

Factsheet 44 • December 2011

NHS services

About this factsheet

This factsheet looks at NHS primary care services – the ones you would approach when you first have a health problem. It also identifies staff and services that can help you manage conditions that, although they cannot be cured, can be treated and managed at home. NHS screening programmes and other services designed to keep you well are described.

The information given in this factsheet is applicable in England. Different rules may apply in Wales, Northern Ireland and Scotland. Readers in these nations should contact their respective national Age UK organisation for information specific to where they live – see section 11 for details.

The following Age UK factsheets may also be of interest:

Factsheet 5 *Dental care: NHS and private treatment*

Factsheet 61 *Help with health costs*

Factsheet 66 *Resolving problems and making a complaint about the NHS*

For details of how to order other Age UK factsheets and information materials go to section 11.

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1 Recent developments

- The Health and Social Care Act 2012 received Royal Assent on 27th March 2012. It aims to improve the way the NHS is managed, how it commissions (buys) local services and how it involves patients and the public in decisions about local services and their own care.
- The main changes, which are due to come into effect in April 2013 are:
 - a) to give local doctors and other health professionals and local communities responsibility for the design of their services and management of resources.
 - b) to give local authorities greater involvement in and responsibility for identifying local health needs, ensuring NHS commissioning reflects those needs and, led by Public Health England, for improving the public health of their population. HealthWatch will represent the views of users of health and social care and local HealthWatch (which will replace local LINKs) will ensure the views of patients and carers are an integral part of local commissioning. The reforms are designed to lead to improvement in the quality of care and address outcomes that matter most to patients.
- Much of the detail of how new bodies and structures will operate will be described in secondary legislation i.e. Regulations, yet to be laid before Parliament. Despite this, many of the new bodies are operating in 'pilot', 'pathfinder' or 'early adopter' form. Most organisations will be fully operational from April 2013. See section 9 for brief details of new NHS organisations.
- Although some changes were made during the final reading of the Bill, you can read more about the new organisations and relationships between them in factsheets on the Department of Health website at <http://healthandcare.dh.gov.uk/factsheets/> .
- A new pharmacy service called the 'New Medicine' Service was introduced in England on 1st October 2011. It is a free service offered by community pharmacies to give patients with specified health conditions the support they often need in the early days after starting a new medicine. See section 5.9.

- The Public Sector Equality Duty (PSED), part of The Equality Act 2010, requires public bodies, including NHS organisations, to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. In 2012 two specific duties to help NHS organisations perform the PSED more effectively came into force. These required NHS organisations to:
 - produce a report at least annually to show how they are meeting the general duties to eliminate discrimination, advance equality of opportunity and foster good relations between different groups, covered by and referred to in the Act as groups with ‘protected characteristics’. The protected characteristics are: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.
 - publish equality objectives and set out how they will make and measure improvements against them over the next four years. Patients, carers and employees should be considered when setting objectives.
- The Equality Act 2010 (Age Exceptions) Order 2012 came into force on 1st October 2012 in relation to age discrimination. This applies to public services including the NHS but not to the financial services sector. It means from that date it will be no longer lawful, without good and sufficient reason, to provide inferior services or refuse to provide them at all, solely because of a person’s age. (See section 3.)

2 NHS Constitution

The NHS Constitution was launched in January 2009 and establishes the **principles and values** of the NHS in England. It sets out **rights and pledges** for patients, the public and NHS staff and the **responsibilities** they owe each other to ensure the NHS operates effectively and fairly.

The Secretary of State for Health must review and republish the Constitution at least once every ten years and the government cannot change the Constitution without full involvement of staff, patients and the public.

All NHS bodies, primary care services, independent and third sector organisations providing NHS care in England have a duty to take account of the constitution when commissioning and delivering services.

A **right** is a legal right arising from a specific piece of legislation or derived from legal obligations imposed on NHS bodies or healthcare providers.

Pledges are levels of service the NHS is committed to achieve. They are not legally binding and cannot be achieved for everyone all of the time because they express an ambition to improve, going above and beyond legal rights.

There are rights and pledges in seven key areas:

1. access to health services (5 rights and 3 pledges);
2. quality of care and environment (2 rights and 2 pledges);
3. nationally approved treatments, drugs and programmes (3 rights and 1 pledge);
4. respect, consent and confidentiality (5 rights and 1 pledge);
5. informed choice (3 rights and 2 pledges);
6. involvement in your healthcare and in the NHS (2 rights and 2 pledges);
7. complaints and redress (5 rights and 3 pledges).

An example of a right in relation to access to health services is:

“You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.”

An example of a pledge in relation to quality of care and environment is:

“The NHS commits to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice.”

An example of a patient responsibility is “You should follow the course of treatment you have agreed and talk to your clinician if you find this difficult.”

Note: The publication *The NHS Constitution – the NHS belongs to us all* (ref 300635) explains the rights, pledges and responsibilities in the Constitution. You can order a copy from DH publications (see section 10).

Alternatively you can find it at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

For more details about the rights and pledges and their legal sources you should read the *Handbook to the NHS Constitution 8 March 2012* at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

3 The Equality Act 2010 and age discrimination

The Equality Act 2010 (Age Exceptions) Order 2012 came into force on 1st October 2012 in relation to age discrimination. It applies to public services including the NHS but not to the financial services sector. It means that it is no longer lawful, without good and sufficient reason, to provide inferior services or refuse to provide them solely because of a person's age.

Age discrimination is unfairly treating someone differently because of their age. The ban on age discrimination is only intended to prevent the harmful or unjustifiable use of age, including a 'stereotypical view' of an age group. It is not intended to prevent differential treatment where this can be objectively justified.

The following situations are examples of where awareness of the new law is important.

- When a GP or consultant or other health professional is discussing treatment options with a patient or making a decision about treatment or care, a person's age can play a part but it should be their 'biological' age and not simply their 'chronological' age (age in years) that is taken into account. It may be recognised that some treatments for conditions such as cancer are less successful or less well tolerated as people get older and this issue may be raised during discussions about treatment options.
- When providing NHS services or considering treatment options, adopting a 'stereotypical view' of someone of a particular 'chronological' age would be deemed unjustifiable discrimination.
- When designing / providing a service (such as at a GP practice, out-patients etc) staff should not unfairly discriminate against or treat people differently on the grounds of their age or a stereotypical view of people of a particular age.

