their spending.[7] Similar findings were reflected in our own research exploring the impact of rising costs in Hertfordshire with many older residents reducing meals, heating, and going out which had a negative impact on both their physical and mental health.[8]

3.1.1 Support from health and care services

Role of GPs: GP practices play a proactive role in identifying frailty to ensure people get the support they need. For those classed as "severely frail" their GP practice will deliver a clinical review, annual medication review and identify whether the patient has had any recent falls and provide other appropriate interventions.[9]

Hospital at home: Virtual wards (also known as hospital at home) provides care that would otherwise take place in the hospital.[10] Virtual wards can be conducted by a range of healthcare professionals and consist of a daily video call or in-person visit. To ensure patients can be monitored remotely, many use technology such as apps, wearable technology and other medical devices. In Herts and West Essex ICB, there are on average 5359 admissions per month from residents aged over 65 years old, around half of whom are living with frailty. People living with frailty are at an increased risk of poorer health outcomes after a hospital admission in comparison to those without frailty.[11] There is increasing evidence that virtual wards are a safe and effective alternative to being in hospital, particularly for those who are frail.

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[4] What is frailty? | Age UK

[5] NHS England » FRAIL strategy

[6] Polypharmacy in Older Patients | British Journal of Hospital Medicine

[7] Ageing Well JSNA

[8] 9 in 10 Herts residents have been affected by Cost of Living | Healthwatch Hertfordshire

[9] Identification and management of patients with frailty

[10] NHS England » What is a virtual ward?

[11] BJGP: Outcomes of hospital admissions among frail older people: a 2-year cohort study

Barriers to implementation for patients include language, technology, and lack of medical knowledge.[12] Carers may also have to take on additional responsibility in supporting the person at home, which may require medical knowledge or understanding, and may create an additional burden for the person involved. In South and West Hertfordshire, using Hospital at Home has cut hospital admissions by almost three days on average, and looking after patients remotely was 80% cheaper than caring for a patient in hospital. They also found that over 90% of patients preferred Hospital at Home and felt safe under this care. Likewise in East and North Hertfordshire, Hospital at Home is in high demand, consistently caring for more than 200 patients who might otherwise have been hospitalized and is reducing hospital admissions and improving patient outcomes.

Advance care planning: It is important that people think about their preferences for their future care, in case there is a time in which they are unable to make these decisions for themselves. Advance care planning is a voluntary process which enables people to do so.[13] In a recent survey by Hertfordshire and West Essex ICB, they found that 66% of residents do not have an advance care plan, highlighting a lack of awareness.[14]

3.2 Local picture

Preventing frailty is a priority for Hertfordshire and West Essex Integrated Care System, especially as our population figures show that between 2020 – 2040 more than 50% of the population will be aged over 55, with the largest percentage increases expected in those aged 75+.[15]

As Hertfordshire has an ageing population, increases in frailty and the need for medical intervention is a growing concern. Adults aged 80 and over made up the largest proportion of new admissions to residential and nursing care in 2022/23 at 70%. Emergency hospital admissions rates due to falls for those aged 80+ in Hertfordshire were higher than the national average in a comparable time period. Moreover, the Winter mortality index (which compares all-cause deaths in those aged 85+ during the winter months with those in non-winter months) between August 2020 and July 2021 in Hertfordshire was above the average for England, and the highest recorded since 2001.[16]

More older people in Hertfordshire are living alone, and by 2040 over 96,000 people aged 65+ in Hertfordshire are expected to live alone. This rising isolation may further increase vulnerability and demand for social and health services.[17]

Research undertaken by Hertfordshire and West Essex ICB found that the top factors in helping people who are frail feel confident and safe were:

- Having clear information
- Swift response to concerns/treatment
- Clear plan of action

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[12] Barriers and facilitators to the use of virtual wards: a systematic review of the qualitative evidence | International Journal for Quality in Health Care | Oxford Academic

[13] universal-principles-for-advance-care-planning.pdf

[14] This was from a sample of over 1100 people in Hertfordshire.

[15] Ageing Well JSNA

[16] Ageing Well JSNA

[17] Ageing Well JSNA

- Continuity of care

Residents also shared their worries regarding their health, with common responses including: healthcare access, independence and daily living, age-related concerns such as mobility and memory loss, social and community support available, specific health conditions, end of life concerns, and financial and practical concerns.

To support residents, the ICB has produced a communications toolkit for organisations to share clear, consistent and accessible messages about ageing well and frailty. The toolkit includes information about where to access support, receiving hospital care at home, advance care planning, medication reviews and discussing care preferences.

4 Key findings

4.1 Perceptions of frailty

Respondents had different perceptions of what it means to be frail, and whether or not they considered themselves to be frail. Sometimes frailty was equated with age, for others with mobility. Some respondents were coming to terms with describing themselves as frail, while others felt the word stigmatising and preferred not to use it at all.

Respondents spoke generally about ageing and their attitudes towards getting older. The majority were positive about this and often talked light-heartedly about ageing and not knowing what each day might bring. Those aged between 65 and 70 were more likely to start thinking about what it is like to get older, and some respondents had noticed that they are starting to slow down.

"I've thought about myself being in my 60s now suddenly I'm going to be 70 next year, you know? That's quite a big thing. And I hadn't really thought about getting old before, or my friends getting old…it's a different feeling, you know?" [Aged 68]

"I sleep a lot and I'll sit down in a chair and fall asleep." [Aged 92]

"We're still here and we're breathing aren't we, that's a bonus isn't it! [laughing]" [age not disclosed]

However, most respondents were reluctant to consider themselves frail, despite having attributes that may have them classified as such including reduced mobility, long-term health conditions, and difficulties completing daily tasks. Others have recognised they are starting to become more frail as they age.

"See I'm 66 and I think I'm not frail! I would say 75 is frail." [Aged 66]

"I'm not very good at walking, but I don't think, well I don't know, perhaps I am a bit frail really, I've got a heart condition so I suppose there's that…but I take tablets and carry on to be quite honest…I don't really need support for anything, I manage, you know!" [Aged 83]

"I'm still going to a keep fit class at the parish centre! I don't do much mind you but I enjoy the coffee afterwards! It gets me out the house to do something. My other activities are becoming strictly limited over the last six months. I can't get about like I used to." [Aged 100]

"Before I lost the weight, I would have considered myself frail because I couldn't do anything…now I feel better but sort of only on the cusp of things, you know, I feel as though I'm on the cusp of things rather than actually being frail." [Aged 68]

A few respondents did consider themselves frail, acknowledging that they need a lot of support from health and care services, friends and family.

"I am frail, yes, I rely on other people, if it weren't for them I wouldn't be here." [age not disclosed]

"I am extraordinarily lucky. I don't appear to have anything wrong with me at all. I don't go to the doctors at all. In fact I did say should I be going to the doctors because I am really old, but there's

nothing wrong with me. I'm 91. I'm extraordinarily lucky and I have been healthy for all that time." [Aged 91]

Case study: Phil's* long-term conditions

Phil is 72 years old and has multiple long-term conditions, significant mobility issues and is registered blind and housebound.

"I'm blind, I have a stoma bag and a torn ligament in my groin at the minute which is getting better. I have loads of health issues, I'm diabetic. I worked until I was 56, I used to drive to London every day. I told the doctor I couldn't see, didn't believe me. She sent me to the hospital and at that point I had five degrees of vision and was driving to London every day. I've got a thing called retinitis pigmentation, it's hereditary. I'm down to one degree at the moment, I had cataracts done six weeks ago because my one degree was absolutely useless."

"It wears you out. I've got a white stick under the table here with the rolly ball on it, can't go anywhere without that. I live on my own. I do my own cooking. It's easier than I used to do, sometimes I buy ready-diced chicken rather than cut it up myself. I to have a cleaner now and someone else comes in to do the garden. Someone else has to come and sort my feet out as I can't cut my own toenails in case I cut my toe off. You have to be very careful with that because I've got diabetes."

"I had a carer in this morning, had to come and change my stoma bag, I can't land it enough to the right place. So they come every other day. I can empty it but I can't change it. I have to pay for the garden. You get Personal Independence Payment (PIP), goes in one hand and out the other."

**Please note a pseudonym has been used to protect their identity.*

4.2 Preventing frailty

Respondents discussed what they do to prevent frailty, with common responses including staying physically active, looking after their mental health and wellbeing and socialising. They also discussed barriers such as mobility and transport, and the support they receive to maintain independence, which was often from friends and family or social care.

4.2.1 Physical activity and mobility

Respondents shared the different ways in which they try and stay physically active to prevent themselves becoming frail. Walking was the most common activity in which respondents kept active, alongside generally keeping busy and doing household chores such as gardening and cleaning.

Some respondents discussed how they have been trying to lose weight to also improve their overall health, mobility, long-term condition(s).

