

# English health-care system failing to provide basic care, shows major survey

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The NHS and private healthcare are not providing good enough basic care to a large portion of the population in England, especially older and frailer people, according to a study published on [bmj.com](http://bmj.com) today.

Overall, only 62% of the care recommended for older adults is actually received, conclude the authors.

The large-scale independent study of quality of care involved 8 688 people aged 50 and over and looked at 13 different health conditions including heart disease, diabetes, stroke, depression and osteoarthritis.

The research team led by the University of East Anglia studied whether effective healthcare interventions were received by people aged 50 and over with serious health conditions.

They used questionnaires, face to face interviews and medical-panel endorsed quality of care indicators, for both public and privately provided care, as part of the English Longitudinal Study of Aging (ELSA).

Results showed huge variations by health condition in whether or not people with particular health conditions received the appropriate intervention or care they should.

Treatment for ischaemic heart disease rated well with 83% of appropriate care actually being given, but just 29% of recommended

care was received by people with osteoarthritis.

Overall, there were 19 082 opportunities for care to be delivered to people, but actual care was only given in 11 911 (62%) of those opportunities.

The researchers also found that substantially more care was provided for general medical conditions (74%) than for geriatric conditions (57%), the latter comprising falls, osteoarthritis, urinary incontinence, vision problems (cataract), hearing problems, and osteoporosis.

Interestingly, medical conditions that GPs receive extra rewards for dealing with under the Quality and Outcomes Framework of their current contract were attended to better. In 75% of such cases, people did get the right treatment, but only 58% of correct treatment was received by people with conditions not covered by the contract.

Worryingly, conditions associated with disability and frailty had the largest shortfalls in terms of the care that people were not receiving but should have been.

Receipt of care was also substantially higher for screening and preventative care (80%) than for treatment and follow-up care (64%), which in turn was higher than diagnostic care (60%).

The researchers say that initiatives to improve quality for nearly all conditions are needed but the greatest scope for improvement is in chronic conditions that affect the quality of life of older people.

In particular, the quality of care for geriatric conditions was relatively poor in this study, say the researchers, and no geriatric conditions were included in the GP contract. They therefore suggest that including geriatric conditions in future payment for performance schemes for GPs

would improve quality.

In an accompanying editorial, Professor Bruce Guthrie from the University of Dundee, says that the future challenge will be to get local measures of the problem of deficiencies in care and then provide local interventions to improve care.

Source: British Medical Journal

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