The law applies to anyone over the age of 18 who believes they have been treated less favourably because of their age when requesting or receiving NHS services. Discussion with the staff concerned can often clarify and resolve a situation (see section 8) but the law means they will be able to take organisations or individual clinicians or managers to court.

4 Local NHS organisations and services

Transition to new structures

Strategic Health Authorities (SHAs)

The Health and Social Care Act 2012 abolishes SHAs on 1st April 2013 when their role (supporting commissioners of local services) becomes one of the responsibilities of the **National Commissioning Board (NCB)**.

To support the establishment of the NCB and reflect its future structure, transitional arrangements required the SHAs to 'cluster'. In 2011, the original 10 SHAs in England merged to form **four SHA 'clusters'**: NHS North of England, NHS Midlands and East, NHS South of England and NHS London.

Primary Care Trusts (PCTs)

PCTs currently commission (buy) NHS services provided locally by GPs, dentists and other community-based services; by acute hospital trusts; by mental health trusts and ambulance trusts. Foundation trusts (part of the NHS but with greater financial freedom than other trusts) and independent hospitals can also be contracted to provide NHS services.

The Health and Social Care Act 2012 transfers the commissioning of many local services from PCTs to **Clinical Commissioning Groups (CCGs)**. To help support emerging CCGs, PCTs were asked to 'cluster' together.

There are likely to be between 220 and 240 CCGs. Many are already operating under delegated authority from their PCT clusters and are commissioning some local NHS community services. Before CCGs can take up full statutory powers and responsibility for commissioning, they must go through an authorisation process during 2012/13. PCTs retain accountability for local services until April 2013.

From April 2013, the **National Commissioning Board** takes responsibility for commissioning GP services, primary care and secondary care dental services. It will also commission specialist services such as cancer services that are currently commissioned on a regional basis. See section 9 for more information on the new organisations introduced in this section.

4.1 **Primary and secondary care services**

Health services may be referred to as 'primary' or 'secondary' care services.

Primary care services are delivered by the health professionals you contact when you first have a health problem or when you seek advice on how to stay healthy. They include your GP and practice team staff, district nurses, nurses at the local NHS walk-in centre, dentists, opticians, pharmacists, NHS family planning or smoking cessation services.

Secondary care services are usually provided on hospital premises as a result of an emergency admission or following an out-patient appointment.

5 **Primary care services**

5.1 **Getting help when feeling unwell (including NHS Direct)**

Your GP practice does not always need to be the first point of contact when you feel unwell. There are other services that can help you directly or put your mind at rest. These include:

- your local pharmacist
- NHS Direct
- NHS walk-in centre
- minor injuries unit.

Note: You can look for your nearest late-opening pharmacy, walk-in centre or minor injuries unit on the NHS Choices website: www.nhs.uk or find it by calling NHS Direct on 0845 4647.

Local pharmacist

Pharmacists can give advice if you have a sore throat, cold, aches and pains, can suggest non-prescription medicines to ease symptoms. They can help you decide if you need to see a doctor. As experts on medicines, they can answer questions about prescription items you are taking.

NHS Direct: 0845 4647

NHS Direct is a national, confidential 24-hour telephone advice and health information service staffed by nurses and professional advisers.

You can call NHS Direct if you or, a family member, are unwell. You will be transferred to a nurse who will ask a series of questions and advise you on the most appropriate course of action. You may be told how to look after yourself at home or they may recommend you see a pharmacist. If the problem is more serious, you may need to see your GP or go to hospital. If very serious, you can be connected directly to the ambulance service.

NHS Direct also offers:

- a confidential interpretation service. (If you let them know your preferred language, you will be connected to an interpreter who helps NHS Direct staff give you the help you need.)
- online symptom checkers
- a 24-hour textphone service on 0845 606 46 47
- details of local services including late opening pharmacies, emergency dental services, NHS walk-in centres and minor injuries units. They also have details of GP practices and dentists offering NHS treatment.

Note: From April 2013, a new freephone service - NHS 111- will be responsible in England for providing a single point of access for people needing urgent medical help or advice in a non life-threatening situation. It will run alongside 999. Pilot NHS111 services are operating in four areas of England and it is to be rolled out in other areas as and when ready. Evaluation of the pilots will refine the characteristics of the 111 service. Until NHS 111 roles out nationally, NHS Direct operates as usual.

NHS walk-in centres

There are around 93 walk-in centres open seven days a week from early morning until late evening. They are often located in town centres or hospital grounds. As the name suggests, no appointment is needed. Run by experienced nurses, they provide a range of services to treat minor illnesses and injuries.

Minor injuries units

There are over 200 minor injuries units for patients with non-life-threatening injuries that do not need the attention of accident and emergency (A&E) staff. They are often located in hospital grounds and can treat broken bones, minor burns, head and eye injuries as well as insect and animal bites.

Accident and emergency departments

If you believe your illness or injury may be serious or life-threatening, seek help by calling 999 or go to your nearest A&E department. Arriving at A&E by ambulance does not mean you are seen more quickly.

Life-threatening situations include:

- loss of consciousness
- persistent chest pain for 15 mins or more
- heavy blood loss
- medicine overdose
- signs that indicate a stroke – these include weakness on one side of your face making your eye or mouth droop, inability to lift both arms at the same time, difficulties in speaking or understanding what is said.

Remember FAST – **F**ace-**A**rms-**S**peech-**T**ime to call 999 – an acronym to help you recognise the symptoms of a stroke.

A&E clinical quality indicators were introduced in 2011 and replace the simple '4 hour waiting time' target. The indicators include time related measures – time to initial assessment, time to treatment and total time in A&E - along with clinical effectiveness, safety and service experience. Such measures are believed to be more clinically effective at improving services than a measure of time alone.

Complementary quality indicators have been developed for the ambulance service which aim to encourage discussion within the local NHS as to how emergency patient care can be improved.

Quarterly monitoring of A&E data continues and is published regularly by the NHS Information Centre. Hospitals are encouraged to publish their results on their websites. For details of the Information Centre website, see section 10.

Emergency dental services

NHS Direct has details of where you can access NHS treatment in an emergency or out-of-hours. If you have a usual dentist and need treatment out of hours, call the surgery and the ansaphone message directs you to the nearest out-of-hours care.

5.2 GP services

A range of services and health professionals

GP practices offer a range of services to prevent and treat illnesses and support people with long-term conditions such as diabetes, heart disease, asthma and chronic obstructive pulmonary disease (COPD).

