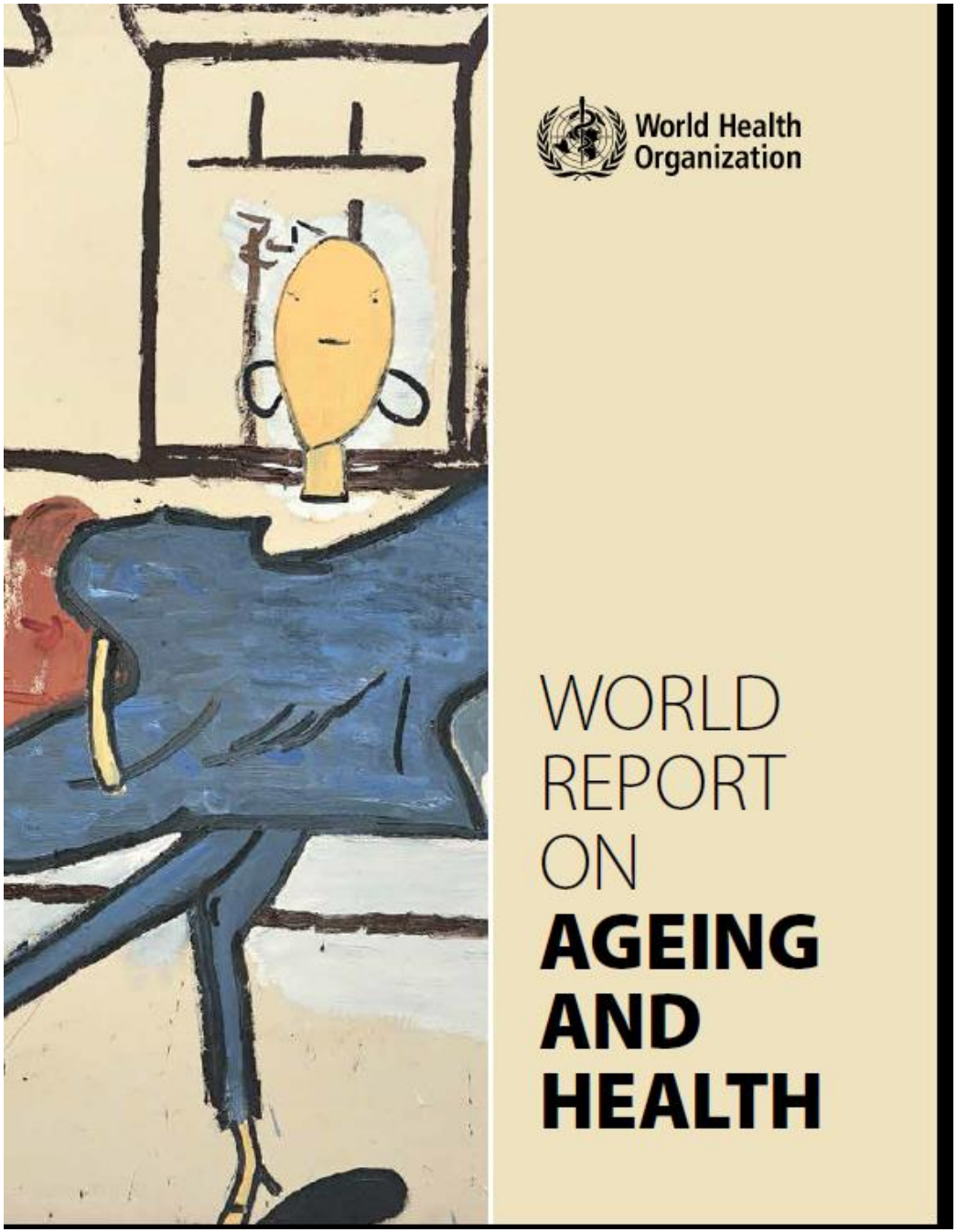
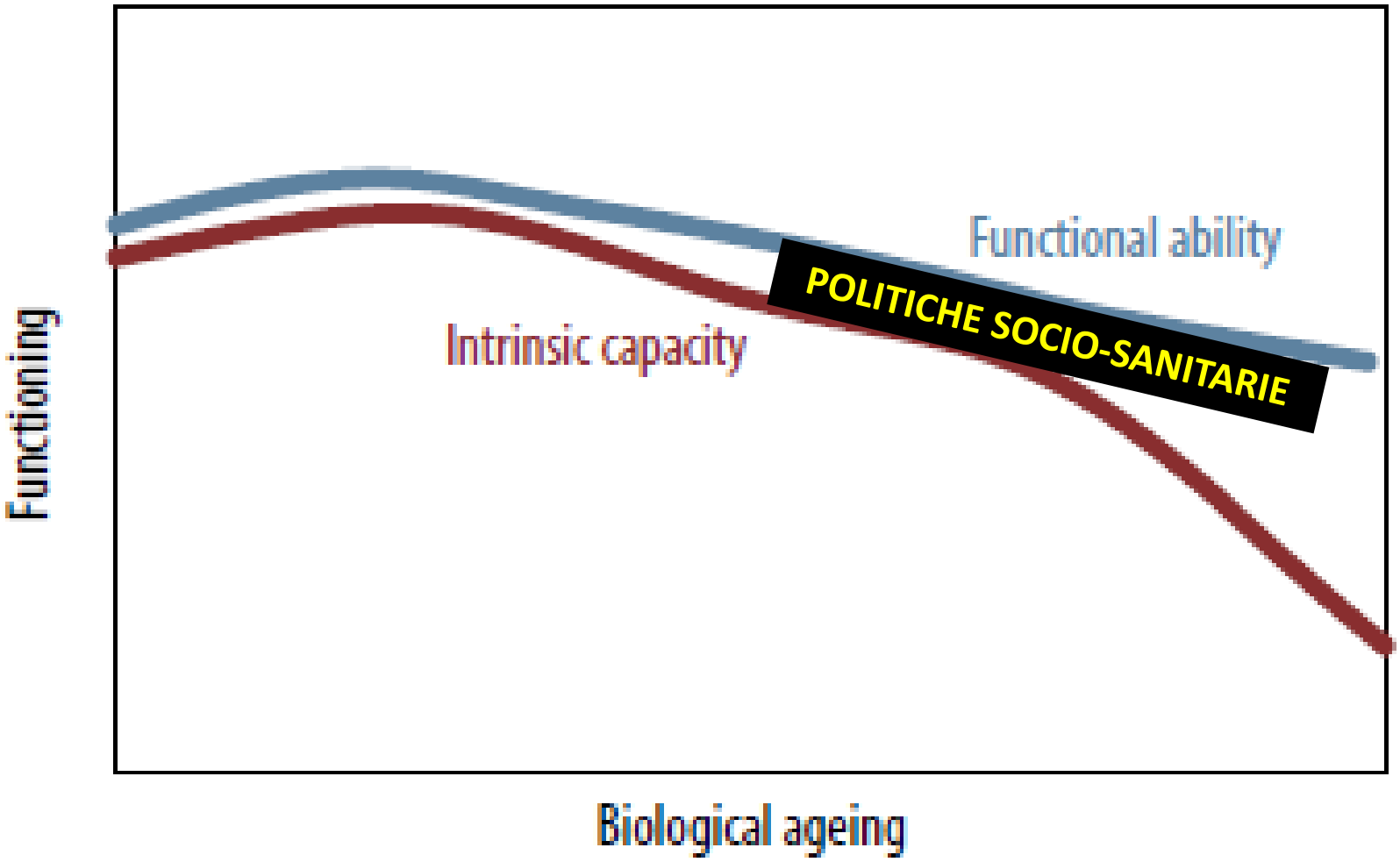


