Are you – and your trust – ready for older patients?

Most of us have probably noticed that the number of older patients being admitted with complex health needs and a degree of cognitive impairment, such as dementia, is increasing. These patients are not being admitted just to elderly care units but across many different specialties. The Office for National Statistics predicts the over-80s population will double to five million by 2031.

With living longer, the risk of developing a long term condition also increases. Most significant will be the impact of dementia. According to the World Alzheimer Report, the number of patients affected is predicted to double by 2030 and triple by 2050. In the UK, the expected number of sufferers by 2030 will be approximately 1.4 million.

The costs of care associated with dementia will be significant and, according to a recent BBC news report, dementia poses the most significant health and social crisis of the century.

So, as a profession, are we ready? Do we have a workforce that inspires confidence in our older population? Do all our adult nurses have the right level of skills, whatever specialty they work in, to understand the specific needs of older people, especially those with multiple pathology?

Is the care of older people a priority within the care setting in which you work? Is the environment right to ensure our older patients can feel safe, the risk of falling is reduced and we can ensure fundamental needs are met?

If the answer to all those questions is yes, then that is excellent and I would encourage you to share best practice.

However, if you listen to patient representative groups or read the recent Age UK Still Hungry to be Heard report, you will know we still have not got it right.

As a member of the former Prime Minister’s Commission on the Future of Nursing and Midwifery, I heard from patients and members of the public that we still had a considerable way to go to

convince our older patients and their carers that they will be safe, treated with the utmost dignity and respect and the variability in care will no longer exist.

Every one of us needs to recognise this and to embrace the challenge of caring for this client group whatever specialty we have chosen to work in.

Our patients are going to get older and with that will come the need to understand the ageing process and how we ensure our older patients can reach their full potential.

I therefore welcome, as do many, the new nursing education standards launched by the Nursing and Midwifery Council last month.

The standards will ensure all nurses meet the fundamental requirements for safe and effective care. They are also flexible enough to meet the challenges of an ageing population and will help nurses to manage increasing numbers of people with long term conditions, while realising the desire to move more care from hospital to nearer home.

It will be mandatory for all nurses to be educated in how to care for patients with a cognitive impairment. This is an excellent first step, but will only make a difference if the trained staff with whom patients come into contact have the skills to support them in practice.

More importantly is that organisations where these staff work see the care of older people as a priority, set a zero tolerance for poor practice and have a plan in place to respond to the challenge of an ageing population.

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the NMC states in its guidance, that they all feel they are respected and important members of society, and are in control of their own lives.

Within my own organisation, we have worked hard to raise the profile of the care of older people; we have embraced the dignity challenge and have made a difference to the care and experience of our patients.

However, the work is not complete. It is not a project that has a start and finish

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