Nurse consultants, nurse practitioners and specialist nurses frequently work alongside GPs and practice nurses. Their additional training means they can diagnose, treat, and manage a variety of health conditions and some can prescribe from a list of medicines. See section 4.7 for more information about supporting people with long-term conditions.

Registering with a practice

Everyone living lawfully in the UK has the right to register with a GP practice. This right is based on being ordinarily resident in the UK and not on your nationality or the payment of tax or of national insurance contributions.

Every GP practice has a responsibility to ensure that everyone who needs to use their practice can do so. If you have particular difficulties accessing services, for example due to a disability or caring responsibilities, you should discuss them with the practice so they can do their best to resolve them. The practice manager would be a useful person to speak to initially.

Note: The NHS Constitution says: You have a right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you should be informed of those reasons.

You can find details of local practices on the NHS Choices website or by calling NHS Direct. See section 5.1.

GP practices are commissioned by PCTs to offer services in the area. They often work within a 'catchment' area that covers certain streets or postcodes. If a local practice is accepting new patients and you live in their catchment area, call in and collect a practice leaflet. This tells you more about the staff and services offered, including:

- the name and qualifications of health professionals and support staff
- the services provided, such as special clinics for diabetics, health promotion activities and whether it is a practice supporting trainee GPs
- opening hours, how to make an appointment to see or speak to staff
- criteria for a home visit
- how to request a repeat prescription
- how to contact a doctor out of hours
- contact details for NHS Direct and local walk-in or minor injuries units
- information for patients with disabilities or special language needs
- how to comment or complain about services
- rights and responsibilities of patients and action that may be taken if patients are abusive or violent.

Ask about services that may be important to you such as telephone access to a GP, extended opening hours, making appointments in advance, support for carers, services for people with long term conditions or parking facilities.

You must show proof of your address to be accepted onto a practice list. Staff should ask if you want to name a '**preferred practitioner**'. This is someone – a doctor or a nurse - you would like to receive services from generally or in relation to a particular condition. Your preference should be noted.

Within six months of joining the practice, you should be invited to visit the practice or, if necessary, offered a home visit to discuss your general health.

If you have been registered with another practice, your medical records can be transferred from your previous practice. This will include details of your unique 10-digit NHS number that makes it easier for patients to be uniquely identified across the NHS.

Note: Contact NHS Direct if you cannot find a practice to accept you. The PCT has a duty to assign you to a practice if you cannot find one yourself. NHS Direct can explain the process. See section 5.1.

Registering with a practice if you live in a care home

If you move permanently into a local care home, your GP may be willing to continue to care for you. If you move too far away, you will need to register with a new practice. There is likely to be one or more practices that visit your care home. You should receive the same range of services that you received when living in your own home. You should not be asked to pay for GP services or any NHS services your GP says you need.

Making an appointment

Most practices have an appointment system and some offer extended hours with appointments early morning, late evening and Saturday morning.

The system should be flexible and allow booking of routine or non-urgent appointments. Your practice should try and meet any reasonable request to see your 'preferred practitioner'.

Note: The NHS Constitution says "You have a right to express a preference for using a particular doctor within your GP practice and for the practice to try to comply."

GPs have a duty of care to ensure they offer services in a manner and time that meets your clinical needs. There is usually a system that allows you to see a GP in an emergency if there are no available appointments and also the option of speaking to a GP or nurse by telephone at an arranged time.

Out-of-hours services

Each PCT is responsible for providing an out-of-hours service that meets Department of Health standards. Out-of-hours usually means from 6.30 pm to 8am on weekdays, all weekend and bank holidays. If you call your practice out-of-hours you are redirected to the out-of-hours service. NHS Direct can also give you the number or suggest a suitable alternative. See section 5.1.

Making the most of your appointment

A typical appointment slot is about 10 minutes. If you have complex issues to discuss you may like to ask if you can have a double appointment.

- You may like to remind your GP if you have hearing difficulties or English is not your first language so they can be sure to speak clearly.
- If you need information in large print or another language be sure to let the GP know.
- You may like to make notes beforehand so you have a reminder of what you want to tell the doctor or ask about.
- If you are worried about new symptoms, try to remember when you first noticed them? Does there seem to be a pattern or certain times when they are better or worse? Could they be linked to any change in medication?
- Don't miss anything out because you think it's minor or trivial. GPs can only work with what you tell them so let your GP decide what's significant.
- If you don't understand the answer to your questions or some of the words used, ask for an explanation or for the answer to be written down.
- If you are going to hear the results of tests and discuss treatment, you may want to ask whether there is more than one treatment, what the pros and cons of each are and whether there are any common side effects.

Seeking a second opinion

If following a discussion with your GP you have doubts about a diagnosis or suggested treatment, you can ask your GP to refer you for a second opinion. Although you have no legal right to a second opinion, GPs rarely refuse unless there is sufficient reason and they do not think it necessary. The referral may be to another GP in your practice or a consultant.

If your case is complicated or diagnosis unclear, your GP or consultant may want a second opinion to ensure all possible treatment options are explored.

Home visits

Your practice leaflet should explain the criteria for home visits. Giving a full description of your condition when you phone the surgery helps the doctor make an informed decision about the need for a home visit. While having a general policy, decisions should be made on a case-by-case basis. If possible, call in the morning if you think you need a same day visit.

Note: If you are ill and have a partner whose medical problems make it difficult for them to be left alone, let the practice know. You can discuss how you might manage your own ongoing health needs or episodes of ill health, if arranging for a sitter is difficult. Telephone consultations or a home visit may be options. Your GP can understand your needs better and help you take care of your own health if you let them know you are a carer. See section 10 for information about Carers UK and Carers Direct.

Changing your practice

You do not need to tell your practice if you are moving house or have found another practice to accept you but you may, as a courtesy, wish to tell them. Once you are accepted by a practice, your medical notes can be forwarded.

De-registration

A practice can choose to remove you from their list. This could happen if you move outside the 'catchment' area, if your relationship with the practice is considered to have broken down or if your behaviour towards staff or other patients is considered unacceptable. Unless you have been violent or threatened staff or other patients and the police have been informed, you must be given a warning and provided with reasons for your removal. The GP informs the PCT of its reasons and it, in turn, informs you.

If you disagree with the reasons for your removal and believe you have been treated unfairly, you can complain using the NHS complaints system. The PCT or Patient Advice and Liaison Service (PALS) can explain this to you. See section 10 and Age UK's Factsheet 66 *Resolving problems and making a complaint about NHS services*.

