

Factsheet 44

NHS services

September 2026

About this factsheet

This factsheet contains information about NHS primary care services for older adults (except for GP practices), including:

- services you can contact if feeling unwell
- services from your local pharmacy and other healthcare professionals
- how the NHS helps you manage a long-term condition
- NHS screening programmes and services for older adults.

See Age UK factsheet 93, *NHS GP services*, for further information about registering with a GP practice and the services they offer.

The information in this factsheet is correct for the period September 2026 to August 2027.

The information in this factsheet is applicable in England. If you are in Scotland, Wales or Northern Ireland, please contact Age Scotland, Age Cymru or Age NI for advice. Contact details can be found at the back of this factsheet.

Contact details for any organisation mentioned in this factsheet can be found in the *Useful organisations* section.

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1 National Health Service

The fundamental principle of the NHS is that no one should be denied or charged for necessary *emergency* treatment or urgent care.

Non-urgent NHS services are only free if you are living here lawfully and are '*ordinarily resident*' in the UK. '*Ordinarily resident*' is a legal term that broadly means living here voluntarily, for a properly settled purpose for the time being. If you meet these requirements, access to hospital treatment and other NHS services is based on clinical need. If there are doubts about meeting ordinary resident requirements, your case must be judged on its merits.

See Age UK factsheet 25, *Returning from abroad*, for further information about the ordinary residency requirements and accessing healthcare when visiting the UK.

2 Getting help when feeling unwell

It is not always necessary to contact your GP practice when you feel unwell. Other services can help you decide whether you need to see a doctor or to put your mind at rest. These include:

- NHS 111 – including urgent mental health support and urgent dental care
- urgent treatment centre, NHS walk-in centre, or minor injuries unit
- community pharmacist.

Note

999 is always the number to call in serious, life-threatening situations or if you are in immediate danger.

NHS 111

NHS 111 is a confidential, free 24-hour telephone line and online service operating in England. It provides a single point of access if you are worried about an urgent medical concern, a dental problem, a mental health concern, need advice in a non-life-threatening situation, or have run out of prescribed medicine. Ask for a translator if you need one.

For more information, see <https://111.nhs.uk>

Depending on your symptoms, NHS 111 staff may tell you how to look after yourself at home or recommend another service to help you such as a community pharmacy. They can book a GP appointment or in some areas, book an appointment with other local NHS services.

If the problem is more serious, they may advise you go to your nearest minor injuries unit, urgent care centre, or emergency department. If very serious, staff can send an ambulance directly.

Emergency and out of hours dental services

Call NHS 111 to find out where to access emergency or out-of-hours NHS treatment. If you have a usual dentist, the practice website or out-of-hours message often explains how to access emergency care.

Urgent treatment centres, walk-in centres and minor injury units

These are for non-life-threatening injuries. Most are GP-led and usually open for at least 12 hours every day. Appointments can be booked through the NHS 111 service, through a GP referral, or as a walk-in service.

They can treat broken bones, minor burns, head and eye injuries, and injuries that require stitches. Many also have diagnostic tools available to them.

Community pharmacist

Pharmacies can offer help and health related advice for conditions such as colds and aches and pains by suggesting non-prescription medicines to ease symptoms and advise whether you need to see a doctor. As experts on medicines, they can answer questions about non-prescription remedies you want to buy or prescription items you take. They can usually help with requests for urgent repeat medicines.

The '*pharmacy first*' service means your local pharmacist can provide treatment including prescription-only medication for common conditions without you needing to see a GP. See section 9 for more information.

3 NHS Constitution – your rights

The NHS Constitution establishes the **principles and values** of the NHS in England. It sets out the **rights** that patients, members of the public and NHS staff are entitled to, and the **responsibilities** they owe each other to ensure the NHS operates effectively and fairly.

You can download a copy of the NHS constitution from www.gov.uk/government/publications/the-nhs-constitution-for-england

Integrated Care Boards and commissioning NHS services

From April 2027, Integrated Care Boards (ICBs) will have greater responsibility for the buying ('*commissioning*') of most NHS services.

An ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision of health services in the local area.

There are plans to amalgamate existing ICB's to an expected 26 hubs from April 2027.

