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**INFORMATION ON  
OBTAINING THE VIEWS  
OF THE ELDERLY**

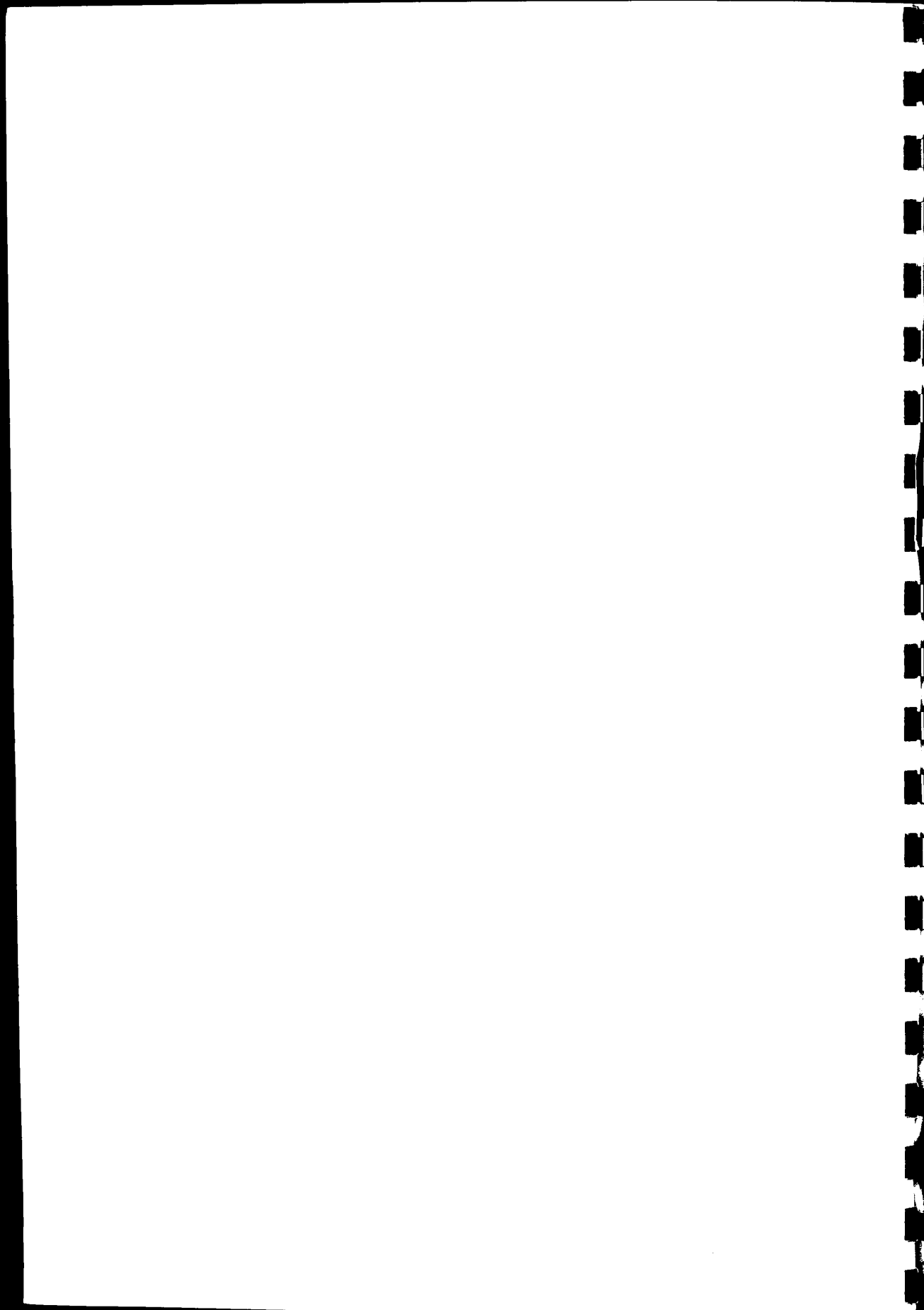
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***INFORMATION ON  