Registering as a temporary resident

If you will be living away from your usual address for up to three months, you can apply to be a **'temporary' resident** at a local practice. If their list is not full they are likely to accept you.

If you become ill while staying with friends, approach their local practice to see if they are willing to treat you. If staying in a hotel, it may have an arrangement with a local practice. In other circumstances call NHS Direct and they can recommend the most appropriate action to take. See section 5.1.

Note: The Royal College of GPs has a useful publication: *It's Your Practice: A guide to GP Services*. It is available to download

http://www.nhs.uk/choiceintheNHS/Yourchoices/GPchoice/Documents/rcgp_yp_full_booklet_web_version.pdf

5.3 Help with hearing difficulties

Visit your GP if hearing difficulties are causing you practical problems. If your GP cannot find a medical reason such as build up of wax or an ear infection, you can be referred for a hearing test. If the test indicates a hearing aid in one or both ears would be helpful, staff will discuss options with you. NHS hearing aids are provided on loan; batteries are supplied free of charge.

If you choose to purchase a hearing aid privately, check the hearing aid dispenser is registered with the Health Professions Council.

Action on Hearing Loss provides information about hearing loss and aids. Hearing Concern LINK helps people manage hearing loss. See section 10.

Note: You can check your hearing using the Action on Hearing Loss confidential online or telephone hearing check. This check is designed to identify people who have hearing loss and prompt them to take action and visit their GP. It is not a medical diagnosis. See section 10 for details.

5.4 Referral to a consultant

If you and your GP agree that you should see a consultant for tests or treatment, you have a right to choose from any NHS or independent hospital that offers suitable treatment and meets NHS standards and costs. This choice is available in most circumstances but not if you need treatment urgently, for example you are experiencing chest pains or if cancer is suspected. Exceptions also include maternity or mental health services.

Note: Hospitals are being asked to list all named consultant-led teams against their relevant services on Choose and Book so that patients are able to book appointments with consultant-led teams as well as generic clinics. The consultant will not necessarily be present for all appointments but retains overall clinical responsibility for patient care. From April 2012, you should be able to choose not only the hospital where you wish to be treated but also, where clinically appropriate, a named consultant-led team for your first out-patient appointment.

Further information can be found at www.dh.gov.uk/health/2011/10/named-consultant/

Choosing your hospital

In addition to clinical care, there may be practical issues that also matter to you, such as access by public transport or parking. If you are likely to require in-patient treatment, you may want to find out about the reputation of a hospital for cleanliness and rates of hospital acquired infections.

You can discuss your preferences and options with your GP or compare hospitals, including comments from patients about their hospital care, on NHS Choices. See section 10.

Booking an appointment through 'Choose and Book'

'Choose and Book' allows you to 'choose' your hospital and consultant team and 'book' an appointment on a day and time convenient to you. You must use the **unique reference number and password** provided by your GP. This is a security mechanism to ensure only you or someone you nominate can make or change your appointment.

If you have chosen your hospital and know when you would be able to attend an outpatient appointment, you may be able to book the appointment before you leave the surgery.

If you are unable to book at the surgery or want to think about your options, discuss them with family or friends or decide on a convenient time to attend outpatients, you can book your appointment later.

To book your appointment later:

- call The Appointments Line (TAL) on 0845 60 88 88 8 or textphone 0845 8 50 22 50. Lines open daily from 7am – 10pm. You can also call one of these numbers if you need to change your appointment.

OR

- Book online at www.chooseandbook.nhs.uk/patients

Waiting times

The NHS had waiting time targets – the time between GP referral to start of treatment – for a number of years. In April 2010, the government decided it would not continue to enforce the 18 week target, though it continues to publish waiting times through the NHS Information Centre and hospitals are encouraged to publish such information on their website. Although targets are no longer enforced, this does not impact on the patients right in the NHS Constitution (area: access to health services) that relates to waiting times.

The Constitution says:

“You have a right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.”

The NHS Constitution Handbook says in relation to maximum waiting times for GP referrals that you have the right to:

- start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions.
- be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

If this is not possible, suitable alternatives should be discussed with you.

PCTs have a duty to take account of the NHS Constitution when commissioning hospital and other services for their patients.

5.5 **Chiropody, physiotherapy and other services**

Your GP can refer you to other health professionals to diagnose or treat specific aspects of your condition. They may visit you at home or hold clinics at a local practice, health centre or hospital.

Marie Curie and Macmillan nurses support those with cancer and their families to manage the physical and emotional aspects of their illness, particularly as people approach the end of their life. See section 5.8.

Chiropodists (also known as podiatrists) help people who have problems with their lower legs or feet. In some areas you can self-refer to the chiropody service but in many cases you need a referral from your GP. To receive treatment as an NHS patient, you must meet local eligibility criteria and this often means having a medical foot problem or health condition – such as diabetes, arthritis and circulatory problems – that puts you at risk of foot-related problems.

Your PCT Patient Advice and Liaison Service (PALS) can tell you about local eligibility criteria and the referral process. See section 10.

Routine care such as nail cutting is unlikely to be offered as NHS treatment but may be offered by local voluntary organisations. Contact your local Age UK for further information. See section 11.

Physiotherapists help with back pain and muscle strains. They may also be members of a multi-disciplinary team that offers rehabilitation support following a fall or stroke or with conditions such as osteoporosis and asthma.

Occupational therapists (OTs) advise on home modifications or equipment that could make living at home easier. You can be referred to an OT by your GP or social services. They are often members of a multi-disciplinary team that offers rehabilitation support.

Speech and language therapists help with speech and communication. They can also help with eating and swallowing difficulties that can occur following a stroke or in people with dementia.

Dietitians may work with speech and language therapists to help patients with swallowing difficulties. They are experts in nutrition and can advise on meals or supplements for people with poor or small appetites.

Note: If you wish to approach one of the above health professionals to treat you privately, contact the Health Professions Council (HPC) to check that they are registered to practice. The HPC registers 15 health professions. See section 10.

5.6 Falls Prevention Services

If you have a fall or start to feel unsteady you should discuss this with your GP, even if you have not suffered any injury as a result and generally feel fine. Your GP may want to check your medication or arrange tests to see if there is any medical reason to explain it.

With your permission, your GP can also refer you to the local falls prevention service for a falls risk assessment. Here the aim is to:

- try to work out what is making you unsteady
- listen to what you think the problem might be and, depending on the outcome of your discussions,
- agree with you, an individual action plan to reduce your risk of falling.

