Unmet health and care needs for people aged 60+ years: a consultation survey

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Key Messages

- This consultation sought views about the areas of health and care for older people where more support and, or, improvements were needed.
- We involved older foodbank service users to amplify the voices of those facing food and financial insecurity. We outline considerations for future horizon scanning in response to this consultation.
- Respondents told us that more support and improvements were needed in relation to: accessing care; how health and care information was communicated; the diagnosis of illness and treatment; being able to live well and with independence; the quality of care received; and the amount of care available.
- Respondents also pointed to specific areas of health where there were unmet needs: mental health, arthritis, female health, dementia, and hearing loss and podiatry.
- Some respondents expressed concern about the use of technology in care for older people.
- We outline considerations for future horizon scanning in response to this consultation.
- The information collected through this consultation will help to ensure our work is relevant to the health and care needs of older people.

What is this report about?

The Innovation Observatory is a horizon scanning facility funded by the National Institute for Health and Social Care Research. Our goal is to identify new developments in medicines, technologies and care that could be used in the UK National Health Service, and to identify unmet health and care needs that future innovations could address.

To ensure our work is relevant to service providers and users, we regularly consult with members of the public to identify the unmet health and care issues most important to them. In this report, we describe findings from a consultation about unmet health and care needs for people aged 60 years and over.

What did we want to find out, and why?

We used this consultation survey to identify areas of unmet health and care needs for older people. Understanding these issues will help to ensure our future work is prioritising the most important issues in older people's health and care.

What did we ask?

Using survey methods, we sought views about:

- areas of older people's health and wellbeing where more support was needed
- what improvements could be made to older people's health and care
- any new developments in services or technology that could support the health and care of olderpeople

We then discussed the survey findings with older people using a food bank service in the North East of England. Views were sought to build on the survey findings about priority areas of unmet health and care needs.

Who did we ask?

We sought views on these issues from:

- People aged 60 years and over
- People who provide unpaid care another person aged 60 years and over
- Professionals working in health, social care, or the voluntary sector, who support people aged 60 years and over
- Researchers in the field of ageing

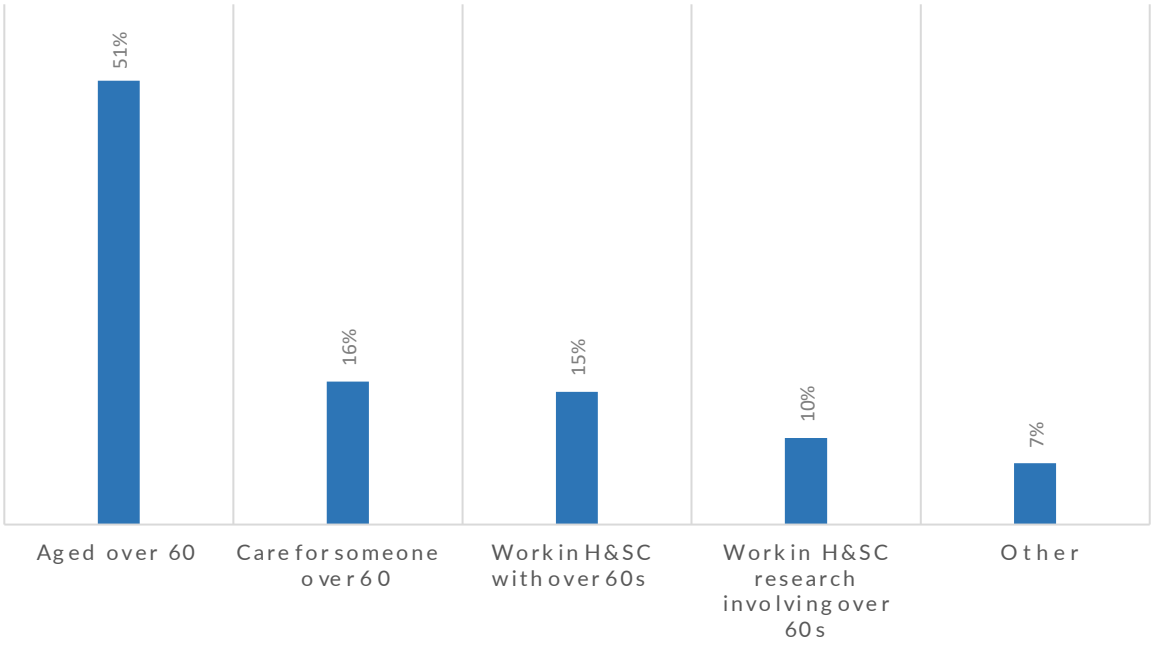
Recruitment sources were: Twitter, VOICE Global, Centre for Ageing Better, Age UK, and members of Newcastle University's Ageing & Geroscience, and Multimorbidities, themes.