4 Equality Act 2010 and age discrimination

The *Equality Act 2010* ('the Act') protects you from being unfairly discriminated against. It applies to anyone over the age of 18 and to all public services. It means it is unlawful for the NHS, without good and sufficient reason, to provide inferior services, or refuse to provide them solely because of a '*protected characteristic*' as defined by the Act.

Note

The *Equality Act 2010* '*protected characteristics*' are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

Under the Act, discrimination means *unfairly* treating you differently because of your age. The law only intends to prevent *harmful or unjustifiable* use of age, including a '*stereotypical view*' of a particular age group. It does not intend to prevent differential treatment where there is '*objective justification*'.

Cancer screening and flu vaccination programmes are examples of where there may be objective justification for the NHS to offer a service to a certain gender or people within certain age ranges.

Other situations where the Act applies to the NHS include:

- **When a GP, consultant or other health professional discusses treatment options with you or makes a '*best interests*' decision about treatment or care.** Your age can play a part, but staff should take account of your '*biological*' age, not simply your '*chronological*' age (your age in years).

If there are treatments for conditions such as cancer that are less successful or less well tolerated as people get older, the doctor should discuss this openly when explaining treatment options.

- **When providing NHS services or considering treatment options.** An example of '*unjustifiable discrimination*' would be to stereotype someone of a particular chronological age.

You can often clarify and resolve a situation by discussing it with staff concerned. If you are unable to resolve a problem informally, the law means you can take NHS organisations, clinicians or managers to court on grounds of age discrimination. Speak to the Equality Advisory Support Service helpline if you think you have been discriminated against.

For more information, see Age UK factsheet 79, *Equality, discrimination and the Public Sector Equality Duty*.

5 NHS support for specific needs

5.1 Help with hearing difficulties

You may be able to self-refer to your local audiology service if you are concerned about your hearing. It is important to see your GP first if you have any other symptoms such as earache, discharge, or if hearing loss is sudden. If there is no medical reason, such as an ear infection or build-up of wax, your GP can refer you to a local audiology department or specialist provider for a hearing test.

Audiology staff discuss the results with you and your options, including whether you would benefit from a hearing aid in one or both ears. NHS hearing aids are provided on long term loan and new batteries are free. If you want to buy a hearing aid privately, check the hearing aid dispenser is registered with the Health and Care Professions Council.

Note

RNID offer an online hearing check, which checks whether your hearing is within normal range or if you may have hearing loss. It is not a medical diagnosis but aims to identify hearing loss and recommend next steps such as speaking to your GP. See <https://rnid.org.uk/information-and-support/take-online-hearing-check/>

The Royal National Institute for Deaf People (RNID) have information about hearing loss and aids.

5.2 Help with mental health needs

Mental health issues are as important as physical illnesses and like physical illnesses, respond better when diagnosed and treated early.

It is important to speak to your GP if you experience periods of anxiety, low mood, poor sleep, or a loss of interest in things you used to enjoy on most days of the week, and this goes on for two weeks or more. A range of treatments can help, depending on the severity of your symptoms.

Talking treatments such as counselling can help you understand and manage your feelings and behaviour. They are proven to work and research shows they can work particularly well for older people. In many areas, you can self-refer to your local service, and they only contact your GP with your permission.

Help is available through NHS talking therapies service for anxiety and depression. Find out more by speaking to your GP or see www.nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression

5.3 Referral for a physical or mental health condition

If your GP agrees you should see a consultant about a physical condition, you have a right to choose a consultant-led team. For a mental health condition, you have a right to choose the consultant or named health care professional who leads the mental health team.

You can choose to have your first outpatient appointment at a hospital where that consultant works and be treated by their team. The hospital must be in England and can be an NHS hospital, or independent hospital offering suitable treatment that provides this service to the NHS.

The consultant will not necessarily be present for this or future appointments but retains overall clinical responsibility for your care.

This choice is available in most circumstances but not if you need urgent or emergency care, for example if you have chest pains or cancer is suspected, or you are detained under the *Mental Health Act 1983*.

If you are not offered a choice, despite further discussion with your GP, contact your local ICB to find out what choices should be available.

