

The elderly and the NHS: from Marjory Warren to 2004

John Grimley Evans

Elizabethan Poor Law 1601

- Parish-based
- Funded from local tax
- Indoor relief
- Outdoor relief

Evolution of the Poor Law

- 1601 Indoor and Outdoor relief
- 1662 Permanent local residents only
- 1723 Indoor relief only
- 1782 Able-bodied excluded from
workhouses
- 1834 Poor Law Amendment Act

Poor Law Amendment Act 1834

- No outdoor relief for able-bodied
- Workhouse in every parish
- “Less eligibility” of workhouse life
- Segregation of sexes
- Board of Governors for each Workhouse
- Central Poor Law Commission





Other significant events

- 1700 onwards, creation of Charity Hospitals
- 1829 development of Public Health
- 1899 Boer War – unfit recruits
- 1908 Old age pensions (for deserving poor)
- 1917 Bolshevik revolution in Russia
- 1926 General Strike
- 1929 Economic depression

The Healthcare Scene 1930s

- General practice (fee for service)
- Charity Hospitals (becoming bankrupt)
- Workhouse hospitals
- Lunatic asylums



The Warren approach 1935

- Individual assessment of need
- Treatment matched to need
- Improve environment for patients and staff
- Active rehabilitation
- Attract attention

Marjory Warren

Training of doctors and nurses

- Geriatrics is an important subject for the teaching of medical students and should form part of their curriculum
- The care of the chronic sick should comprise an essential part of the training of student nurses.

Marjory Warren

The role of the general hospital

- The full facilities of a general hospital are necessary for the proper care of the chronic sick, both for the establishment of a correct diagnosis and for treatment
- The full facilities of a general hospital are necessary to encourage research on the diseases of old age.