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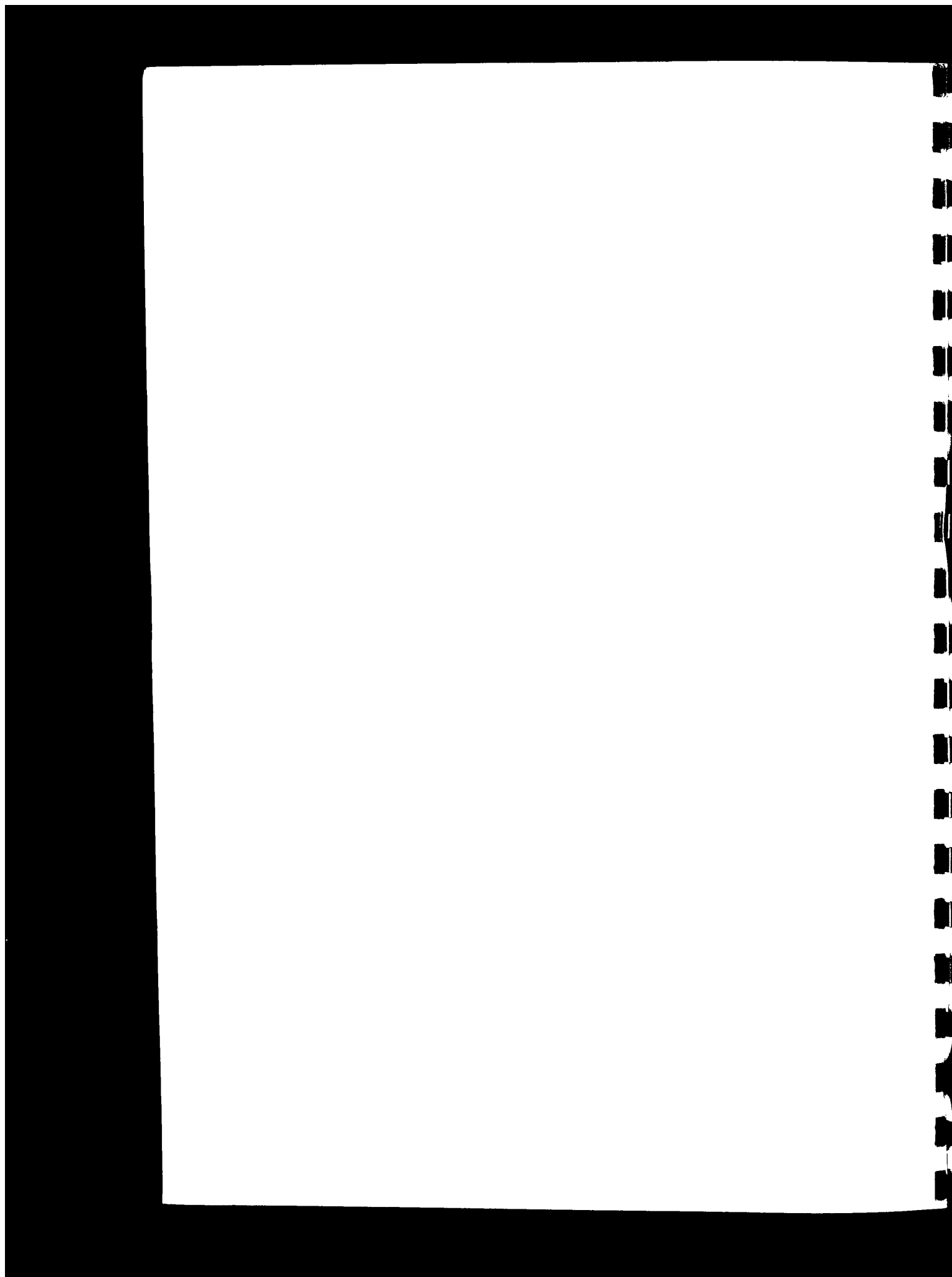
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## **INTRODUCTION**