Choosing your hospital – practical and quality issues

You can discuss your preferences and options with your GP, compare hospitals on the NHS website, or view their details such as waiting times and CQC ratings through the *Manage Your Referral* website.

As well as clinical care, think about things such as the likely wait for your first appointment, car parking, or public transport.

Booking an appointment through NHS e-referral Service

The NHS e-referral service allows you to choose your hospital and book an appointment on a day and time convenient to you via the Manage your referral website. If you choose your hospital and know when you could attend an outpatient appointment, you may be able to book the appointment before you leave the surgery.

If you want to think about your options, discuss them with family or friends, or decide a convenient time to attend outpatients, your GP can give you an appointment request letter containing a unique reference number and a password, so you can book an appointment later on.

To book an appointment later, you can either:

- log into www.nhs.uk/nhs-services/hospitals/book-an-appointment
- call the Appointment Line on 0345 608 8888 or textphone 0345 850 2250.
- some appointments can be booked via the NHS App, see section 7.

You need the unique reference number and password for security. It ensures only you or someone you nominate can make or change your appointment. You can change an appointment online or by telephone.

Waiting times

The NHS Constitution sets out maximum waiting times for certain services. You should start your NHS consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. Patients referred for urgent cancer checks should be diagnosed or have cancer ruled out within 28 days and should start their first treatment within 62 days of diagnosis.

However, the current waiting times in most clinical areas are exceeding these targets due to pressures on the NHS. You can check the current waiting times for different procedures in specific hospitals via the “*My Planned Care*” online service, see www.myplannedcare.nhs.uk

This service also offers advice on what you can do while waiting and how to prepare for your appointment. If the waiting time at your chosen hospital exceed these targets, you have the right to ask to be referred to a different hospital that may be able to start your treatment sooner.

5.4 Falls Prevention Services

If you have had a fall or start to feel unsteady, discuss this with your GP, even if you generally feel fine and were not injured by the fall. Your GP may want to check your medication or arrange tests to see if there is a medical reason to explain why you fell.

A GP may refer you, or you may be able to self-refer, to a local falls prevention service for a falls risk assessment. These services try to work out what is making you unsteady, listen to what you think the problem might be, and work with you to develop a plan to help reduce your risk of falling.

This includes checking your eyesight, investigating continence problems, checking your home for potential hazards, or attending exercise classes to improve strength and balance. They may provide information and advice on nutrition and hydration and maintaining bone health. For more, see Age UK guide IG14, *Staying Steady*.

5.5 Social prescribing

Non-clinical support to help you connect with community services to improve your overall health and wellbeing. A ‘*link worker*’ or ‘*community connector*’ can spend time with you looking at what is most important to you and help create a personalised care and support plan. They may connect you with local voluntary services or community initiatives to support your health and wellbeing.

Social prescribing is particularly recommended for people who have one or more health conditions, need support with their mental health, are lonely or isolated, or have complex social needs which affect their wellbeing. Referrals can be made from your GP or other agencies such as housing, emergency services and voluntary organisations, or self-referrals. See www.england.nhs.uk/personalisedcare/social-prescribing

5.6 End of life care

Palliative Care is care and support provided if you are living with a '*terminal illness*' (a cure is no longer possible and it is likely to lead to your death). It aims to address your physical, emotional and spiritual needs, make life more comfortable and support your family before and after your death. It can help at any stage, not simply during the final weeks of an illness. It can be offered to people for a range of conditions.

Developed by the hospice movement, palliative care skills are increasingly available outside a hospice environment, for example in hospital or as part of care in your own home. Marie Curie Care has information to help people affected by a terminal illness, see www.mariecurie.org.uk/patient

End of Life Care is NHS-provided care and support if you are likely to be in the last year of life and also offers support to your family or informal carers. The focus should be on the quality of your life and death, rather than the length of your life. NHS England guidance refers to six key ambitions to achieve high standards in Palliative and End of Life Care.

The six ambitions are:

- Each person is seen as an individual – understanding what matters most and having timely informed conversations
- Each person gets fair access to care – good end of life care regardless of where someone lives or their personal circumstances
- Maximising comfort and wellbeing. Care is regularly reviewed, and every effort is made to keep the person comfortable and free from distress
- Care is coordinated – care at the right time from the right people
- All staff are prepared to care – staff have empathy, skills and expertise
- Each community is prepared to help and support one another at times of crisis and loss and is confident to talk about living and dying well.