What did we find?

We received survey responses from 170 people. In addition, we spoke to 37 older food bank service users. The majority of survey respondents were aged 60 years and over (51%) (figure 1). Sixteen percent of respondents were providing unpaid care for an older person, and 15% were health and social care professionals supporting older people. Ten percent worked in clinical or non-clinical ageing research.

These numbers are not mutually exclusive.

Figure 1. Survey respondents



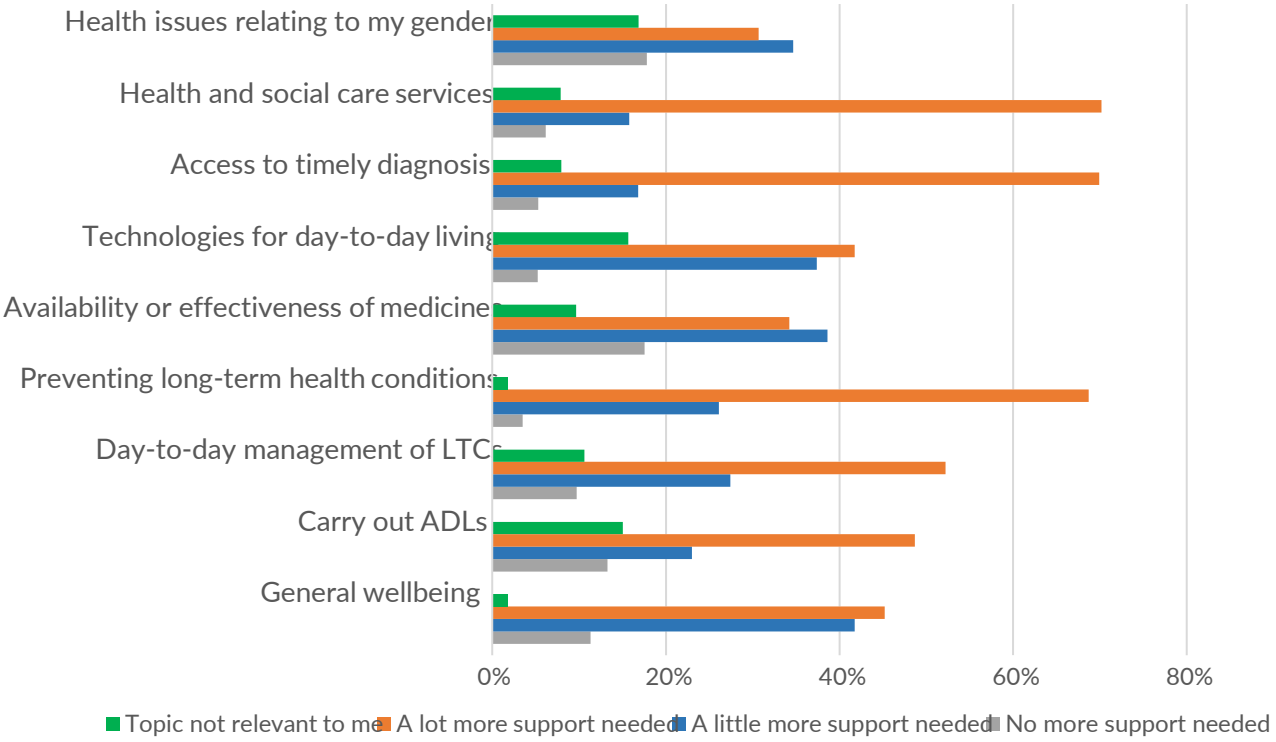
What are the areas of health and care for older people where more support is needed?

Figure 2 (page 6) shows different areas of older people's health and care, and the proportion of survey respondents who reported that they needed: a lot more support; a little more support; no more support; or the issue was not relevant to them.

For almost all the areas listed, respondents indicated that a lot more support was needed. Three areas in particular stood out: **health and social care services, access to timely diagnosis, and prevention of long-term conditions**. For each, around 70% of survey respondents reported that a lot more support was needed in these areas.

Our survey data also show that a lot more support was needed with day-to-day management of long-term conditions (LTCs) (52%), activities of daily living (ADLs) (49%), and general wellbeing (45%). Around a third of respondents reported that a little more (35%) or a lot more (31%) support was needed with health issues relating to their gender. Finally, respondents reported they needed a little more (39%) or a lot more (34%) support around the availability or effectiveness of medicines.

Figure 2. Areas of unmet need



Proportion of respondents answering each question

What are the most important health and care needs for people aged 60+ years that are not being addressed?