These information sheets will be of use to health service staff or community health councils who wish to find out the views of elderly users of health services.

The purpose of these sheets is:

- 1 to give some useful reading references for this field
- 2 to give details of some of the current major projects
- 3 to list some organisations which may be able to carry out research
- 4 to provide a checklist of what appear to be the most important areas for questions to ask elderly users of services.

Information on the use of feedback methods is available separately and is also provided in full detail in:

McIver S. Obtaining the Views of Users of Health Services. London: King's Fund Centre, 1991.

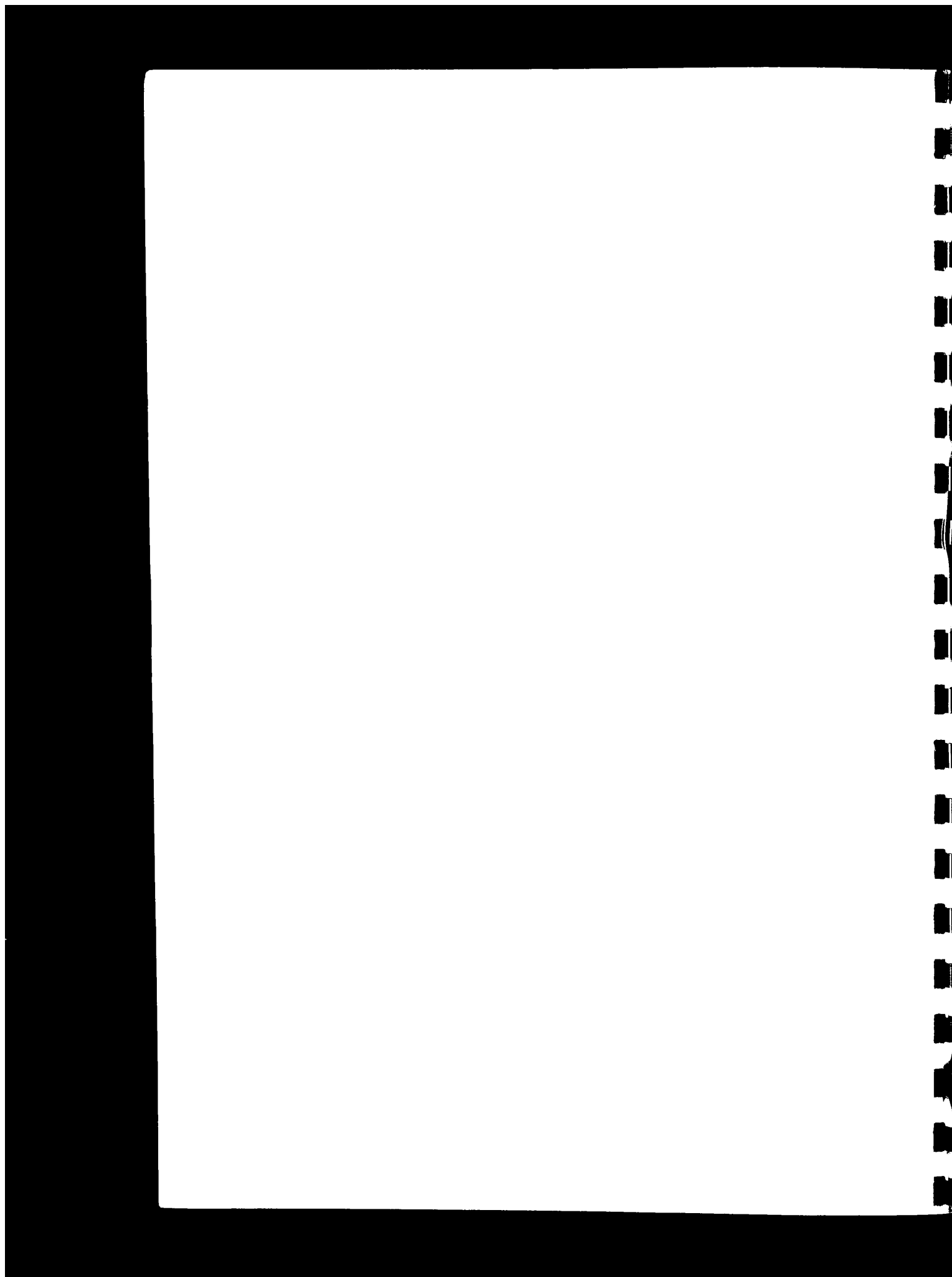
Details of any type of consumer feedback project using survey or non-survey methods are welcomed by the Consumer Feedback Resource so that we can develop the advice on elderly users. Please send the information to:

Shirley McIver  
Manager  
Consumer Feedback Resource  
King's Fund Centre  
126 Albert Street  
London  
NW1 7NF

Tel: 071-267 6111

August 1991

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## **USEFUL READING REFERENCES**

None of the publications below has been formally evaluated but these references will provide a guide to what is available.