As well as end of life care provided by the NHS, you may have needs met through social care which is means tested. If you have a rapidly deteriorating condition that may be entering a terminal phase, you could be eligible for Fast Track NHS Continuing Healthcare, see Age UK factsheet 20, *NHS Continuing Healthcare and NHS-funded nursing care*.

Choice about end of life care

Whilst you may prefer to die at home, you may also want to fully consider your options. If making such a decision, talk it over with your healthcare professional and seek thoughts of people you live with.

Find out what you can expect as your illness progresses, what support is available from NHS staff to help you and informal carers during the day and at night. If you live alone, ask about 24-hour support.

Advance care planning

Professionals caring for you should offer, or you can ask for, the opportunity to discuss your future care. This is often called '**advance care planning**'. You can ask your family or nominate someone else to participate and at one or over several meetings may wish to:

- discuss treatment options and likely progression of your illness
- express your thoughts, concerns, wishes and preferences, including where you would like to be cared for
- ask about support available locally for you and family members.

Staff should record your wishes and preferences in an '*advance care plan*' or '*preferred priorities for care*' document and review it with you regularly. You must consent to share it with professionals involved in your care. As a '*live*' document, you can amend and add to it at any time.

You may consider making a Lasting Power of Attorney, advance statement, or advance decision to refuse treatment whilst you still have mental capacity to do so. See Age UK factsheet 22, *Arranging for someone to make decisions on your behalf* and factsheet 72, *Advance decisions, advance statements and living wills*.

Electronic Palliative Care Co-ordination System

In some areas, there is an Electronic Palliative Care Co-ordination System. It holds care plans and end of life preferences of people with incurable or life-limiting illnesses.

Out-of-hours doctors and paramedics can access it with your consent, so they can consider and meet your end of life choices and preferences where possible. Ask your GP about this.

Hospice care

Hospice care focuses on providing holistic support to people living with a life limiting condition. It can be provided from the point of diagnosis up to end of life and can be provided in your own home, care home or hospice.

To find local services see www.hospiceuk.org/hospice-care-finder

Useful resources on end of life care

- '**Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026**' sets out six key ambitions for high quality end of life care
- '**Universal principles for advance care planning**' explains in detail a personalised approach to advance care planning
- '**Thinking about end of life**' information guide and **Let's talk about death and dying** available from Age UK Advice or www.ageuk.org.uk

5.7 Supporting people with long-term conditions

Millions of people have one or more '*long-term*' condition (LTC) such as diabetes, arthritis, heart disease, chronic obstructive pulmonary disease (COPD), or other lung diseases. LTCs can be managed with medication and other treatments but cannot be cured.

Staff involved in your care should be keen to help you better understand and manage your health. This may include asking about your health priorities and goals, then drawing up a care plan to help you manage your condition(s) on a day-to-day basis.

Ask about national support organisations and how to contact local support groups. Many patients benefit from self-management courses, ask your GP or support group if there are local courses.

National Institute of Health and Care Excellence (NICE) Quality Standards

NICE Quality Standards aim to help with the planning and delivery of quality care. They indicate what achievable markers of quality care look like. There are Standards for various LTC's such as chronic heart failure, COPD, diabetes, depression, rheumatoid arthritis and stroke.

NICE has Standards for NHS services, social care and public health. There are Standards to help people live well with dementia and to support the mental wellbeing of older people in care homes. You can refer to them when discussing your care.

See www.nice.org.uk/what-nice-does/standards-and-indicators

5.8 Support to maintain independence

Having one or more '*long term*' conditions can have an impact on your independence and wellbeing. It is important to see a healthcare professional if you:

- notice small, gradual changes in your ability to manage everyday things such as getting in and out of the bath;
- notice unintentional weight loss;
- are suffering minor health setbacks or have found it difficult to bounce back after an illness.