The Beveridge Report: the Five Giants

- Want
- Disease
- Ignorance
- Squalor
- Idleness

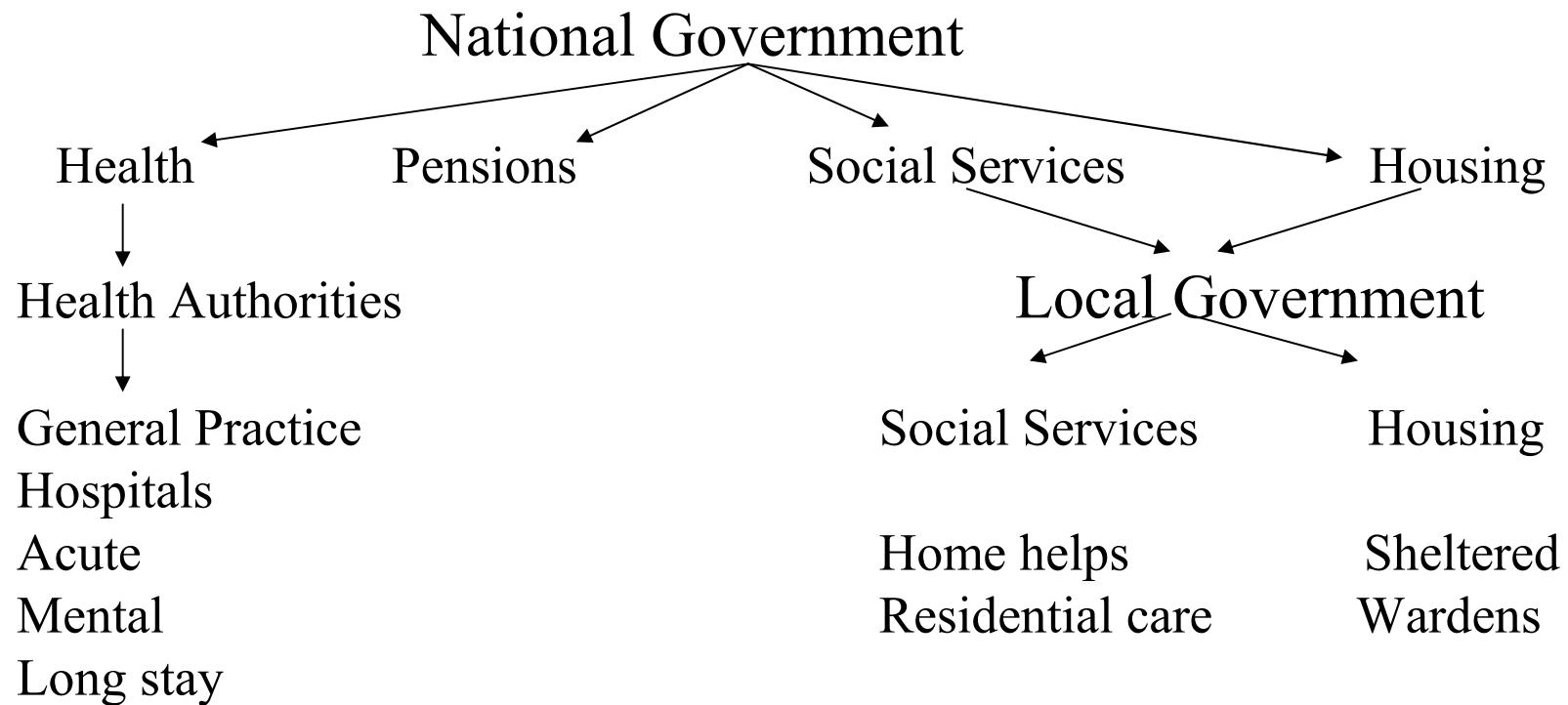
The Welfare State's Five Giant-killers

- Want - Income supplements
- Disease - Health Services, Public Health
- Ignorance - Education
- Squalor - Housing
- Idleness - Employment