This could include checking your eyesight, investigating any continence problems, checking your home for potential hazards and/or attending an exercise class to improve your strength and balance.

As well as considering your risk of further falls, your GP may also consider your likely risk of osteoporosis, a condition that leads to bones that break easily following a fall. If you are at significant risk, your GP should discuss options to reduce your risk as explained in NICE guidance on primary prevention of osteoporosis. See the version written 'for patients and carers' at: <http://guidance.nice.org.uk/TA160>

5.7 Supporting people with long-term conditions

Millions of people have one or more 'long-term' conditions (LTCs) such as diabetes, arthritis, heart disease, asthma or other lung diseases. These conditions cannot be cured but can be managed with medication and other treatments.

Note: One of the NHS Constitution pledges (in key area: informed choice) says: "The NHS commits to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices."

Your GP practice should be keen to help you better understand and manage your own care. This may include drawing up a **care plan** to help you manage your condition on a day-to-day basis and recognise symptoms that you should report to your GP. It may also include creating an '**information prescription**' with the help of the NHS Choices website. Here you can identify reliable sources of information about your condition and the financial and practical support available at both a national and local level to help you maintain your independence.

Note: For more information on the help you can expect if you have a long term condition or to create an information prescription, go to NHS Choices: www.nhs.uk/Planners/Yourhealth/Pages/Healthcare.aspx

Many patients become expert in managing their condition with the help of the **Expert Patients Programme (EPP)**. This is a self-management course that gives patients the confidence, skills and knowledge to play an active role in managing their condition on a daily basis. It is a six-session course led by trained volunteer tutors who themselves live with long-term conditions. Ask your GP about local courses or see section 9.

Personal health budget pilots

The aim of a personal health budget is to give an individual more choice, flexibility and control over how money is spent meeting their health and wellbeing needs. Personal health budgets (PHBs) are being piloted for specified patient groups in around half the PCT areas in England until 2012. The pilot sites chose which patient groups to include in the pilot. Patients with certain long term conditions, or with mental health needs or in receipt of NHS continuing healthcare are among the groups involved in the pilots.

An in-depth study involving 20 of these sites is underway as part of a wider evaluation to find out how best to implement PHBs and which patients are likely to benefit most. The final report of the pilots is due to be published in October 2012. If the report is favourable, it will inform the guidance on rolling out PHBs nationally. This roll out is unlikely to be before 2014. Interim results from the pilots, suggest individuals eligible for NHS continuing healthcare are likely to be the first to have the right to ask for one.

NICE Quality Standards

These are a set of specific, concise statements and associated measures that set out what aspirational but achievable markers of high quality care look like. They are central to supporting commissioning of services that offer the best quality outcomes for patients and help patients and carers understand what they should expect from health and social care services.

Standards have been developed for a number of long term conditions including chronic heart failure, chronic obstructive pulmonary disease, dementia, type 2 diabetes, depression and stroke, with more standards in development.

You can find out more about the standards for each of these conditions on the NICE website:

www.nice.org.uk/aboutnice/qualitystandards/qualitystandards.jsp

5.8 End of life care

End of Life care is the care provided by the NHS to people who are likely to die in the next 12 months (including people with incurable and life threatening illnesses and those who die unexpectedly) and their families and carers.

The End of Life Care Strategy published in July 2008 aims to:

- ensure that in the coming years, high-quality care is available to people as they approach the end of their life, wherever they are cared for
- if it is their preference, make it easier for people to die in their own home or if they live in a care home, to be cared for in the care home rather than admitted to hospital.

Many people die in hospital and yet most people, when asked, say they would prefer to die at home. For the long-term goals of the strategy to become a reality, PCTs and their respective local authorities must identify the services, training and additional staff needed to offer 24-hour support for patients and their carers and for care home residents. Steps must then be taken to commission appropriate services. Community health and social care services need to be able to meet the needs of patients with any terminal illness, not just cancer.

NICE Quality Standard for End of Life Care sets out how a high quality end of life care service should be organised so that the best care can be offered to people at this crucial time. It consists of 16 statements that describe markers of high quality care. Supporting documents illustrate ways to achieve this.

If services reach these standards, it should improve the safety, effectiveness and experience of people at the end of their lives and experience of their family and carers. You can read the statements at www.endoflifecareforadults.nhs.uk/assets/downloads/EndOfLifeCarePatientInfo_1.pdf

Note: If you are diagnosed with a terminal illness or admitted to hospital and found to have limited life expectancy, you and your carer or family members should be offered the opportunity to discuss your thoughts, concerns, needs, wishes and preferences with the NHS team caring for you. This should include where you would like to be cared for.

This information should be recorded in what may be called an ‘**advance care plan**’ or ‘**preferred priorities for care**’ and efforts made to ensure that every service caring for you – including the out-of-hours and ambulance service - is aware of your preferences. Staff should take your choices and preferences into account and accommodate them wherever possible.

The End of Life Strategy third annual report was published September 2011. It describes considerable progress that has been made in the past year and indicates where attention needs to be focused to maintain momentum across the country.

To read this report go to:

http://www.endoflifecareforadults.nhs.uk/assets/downloads/dh_130253.pdf

The leaflet ‘*What does the End of Life Strategy mean for patients and carers*’ can be found at:

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086504.pdf

5.9 **Services at your local pharmacy**

Pharmacists are experts on medicines and can help if you have difficulty taking or have questions about prescribed or over-the-counter medicines.

Speak to your pharmacist if you find labels difficult to read or the usual packaging hard to open. Let them know if you find tablets difficult to swallow or find it difficult to take them as prescribed. This can be a problem if you take many tablets on several occasions at different times of the day. Your pharmacist may offer a simple solution or be able to decide if you are eligible for special help under the Disability Discrimination Act 1995.

Pharmacies may offer the following services:

- prescription collection service – at your request, the pharmacy collects a repeat prescription from your GP practice to save you the journey

- home delivery service – this may be combined with the above service and allows prescription medicines to be delivered to you. This does limit contact between you and the pharmacist and the opportunity to raise any questions about taking your medicines. However many pharmacists are happy to talk to patients on the phone.

Electronic Prescription Service (EPS)

The EPS system aims to improve efficiency and safety when dispensing medicines. When it is available in your area, your GP or pharmacy will let you know and a special NHS logo will feature in the pharmacy window. It is particularly useful if you need repeat prescriptions.