http://www.who.int/ageing/publications/global_health.pdf

2.3 Trajectories of functional ability and intrinsic capacity



Transforming health systems priorities

- Shifting the clinical focus from disease to intrinsic capacity;
- Rebuilding health systems to provide more person-centred and integrated care to older people;
- Transforming the health workforce so that it can better provide the care that these new systems will require

Leadership and governance: making Healthy Ageing central to policies and plans

- Policy reforms: the linchpin for an integrated health-service responses to ageing populations.
- Fundamental are commitments from governments, and formal policies, legislation, regulations and financing that concretize these commitments.
- Policies and plans should reflect integration across care levels (for example, across primary health-care and hospital-based services) and also across healthcare and long-term care systems.
- Monitoring and accountability systems can solidify integration.

The specifc mix of skills needed on multidisciplinary teams

- Cannot be achieved without the availability of geriatricians to see and treat complex cases.
- Startlingly low numbers of geriatricians in many countries: many more will be needed merely to meet current needs.
- Necessity of a much stronger academic base to identify the most effective interventions and services.
- Academic geriatric units ….will be crucial in building evidence and in raising the status of a field that is often perceived as unattractive.

DEVELOP AND ENSURE ACCESS TO SERVICES THAT PROVIDE OLDER-PERSON- CENTRED AND INTEGRATED CARE

- Ensuring that all older people are given a **comprehensive assessment** and have a single service-wide care plan that looks to optimize their capacity;
- Developing services that are situated as close as possible to where older people live, including delivering services in their homes and providing community-based care;
- Creating service structures that foster care by multidisciplinary teams;
- Supporting older people to self-manage by providing peer support, training, information and advice;
- Ensuring the availability of the medical products, vaccines and technologies that are necessary to optimize their capacity.

Box 4.4.
What are Healthy Ageing assessments and comprehensive care plans?

.....As such, the assessment can be completed as a multistep process, if needed, to ensure that all relevant parties are brought into the conversation (52, 53).

52 Bernabei R, Landi F, Onder G, Liperoti R, Gambassi G. Second and third generation assessment instruments: the birth of standardization in geriatric care. J Gerontol A Biol Sci Med Sci. 2008;63(3):308–13.
53 Conroy SP, Stevens T, Parker SG, Gladman JR. A systematic review of comprehensive geriatric assessment to improve outcomes for frail older people being rapidly discharged from acute hospital: 'interface geriatrics'. Age Ageing. 2011;40(4):436 – 43

www.rcplondon.ac.uk/projects/future-hospital-commission

Table 1. The Medical Division: areas of responsibility.

Location	Coordination link to Clinical Coordination Centre (overseen by acute care coordinator)	Unit	Role
Hospital site	Physician of the week	Acute Care Hub	Ambulatory emergency care (AEC) Acute medical unit Short-stay wards (predicted length of stay <48/72 hours) *Level 1 beds Intensive care service: Level 2 (high-dependency unit) and level 3 (intensive therapy unit) beds Emergency department
	Internal medicine consultant	Internal medicine (GIM) wards	Significant proportion of medical beds. Staffed by generalists with specialist input as required.
	Geriatric medicine consultant	Elderly care wards	Significant proportion of medical beds. Staffed by geriatricians and generalist juniors with specialist input as required.
	Specialty consultant	Specialty medical wards	Small proportion of beds. Staffed by specialist consultants with geriatric input as required.
	Linked internal medicine consultant	Surgical wards	Medical input provided by linked generalist consultant (and team) and anaesthetists.

(*continued overleaf*)