"I'm reasonably fit, my wife and I walk our dog and I swim and we have an allotment and the garden so we both keep pretty fit and our health, I was going to stay touch wood, is reasonably good. It's

good for your mental health as well as your physical health. And so yes, yeah, I do as much as I can." [Aged 77]

"I try get out each day and try to go for a walk each day. I walk into the village and back, things like that." [Aged 68]

"I've been losing weight so I've been doing Weight Watchers virtually and I've managed to lose five and a half stone. I'm quite proud of that. I feel much better. I wouldn't have been able to walk up to the village before." [Aged 68]

However, many recognised that their mobility was reducing or limited. For some, this had a significant impact on their independence but in other cases, mobility aids were sufficient to help them day-to-day. A large number used mobility aids including walking frames, scooters, walking sticks and/or had equipment in their home including bars and stairlifts.

"I've got everything! Got a commode bedside the bed, things to get me out of bed, things to sit down on the toilet, stair lift, I've got the lot…gradually had things put in from social care over time. I've got a wheelchair, I've got a walker, I've got a scooter." [Aged 93]

"I can get around with a stick and I've got a walking frame. If I go outside own to the village I use the walking frame and round the apartment I use the walking stick." [Aged 98]

For others, losing mobility has significantly impacted their independence and quality of life, and are finding navigating this change very challenging.

"I can't go anywhere on my own. I find it very difficult and my mobility is bad. I'm in the flat all day, used to have my own car, move about, go shopping, no problem. Now I'm stuck inside all day." [Aged 89]

"I know that I should be exercising. I know that I should be going for a walk, things like that. But I've got to the stage where my walking is not good…it's the old saying 'the less you do, the less you're able to do' so I can't walk any distances now." [Aged 72]

Some respondents had experienced falls which have had a negative impact on their mobility, particularly in cases where they needed to stay in hospital afterwards. A few respondents indicated that having a fall also knocked their confidence in their own mobility and independence.

Two respondents shared positive experiences, receiving high-quality care after having a fall, but found it took them a long time to recover.

"I had a fall in February and broke my hip. I'm still suffering. I had it repaired and everything, I can't walk very far…I have to use a stick or two sticks, yeah. It's taken a long time. Mind you, they told me it would take a long time! But I didn't think it would be this long. I had the operation and then I went into a respite hospital for a couple of weeks and they wouldn't let me home until daily help was organised." [age not disclosed]

"I have had some problems with falls and I've been referred to the falls clinic. That was a while ago now. The falls clinic organise some equipment at home. I had my sofa raised and I had a thing to go in the bath." [Aged 68]

"I had a bad fall last October, that was the trouble. I don't dare go to the bathroom now." [Aged 93]

Case study: Martin's fall*

Martin is aged 92 and struggling with his mobility after having a fall.

"I fell last year. I was at the bowls club and I'd gone to pay for something and my toe went bang and they can't do anything and I've broken a nerve in my wrist, can you see all my veins. They say that I have to live with it. I've got another appointment in October. So both hands, all they said that they can do is break them…they're not getting circulation. I can't see what they're going to do except from chopping the hand off."

"This is what I find difficult see [trying to pick up cutlery] it's just my hand doesn't work. I hate it, I was so active when I had my own home. But I'm really very, very veiny now and I've lost weight, I'm down to seven stone. I just think it's because of old age. My family member lived until 102 and I don't want to live that long but there's not much I can do about it as long as I don't have drastic fall again."

Martin has since moved into supported accommodation so he can receive more support.

"We've got bells we can ring and we've got a person who can look after us. One of my daughters lives nearby and she's very helpful – she takes me shopping and goes around and makes sure I'm eating the right food. I have a girl who comes in Monday, Tuesday, Wednesday, Thursday in the morning and then Friday, Saturday, Sunday I don't have anyone."

**Please note a pseudonym has been used to protect their identity.*

4.2.2 Mental health, wellbeing and socialising

For most respondents, their social life was very important in supporting their mental health and emotional wellbeing. Many attend coffee mornings, lunch clubs, and local community groups or activities, which were part of their weekly routine. They were very grateful for these groups and activities in helping them meet new people and keep social.

One group of people at a coffee morning we visited are housebound and are picked up by the local community transport scheme each week. The local community transport scheme also provides days out which residents very much appreciated.

"The lunch club has helped. It helps seeing people, we're lucky it's once a week, some places it's once a month. Very grateful." [Aged 100]

"My wife and I go to the local church. I belong to a rotary club, so yeah, we socialise both with our family and our friends." [Aged 77]

"Oh this coffee morning is a lifesaver! Otherwise we wouldn't get out would we? They do a lot of things for us, you know, take us, like yesterday we went to Dunstable Downs." [age not disclosed]

Some said they have family or friends nearby which they see regularly, however others noted that they miss having social interaction with other people. Some have had difficulty finding activities or groups that suit them, either due to location, timings, age demographic or caring responsibilities.

“I got very much into a rut – I like being on my own. And yeah, I used to go out walking with friends and that, but COVID hit and we all seem to…you know, we like our homes, we don’t go out walking anymore. We don’t socialise as much. It’s almost like we all got into a rut where we are so used to being alone.” [age not disclosed]

“Trouble is, everybody moves around so much nowadays don’t they. It would be nice to see them! Rather than just on Skype. It would be nice if you could give a cuddle…not quite the same, but better than nothing.” [age not disclosed]

“I do sometimes look to see about local groups at the community centre but they all seem so much older than me, so I don’t think they’re suitable.” [age not disclosed]

Other respondents are proactive in looking after their mental health by taking up hobbies and doing activities. Some had concerns about the reduction of community services and support available, noticing that more centres and activities are closing.

“I still enjoy life you know, I go fishing, I go to the pictures, you know, various things. I walk as much as I can, I go for a walk quite often and I take watercolour paint and I quite enjoy that.” [age not disclosed]

“I don’t know whether it’s my imagination but since I’ve become a senior citizen it seems that everything that you wanna go to has been shut down! Or it’s been moved to somewhere that’s where you can’t get to it on the bus!” [age not disclosed]

4.2.3 Transport

Some respondents are still driving and emphasised how being able to drive supports their independence. These residents were worried about not being able to drive and the impact this would have on their daily life.

Many other respondents can no longer drive and have to rely on friends, family and community and public transport to travel. In particular, residents found public transport difficult to use, particularly due to their limited mobility.

“I wouldn’t want to give up driving unless of course I had to. Because you’re a bit cut off if you can’t drive. The bus services are not good.” [Aged 83]

“That’s what I didn’t like, I didn’t like losing my driving licence. I could drive, I used to drive…I miss it so much.” [age not disclosed]

Others are trying to be proactive now they cannot drive to attend groups and activities in the community. A few also commented on the importance of living near healthcare services as they age and had concerns about how they would access healthcare services out of their local area.

“One of the reasons of where I live is I can walk to Watford General A&E in 15 minutes, and to the doctors in 10 minutes. And obviously that’s a consideration as you get older. I’d like to move, but you know, you need these things to be close to hand, particularly when you’re on your own.” [age not disclosed]

"I come here on the bus because obviously I can't drive anymore. I come here on the bus, and my wife will either come and pick me up or I just wait for the next bus across the way. It gives me independence as well, not having to rely on someone else, it's good." [age not disclosed]

"I stopped driving about three months ago and in a funny sort of way it was a revelation because when you're driving you don't see people like this. Because I stopped driving I came to this coffee morning. It suits me very well." [age not disclosed]

4.2.4 Independence

Some respondents consider themselves independent and are managing their personal care needs including cooking, bathing, dressing and housework without the support of social care, friends or family. However, others are now receiving home care to support them with their daily needs as they are starting to struggle to do this independently.

"I keep fine. I look after myself, I cook for myself. I enjoy coming to the coffee morning." [Aged 98]

"I'm not active. I tend to sit around a lot, but I don't have a carer. I don't feel that I need anyone to look after me. I do my own shopping, I'm able to get up and function adequately." [age not disclosed]

"I have a girl wo comes in the morning. I'm usually up and she makes me a cup of tea and some breakfast and then she does the housework." [Aged 92]

"I get well looked after by my home help. I couldn't do without it, she does it all, cleaning, ironing, shopping mainly as well." [Aged 100]

Likewise, several respondents have moved into supported accommodation. Although they are still largely independent, they find it reassuring that there is help available should they need it.

"I get help in the home, if I need help all I need to do is press a button. You can always call for somebody, they know what you can and what you can't do. You can call for somebody in the middle of the night but you try not to do that." [Aged 89]

"I live in supported accommodation. We've got bells we can ring and we've got a person who can look after us." [Aged 92]

In contrast, some respondents are heavily reliant on their friends and family to be their carer and support them with everyday activities. It is often their children and/or other family members who will support with their medical needs and practical tasks such as booking appointments and shopping.

"Whenever I go out it's a family member who takes me otherwise I stay where I am and I can move around a little bit/. It's not very easy at all to go far." [Aged 89]

"My son is more or less my carer. If I want to go anywhere, he takes me everywhere. If I need anything, he looks after everything, my finances, my medical problems, any of that." [Aged 98]

"Fortunately I've got a daughter who isn't far away. She comes, and she comes to see me twice a week. She's really my carer." [age not disclosed]

Case study: Rita's caring role*

Some respondents had caring roles for their partners, children, neighbours or friends. Rita* aged 81 is a full-time carer for her husband who has had multiple strokes. His first stroke was 25 years ago and she has been a carer since then. However his support needs are increasing and her own health is deteriorating.