How to fund services for older people

- Insurance model
 - Private
 - Social
- Pay-as-you-go

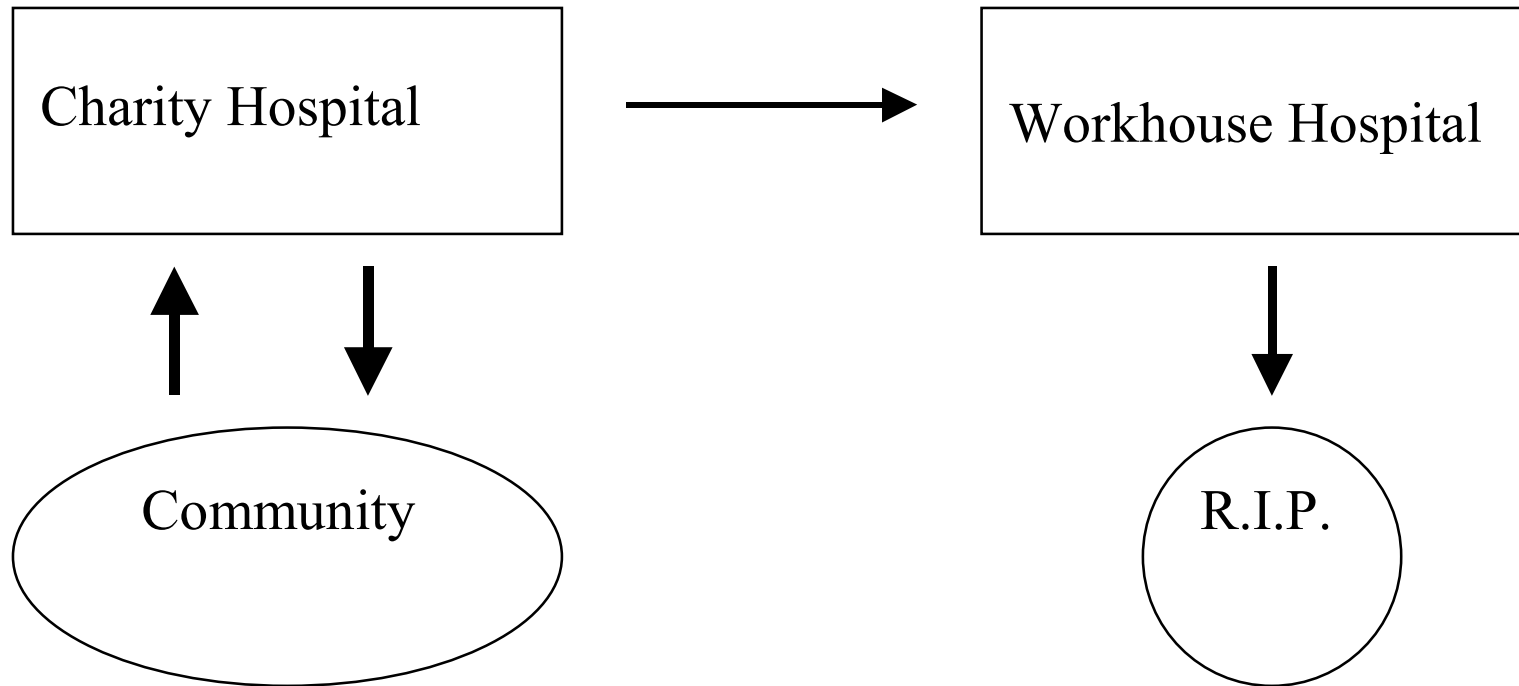
The Welfare State UK 1948



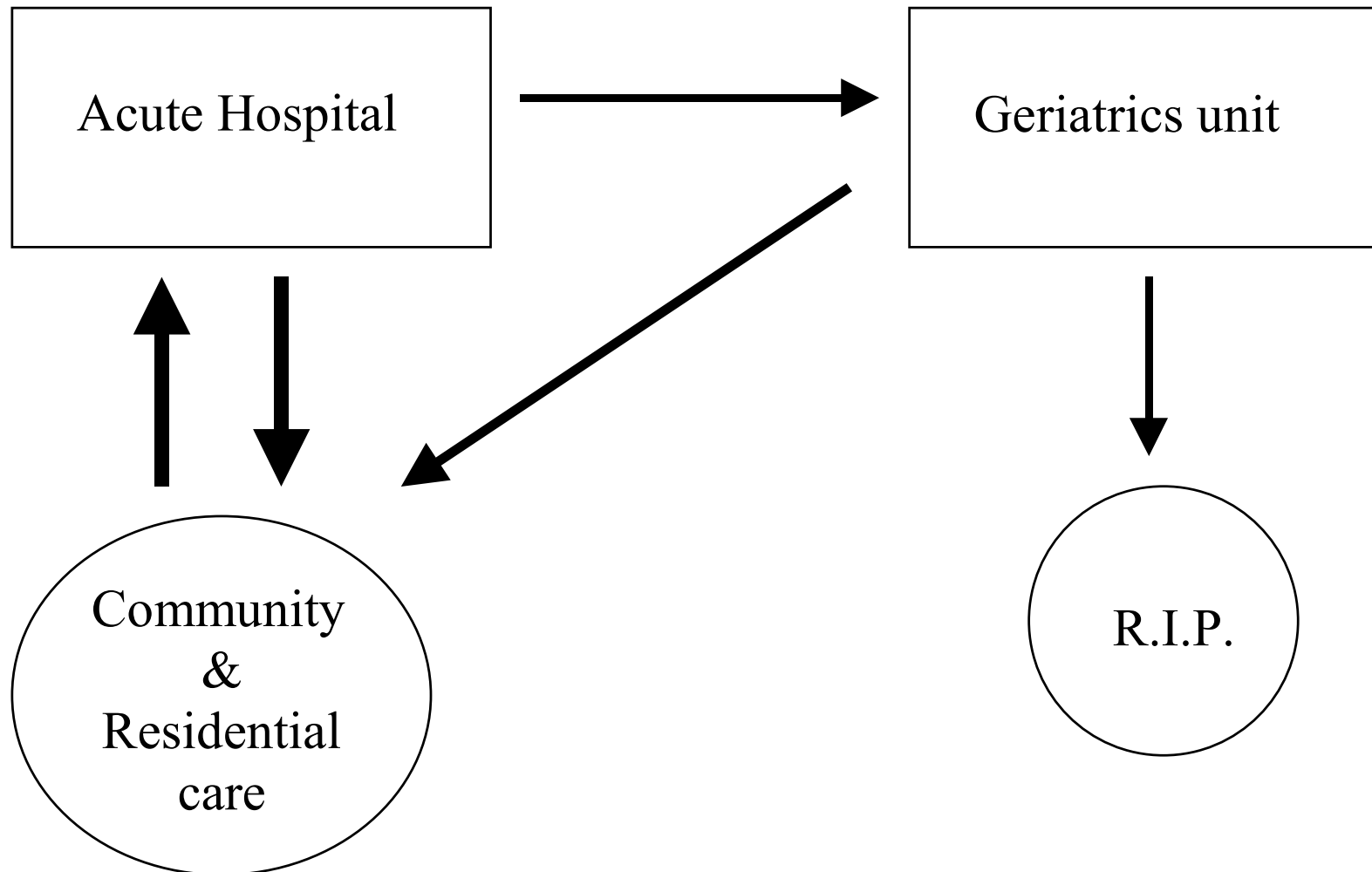
Principles of equity in the NHS

- Equal care for equal need
- Need is proportional to the capacity to benefit
- Benefit is defined by the consumer not the provider