Through the EPS system, you nominate the pharmacy you would like to dispense your prescription on a regular basis. When you contact your practice for a repeat prescription, it is sent electronically, quickly and securely, to your chosen pharmacy. Your prescriptions are ready to collect or be delivered, an hour or two after you request them.

The EPS system is optional – you do not have to choose it. You can also amend your nominated pharmacy or amend it temporarily if you are going away and are likely to need a prescription during that time.

Medicine Use Review (MUR)

Your pharmacist may invite you for a MUR or you can ask for one if you take several medicines regularly. This review offers you a chance to raise any problems you have taking your medicines and get advice on how to take them in the best way. You can learn more about how they work and discuss any unwanted side effects you think they may be causing. A review helps make sure you are getting the most benefit from the medicines you take.

If you take non-prescription medicines, take them with you so the pharmacist gets a complete picture of the medicines you take.

Your GP should also regularly review the medicines you take on a regular basis, to make sure you take the most appropriate medicines at the most appropriate dose.

'New medicines' review

This new free NHS service, provided through community pharmacists, was introduced in October 2011. It offers three consultations with a pharmacist over four weeks, if you start a new medicine for treatment of asthma, type 2 diabetes, chronic obstructive pulmonary disease (COPD), high blood pressure or any blood thinning medicines. The service aims to give patients much needed support in the early days of a new treatment and to help ensure they get maximum benefit from their treatment.

Health promotion/lifestyle advice

Many local pharmacies offer cholesterol testing, blood pressure checks and advice to help you give up smoking.

5.10 Reporting unwanted side effects from medication

The Yellow Card Scheme is administered by the Medicines and Healthcare products Regulatory Agency (MHRA). It allows health professionals and patients to report unwanted side effects from prescription or non-prescription medicines or herbal remedies.

A yellow card form is available in most pharmacies or by calling the yellow card hotline or you can complete a form online. When completing the form, you will be asked if you give your permission to be contacted by the MHRA, should they like further information to help them understand the side effect you describe. See section 10.

5.11 Complementary therapies

These include therapies such as acupuncture, chiropractic, osteopathy, homeopathy and herbal medicine. They are not usually available as NHS treatment but your GP will know if they are.

If considering these therapies on a private basis, you should mention this to your GP. This is particularly important if you take prescription medicines and the therapist may recommend you take medicine or herbal remedies.

Always check that the therapist has appropriate qualifications and insurance to treat you. Osteopaths and chiropractors must be registered with their own regulatory bodies in order to practise legally in the UK. Acupuncturists and herbal medicine practitioners have their own professional bodies but do not have a regulatory body. See section 10 for further details.

6 NHS services for older people

6.1 Over-60s – free prescriptions

NHS prescriptions are free for people aged 60 and over.

6.2 Over-60s – free NHS sight tests

Anyone aged 60 or over is entitled to an NHS sight test. A sight test checks not only your vision but your eye health and can pick up conditions, such as glaucoma, in the early stages before long-term damage is done.

Younger adults should have a test every two years and those 70 and over should have one every year. Opticians can use their professional judgement in individual cases to decide the frequency of your sight test.

If you find it difficult to visit an optician, contact your PCT PALS for a list of opticians funded to offer NHS tests at home or in local care homes. See section 10.

For more information about sight tests and eye conditions contact the RNIB. See section 10.

6.3 Over-75s health check

If you are over 75 and have not needed to see a member of your GP practice for a year or more, you can ask for an appointment to discuss your health or any health concerns you have. If, for medical reasons, it would be difficult to visit the practice, you should be offered a home visit.

6.4 Over-75s medication review

The National Service Framework for Older People recommends a free yearly medication review for all those over 75, increasing to every six months if taking four or more medicines. If you have a long term condition that requires medication for the rest of your life, a medication review is likely to be part of a regular review of your health with your GP or specialist nurse.

6.5 Over-65s – free seasonal flu jab

A dose of flu can lead to complications such as pneumonia or severe bronchitis in certain groups of people. A seasonal flu jab is offered to people aged 65 and over. Because the flu virus is always changing you need a jab every year, using the new vaccine produced to target those viruses likely to be in circulation

The jab is also offered to younger people:

- with specific long-term conditions, including chronic lung disease, a heart problem, diabetes, liver or kidney disease or a neurological condition such as multiple sclerosis
- or who have had a stroke or mini stroke (known as a transient ischaemic attack or TIA)
- or who have a lowered immune system as a result of some cancer treatment or taking steroid medication.

Your GP may also offer a flu jab if you receive carers allowance or the welfare of someone who you provide a substantial level of care to would be at risk if you were ill.

GP practices usually issue invitations to have a flu jab in the late summer/early autumn.

6.6 Over-65s – free jab against pneumonia

This jab, commonly called the pneumo jab, is offered to people aged 65 and over. It is not necessary to have this jab every year and most people will have it only once. Available through your GP practice, it protects against pneumonia, septicaemia and bacterial meningitis.

6.7 NHS screening for cancer in England

The **NHS breast screening programme** invites women aged between 50 and 70 for screening every three years. This age range is being extended gradually over the next few years so that women aged 47 to 73 are invited.

Note: Until the extended programme reaches your area, once you are over the age of 70, you have a right to be screened every three years on request and should contact your local screening centre. Once the extended screening programme arrives in your area you continue to be eligible for screening every three years on request. NHS Direct has details of your local screening unit. See section 5.1.

The **NHS cervical cancer screening programme** invites women between the ages of 50 and 64 for screening every five years.

The **NHS national bowel screening programme** invites men and women between 60 and 69 to take part every two years. The screening kit, with instructions, is sent to your home and you return it to a laboratory for analysis. People over the age of 70 can request a screening kit by calling the bowel screening helpline. See section 10.

There are no plans at present to screen men to detect **prostate cancer** but an informed choice programme – Prostate Cancer Risk Management – is available. If you would like to know more about it, speak to your GP.

6.8 NHS screening for other conditions

Anyone over the age of 12 who has diabetes, regardless of whether it is treated by insulin, tablets or diet, should be invited for screening every year to detect **diabetic retinopathy**. It is offered if you have diabetes, as you are more at risk of developing this eye condition. Speak to your GP if you are not invited for screening annually.

The **NHS Abdominal Aortic Aneurysm (AAA) screening programme** is being introduced gradually across England so that by March 2013 it will be offered to all men in their 65th year. It is hoped to be operating across 40% of England by the end of 2011.

Screening using an ultra sound scanner (as used to monitor a developing baby during pregnancy) can detect a symptom-free abnormality that can develop in the aorta - a major artery.