"I'm there 24/7 for him. He can't walk without a frame, can't really do anything, he's had two strokes own one side…every time he's up, I'm up, it's really…it's really getting worse."

"I have a carer twice a week who's been this morning and we got to shower him. Because last time he fell in the shower. He'd already broke two vertebrae in his back a few years ago, falling again. He can't really do anything himself. My girls say 'mum, at your age you shouldn't be doing this! You know…it's just…it's too much at your age' but what do you do? I don't know what I'm doing. My daughter says 'mum you've got too much to think about!' She's right…I have to think of two, not one, I have to think about two…but what do you do?"

"The paid carer said about respite but he said 'no I ain't going there'…Can't make him can I? It's draining, especially if he won't go in respite for a couple of days. The carers keep saying to me 'you must go out' so I've started coming here. And I go out on a Saturday with my friend."

"My daughter came to pick me up and she said 'mother, you've had that chest infection ages, I think you ought to go in' anyway she rang Hemel, got me a lady doctor down there and she sent me straight to Luton and Dunstable, I had pneumonia. I was on a drip and everything. And they were brilliant."

"I suppose…um I just carry on…I don't know…but then I think if he goes away for a week, you hardly know you've had a break. It goes so quick. I don't know."

**Please note a pseudonym has been used to protect their identity.*

4.3 GP services

The majority of residents do not feel supported by their GP practice in preventing frailty and ageing well. They emphasised difficulties in accessing their GP practice, with most people receiving their care from specialist services instead. Only a few respondents have annual medication reviews, with many not aware of what medications they take.

Many of the residents we spoke to did not feel supported by GP services and did not have much contact with their GP practice. Some were expecting that due to their age and/or health condition(s) their GP practice would be in contact offer a check-up but this only seemed to happen when they were due a vaccination.

"They never seem to contact me apart from the flu jab." [age not disclosed]

"They haven't really been on to say you know we spotted you're this age and this is what we'd like to do, nothing like that." [age not disclosed]

“It is something that’s quite concerning for me because it’s almost like the GP practice has forgotten I exist.” [age not disclosed]

Some respondents shared the difficulties they face in accessing an appointment with their GP practice and were not always comfortable seeing other healthcare professionals. Many also shared that they are often asked to contact the GP practice online, despite not having access to digital technology.

“Trying to get an appointment?! Trying to talk to somebody?! When you phone the doctor, you’re there for half an hour while they tell you all the reasons not to phone the doctor. Isn’t that true?” [age not disclosed]

“You can’t see a doctor if you want to. You know, you see a nurse, a paramedic or…somebody else, you know, but you try and talk to a doctor, you can’t talk to a doctor. I have stopped phoning the doctors because nine times out of ten you’re 25 on the list! You know? I’m not going to hang on that long.” [age not disclosed]

“They turn round and tell me to do that online. And I say well I can’t do it online, that’s why I’m trying to speak to you.” [age not disclosed]

4.3.1 Quality and experiences of care

Some respondents had a good relationship with their GP practice, commenting that they feel well supported and have regular check-ups. In contrast, others have had more negative experiences of receiving care. In particular, respondents found the systems and processes at their GP practice challenging to navigate which impacted their ability to access care.

“I have a regular check-up with my GP. So I speak to my GP once a year, maybe twice a year and he does a blood test and we talk about the outcome, whatever they are. And yeah, I have the jabs of course.” [Aged 77]

“I’m linked in with my nurse because I have weight problems, she rings me once a month to check on my weight. It was once a week…it did start with free Weight Watchers vouchers but that was some years back but I’ve just monitored myself for the past few years.” [Aged 75]

“In the middle of the night, it was quite frightening actually, I got up to go to the bathroom and I couldn’t walk so I got onto 111 and he asked me a whole lot of questions but it was very good and he said I’m getting in touch with your surgery and somebody will be in touch with you. They were but he said ‘do you think you need a visit?’ excuse me I’m not paid to diagnose myself. I said ‘it seems to be passing’ but that should have been investigated because I’m 96.” [Aged 96]

“The thing is it’s all self-diagnosis now isn’t it. It’s you telling the doctor what’s wrong, they say take a photograph. They ask you to take a photograph of what you’ve got wrong. They won’t come out and see you.” [age not disclosed]

Case study: Diana’s* difficulty in accessing care

Diana, aged 67 had faced significant difficulties accessing the musculoskeletal pathway in Hertfordshire.

"I would say 18 months ago I was walking four to six miles a day. I was doing aqua aerobics. I was doing Tai Chi every week. I've got seven grandchildren. I was very active with them. My husband and I, since we've retired, have travelled, so a lot of long distance travel, exploring, trekking but 18 months ago I started having problems with my hip pain and lower back pain and gradually then the pain increased which reduced my mobility, which reduced my activity, daily living and my sleeping."

Diana contacted the GP several times over the course of six months "crying down the phone" as the pain was getting "unbearable" despite exercises and stronger painkillers. Diana was referred to Circle who have her an appointment for five months' time. This was cancelled the night before. Diana's quality of life was "so poor" that she paid for a private MRI scan which showed she needed a full hip replacement. She sent the MRI scan to her GP and received an orthopedic appointment within a week.

"So I went and saw the NHS surgeon who said oh yes, that is bad, because I took a copy of my MRI, yes you need an urgent total hip replacement and I'm afraid the waiting list is a year, and he said I'm ever so sorry. I mean everyone's been lovely. It's just the system is broken. Everyone has done their best within the realms of what they can do. I'm sure if I'd done the NHS route by the time I got there, I would have been a lot worse and more dependent. And of course, the worse you are before you have an operation like this, the worse your recovery outcomes are."

"If I didn't have the money for an MRI I would still be waiting for one. I would be housebound. I would if I was living on my own, I would be dependent on health and social care or having to pay for carers to come in, pay for someone to do my shopping and you see it all impacts on everything else."

"I am getting NHS physio now. Well I've had one session and then I'm seeing him in a couple of weeks. But he was very helpful and you know there's no complaint about the quality of staff I've seen on the NHS. It's the process."

4.3.2 Medication

Most respondents are taking regular medication, often for pain relief, heart conditions or cholesterol. However some residents were quite elderly and had very few or no medications to take.

"Heart problems. I only take one pill every day." [Aged 100]

"I take 11 in the morning, I take one at tea time, six in the evening and that's without any painkillers." [Aged 72]

Respondents were asked whether they have medication reviews on a regular basis and their responses were mixed. Where people had more contact with healthcare services, such as hospital visits, they appeared to be reviewed more regularly. However for others, their medication reviews were sporadic, with some not having had a review in years. One woman, aged 100, was concerned about the quality of medication reviews and was not certain what her medication does.

"They tell you to have it reviewed before you have more tablets but then all they do is ask you 'how are you feeling' and 'do you really need that' well I don't know if I need it or not because I don't always know what they're for!" [Aged 100]

"I've had them checked by the pharmacist who dispenses them. The one at the surgery has checked them. And I will say because I go to the hospital, they're checked all the time." [Age 68]

"I've had all my medications for years now, I think I need them all. I haven't spoken to a GP or someone else about them though." [Aged 98]

Other respondents reflected the same sentiments, sharing they are not certain which each of their medications are or what they are for. However, some respondents felt confident taking and managing their medication independently, and knew which each tablet was for.

"Yes 11! I need to take them when I get back home, I shall take about five, I have them in little containers." [age not disclosed]

"I've got loads, all sorts of stuff. All different colours and shapes and stuff. Got no idea what half of them are." [age not disclosed]

"They're changing all the time and I do have to look them up and check them, they tend to be just given to you and you expect, well, you just expect to take them. I like to know what they're for and what they might do." [Aged 68]

4.4 Hospital care

Respondents who have received hospital care often had positive experiences, however the majority want to avoid going into hospital where possible. Most people had not heard about hospital at home or received care through this service, but considered this to be a good option for keeping older people out of hospital wards.

Many respondents had concerns about the effect of going into hospital and were worried about the impact it might have on their overall wellbeing and quality of life. Respondents wanted to ultimately avoid being in hospital wherever possible.

"The thought of being in hospital is quite scary. You see people come out worse. I want to stay at home for as long as possible." [Aged 98]

"That's the thing, yeah. You know, you hear of so many people going into hospital…like a friend, a neighbour of mine, she went in, she had a couple of falls, and she didn't come out. I don't know what complications they found, other than the falls…she passed away and you think to yourself, oh god…" [age not disclosed]

Respondents shared their experiences of going into hospital, with some noting the high-quality care they received.

"I was in two weeks ago for a week and they were very good. My visit was no problem. I wasn't expecting to go in and they just want me in because of the problem with the ICD and I was in for five

days and they were… very good. I didn't have any problem. My experience of Watford is that I haven't had a bad experience there." [Aged 68]

"I've been in and I've had both knees and one hip done. I thought it was like being on holiday, it was great! In St Albans that is." [age not disclosed]

Case study: Memory loss

We visited a 'Movement for Memory' class primarily for people experiencing memory loss or dementia. Most of the respondents are cared for by family, with the exception of one person who has a full-time carer. When speaking to the group, none of them considered themselves frail, despite many needing mobility aids an support to maintain independence. None of the participants want to think about their care preferences and end-of-life, wanting to take each day as it comes.