To give us a more detailed picture, we asked respondents to tell us, in their own words:

- What they felt were the **most important** unmet health and care needs for people aged 60+ years
- What **improvements** to health and care could address their needs.

Fifty-seven percent (n=97) of survey respondents answered these questions, and our discussions with older foodbank users added further insights. A wide range of unmet needs were reported, alongside suggestions for how health and social care could be improved. We grouped these needs and suggestions into six categories: access to care; communication and information; diagnosis and treatment; independent living and day to day wellbeing; quality of care; and quantity of care (Table 1; page 8)

Typically, areas of unmet need were linked to perceived gaps in care provision across primary, specialist and social care. The absence of timely access to diagnosis, treatment and ongoing support also featured strongly in respondents' comments. For some there was anxiety around interaction with health and care services.

Some respondents described areas of need relating to specific conditions or health concerns. These conditions and concerns were mental health, arthritis, female health, dementia, hearing loss and podiatry.

- **Concerns relating to mental health included:** difficulties accessing services; the lack of pro-active, preventative support; the links between loneliness, mental and physical health; the consequences of inadequate social care provision on older people's mental health; the impact of unaddressed minor ailments on mental health over time; and the impact of poor mental health on day-to-day life and routines.

- **Concerns relating to arthritis included:** a need to plan for future care; and a need for greater focus on proactive support to prevent deterioration and surgery.

- **Concerns relating to female health included:** a need for female paid carers for personal care to avoid risk of urinary tract infections and skin integrity problems; a greater focus on general female health after age 60; and a greater focus on painful conditions that affect women.

- **Concerns relating to dementia included:** a need for quicker diagnosis to enable timely support; access to dementia treatments; support for both moderate and advanced dementia; and support to enable people with dementia to live at home for as long as possible.

- **Concerns relating to hearing loss included:** the need for follow up care for hearing aids.

- **Concerns relating to podiatry included:** the need for quality care with follow up, and the impact foot conditions on independent living.

Table 1. Health and care needs for older people that are not being addressed

Domain of need	There is a need for:
Access to care	Faster access to GP and dentist appointments Quicker referrals to specialists More suitable appointment times Quicker access to social care Help to manage appointment/treatment schedules Transport support to get to services and appointments Appointments in accessible buildings/rooms Better public transport links Help to retrieve prescriptions Services to consider the barriers people face in accessing care (e.g. lifestyles)
Information and communication	Help to navigate a complex health and care system Providers to communicate with patients in ways that are preferable and compatible with their circumstances and health Help to ensure information is accessible for people with hearing and sight loss Help with digital skills and access to care without the need for technology Face to face appointments instead of only telephone Clearer language, instead of jargon, by providers Help to overcome language barriers Help to understand health information Greater awareness about the impact of health conditions and life circumstances on communication between patients and providers
Support for independent living and day to day wellbeing	Proactive support, early intervention, and prevention More support with activities of daily living at home including washing, dressing, and eating, and to enable independent living for longer Financial support for costs of necessities and to live a healthy lifestyle Support for social connections such as peer support groups Support to maintain hobbies and social participation Support to stay active

Diagnosis, treatment and management of conditions	Quicker routes todiagnosis Continued communication with patients between testing and results Better access totreatment Improved signposting to services available for treatment and care Improved management of mental health Palliative care Support to manage long-term conditions, and support to self-manage Follow up care aftertreatment Quicker discharge from hospital
Quality of care	Action to address ageism in health services Greater continuity and coordination of care More resources in carehomes More audit of care facilities with accessible findings Better training for social care staff A choice of female/male (paid) carers for intimate personal care Ensuring dignity withincare Greater involvement of patients in care decisions Greater frequency of medication and condition reviews Greater understanding of the reasons for non-attendance at appointments and addressing these barriers Greater awareness of patients' anxieties and lack of trust when offered new treatments Greater awareness of stigma associated with conditions and behaviours
Quantity of care	Longer GP appointments Longer home care slots to accommodate greater support for a range of needs Greater availability of home care support after hospital discharge enabling earlier discharge More staff across health and social care

Are there any new developments that could support the health and care of people aged 60+ years?

We asked survey respondents to tell us if they were aware of any new developments in services or technologies to support the health and care of people aged 60+ years. Around a third (34%) of respondents answered this question.

Some noted developments in technologies, models of care, and data-driven healthcare that were either *being* used, or which could *potentially* be used, to support older people's health and care (Table 2; page 11). However, many expressed concerns about the use of technology in care for older people. These concerns predominantly reflected the use of technology to replace people, and the implications for care quality. Some noted that older people without access to technology may be excluded from care, whilst the use of automated technology could risk further social isolation. One respondent described how current technologies were challenging to use for older people with hearing, memory, and coordination (for example, manual dexterity) problems. In contrast, one respondent noted they had found smart phone apps and voice assistance technology useful as they became 'infirm'.

