

## **LETTERS**

## PREVENTING ADMISSION OF OLDER PEOPLE

## Geriatricians can be the lynchpin of integrated care for older people

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D'Souza and Guptha argue that frail older people who are unwell need hospital admission for assessment and immediate treatment. We agree, but we also believe that active community services achieve more than is suggested.

The King's Fund review quoted by the authors finds that "hospital at home" services can help to manage the crises that precipitate admissions. Such alternatives may be preferable for patients with multimorbidity who have well established care packages and do not want the upheaval of hospital admission. Other activities, such as liaison in care homes and active working with ambulance services around problems like falls management, can reduce admissions. The sharing of information can ensure that risk is shared more appropriately and not avoided by sending the patient to hospital.

However, the success of community services cannot be judged solely on prevention of hospital admission. An integrated multidisciplinary team working across health and social care can reduce occupied bed days by pulling older people along a care pathway and back into the community before, during, and after a crisis. This can be achieved by providing genuine alternatives to admission, sharing information about care plans

to shorten hospital stay when admission is needed, and effecting rapid discharge as soon as a patient is ready.

Geriatricians can be the lynchpin of integration, bridging the gap between hospitals and community teams. Across the UK geriatricians are helping to develop integrated services, and models in Leeds, Southampton, Leicester, Sheffield, and Warwick are producing results.<sup>3</sup>

Pitting acute and community services against one another is counterproductive; we should focus on ensuring that older people have access to specialist health and supportive care when and where they need it.

Competing interests: None declared.

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