Improving the quality of medical and surgical care

News Release

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Hospital care failing elderly patients, new report from a national enquiry reveals

The latest study from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) looks at elderly patients who died in hospital within 30 days of undergoing surgery. Only one-third were judged to have received good care. NCEPOD is calling for specialist elderly care and consultant input at all stages of the patient pathway.

Report author and NCEPOD Clinical Co-ordinator in Surgery Mr Ian Martin expressed concern that the report had revealed such major flaws in the care of elderly surgical patients. He explained that specialist elderly care teams reviewed less than one third of patients (225/965) before surgery.

“Most patients were admitted as emergencies by very junior doctors without timely input of senior care of the elderly clinicians. There is still a long way to go to ensure good practice and appropriate care – this is despite our advice in 1999 and recommendations in the 2001 National Service Framework (NSF) calling for specialists to be involved at every stage of elderly care.”

NCEPOD advisors also found little evidence of a well-resourced acute pain service, which they consider essential for modern secondary health care. Report author and NCEPOD Clinical Co-ordinator in Anaesthesia Dr Kathy Wilkinson said that advisors found 71 hospitals that appeared to have no acute pain service: “Pain is not being treated as a fifth vital sign or being monitored, let alone addressed and controlled. It is shocking that the survey has revealed organisational failures to respond to the suffering of elderly patients. I hope our report is a wake-up call.”

Professor Mike Gough, report author and NCEPOD Clinical Co-ordinator in Surgery said that greater vigilance was required when elderly patients attend the Emergency Department with non-specific abdominal symptoms such as diarrhoea and vomiting, or signs of infection: “These patients should be assessed by a doctor with sufficient experience and training. If these patients do not receive appropriate multidisciplinary care, including assessment by a surgeon, their underlying needs may not be appreciated and this is often associated with greater delays in performing surgery.”
Key findings
- Just over 1/3 of patients surveyed (38%, 295/786) received good care.
- Poor nutrition and serious associated illness were very common in the group we studied.
- In over two-thirds of cases (67.7%, 653/965), patients were not reviewed by specialists in Medicine for the Care of Older People.
- Clinically significant delays occurred in 1 in 5 patients between admission and their operation.
- 1/4 of hospitals had no acute pain service.

Key recommendations
- In elderly patients needing urgent surgery careful attention should be given to improving fluid status, reducing unnecessary drug treatment and anticipating nutritional support.
- Elderly patients undergoing surgery need access to routine daily clinical review from specialists in elderly care.
- Delays in surgery, which lead to poor outcome, should be subject to rigorous audit and rectified.
- Pain and its management should have a high priority to avoid patient suffering.

NCEPOD Chairman Mr Bertie Leigh said that the report made depressing reading: “Our report describes problems that are going to become more and more prevalent. The numbers of people aged over 85 will double in the next ten years, and we must rise to the challenge that this presents.”

“Elderly people tend to be more vulnerable than younger patients, and require a style of medicine that is sensitive to their many and varied needs. But, our advisors found that far too many people were not getting that pattern of care. Again and again, I read of cases where doctors were insufficiently trained to understand the subtle and complex needs presented by elderly patients.”

Ends

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Report authors are available for interview

Notes to editors
- NCEPOD is an independent charitable organisation that reviews medical and surgical clinical practice and makes recommendations to improve the quality of the delivery of care. We do this by undertaking confidential surveys covering many different aspects of care and making recommendations for clinicians and management to implement.
NCEPOD has designed an online toolkit that clinicians can use free of charge to replicate parts of this study in their own hospitals. Visit our website on www.ncepod.org.uk

Of the 1,756 questionnaires sent out, NCEPOD advisors assessed 820 cases. The survey looked at patients over 80 years-of-age, who had had surgery and died within 30 days - most of whom had undergone emergency surgery. There are more than 1.25 million people in the UK aged over 85, and that number is expected to double in the next 25 years, and treble in 35 years.

For further information about NCEPOD visit our website on www.ncepod.org.uk

Copies of An Age Old Problem can be downloaded from the website as a PDF from 11 November 2010, or contact Sabah Begg on 020 7631 3444.

The 1999 NCEPOD report Extremes of Age can also be found on our website www.ncepod.org.uk