This is sometimes described as '*showing signs of frailty*'. When staff are aware, they can work with you to keep you as well and independent as possible. They may invite you to discuss any worries about your health or ability to manage and find out what is important to you. They may identify signs and symptoms for you to watch out for and explain what to do if you notice them.

If you care for a partner, it can be helpful to look at what this role entails and identify local support to help you both. Staff may discuss adding information to your Summary Care Record, described in section 10.

5.9 Sexual Health Services

You can access these at some pharmacies or sexual health clinics. If you are unsure which service is right for you, contact NHS 111 for further guidance. You do not have to use a local clinic, but you may wish to check what services are provided at your chosen service before attending. The service is confidential and information will not be shared with anyone outside of the clinic without your permission.

5.10 Chiropody, physiotherapy and other services

You may be able to self-refer to community health services where GP involvement is not clinically necessary and see them at a local practice, health centre, or hospital, or they may offer home visits.

For some services, a GP referral will be required. Check with your GP practice or local ICB which local services you can self-refer to.

Chiropodists (also known as podiatrists) help with problems with your lower legs or feet. To receive NHS treatment, you must meet local eligibility criteria. This can mean having a medical foot problem or being at risk of foot-related problems because you have diabetes, arthritis, or circulatory problems. The NHS is unlikely to offer routine care such as nail cutting but local voluntary organisations such as Age UK may do.

Continence services are usually provided by specialist nurses and specialist physiotherapists who can assess you and discuss treatment or ways to manage a problem. They may decide you need pads or other products for long term management and include this in your care plan, where appropriate.

Each ICB has its own criteria for deciding when continence products are necessary, which products it prescribes, and it may limit the number of pads per day. If these do not meet your needs, speak to the health professional treating you and explain why. If you are unhappy with the outcome, you can make a complaint.

For more information, see Age UK Guide IG15, *Bladder and bowel problems*. Continence Product Advisor is an online service with evidence-based advice on how to choose and use suitable products.

Dietitians are experts in nutrition and special diets and work with Speech and Language Therapists to help patients with swallowing difficulties. They can advise on meals or supplements for people with poor or small appetites.

Macmillan Nurses help patients with cancer and their families through diagnosis and treatment. They also advise on aspects of care when treatment is for comfort and not cure, known as palliative care.

Marie Curie nurses offer free nursing care to support people with a terminal illness who wish to die at home, and their family and friends. They can provide one-to-one nursing care and support overnight in your home. Speak to your GP or district nurse to see if they work in your area.

Occupational therapists advise on home modifications or equipment to make living at home easier. They can be members of a multi-disciplinary team offering rehabilitation support.

Physiotherapists help to maintain or restore movement and function. They may be members of a multi-disciplinary team offering rehabilitation following a fall, or stroke, or conditions like osteoporosis and asthma.

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

Note

If you approach health professionals to treat you privately, contact the Health and Care Professions Council (HCPC) to check they are registered to practice. The HCPC registers 15 health professions.

6 NHS services for older people

6.1 Over-60s – free prescriptions and sight tests

- NHS prescriptions are free for people aged 60 and over.
- Anyone aged 60 and over is entitled to a free NHS sight test every two years or more often if your optician advises it. This checks your vision and eye health. It can pick up conditions, such as glaucoma, in the early stages before long-term damage is done.

If you find it difficult to visit an optician, your usual optician may be able to visit you at home. If they cannot, call your ICB or local Healthwatch for information about opticians offering home visits.

Many care homes arrange for an optician to visit on a regular basis.

6.2 Over-65s – free seasonal flu jab

A dose of flu can lead to complications such as pneumonia or severe bronchitis. As the flu virus is always changing, there is a new vaccine every year that targets viruses likely to be in circulation. This is why you need a flu jab every year. Community pharmacists and GP practices usually start their flu jab service in autumn or early winter. The NHS offer a free flu jab if you:

- are aged 65 and over, or
- live in a care home, or
- receive Carer's Allowance, or
- are the main carer of an older or disabled person who would be at risk if you were ill, or
- live with a person who is more likely to get infections.

It is available if you are below the age of 65 and are at risk of complications if you have flu. This includes if you have:

- specific long-term conditions, including chronic respiratory disease, a heart problem, diabetes, liver or kidney disease, or multiple sclerosis
- had a stroke or a mini stroke – the latter is known as a '*transient ischaemic attack*', commonly referred to as a TIA
- a lowered immune system because of taking steroid medication or having cancer treatment.