"One day at a time, I always believe in that. When I wake up in the morning, I, you know, right, I gotta get up, that's it. I don't look forward too much."

"I've got a small dog which I take out for a walk as well. Gets me out first thing."

The participants did not receive much support from their GP practice but are supported by specialist services, having regularly blood tests and medical reviews. Most participants received high-quality care when they received their diagnosis, with healthcare professionals providing plenty of information and literature.

"The lady that saw me was absolutely brilliant. I've never spoken to somebody that knew what she was doing, she was really, really lovely and she just sat, and I was with her for two and a half hours. She spoke to me for two and a half hours and that was amazing. That was the first time that I knew that I had Alzheimer's. I still don't believe I've got it! [Laughing] It sounds daft."

However, one woman had to wait two hours for an ambulance which she found frustrating given she had had a fall. Another women diagnosed with Alzheimer's had a difficult time during a hospital stay and felt too worried to ask for help.

"I've got probably an odd attitude – they're there to help me, I'm not there to complain to them, that's not fair to do. And when you've got one person doing everything…one night I wet myself and I was in a right state and I daren't call anybody cos nobody could come, but I got over it the next morning and I felt awful for them. It would have to be really bad for me to make any issue." [age not disclosed]

"I had to wait two hours for an ambulance last October when I fell, I fell right across my nose…I cut my nose just here and knocked my head, had to have a brain scan and all sorts of things. But I had two hours waiting for an ambulance, an hour outside the hospital, they came and took my bloods and I didn't get them till the morning…but I was there 24 hours in the end." [age not disclosed]

Some respondents had chosen to access private care, after long waiting lists for care had left them in too much pain. However, this was sometimes problematic when it came to reintegrating into the NHS for post-operative care and physiotherapy, as they had not received care under the NHS initially.

> ***"I had to go in hospital, I went private, because I'd been waiting 18 months from when I saw my doctor, to the time I saw a consultant was 18 months. When I did see him, I said well how long have I gotta wait and he said well 12 months to have the operation and I said well I can't wait that long, I was in such pain. So I went private. It cost me an awful lot of money, but fortunately I was in a situation where in one way, I'd lost my husband so I used that money for the operation, you know." [age not disclosed]***
>
> ***"When I came out of hospital, you have to go through your own doctor now, but that was nearly three weeks before I could get an appointment, even though I'd been in hospital and come out, and I still had to wait three weeks before I could get an appointment which I thought was poor really, not very good." [age not disclosed]***

4.4.1 Hospital at home

Respondents were asked about hospital at home, a service which allows patients to get the care they need at home safely, rather than being in hospital[18]. They were asked what they thought about the idea of hospital at home, and only one? person had heard of it, or had an understanding of what it is. Others thought that in theory, hospital at home would be a good thing, if it was the right option at the time.

> ***"The home would be so much better than having to take up a hospital bed if it was something that could be done at home. Yeah, yeah. I also think when you're in hospital, there's other germs you can catch while you're there." [age not disclosed]***
>
> ***"If people can come into my home and treat me I think that would be the best option." [Aged 98]***

However, others had concerns about the impact of being cared for at home would potentially have on their family.

> ***"No. It would be too much of a burden on my wife, I mean, why should she have to suffer, as well as me?" [age not disclosed]***

Case study: Sam's physical disability

Sam is 69, uses a wheelchair and lives alone. Eyesight problems mean they cannot drive and are housebound. After struggling to use their hand and arm 18 months ago, they were referred to musculoskeletal services for treatment and physiotherapy. However, scans showed a muscle tear in their shoulder that needs operating on.

"I actually had about six months with the musculoskeletal service, […] however, there was something fundamentally still not quite right because I was struggling to elevate my hand

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[18] NHS England » Virtual wards

with anything substantial then an empty mug. So Circle MSK referred me on to the orthopaedic team at [West Herts Teaching Hospitals NHS Trust]"

Given their existing frailty, they are anticipating having significant support needs after the operation and are very worried that this won't be provided. After a previous operation, their discharge needs had not been planned for, and they spent a long time in a non-specialist rehabilitation facility, significantly delaying their recovery.

Sam doesn't currently feel safe to have their operation until they are sure they will receive suitable and timely discharge and rehabilitation care that recognises their specific needs as a wheelchair user following an operation.

"I do worry about going into hospital […] Particularly because I'm who I am, because I'm in a wheelchair…. on discharge, what can I do? How can I do? How can I cope? That kind of thing. So for that reason…. […] unless there is a clear understanding of what I'm going to do post operatively, I won't do it. I'll refuse to do it. It will be potentially detrimental to my overall health, so it may lead to a catastrophic breakdown so that I may have to have the operation anyway *later on when, you know, when I'm not even able to pick up my cup of coffee."*

4.5 Planning for the future

Most respondents did not want to think about their future care preferences, emphasising the desire live in the present. They had concerns about the quality, availability and cost of social care services in particular, and the majority were not aware of Advance Care Plans.

We asked respondents about Advance Care Plans which offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so[19].

The majority did not know what an Advance Care Plan was, and many did not think about the future very much and wanted to live in the present. Others felt that it was too soon for them to think about their future care preferences, or that they are healthy or "young enough" now to not need to think about it yet.

"When had the ICD put in, I had to say that if they were going to switch it off, you know, about palliative care, you know, whether it would need to, at some time, it might need to be switched off. And that's the only time I've discussed it." [Aged 68]

"I never talk about getting older, I take every day as it comes. To me, getting old and my age is just a number on a piece of paper." [Aged 98]

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[19] advance-care-planning-quick-guide.pdf

"It's something I've thought about but I'm not ready yet. It's just one of those things. It's something that you put off that you don't want to think about. You don't want to think about your own mortality…while I've got my health, it's not something I want to think about." [age not disclosed]

One woman did not want anyone to make decisions on her behalf and was worried this would happen if she put something in place.

"As yet, I don't want anyone having a say over what happens to me. I want to make all my own decisions. It's not something that I think about. I wouldn't want to lose control. I wouldn't want to be in the position where someone else could make decisions on my behalf. I might feel differently another time, you know, in years to come. But while I'm still compos mentis I want to make my own decisions." [age not disclosed]

Some people worried about their future in terms of the reliability and availability of the health and social care services they might need. A woman caring for her husband with dementia was also quite worried about the care system.

"My one concern is when I do actually need help that because of all cut backs and things like that and overcrowding and such, that it won't actually be there for me." [age not disclosed]

"As for facing the future, the NHS and things like that, I have absolutely no faith that it would be there for me when I need it…and I haven't even given that any thought of all." [age not disclosed]

"What you hear about the care system, it's quite frightening isn't it." [age not disclosed]

Often, respondents had organised a will and/or power of attorney, but had not thought about their personal health and care preferences. Less commonly, a few people had made plans and had conversations with their family or friends about their wishes.

However, discussions about moving into a care home appeared to be particularly sensitive, with respondents concerned that their family's wishes would be different to their own, or that financial barriers would impact what they want.

"I haven't really thought about it apart from having made a will and those sorts of things. None. I've sorted out my power of attorney and those sorts of things. But apart from that I haven't really. The legal side I've done but not the mentally." [age not disclosed]

"I've had a talk with my daughter, she knows what I want. My daughter tells me 'you're not going in a home, you're coming to me!'" [age not disclosed]

"Well I intend to go in a care home if I can't look after myself. My family wouldn't probably like it…my family probably wouldn't know until I'm in it! I've been very independent." [age not disclosed]

In comparison, one respondent had been proactive in talking about their care wishes and preferences with his wife. They care for a son with severe mental illness and want to make sure everything is in place.

"My wife and I have discussed it to a certain extent. We have to because our child who's got schizophrenia lives just down the road and we have, he used to live at home, but we realised that you know, in our 70s either or indeed both of us could go downhill quite quickly – and it wasn't a good idea for him to be left, you know in that situation. Although he's a lot younger than we are, you know, in a

way he's more frail, both physically and mentally. In fact, he's more frail. So he's now living away from home, but very close and we moved so that we had a house which is more manageable, much smaller, only one staircase and it so we've discussed it and we've discussed sort of financial arrangements." [Aged 77]

4.6 Information and advice

The majority of residents have not received much information or advice about ageing well and preventing frailty, however most would feel comfortable looking online or speaking to a healthcare professional, friends and family or social care services if they needed support.

Most people did not recall receiving much information or advice about preventing frailty or ageing well. When asked where they would look for information if they needed it, some residents said they would look online. Others were cautious about the websites they used, ensuring they were reputable and also had trouble finding things that were up-to-date.

"Well, Google, obviously. If I was looking for anything specific, I'd go on council websites, local health service websites. You can normally search for most things, can't you?" [age not disclosed]

"At the moment I seem to have had enough information about everything or I can get enough information on the internet or whatever. I'm very careful with what sites I go on. Like I'll only go on the British Heart Foundation…because some of them are frightening." [age not disclosed]

One respondent had previously felt quite isolated from accessing information, but has been supported by his carer who was able to share local knowledge about information and support available. Similarly, another respondent lives alone and is not aware of any local facilities or services that could help them.