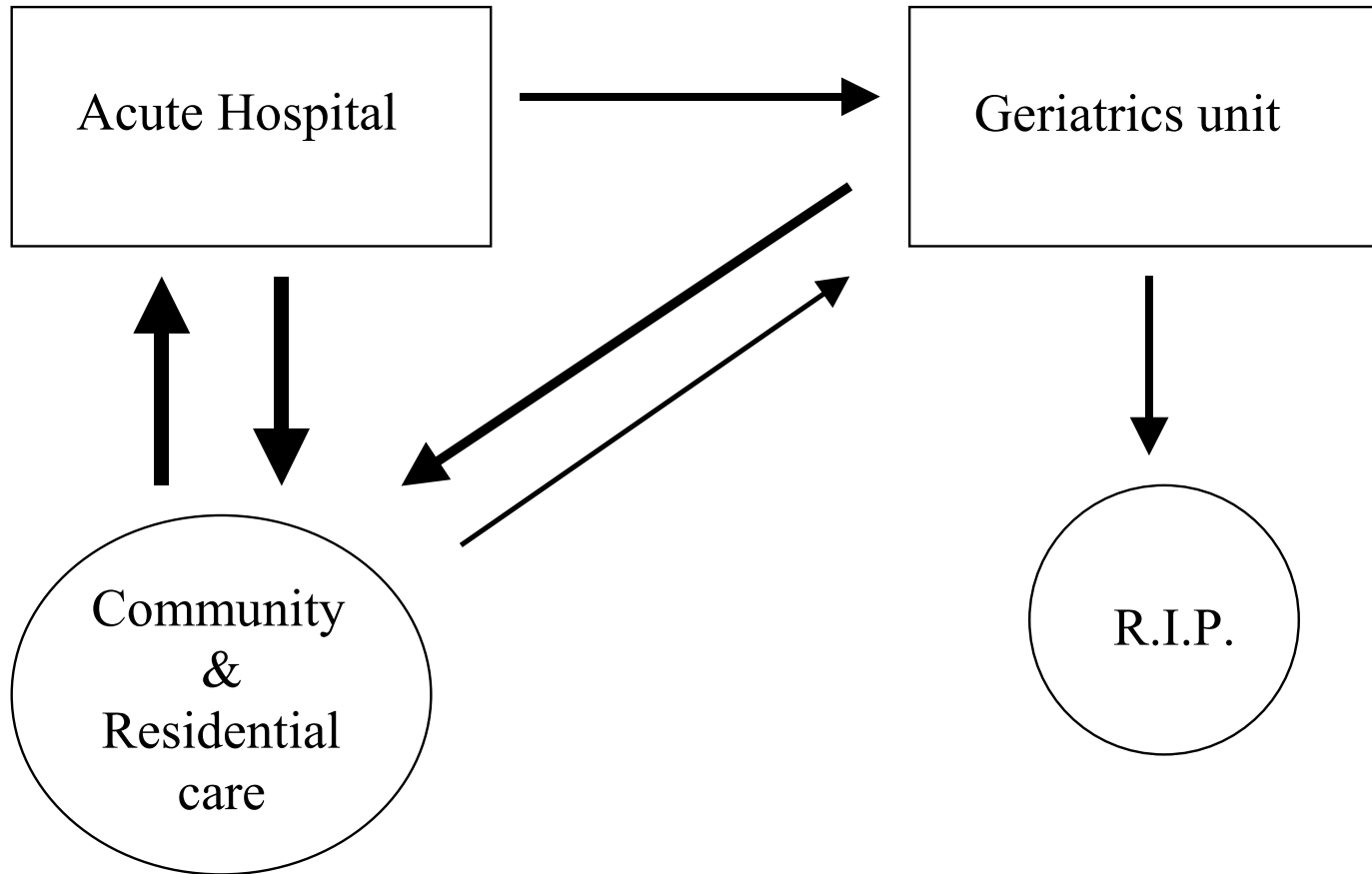
Before National Health Service



National Health Service 1948



Geriatrics: Traditional Model



HOSPITAL MEDICAL SERVICES FOR ELDERLY IN THREE SUCCESSFUL GERIATRIC SERVICES

	RATES PER THOUSAND			
	Hull 1974	Oldham 1972	Sunderland 1971	National 1971-4
Geriatric beds available	8.1	9.1	9.0	8.6
Geriatric beds with DGH facilities	5.7	8.5	8.5	2.8
Geriatric and other, medical beds available to elderly	11.1	9.6	10.0	11.2
Total DGH medical beds available to elderly	8.7	9.0	9.5	5.4
Annual medical admission rate	120	60	82	76