Screening is offered to men and to men at this age because they are more likely to have an AAA. A large aneurysm can be serious but if an aneurysm is detected at an early stage, it can be monitored and then treated if necessary.

Note: You can learn more about this screening programme and check if it has started in your area by looking on the website <http://aaa.screening.nhs.uk> or contacting your PCT PALS to see if has started locally. For more information about aortic aneurysm go to the Health A-Z section of NHS Choices website. See section 10.

NHS health check aims to help you assess and if necessary lower your risk of four common but preventable diseases: heart disease, type 2 diabetes, stroke and kidney disease. It is offered every five years to people between the ages of 40 and 74 who have not already been diagnosed with one of the above diseases. Local PCTs decide how to manage the invitations, so contact your local PALs for information about your area. See section 10.

You can read more about the NHS health check on NHS Choices at:

<http://www.nhs.uk/Planners/NHSHealthCheck/Pages/NHSHealthCheck.aspx>

7 Help with health costs – NHS Low Income Scheme

Most NHS services are free but for some groups of the population, services such as NHS dental treatment and the purchase of glasses or contact lenses after an NHS sight test, are not. You may be eligible to full or partial help with these costs if you are on a low income.

If you receive the guarantee part of Pension Credit, Income Support or Income-related Employment and Support Allowance you are automatically entitled to help with the cost of dental treatment and glasses.

If you are on a low income and have savings of less than £16,000 (£23,250 if you live in a care home) you may be entitled to help with these costs through the NHS Low Income Scheme.

If you receive the guarantee part of Pension Credit or one of the other benefits mentioned earlier, or are eligible for help through the NHS Low Income Scheme, you may be eligible for help with the costs of travel when referred to see a consultant on NHS premises. In some circumstances, other referrals by a GP or dentist mean you are entitled to help with travel costs. You need to ask the referring doctor or dentist whether the referral being made qualifies for help.

For more information about entitlement to help with the above health costs see Age UK's Factsheet 61, *Help with health costs*.

8 Resolving problems and making a complaint about the NHS

Each PCT, GP practice, opticians and dental surgery providing NHS services must have a senior staff member responsible for resolving problems and concerns raised by patients.

Some problems can be resolved satisfactorily without the need to make a formal complaint; others require a more formal investigation. For information about what should happen if you raise concerns or wish to make a formal complaint see Age UK's Factsheet 66, *Resolving problems and making complaints about the NHS*.

All NHS trusts and independent providers of NHS services must also follow the procedures outlined in this factsheet.

9 Health and social care reform organisations

Below is a brief description of the role of new organisations that feature in the Health and Social Care Act 2012 and will operate from April 2013, unless otherwise stated.

NHS Commissioning Board (NCB) – is to be nationally accountable for the results or 'outcomes' achieved by the NHS in England and for providing leadership for the new commissioning system. It will be responsible for promoting co-operation as well as promoting efficiencies.

Since October 2011 it has been operating as the 'National Commissioning Board Authority'. Senior appointments have been made and it has been working on the development of clinical networks, clinical senates and commissioning support services (CSSs). From October 2012 it will be an 'Executive non-Departmental Public Body and responsible for authorising Clinical Commissioning Groups (CCGs) and preparing for the new system.

From April 2013, it will take on full statutory responsibilities and have its own commissioning role – commissioning primary care services (including GP and dental services) , military and offender health services, a range of public health services and specialised services for rare conditions and more specialised services currently commissioned regionally.

The Board will have four regions that will mirror the four SHA clusters and local area teams that reflect current PCT clusters.

Clinical Commissioning Groups (CCGs) – will be responsible for commissioning local NHS services and between them, be responsible for 80% NHS budget. Their name must include 'NHS' and have a clear link to their locality.

CCGs are to be formed of local GP practices and the vast majority of CCGs have confirmed their member practices. They are required to have non GP health professionals on their Board. When commissioning services, they must take advice from other bodies including their clinical networks and senates. The findings of local joint strategic needs assessment and health and wellbeing strategies produced by health and wellbeing boards will also drive service development and commissioning.

Before CCGs can take up full statutory powers and responsibility for commissioning, they must go through an authorisation process during 2012/13.

Clinical networks and clinical senates will consist of groups of experts working in specialist areas of care and will support CCGs in developing and commissioning services for particular patient groups. Clinical senates will bring together a range of health and social care professionals and provide advice on commissioning. It is anticipated that the NCB will host networks and senates across 12 – 15 core areas, operating across yet to be agreed geographical areas.

Health and Wellbeing Boards (HWBs) will be embedded in each local authority / unitary authority and bring together leaders of the local health and social care systems - CCGs, local councillors, social care, public health and local HealthWatch - to agree an integrated way to improve local health and wellbeing. Early implementer HWBs are operating in over 150 local authorities as part of the transition to the new health and care system.

Health and wellbeing boards will have a duty to encourage commissioners of health and social care services to work together in an integrated way.

HealthWatch England is the new consumer champion, created to gather and represent the views of users of health and social care services, members of the public and local HealthWatch. It will influence policy and service delivery through advising the NHS Commissioning Board, local authorities, Care Quality Commission (CQC), Monitor and the Secretary of State for Health. It begins operating from October 2012.

Local HealthWatch will be commissioned and funded by local authorities. They will have a place on their local health and wellbeing board and so help ensure the views of patients and carers are an integral part of local commissioning. They will also provide information and advice about local health and care services but the detail of this role is yet to be finalised. 75 local 'pathfinder' HealthWatch will pioneer plans ahead of full implementation of local HealthWatch in April 2013 i.e. six months after HealthWatch England.

Monitor's core duty will be to protect and promote patients' interests. It will be required to support the delivery of integrated services where this would improve quality of care and improve efficiency. This might include working with commissioners to remove barriers and consider how to enable integrated care where this is in the interests of patients. It will have a new role of supporting commissioners to ensure continued patient access to NHS services, should a provider of services become financially unviable. It will continue to be the regulator of Foundation Trusts and assess readiness for NHS Foundation Trust status by ensuring Trusts are financially viable and well-led in terms of quality and finances.

Public Health England, as an executive agency of the Department of Health, will have operational independence. It will take on its full responsibilities for public health in April 2013, when local authorities supported by directors of public health, will also take on their new public health responsibilities. It will have an important role in developing plans to protect the health of the people of England from infectious diseases – ranging from influenza pandemics to terrorist attack - and in reducing health inequalities, by enabling and supporting individuals and communities to improve their own health. Another key role is to work with the NHS, local government and other agencies to address wider determinants of health such as housing environmental health, transport and leisure services.