"My biggest problem is information and what's available. I'm probably well versed now but there was a time when I didn't really know what was available and it wasn't advertised. My home help, she's very well versed." [Aged 100]

"I'm single, I live alone. I do have concerns that the older I get, how I will cope and you know, whether I would get any help and I don't know what facilities or anything like that there are really locally." [age not disclosed]

In contrast, some people said they would speak to their GP or the council for information and advice. One woman who is caring for her husband with dementia shared that when he was diagnosed, they received a lot of information, advice and phone calls which they found helpful. Others had knowledgeable friends and family who they felt they could ask for support.

"I'd go to social services I suppose, or the doctors." [Aged 93]

"I suppose the fact is that I would probably talk to people in my family…two of my brother's children are doctors. So particularly one who's a GP, you know, if I needed to talk about those sort of things. I would talk to them." [Aged 77]

"When my husband was diagnosed, we got quite a lot of literature come through the post, phone calls and things, to see what we needed." [age not disclosed]

4.7 Ageing well and preventing frailty communications toolkit

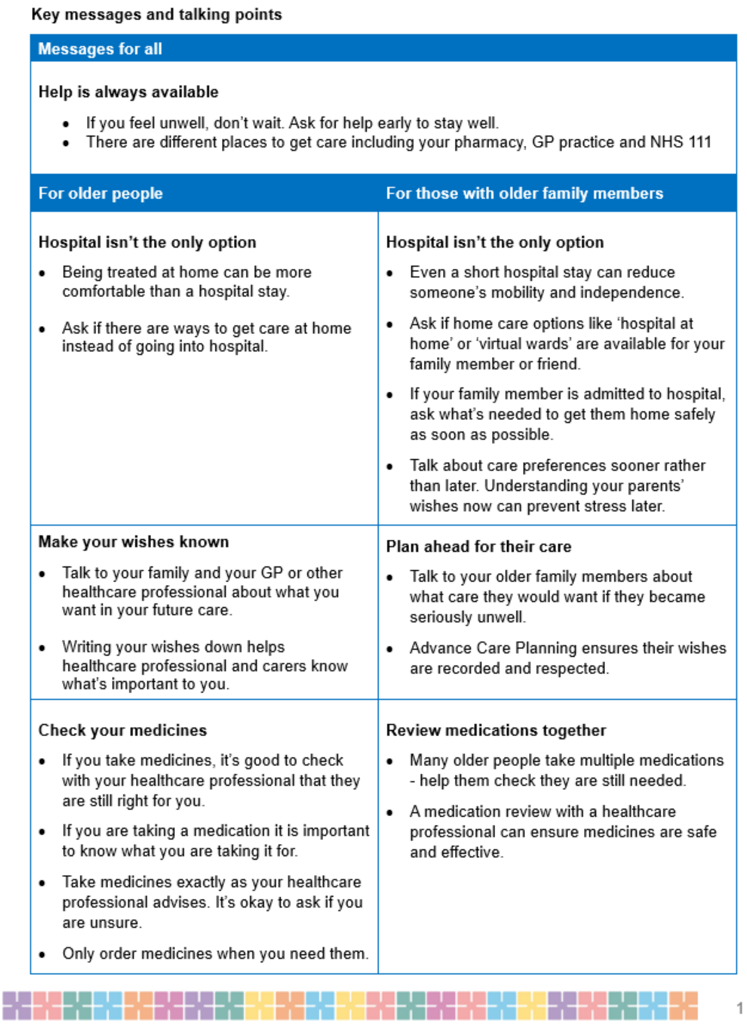
Hertfordshire and West Essex ICB have created a communications toolkit for ageing well and preventing frailty. The toolkit aims to support organisations in sharing clear, consistent and accessible messages about ageing well and frailty. We asked respondents to share their feedback on various parts of the toolkit.

4.7.1 Key messages and talking points (See appendix)

On the key messages page, respondents felt that the messages are sensible but lack context and a clear target audience. To be more effective, they suggested that the messages should start by explaining what older people can expect from the NHS as they age, to better frame the support offered for their health and wellbeing.

Additionally, the NHS should be clear about who this messaging is for and how they are going to reach certain audiences and address barriers such as digital exclusion.

Respondents were confused about what care is delivered in virtual wards, sharing that the toolkit made it sound more social care based rather than clinical support. They also shared that readers of the toolkit may not understand key terms such as "hospital at home", "virtual wards" and "Integrated Neighbourhood Teams."



Key messages and talking points

Messages for all

Help is always available

- If you feel unwell, don't wait. Ask for help early to stay well.
- There are different places to get care including your pharmacy, GP practice and NHS 111

For older people	For those with older family members
Hospital isn't the only option • Being treated at home can be more comfortable than a hospital stay. • Ask if there are ways to get care at home instead of going into hospital.	**Hospital isn't the only option** • Even a short hospital stay can reduce someone's mobility and independence. • Ask if home care options like 'hospital at home' or 'virtual wards' are available for your family member or friend. • If your family member is admitted to hospital, ask what's needed to get them home safely as soon as possible. • Talk about care preferences sooner rather than later. Understanding your parents' wishes now can prevent stress later.
Make your wishes known • Talk to your family and your GP or other healthcare professional about what you want in your future care. • Writing your wishes down helps healthcare professional and carers know what's important to you.	**Plan ahead for their care** • Talk to your older family members about what care they would want if they became seriously unwell. • Advance Care Planning ensures their wishes are recorded and respected.
Check your medicines • If you take medicines, it's good to check with your healthcare professional that they are still right for you. • If you are taking a medication it is important to know what you are taking it for. • Take medicines exactly as your healthcare professional advises. It's okay to ask if you are unsure. • Only order medicines when you need them.	**Review medications together** • Many older people take multiple medications - help them check they are still needed. • A medication review with a healthcare professional can ensure medicines are safe and effective.

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"The unstated assumption is that this messaging is addressed to older people who have or may develop health conditions or illness…this should be introduced in some way talking about what older people have a right to expect from their healthcare providers…what the NHS is committed to providing for people as they get older to ensure their health and wellbeing." [age not disclosed]

"There are concepts here, "hospital at home", "virtual wards" that I (and I venture to suggest, more people) have never of, and which therefore need to be properly examined." [age not disclosed]

Respondents acknowledged that older people may also be reluctant to discuss their healthcare/medication with their family due to concerns such as pride, not wanting to worry their family, and because they are not used to the "role reversal" of being dependent on their children. They also highlighted that older people may not want to discuss their needs with a volunteer, especially if they are unsure what their role is.

One person emphasised the importance of discussing end-of-life care within the toolkit more explicitly and the need to destigmatise this subject.

> ***“I would be comfortable discussing these issues with a healthcare professional, less so with a “volunteer” (in areas of real detail) unless I knew exactly what their role was and that confidentiality was assured and underwritten by the NHS.” [age not disclosed]***
>
> ***“I think there would be value in having a clear and open approach about end of life care – whether it is an imminent issue or not as it helps everyone – we need to get much more comfortable with talking about it in a positive and helpful way.” [age not disclosed]***

4.7.2 Factsheet: Right care, right place, right time (See appendix)

We also asked respondents about the two patient-facing factsheets within the toolkit. They felt the “right care, right place, right time” factsheet was generally clear and contained good advice.

To improve the clarity of the text, suggestions included: putting the “things you can do” box in bold and could ask as a summary at the top of the page, and using a Q&A style instead of paragraphs to cut down the information.

They also suggested that the toolkit should explain the roles of professionals within GP practices such as social prescribers, pharmacists and paramedics, and should describe the services available within the community.

In terms of accessibility, respondents recommended increasing the font size and that a printed copy of the factsheet is made available for those who are not online.

Right care, right place, right time

How to get the care you need, and
avoid a hospital visit if it’s not needed.

NHS
Hertfordshire and
West Essex
Integrated Care Board

Most of us feel fit and healthy most of the time, but it’s important to know where to get the right advice, care and help when we don’t. Don’t put off asking for help - otherwise little things can turn into serious issues that need more complicated treatment.

There are a range of NHS services to help you get the care you need in the best place.

The NHS website is a great place to start if you have minor symptoms – you will find clear and simple self-care advice.

You can get help for many minor conditions from a **pharmacy**. Pharmacists will advise you and if they think it might be something more serious, they will direct you to the care you need. Most pharmacies can also provide medicines if needed for conditions including shingles and sinusitis.

If you have an ongoing health condition, contact **your GP practice**. If you can’t get through on the phone or online, keep trying, as appointments are made available at different times. Ask a friend or family member if you need help to contact your GP practice.

In the evening or at weekends, phone **NHS 111** or visit www.111.nhs.uk Trained staff will ask about your symptoms and direct you to the best place for help. This might be at an urgent treatment centre or minor injuries unit. They can also make an appointment with a GP or nurse if you need to be seen urgently.

Why hospital is not always the right place for your care

The local NHS is working with councils, charities and voluntary groups to help older people stay fit and well. We’re putting in place more ways to get the care you need in your own neighbourhood, so you only need to go into hospital if it’s really needed.