King's Fund Centre publications can be obtained from Bailey Distribution Limited, Learoyd Road, Mountfield Industrial Estate, New Romney, Kent, TN28 8XU, or, to personal callers only, from the Bookshop, King's Fund Centre, 126 Albert Street, London, NW1 7NF.

The King's Fund Centre has a reference library which holds many of the publications mentioned here. Photocopies of journal articles *only* (not books or reports) can be supplied at 20 pence a page plus postage and packing. However, you are advised to try your local library first.

### **Hospital Discharge**

Williamson V. Who really cares? A survey on the aftercare of elderly patients discharged from acute hospital. Brighton Community Health Council, 1985.

This report begins with an exploration of facts and figures behind the crude demographic projections that the healthcare system is going to be engulfed in a 'flood' of elderly people. The method used for this survey of aftercare provision is a structured interview questionnaire with some open questions. The major findings of the survey are that elderly people discharged from hospital suffer from lack of information and a feeling of abandonment. The report includes recommendations for the health authority, social services, and family practitioner committee.

Harding J, Modell M. Elderly peoples' experiences of discharge from hospital. Journal of the Royal College of General Practitioners, 1989 Jan:17-20.

115 elderly people registered with a central London group practice were interviewed after discharge using structured interviews. Ways of co-ordinating the service better and providing information are put forward. This report contains some useful advice on sampling methods and tracking down interviewees.

### **Community Care**

Cornwell J. The consumers' view: Elderly people and community health services. King's Fund, 1989.

This report details the different types of elderly consumers and their experiences of community care. Part Two details guidelines and resources for action under the headings of accessibility, flexibility and co-ordination, equity, responsiveness, and accountability.

Centre for Policy on Ageing. Community life: A code of practice for community care. Centre for Policy on Ageing, 1990.

This book offers simple, logical and usable suggestions about the whole sequence of providing care. It includes advice on drawing up written agreements for community care; checklists, tried in the field, on monitoring

different modes of community care; a brief for the induction and training of staff and a further reading list of key texts on community care.

National Consumer Council. Consulting consumers in the NHS: A guideline study – services for elderly people with dementia living at home. National Consumer Council, 1990.

Interviews and group discussions are used to find out the views of sufferers and carers and to set goals. The needs of both groups are detailed. The report includes checklists, questionnaires and performance indicators to monitor whether goals have been achieved.

### **Day Hospitals**

Nolan M. The future role of day hospitals for the elderly: The case for a nursing initiative. *Journal of Advanced Nursing* 1987;12:683-690.

Semi-structured interviews and observation were used to investigate activity levels and consumer views at two different day hospitals. The results confirm those of previous studies which have found that patients and carers value the service provided by the day hospital.

### **Residential Nursing Homes**

Wilkin D, Hughes B. Residential care of elderly people: The consumers' views. *Ageing and Society* 1987;7:175-201.

Observation and semi-structured interviews were used to obtain the views of residents in a local authority residential home. Gives a detailed insight into the views of elderly people in a residential home.

### **Carers**

Richardson A, Unell J, Aston B. A New Deal for Carers. King's Fund Publications, 1989.

The aim of this book is to show how better services can be provided for carers. It is written for staff at all levels, including policy makers and management. The book contains accounts of initiatives for carers, suggestions for reviewing local practice and an outline of the policies different agencies need to adopt.

### **Hospital Care**

Raphael W. Old People in Hospital. King's Fund Publications 1979.

Includes a questionnaire to survey elderly people on long stay hospital wards. The areas of questions covered are: meals, furniture, noise, bathrooms, toilets, commodes, day rooms, activities, other patients, care received from doctors, nurses and other staff.

McCallum N. A survey of the views of elderly out-patients on their physiotherapy treatment. *Physiotherapy* 1990 Aug;48:7-92.

A postal questionnaire was sent to patients discharged from physiotherapy

treatment. An 86 per cent response rate was achieved. Questions were asked about outcome of treatment, as well as satisfaction, with different aspects of treatment given such as staff attitude and information given.