Public Health – local authority responsibility

In April 2013, local authorities supported by directors of public health, will also take on their new public health responsibilities for local public health improvement. Directors of public health will be statutory members of health and wellbeing boards.

The NHS will work closely with local authorities and retain responsibility for delivering specific public health services such as and national screening programmes and use each encounter with patients to promote healthier living.

Local authorities will have to have regard for the Public Health Outcomes Framework and be required to provide a small number of mandatory services such as NHS health check assessments and implementing at a local level, national plans to protect the health of the nation eg against pandemic flu.

10 Useful organisations

Action on Hearing Loss

Action on Hearing Loss is the largest charity in the UK tackling hearing loss and making hearing matter. Provides information about textphones and other specialist equipment and services for people who are deaf and hard of hearing.

19–23 Featherstone Street, London EC1Y 8SL

Tel: 0808 808 0123

Website: www.actiononhearingloss.org.uk

Bowel screening programme

Call this number if you are over 70 and would like to request a bowel screening kit.

Tel: 0800 707 6060 (free call)

Carers Direct

Free and confidential advice for carers.

Tel: 0808 802 0202 (free call)

Website: www.nhs.uk/carersdirect

Carers UK

Provides information, advice and support to carers, including local support groups, and campaigns on carers' issues.

Tel: 0808 808 7777 (free phone)

Website: www.carersuk.org

Department of Health

To order publications use the telephone number or email address below. When ordering it is helpful to have the reference number as well as the title.

Tel: 0300 123 1002

Email: www.dh.gov.uk/health/category/publications

Expert Patients Programme (EPP)

EPP runs courses to help people with any long-term condition maintain their health and improve their quality of life.

Tel: 0800 988 5550

Website: www.expertpatients.co.uk

Hearing Concern Link

Hearing Concern LINK is the newly united charity providing information and support to people with a hearing loss and their families.

Tel: 0300 111 1113

Tel (text): 07526 123255

Website: www.hearingconcernlink.org

NHS Information Centre

The Information Centre is England's central authoritative source of health and social care information.

Tel: 0845 300 6016

Website: www.ic.nhs.uk

NHS cancer screening programmes

This website contains information about screening programmes for breast, cervical and bowel cancer and lists the booklets produced to explain the programmes to the public. Your invitation for screening is usually accompanied by an explanatory booklet.

Tel: 0114 271 1060

Website: www.cancerscreening.nhs.uk

NHS Choices

NHS Choices is a comprehensive web information service to help you find and use NHS services, identify how you can improve and make choices about your health, manage long term conditions and learn more about the prevention and treatment of hundreds of health conditions.

Website: www.nhs.uk

NHS Direct

NHS Direct has contact details for your PCT and local services such as doctors, pharmacists, dentists and support groups. It can also give information on range of health topics and advice on looking after your health.

Tel: 0845 4647

Website: www.nhsdirect.nhs.uk

NHS Direct Interactive TV channel is on Freeview channel 108 and also available to Sky digital viewers. It offers a directory of NHS services and health information.

Patient Advice and Liaison Service (PALS)

There is a PALS service operating in each NHS trust – PCTs, hospital trusts, foundation trusts, ambulance trusts and mental health trusts. They can tell you about services that operate in the trust and are keen to hear from patients who wish to make complimentary comments or express concerns about the services they receive.

Early intervention by PALS staff can help resolve problems before they become major issues or they can put you in contact with the complaints manager if you wish. Trust staff or NHS Direct can provide contact details of your local PALS.

Royal National Institute of Blind People (RNIB)

Contact RNIB for information and advice about sight problems and products or publications available to support people who are blind or partially sighted.

Tel: 0303 123 9999

Shop by phone: 0845 702 3153

Website: www.rnib.org.uk

Yellow Card Scheme

This scheme allows you to report unwanted side effects or reactions to prescription, non-prescription or herbal medicines. You can use the form available in pharmacists; call their hotline: 0808 100 3352 (during working hours on weekdays.) or complete an online form at www.yellowcard.gov.uk.

Health professional organisations

General Chiropractic Council (GCC)

The GCC regulates the practice of chiropractic profession in the UK. By law chiropractors must be registered with the GCC to practise. You can use their website to find a chiropractor near you.

Tel: 020 7713 5155

Website: www.gcc-uk.org

General Osteopathic Council (GOC)

The GOC regulates the practice of osteopathy in the UK. By law osteopaths must be registered with the GOC in order to practise. You can use their website to find an osteopath near you.

Tel: 020 7357 6655

Website: www.osteopathy.org.uk

11 Further information from Age UK

Age UK Information Materials

Age UK publishes a large number of free Information Guides and Factsheets on a range of subjects including money and benefits, health, social care, consumer issues, end of life, legal, issues employment and equality issues.

Whether you need information for yourself, a relative or a client our information guides will help you find the answers you are looking for and useful organisations who may be able to help. You can order as many copies of guides as you need and organisations can place bulk orders.

Our factsheets provide detailed information if you are an adviser or you have a specific problem.

Age UK Advice

Visit the Age UK website, www.ageuk.org.uk, or call Age UK Advice free on 0800 169 65 65 if you would like:

- further information about our full range of information products
- to order copies of any of our information materials
- to request information in large print and audio
- expert advice if you cannot find the information you need in this factsheet
- contact details for your nearest local Age UK

Age UK

Age UK is the new force combining Age Concern and Help the Aged. We provide advice and information for people in later life through our publications, online or by calling Age UK Advice.

Age UK Advice: 0800 169 65 65

Website: www.ageuk.org.uk

In Wales, contact:

Age Cymru: 0800 169 65 65

Website: www.agecymru.org.uk

In Scotland, contact:

Age Scotland: 0845 125 9732

Website: www.agescotland.org.uk

In Northern Ireland, contact:

Age NI: 0808 808 7575

Website: www.ageni.org.uk

Support our work

Age UK is the largest provider of services to older people in the UK after the NHS. We make a difference to the lives of thousands of older people through local resources such as our befriending schemes, day centres and lunch clubs; by distributing free information materials; and taking calls at Age UK Advice on 0800 169 65 65.

If you would like to support our work by making a donation please call Supporter Services on 0800 169 87 87 (8.30 am–5.30 pm) or visit www.ageuk.org.uk/donate

Legal statement

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