Hospital care will always be available for some health problems, but it's important to know that receiving care at home or in a local clinic can sometimes be better for you. Here are some reasons why:

There’s no place like home: Being at home is more comforting and less disruptive than going to hospital. For frail older people especially, even a short stay in hospital can mean you lose mobility and muscle strength, which can make getting back to normal more challenging. Instead of a hospital stay, there are services called ‘hospital at home’ or ‘virtual wards’ which allow you to be monitored daily and receive hospital-type care in your own home. You can then be managed safely, effectively, and in accordance with your wishes in a familiar environment. All the equipment for this will be provided and explained so you don’t need to be a tech expert to use it.

Get ready to come home: If you’ve been in hospital, ask staff what practical steps your family can take to get you home safely and comfortably as soon as you are well enough. You can also ask if ‘hospital at home’ could get you home more quickly.

Planning ahead
Make choices now about what care you receive, and where you go for it. Advance Care Planning describes the conversations you have with your family and those looking after you about your future wishes and priorities. It is a way to think ahead, to describe what’s important to you and to ensure other people including health and social care professionals know your wishes.

Talking with others and writing things down in your Advance Care Plan means that your wishes are known and respected, and you are more likely to be able to experience the choices you prefer. You can always change your mind later if needed.

Things to think about include whether you’d rather be treated at home, hospital or elsewhere, and if there are any treatments you’d rather not have. Your reasons might be cultural, religious or just based on your own feelings. What matters is that you make your wishes clear, they are recorded in your care record and shared with healthcare professionals to guide decisions.

Things you can do now

- Talk to family and loved ones about where and how you would like to be treated. Use an online guide or template to write an Advance Care Plan, discuss it with your GP.
- Go online to **www.ageuk.org.uk/health** to read about a range of health topics.

> ***“You could say more about the services available locally through the GP practice because there seems to be more skillsets available than is generally understood…I do not feel that the NHS has made much attempt to communicate what it is now and how it wants to treat people.” [age not disclosed]***
>
> ***“Excellence on such complex messages is there but the summary of what to do in the boxes at the bottom of the page is too remote. The summary needs to be in bold at the top of the page.” [age not disclosed]***

4.7.3 Factsheet: Making medicines work for you (See appendix)

Making medicines work for you

NHS
Hertfordshire and
West Essex
Integrated Care Board

More isn't always better with older people's medicines.
More than 1 in 10 people aged over 65 take at least eight different prescribed medications each week. If you take lots of medicines, it's important to check they are working for you.

Medicines can be vital to help manage health conditions and live well for longer; and you should not be concerned about taking large numbers of medicines if appropriately prescribed and correctly managed.

When you need to take medication, your GP, a pharmacist or other healthcare professionals involved in your care will work with you to make sure that you get the right choice of medicine at the right time. This includes understanding the benefits, risks, alternatives and considering the option of doing nothing.

Knowing how and when to take our medicines can be complicated. To get the most benefit from your medication, you should take it in exactly the way that it says on the medicine label. If you stop taking your medication – or if you stop taking it in the way it states on the label – please make an appointment with your GP Practice to talk about this. You can then make a shared decision about your medication.

It's OK to ask
If you're not sure what all your medicines are for, it's important to talk to your GP practice, pharmacist or another healthcare professional to find out.

It's OK to ask if you have questions or worries about any of the medicines you've been prescribed. Your GP practice might invite you to discuss your medicines, and this is a great opportunity to raise any concerns you might have.

Wasted or unused medicine

The NHS pays for every medicine it dispenses and each year spends around £300 million on medicines that are unused. Every pound wasted could have been used to treat someone else.

Please remember to:

- order your repeat medicines in good time. GP practices and pharmacies need up to a week to process requests
- if you have a smartphone, you can request a prescription on the NHS App
- check what medicines you already have at home before you order more
- tell your doctor or pharmacist if you stop taking your medication
- speak to your pharmacist if you are receiving medicines you don't use.

Things you can do now

- Talk to family and loved ones about the medicines you take and make a note of any questions you might have.
- Read more on our website: **www.hertsandwestessex.ics.nhs.uk/your-medication**
- Find out what your medicines are for and what are the risks and benefits of taking them. Ask your GP Practice, pharmacist or another healthcare professional.

Again, respondents were generally positive about the factsheet. One respondent suggested explaining what a "healthcare professional" is noting that this term has becoming increasingly vague and questioned whether they had the same expertise as doctors. They also raised that older people may be reluctant to discuss medications with their family.

To encourage patients to request and/or attend medication reviews, one respondent suggested adding: "if you are taking more than five medicines on a regular basis, you will be given an appointment/you should have a review of your medicines at least once every two years." They added that pharmacists started to ask patients about this medication, but believe this has increasingly stopped.

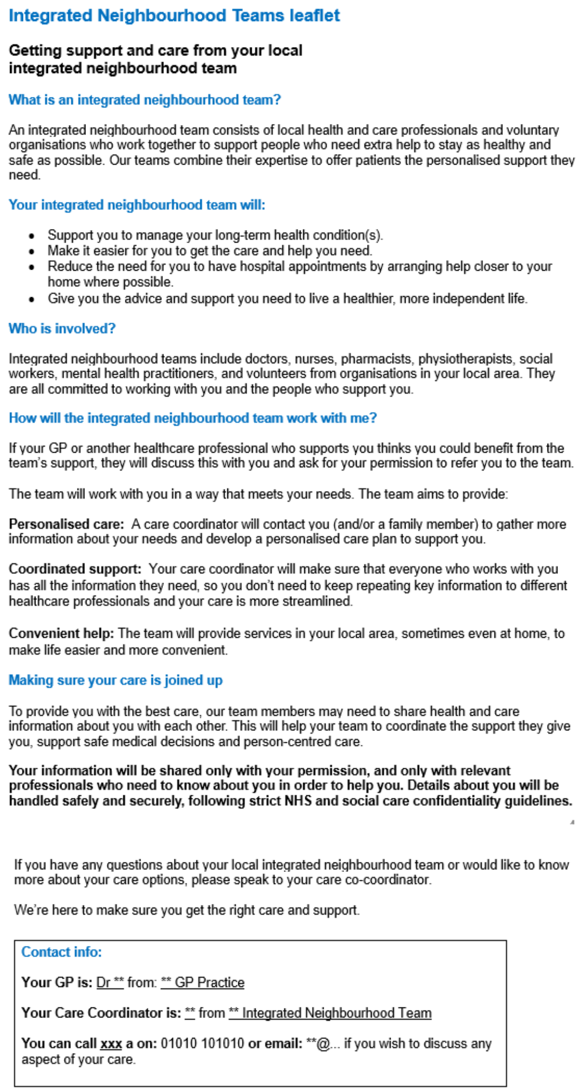
"I feel the concept of a "healthcare professional" referred to here is becoming increasingly nebulous. Do they all speak with the same authority as a doctor traditionally did." [age not disclosed]

4.7.4 Integrated Neighbourhood Teams leaflet (See appendix)

Respondents shared that the subheadings should have the same formatting to ensure the reader does not get confused, and that the tone of the leaflet should be more “personal”, “gentle” and “reassuring.”

They also noted that older people are likely not to be aware of Integrated Neighbourhood Teams and suggested providing real-life examples of how they operate.

> ***“Make it personal and gentle when talking to the elderly, possibly confused, possibly frightened patient.” [age not disclosed]***
>
> ***“I understood the information about INTs but have not seen any other information anywhere about them. It’s a comprehensive introduction but maybe you could include information about a (successful) actual case.” [age not disclosed]***



Integrated Neighbourhood Teams leaflet

Getting support and care from your local integrated neighbourhood team

What is an integrated neighbourhood team?

An integrated neighbourhood team consists of local health and care professionals and voluntary organisations who work together to support people who need extra help to stay as healthy and safe as possible. Our teams combine their expertise to offer patients the personalised support they need.

Your integrated neighbourhood team will:

- Support you to manage your long-term health condition(s).
- Make it easier for you to get the care and help you need.
- Reduce the need for you to have hospital appointments by arranging help closer to your home where possible.
- Give you the advice and support you need to live a healthier, more independent life.

Who is involved?

Integrated neighbourhood teams include doctors, nurses, pharmacists, physiotherapists, social workers, mental health practitioners, and volunteers from organisations in your local area. They are all committed to working with you and the people who support you.

How will the integrated neighbourhood team work with me?

If your GP or another healthcare professional who supports you thinks you could benefit from the team’s support, they will discuss this with you and ask for your permission to refer you to the team.

The team will work with you in a way that meets your needs. The team aims to provide:

Personalised care: A care coordinator will contact you (and/or a family member) to gather more information about your needs and develop a personalised care plan to support you.

Coordinated support: Your care coordinator will make sure that everyone who works with you has all the information they need, so you don’t need to keep repeating key information to different healthcare professionals and your care is more streamlined.

Convenient help: The team will provide services in your local area, sometimes even at home, to make life easier and more convenient.

Making sure your care is joined up

To provide you with the best care, our team members may need to share health and care information about you with each other. This will help your team to coordinate the support they give you, support safe medical decisions and person-centred care.

Your information will be shared only with your permission, and only with relevant professionals who need to know about you in order to help you. Details about you will be handled safely and securely, following strict NHS and social care confidentiality guidelines.

If you have any questions about your local integrated neighbourhood team or would like to know more about your care options, please speak to your care co-coordinator.