Fisher C. Consulting with service users: A project in Brighton West for EMI services. Brighton Health Authority/East Sussex Social Services, 1989.

Users of services for long-term care, respite care and day care were included in this project. The sample includes 60 users, 10 carers and staff at all levels. The users were elderly people with mental health problems. The method adopted was unstructured interviews followed by more structured interviews.

## **CURRENT PROJECTS**

These projects are ones that are funded to develop good practice in the field of consumer feedback or quality improvement in elderly services.

### **Quality Measures in Residential Services for People With Mental Health Problems**

Centre for Applied Psychology of Social Care (CAPSC) at the University of Kent.

Contact: Alison Kerruish, Research Fellow, or  
Helen Smith, Lecturer in Mental Health  
CAPSC  
Institute of Social and Applied Psychology  
The University  
Canterbury  
Kent  
CT2 7LXZ

Tel: 0227- 764000

This project is not specifically concerned with elderly people but it will be relevant to those concerned with elderly mentally ill. The aim of the project is to develop user-led quality measures. The project is funded for 18 months from March 1991.

Phase 1: Development of user-led quality components

Phase 2: Development of quality measures

Phase 3: Implementation process

### **Caring in Homes Initiative**

Set up by the Department of Health in 1989, it involves six programmes as follows:

#### *Training for care staff in residential homes*

National Institute for Social Work (071-387 9681, Chris Payne)

#### *A window in homes – links between care homes and the community*

Social Care Association (education) (0203 524140, Des Kelly)

#### *Inside quality assurance*

CESSA, Polytechnic of North London (071-607 2789, Leonie Kellaher)

#### *Information about residential care*

Policy Studies Institute (071-387 2171, Nick Moore/Jane Steele)

#### *Complaints procedures*

Social Services Inspectorate (071-407 5522, ext. 7073, Lynne Berry)

#### *Co-ordination and evaluation group*

Department of Government, Brunel University (0895-56461, ext. 293/226, Penny Youll/Chris Perring)

Of particular interest to those working with the elderly in the NHS is CESSA's *Inside Quality Assurance* programme. The aim is to develop and test out a system for self-evaluation which will be available as an action pack for use in homes by the middle of 1992.

**Old Age: A register of social research, 1985-90 Gillian Crosby (ed)**

A Centre for Policy on Ageing publication, this register provides full details of current and recently completed British research projects in the field of ageing; health and health care subjects are included. Ring CPA (071-253 1787) to check price and ordering details.

## ORGANISATION CONTACT LIST

This is a list of organisations offering advice and assistance to those seeking to obtain information from elderly users of services. This list is not comprehensive and inclusion does not imply endorsement by the King's Fund Centre.

*Age Concern*  
71 Old Ford Road  
London  
E2 9QD

Tel: 081-640 5431

*CESSA*  
(Centre for Environmental and Social  
Studies in Ageing)  
Polytechnic of North London  
Ladbroke House  
Highbury Grove  
London  
N5 2AD

Tel: 071-607 2789

*Carers Unit*  
King's Fund Centre  
126 Albert Street  
London  
NW1 7NF

Tel: 071-267 6111

*Centre for Policy on Ageing*  
25 Ironmonger Row  
London  
EC1

Tel: 071-253 1787

*Institute of Human Ageing*  
University of Liverpool  
PO Box 147  
Liverpool  
L69 3BX

Tel: 051-794 5078

*School of Social and Historical Studies;  
and Social Services and Information Unit*  
Portsmouth Polytechnic  
Milldam  
Burnaby Road  
Portsmouth  
PO1 3AS

Tel: 0705-842234

*British Association for Services to the  
Elderly*  
119 Hassell Street  
Newcastle Under Lyme  
ST5 1AX

Tel: 0782-661033

*Salutis Partnership*  
Health and Social Care Consultants  
14 Rednal Road  
Kings Norton  
Birmingham  
B38 8DR

Tel: 021-458 4576

## AREAS FOR QUESTIONS

This list contains suggestions for areas which could be covered in a survey to obtain the views of elderly users of services. The list has been compiled from previous research into the views of elderly users but it is not intended to be exhaustive.

The three key needs that emerge from surveys of elderly users of services are the need for information, the need for co-ordinated services and the need for social companionship and activities.