Characteristics of disease in later life

Multiple pathology

Cryptic or non-specific presentation

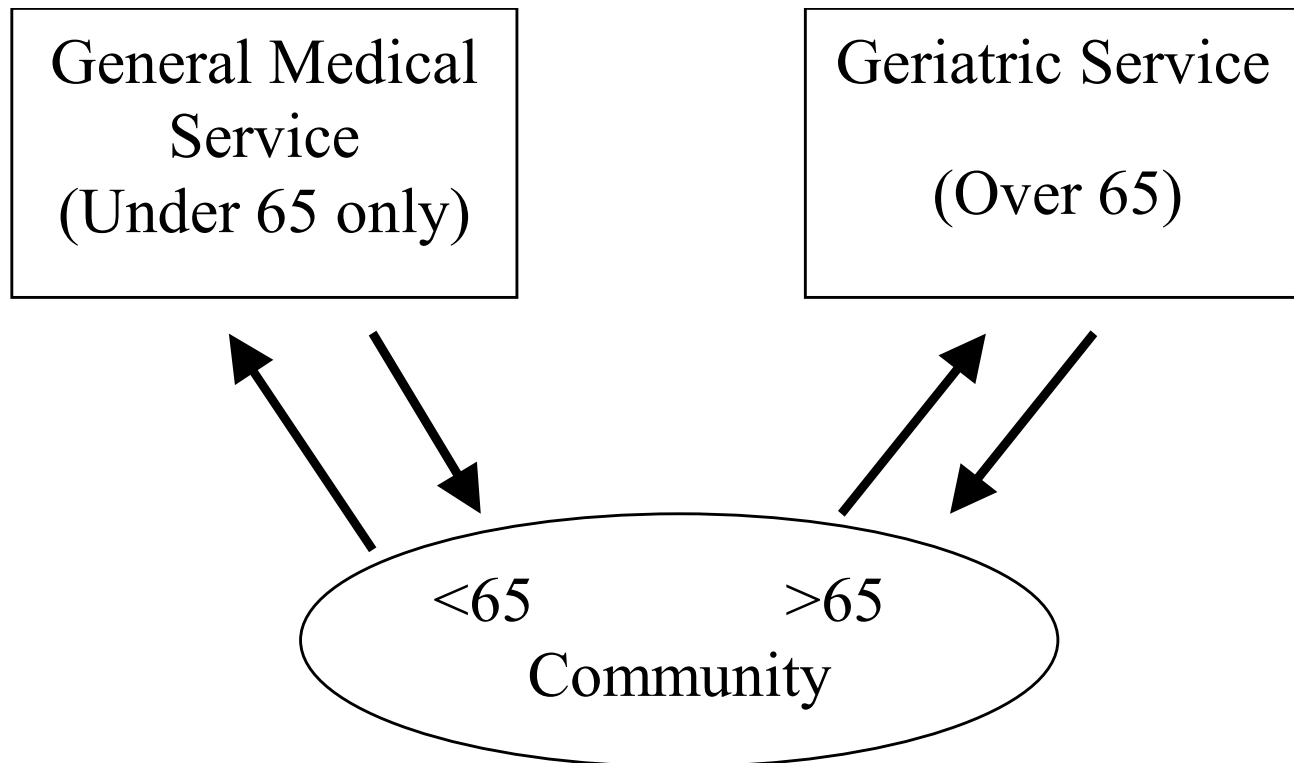
Rapid deterioration if untreated

High incidence of secondary complications

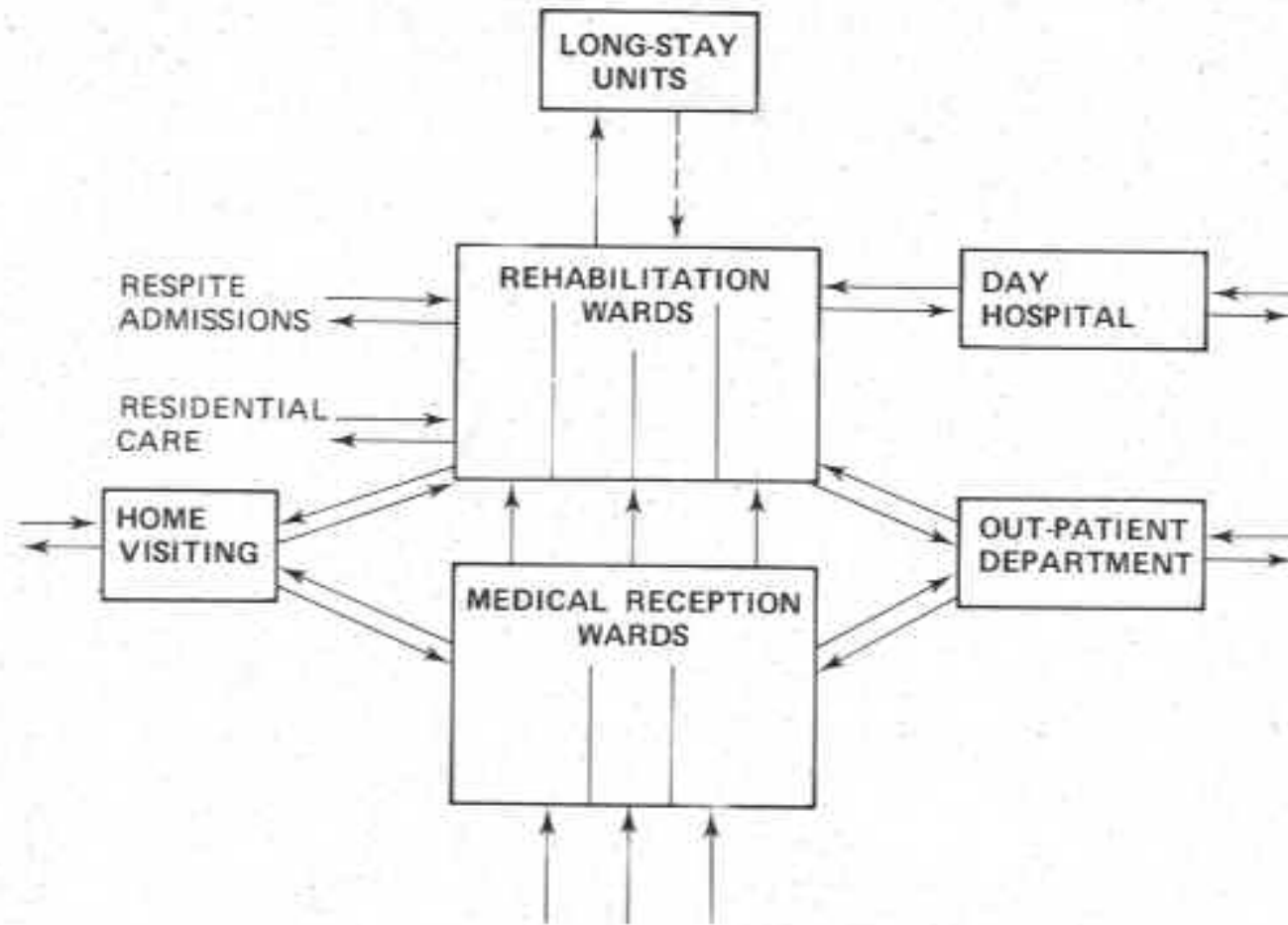
Vulnerability to adverse environment

Need for active rehabilitation

The Age-defined Model



The Integrated Model



CAREER CHOICES FOR GERIATRICS

Pre-registration qualifiers 1974-8

	Total	%
Glasgow	1160	0.2
UCH London	611	0.2
Manchester	1306	0.3
Edinburghth	865	0.4
Newcastle	654	1.4

(Parkhouse & Campbell 1983)

Possession of PhD or MD by consultant physicians
(UK and Irish graduates). Three English Regions 1988.