We’re here to make sure you get the right care and support.

Contact info:

Your GP is: Dr ** from: ** GP Practice

Your Care Coordinator is: ** from ** Integrated Neighbourhood Team

You can call xxx a on: 01010 101010 **or email:** **@... if you wish to discuss any aspect of your care.

5 Conclusion

Our engagement found that the majority of older people we engaged with do not consider themselves to be frail, despite many of our respondents presenting with characteristics associated with the clinical definition of frailty. It appears that residents saw frailty as having a negative connotation, highlighting the need to raise awareness and to de-stigmatise perceptions of frailty to enable residents to get the care and support they need and are entitled to, and to use more empowering language.

Nonetheless, the majority of residents we spoke to are proactive in trying to prevent frailty, with many stating that they are physically active, take care of their mental health and wellbeing and are social, taking part in a range of groups, hobbies and activities. However, mobility was a key issue for residents, with many noting their mobility is reducing or limited and require walking aids. Transport was another barrier, with the majority no longer able to drive and now reliant on friends, family and community transport schemes to get around, particularly as they often did not feel comfortable in using public transport. Difficulties with mobility and travel often hindered their independence, and a large number of residents are reliant on social care services, friends and family to support them with daily tasks.

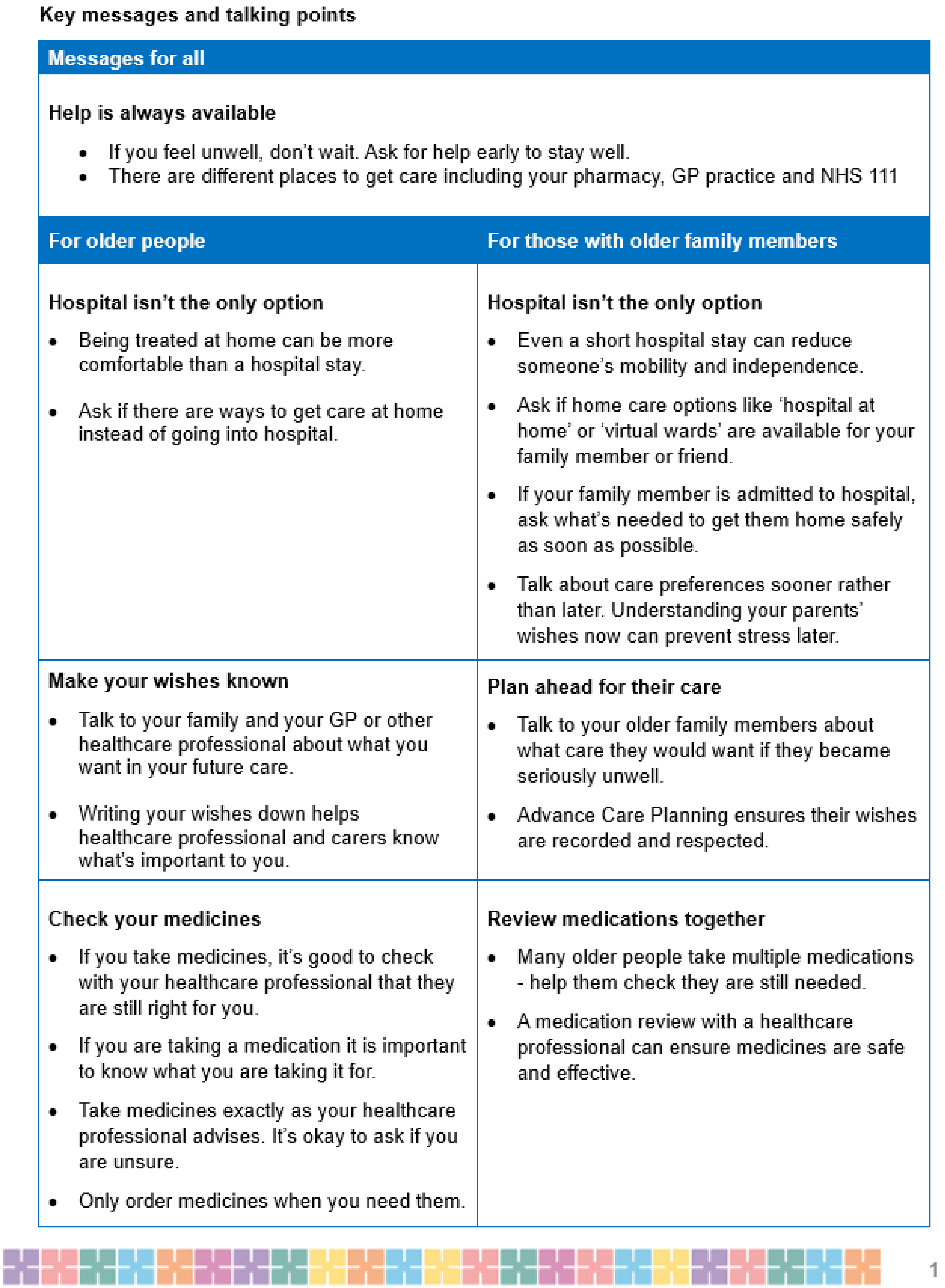
Most residents said they are not supported by GP services and shared the difficulties they face in accessing their GP practice, particularly with the increasing move towards using online services. Residents would like greater support from their GP practice, with examples including more regular check-ups. Positively, most respondents said they would still contact their GP practice should they need information or advice about ageing well and preventing frailty.

Concerningly though, a large number of residents are taking several medications, and often were not sure what their medications were for and could not recall when they last received a medication review. In terms of hospital care, many residents received high-quality care, however most want to avoid going into hospital and were generally positive about the prospect of receiving hospital care within their home.

In regards to planning for the future, almost all residents we spoke to did not want to think about their future care preferences and end-of-life wishes. Many were also not aware of advance care plans and shared concerns about the quality, availability and cost of social care services. This emphasises the need for continued work on providing more information and education, encouraging early conversations, and de-stigmatising discussions on future care planning.