Those who are elderly, particularly those suffering from dementia or the very infirm, are a group of users not usually asked for their views. Although important and relevant information can be obtained from carers, it is also possible to question the elderly people themselves and an example of this is the work done by the National Consumer Council for their publication *Consulting Consumers in the NHS: A guideline study* and a project by Clare Fisher *Consulting with service users: a project in Brighton West for EMI users* (See Useful Reading List). Self-completion questionnaires and similar types of survey do not usually work with the elderly, whether confused or not, because many are arthritic or have impaired vision. In any case, elderly people often find it much easier to talk about their experiences in an interview situation than to respond to the impersonal format of a questionnaire.

Observation is another appropriate (though little used) method for investigating the delivery of services to elderly people. The elderly tend to have much lower expectations than younger people and surveys often pick up this uncritical attitude. Observation is a way of getting to the actual experiences of elderly patients, and proved to be a good way of distinguishing between the care provided by two nursing homes and a geriatric ward in a study by Clark and Bowling, *Observational Study of Quality of life in NHS nursing homes and a long-stay ward for the elderly* in *Ageing and Society* 1989;9:123-148.

## INFORMATION

Elderly users receiving community care or being discharged from hospital have a need for a variety of information. One difficulty in receiving information is that many different providers are responsible for elderly people but there is no co-ordination in the information given, or the timing is inappropriate.

Secondly, it may not be effective to give elderly users a lot of written information but it may be better to ensure that all professionals providing services to elderly users have full, up-to-date information.

More information may be needed about:

- Timing, dosage and side effects of medication.
- Health education, e.g. how to stay mobile longer.
- Availability of health and voluntary services.
- Social security services and benefits, e.g. laundry service, heating benefits.

- The role of different professionals.
- Discharge of an elderly person from hospital for the general practitioner and community services.
- Coping with medical conditions, e.g. wound care, prosthetic fittings, the onset of dementia.
- Further outpatient appointments, e.g. transport arrangements.

## ORGANISATION

Elderly people may find services disjointed and unco-ordinated. The following issues may be a problem.

- Does the general practitioner receive a letter within seven days of the elderly person's discharge from hospital?
- Is there a key worker responsible for ensuring an elderly person receives all the services and information she/he is entitled to, e.g. general practitioner, district nurse, social worker?
- How much notice is given to patients before discharge?
- Is transport provided to and from different services – how long do people have to wait to be picked up and collected?
- Are services organised to ensure the safety of elderly users suffering from dementia and the safety of those around them?
- What respite care is provided for carers, e.g. respite homes, sitting service?
- Are enough activities provided for elderly users, e.g. on wards, in residential homes and in day hospitals?
- Are carers and users consulted about the design of services and the provision of medical treatment?
- Are services organised to suit elderly users or professionals, e.g. day hospitals for rehabilitation or to give carers a break, role of district nurses and health visitors?
- Which services do users need more of?
- Are services in residential homes organised as far as possible so users can maintain their right to choose, e.g. food times and menus, own clothing, space for a few personal possessions?

## ENVIRONMENT

Provision of the right environment encourages social contact for elderly users and a sense of dignity and self respect. This is particularly important on long stay wards and in residential homes.



- Are chairs placed round tables in small groups to encourage conversation or placed in rows?
- Are there sufficient and conveniently placed toilets and commodes?
- Are there conveniently placed on-call buttons?
- What is the availability of soft mattresses?
- Is there provision for privacy?
- Does the environment increase or reduce noise, e.g. where is the T.V. placed and is it left on all day?
- Do the windows let in plenty of light and are there facilities for sitting outside, e.g. garden?