Areas of unmet health and care needs for older people: implications for the Innovation Observatory

The Innovation Observatory aims to identify ('horizon scan') emerging innovations across the care pathway that could support the future delivery of health and social care. These innovations include models of care, diagnostics, medicines and therapies, digital technologies and devices. In this section, we summarise the main themes of unmet need identified in this consultation and consider the implications for future horizon scanning.

Theme 1: Timely access to primary care, diagnosis, treatment, specialist care and ongoing support across health and social care

The most dominant theme across responses was the need for speedier access to care. This included timelier access to primary care, quicker referrals to specialists, faster routes to diagnosis and better access to treatment and follow up health and social care support.

Future horizon scans could: consider what technologies and models of care may support timely access to services across the whole care pathway, as well as more timely diagnosis of conditions relevant to older people's health.

Theme 2: Support to live well and with independence

A clear domain of unmet need related to support to live well and with independence. This was evident in responses about the need for services and support to maintain functional independence, facilitate social connections, and promote wellbeing.

Future horizon scans could: explore the value and relevance of health technologies and models of care for prolonging independent living and wellbeing. Horizon scans could also consider how innovations designed to support independent living and wellbeing in other populations could be adapted and optimised for older populations. When reporting the findings of horizon scans, potential adverse consequences (for example, exclusion from care, social isolation or the loss of opportunity for physical movement) should be considered and flagged.

Theme 3: Quality, process and practices of care

Some areas of unmet need related to aspects of care quality, processes and practices. This included, for example, better care coordination, choice of female/male paid carers for intimate personal care, and the need for clearer language in care.

Future horizon scans could: prioritise or highlight models of care with strategies that could address key areas of quality (for example, care coordination) and search for technologies that may support these strategies (for example, platforms to support inter-agency communication). The impact of changes in care on the health system as a whole should be considered.

Theme 4: Specific health concerns

Concerns relating to mental health, arthritis, female health, dementia, and hearing loss were highlighted in this consultation. The needs identified for these health concerns largely overlap with the themes above: timelier access to diagnosis, treatment and support, and quality of care. Other needs included a greater focus on prevention and recognition of issues affecting women.

Future horizon scans could: explore the extent to which any identified innovations designed for these health conditions consider application in, and value for, older populations.

Table 2. Developments that are currently used, or which could potentially be used, to support older people's health and care

Developments to monitor health and access healthcare at home
At home sensors for monitoring (falls, oxygen, blood pressure, SOS, etc)
Medication tracking (dosing, administration, reminders)
Smart phone apps
Symptom trackers
Online GP calls where this option is preferred to face to face appointments
Developments to make independent living easier
Phone apps (banking)
Phone apps (memory aids)
Phone apps (not otherwise specified)
Robot assistants
Automated home appliances (heating, lighting)
Voice activated assistants
Mobility classes
Online shopping
Developments to improve health service delivery and efficiency
Predicting patient deterioration
Transition from paper to digital records
Triage services
Facilitate integration of primary and secondary care
Virtual wards
Discharge planning
Personalised healthcare
Developments to reduce social isolation
Support groups for carers
More at-home visits and chats
Voluntary neighbourhood support schemes
Online groups/meetings, social interaction, improve connections
Exercise classes

How will the Innovation Observatory use this information going forward?

The information collected through this consultation provided an insight into the public's perceptions of the current unmet health and care needs for older adults. This will help to ensure that our work is relevant to the health and care needs of older people that were identified during this project. We will use this information as a preliminary 'map' of unmet needs, which we will continue to update.

Going forward, this information will help the Innovation Observatory in two ways:

First, the information will help us to think about where new medicines, technologies and models of care could be targeted to get the most benefit for older people.

Second, the information can tell us what unmet needs could be prioritised by industry leaders (in the NHS and beyond) who are developing new services health technologies and therapies for older populations.

One important caveat to this work is that some areas of identified unmet need relate directly to resourcing within the health and care sector. Scaling up existing resources is critical when considering how best to address unmet health and care needs. Equally, new innovations, including health technologies and models of care, may have a part to play in supporting care delivery within the context of resource constraints.

Finally, we don't want this consultation to be one-off. Needs change, as do the contexts that shape them. As part of our work in the Innovation Observatory, we aim to revisit our consultations with older people regularly. This will help us to shine a spotlight on the most critical health and care needs for older people.

Acknowledgements and Disclaimers

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We extend grateful thanks to everyone who took the time to participate in this consultation.

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