	PhD/MD	None	Unknown
Geriatrics	9	53	5
Other medical	108	87	13

Chi-square 31.7 $p < 0.001$

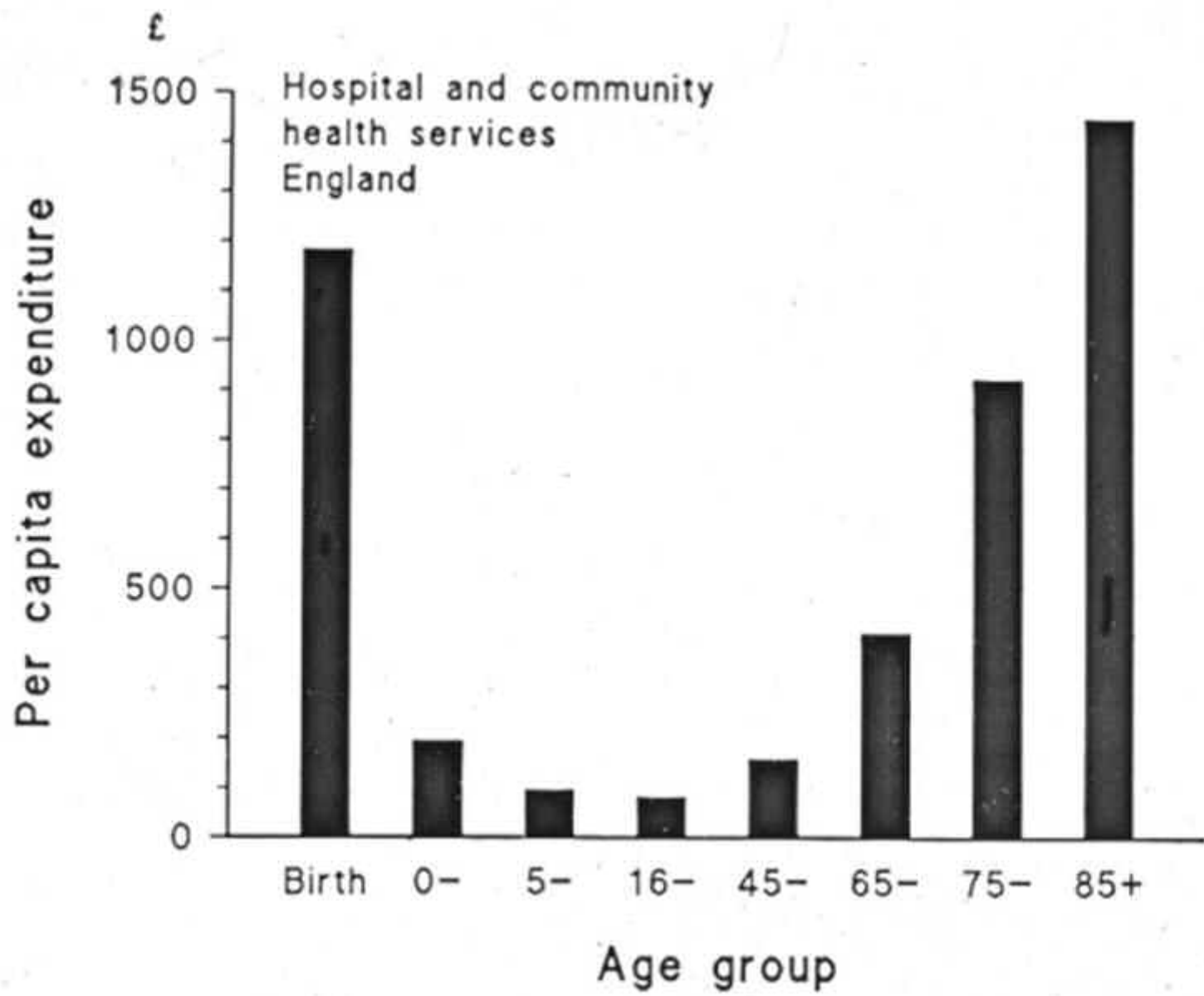
Total healthcare expenditure per capitum per annum 1995 (£)