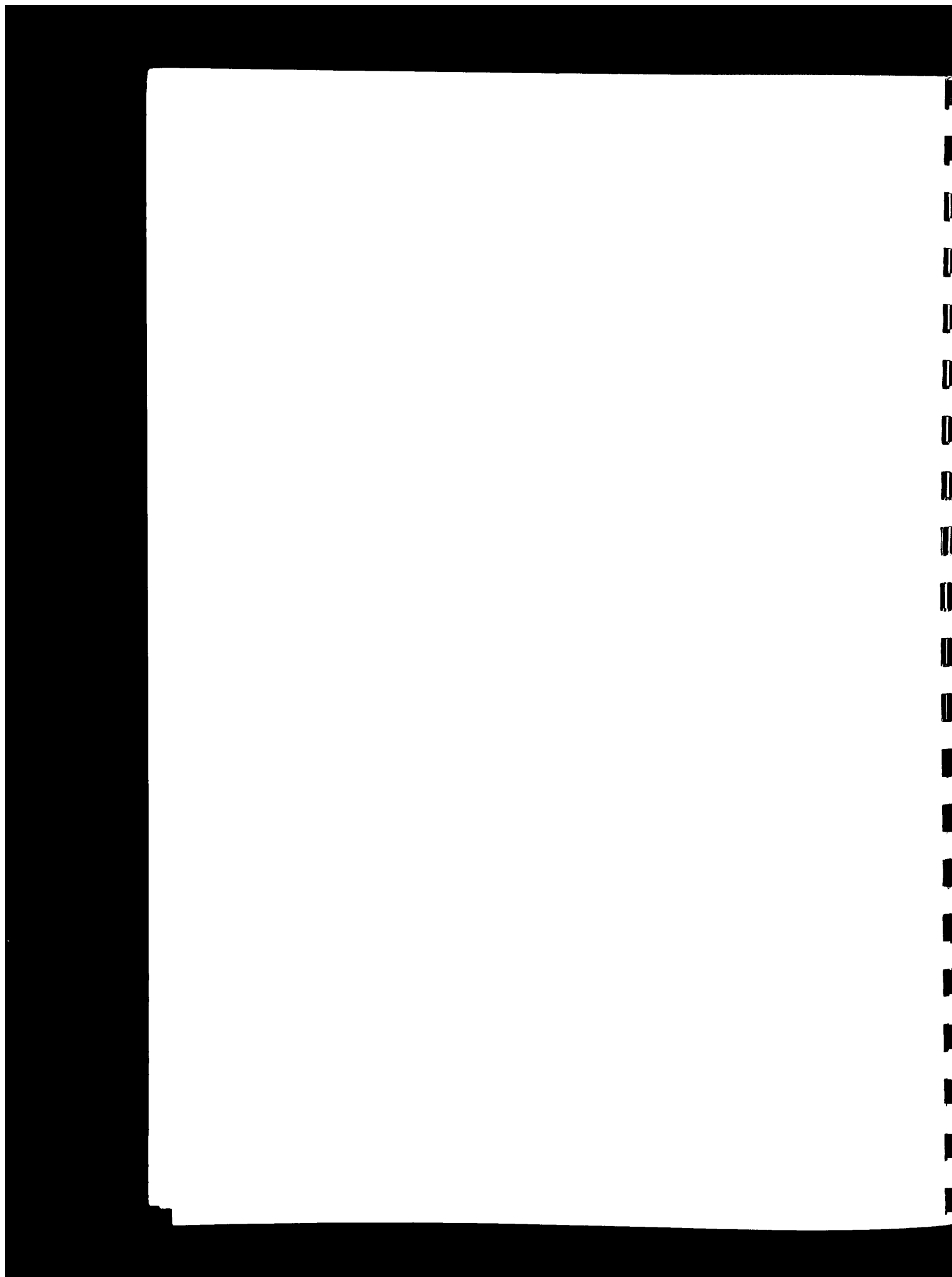
#### **ACCESS**

- Are services accessible for public transport?
- Are buildings designed to be accessible for elderly users who may have a range of disabilities, e.g. sight, hearing, mobility?
- Is information accessible, e.g. on audiotapes, translated for ethnic minorities?

#### **TYPES OF USER**

One of the most important features of providing an acceptable, appropriate service for elderly users is providing one that is suited to the individual. Asking for information that will identify the needs of different groups is therefore important in a survey.

- Age, racial group, whether the person lives alone or not, whether the person has heating, lighting, a telephone or needs household repairs doing.



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The King's Fund Centre is a health services development agency which promotes improvements in health and social care. We do this by working with people in health services, in social services, in voluntary agencies, and with the users of their services. We encourage people to try out new ideas, provide financial or practical support to new developments, and enable experiences to be shared through workshops, conferences and publications. Our aim is to ensure that good developments in health and social care are widely taken up.