6 Appendix

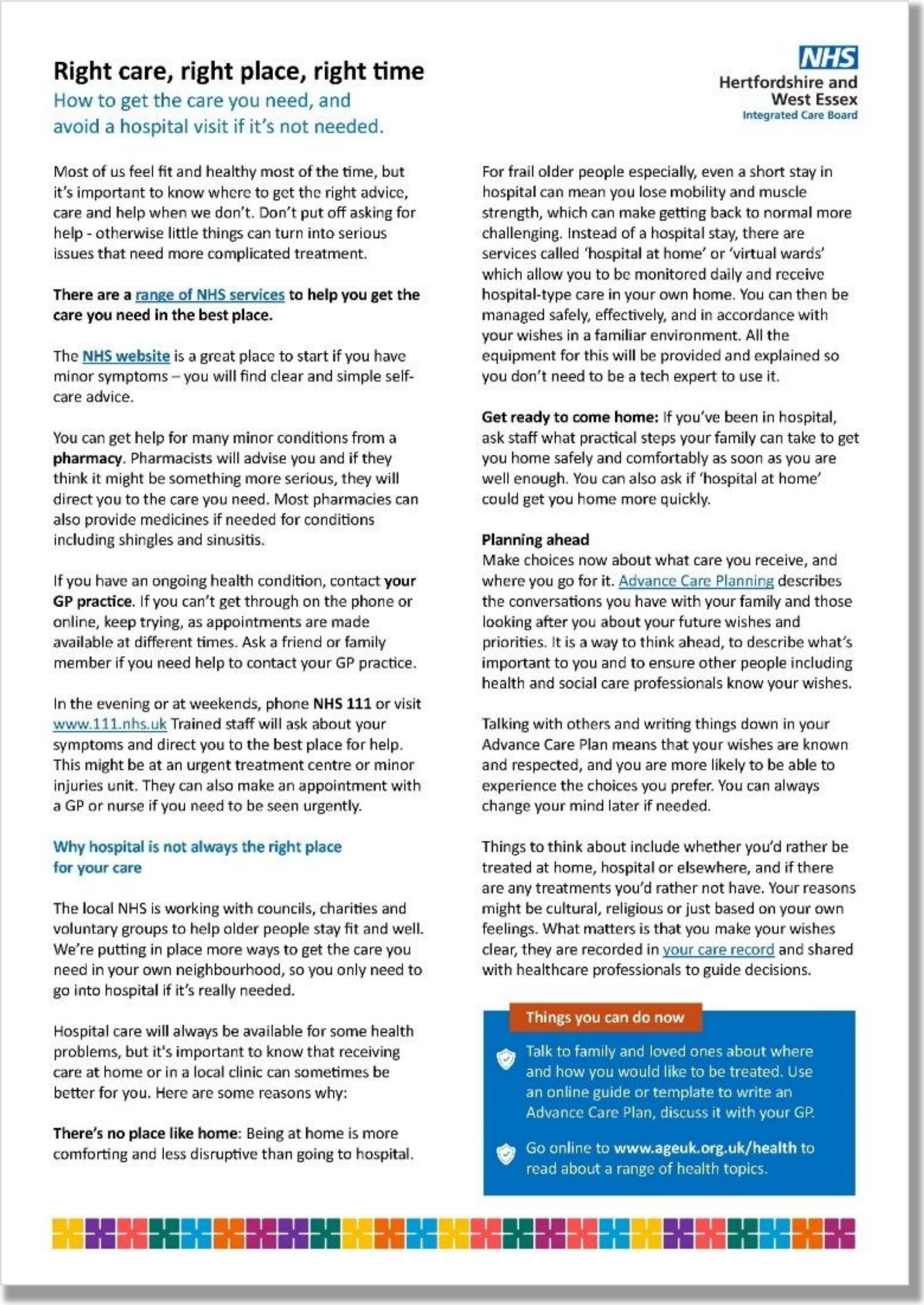
A – Key messages and talking points



Key messages and talking points

Messages for all	
Help is always available - If you feel unwell, don't wait. Ask for help early to stay well. - There are different places to get care including your pharmacy, GP practice and NHS 111	
For older people	**For those with older family members**
Hospital isn't the only option - Being treated at home can be more comfortable than a hospital stay. - Ask if there are ways to get care at home instead of going into hospital.	**Hospital isn't the only option** - Even a short hospital stay can reduce someone's mobility and independence. - Ask if home care options like 'hospital at home' or 'virtual wards' are available for your family member or friend. - If your family member is admitted to hospital, ask what's needed to get them home safely as soon as possible. - Talk about care preferences sooner rather than later. Understanding your parents' wishes now can prevent stress later.
Make your wishes known - Talk to your family and your GP or other healthcare professional about what you want in your future care. - Writing your wishes down helps healthcare professional and carers know what's important to you.	**Plan ahead for their care** - Talk to your older family members about what care they would want if they became seriously unwell. - Advance Care Planning ensures their wishes are recorded and respected.
Check your medicines - If you take medicines, it's good to check with your healthcare professional that they are still right for you. - If you are taking a medication it is important to know what you are taking it for. - Take medicines exactly as your healthcare professional advises. It's okay to ask if you are unsure. - Only order medicines when you need them.	**Review medications together** - Many older people take multiple medications - help them check they are still needed. - A medication review with a healthcare professional can ensure medicines are safe and effective.

B – Factsheet: Right care, right place, right time



NHS
Hertfordshire and
West Essex
Integrated Care Board

Right care, right place, right time

How to get the care you need, and avoid a hospital visit if it's not needed.

Most of us feel fit and healthy most of the time, but it's important to know where to get the right advice, care and help when we don't. Don't put off asking for help - otherwise little things can turn into serious issues that need more complicated treatment.

There are a range of NHS services to help you get the care you need in the best place.

The **NHS website** is a great place to start if you have minor symptoms – you will find clear and simple self-care advice.

You can get help for many minor conditions from a **pharmacy**. Pharmacists will advise you and if they think it might be something more serious, they will direct you to the care you need. Most pharmacies can also provide medicines if needed for conditions including shingles and sinusitis.

If you have an ongoing health condition, contact **your GP practice**. If you can't get through on the phone or online, keep trying, as appointments are made available at different times. Ask a friend or family member if you need help to contact your GP practice.

In the evening or at weekends, phone **NHS 111** or visit www.111.nhs.uk Trained staff will ask about your symptoms and direct you to the best place for help. This might be at an urgent treatment centre or minor injuries unit. They can also make an appointment with a GP or nurse if you need to be seen urgently.

Why hospital is not always the right place for your care

The local NHS is working with councils, charities and voluntary groups to help older people stay fit and well. We're putting in place more ways to get the care you need in your own neighbourhood, so you only need to go into hospital if it's really needed.

Hospital care will always be available for some health problems, but it's important to know that receiving care at home or in a local clinic can sometimes be better for you. Here are some reasons why:

There's no place like home: Being at home is more comforting and less disruptive than going to hospital. For frail older people especially, even a short stay in hospital can mean you lose mobility and muscle strength, which can make getting back to normal more challenging. Instead of a hospital stay, there are services called 'hospital at home' or 'virtual wards' which allow you to be monitored daily and receive hospital-type care in your own home. You can then be managed safely, effectively, and in accordance with your wishes in a familiar environment. All the equipment for this will be provided and explained so you don't need to be a tech expert to use it.

Get ready to come home: If you've been in hospital, ask staff what practical steps your family can take to get you home safely and comfortably as soon as you are well enough. You can also ask if 'hospital at home' could get you home more quickly.

Planning ahead

Make choices now about what care you receive, and where you go for it. Advance Care Planning describes the conversations you have with your family and those looking after you about your future wishes and priorities. It is a way to think ahead, to describe what's important to you and to ensure other people including health and social care professionals know your wishes.

Talking with others and writing things down in your Advance Care Plan means that your wishes are known and respected, and you are more likely to be able to experience the choices you prefer. You can always change your mind later if needed.

Things to think about include whether you'd rather be treated at home, hospital or elsewhere, and if there are any treatments you'd rather not have. Your reasons might be cultural, religious or just based on your own feelings. What matters is that you make your wishes clear, they are recorded in your care record and shared with healthcare professionals to guide decisions.

Things you can do now

- Talk to family and loved ones about where and how you would like to be treated. Use an online guide or template to write an Advance Care Plan, discuss it with your GP.
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C – Factsheet: Making medicines work for you

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Hertfordshire and West Essex
Integrated Care Board

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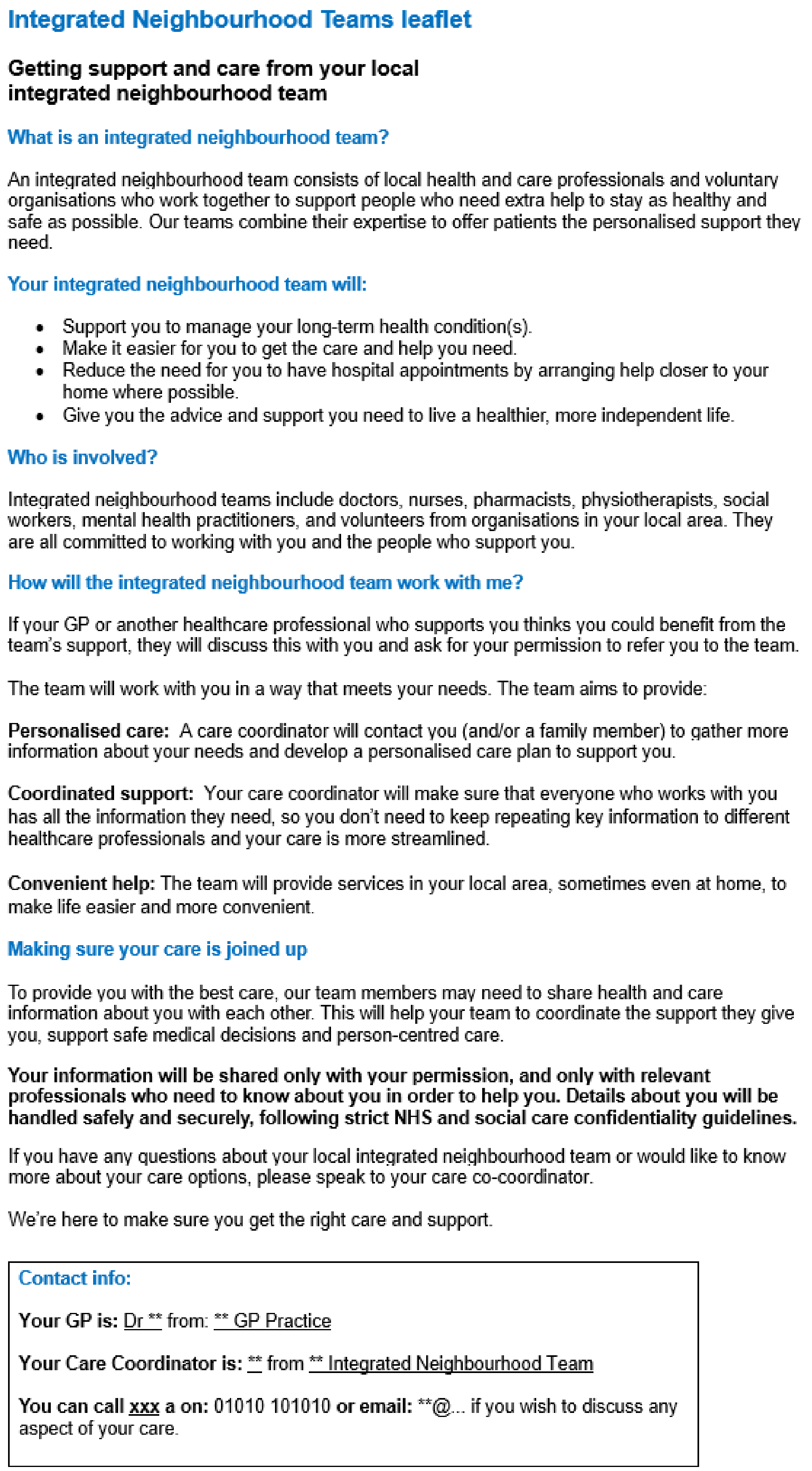
D – Integrated Neighbourhood Teams leaflet



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You can call xxx a on: 01010 101010 **or email:** **@... if you wish to discuss any aspect of your care.