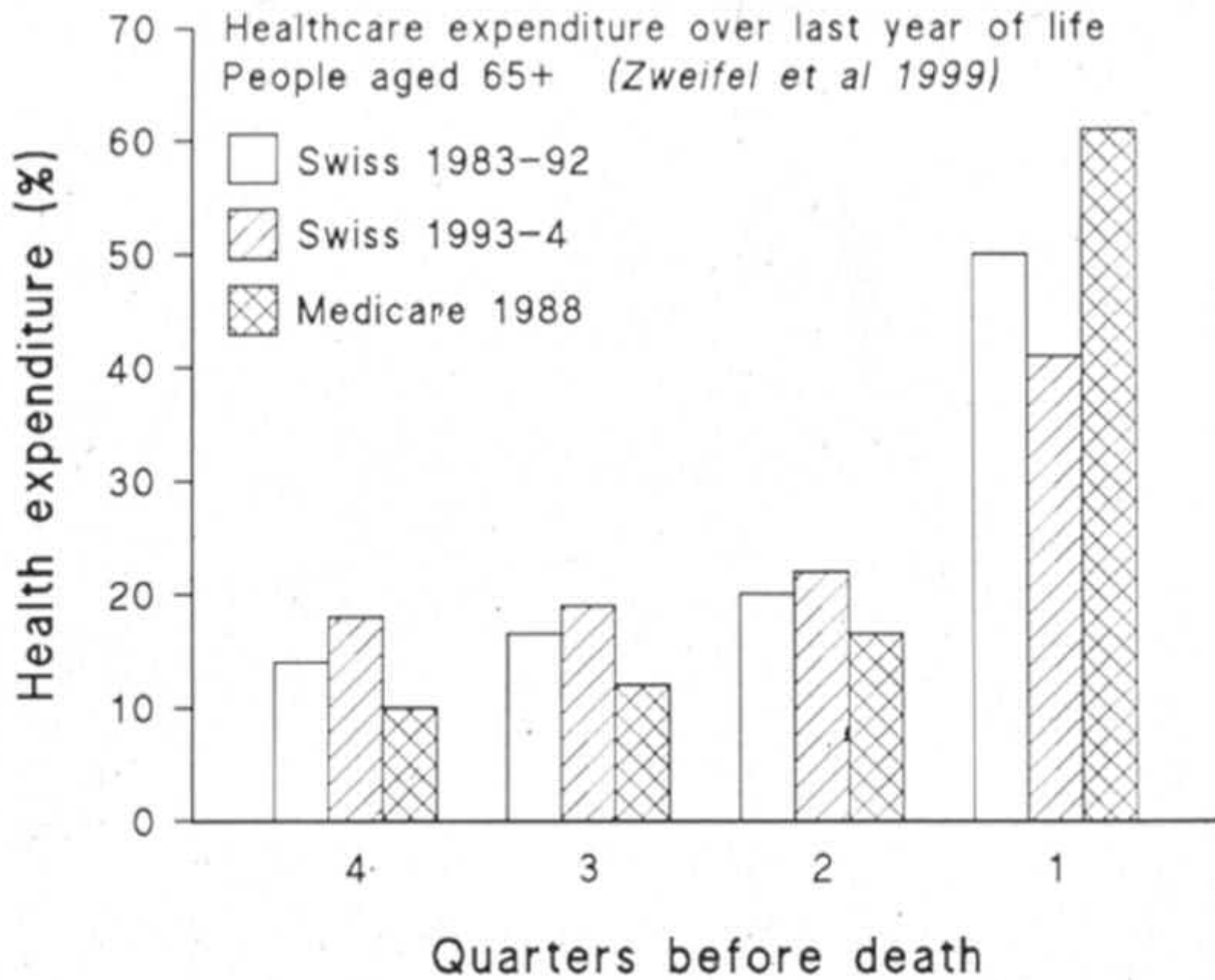
USA	2816	Belgium	1214
Germany	1677	Italy	1122
Austria	1512	UK	814
Canada	1447	Eire	659
France	1426	Spain	643
Netherlands	1234	Greece	298

**Disability-reducing interventions. Rates* per 100,000.
People aged 75 and over. USA 1995, England 1999**

	USA	England	Ratio
Hip replacement	860	434	2.0
Knee replacement	452	304	1.5
CABG	320	57	5.3
Coronary angioplasty	307	40	7.7
Carotid endarterectomy	287	34	8.4

**Standardized for sex and age group*





National Health Service Re-organisation (again)

- Managers in charge (50% more of them)
- Managers run from central government
- Increased regulation and audit
- Primary Care Trusts as purchasers
- National Service Frameworks
- Targets, protocols, star ratings
- No long stay

National Service Framework for Older People 2001

- Series of targets and standards
- Intermediate care
- Single assessment process
- Prevent admissions to acute hospitals

The future of British Geriatrics (is there one?)

- NSF to improve care or save money?
- Intermediate care – rehabilitation or dumping?
- Targets – new services or strangling the old?
- Expulsion from the acute hospital?
- And now – acute medicine as a specialty....

NHS Hospitals, England 2002-3

All episodes (thousands)

	Total	No. over 75	% over 75
General Medicine	2327	768	33
Geriatrics	567	448	79

Length of stay (days) all episodes

	Mean	Median
General medicine	8.3	4
Geriatrics	23.1	11

(Source: www.dh.gov.uk)