For more information, see www.nhs.uk/vaccinations/flu-vaccine

6.3 Over-65s – free jab against pneumonia

You are eligible for this jab if aged 65 and over.

It protects against pneumonia, septicaemia and bacterial meningitis and is commonly called the '*pneumo*' or PPV jab. You do not need a jab every year and most people have it only once. It is available through your GP practice.

6.4 Turning 65 – free shingles vaccination

Being vaccinated against shingles can reduce your *risk* of having shingles. The vaccine is given as two doses between six and twelve months apart. If you subsequently have shingles, symptoms are likely to be milder and last for a shorter time. You only need to be vaccinated once and can have the vaccination at any time of the year.

You are eligible for vaccination if you are aged 65-79 years, but only if you turned 65 on or after 1 September 2023. If you were 65 before this date, you must wait until you are 70.

Eligibility ceases once you reach 80, because the vaccine seems to be less effective beyond this age. You may be offered the vaccination if you are over 18 and have a severely weakened immune system.

For more information, see www.nhs.uk/vaccinations/shingles-vaccine

6.5 Over -75s – free respiratory syncytial virus (RSV) jab

RSV is a common virus that can lead to serious lung infections. The severity and possible complications are increased in older adults.

If you are aged 75 years or over, or you live in a care home for older adults, you will be offered the RSV vaccination, which is given as a single dose.

From September 2026, it will be offered from the age of 65 years if you have a chronic respiratory disease or are immunosuppressed.

It is available through your GP practice and some pharmacies.

6.6 NHS screening programmes

You must be registered with a GP practice to be included in a screening programme, as they use GP patient lists to issue invitations. It is your choice whether to take part in screening, so the NHS produces information to help you decide, and sends it with your invitation.

Screening is a way of identifying apparently healthy people who may be at an increased risk of having a particular specified condition. The aim is to offer it to people most likely to benefit, and to detect it early, when treatment has a better chance of working. Even if you decide to go for screening, you should remain vigilant between screenings and report any relevant symptoms or concerns to your GP.

The **NHS breast screening programme** automatically invites women aged between 50 and 70 for screening every three years. If you are over the age of 71, you are still eligible for screening every three years but will not be invited automatically. Contact your local breast screening clinic to request screening.

For information leaflets explaining breast screening and the possible benefits and risks (provided in a number of languages), see www.gov.uk/government/publications/breast-screening-helping-women-decide

The **NHS cervical screening programme** invites women and people with a cervix between the ages of 25 and 64 for screening at their GP practice every five years. Once you reach the age of 65, you are only invited for screening if you have had a recent abnormal result.

If you are over 65 and have never been screened or not since the age of 50, you can ask your GP for a test. For more information, see www.nhs.uk/tests-and-treatments/cervical-screening

The **NHS national bowel screening programme** means if you are between the ages of 50 and 74, you are sent a home testing kit every two years. Depending on when you turn 50, you will be sent your first test at either 50, 52 or 54.

You receive a Faecal Immunochemical Test (FIT) with instructions for use and then post it to a laboratory for analysis. If over the age of 75, you can request a screening kit every two years by calling the Bowel Screening helpline.

For patient information leaflets explaining bowel cancer screening and the possible risks and benefits (provided in different languages), see www.gov.uk/government/publications/bowel-cancer-screening-benefits-and-risks

You may be invited for **lung cancer screening** if you are aged between 55 and 74 and have ever smoked.

See www.nhs.uk/tests-and-treatments/lung-cancer-screening

NHS Abdominal Aortic Aneurysm (AAA) screening is offered to men over the age of 64. It uses an ultrasound scanner (as used to monitor a developing baby during pregnancy). It can detect a symptom-free abnormality that can develop in the aorta – a major artery.

AAA screening is offered only to men because aneurysms are more common in men. A large aneurysm can be serious but if detected at an early stage, it can be monitored and treated if necessary.

For more information, see www.nhs.uk/tests-and-treatments/abdominal-aortic-aneurysm-screening

Diabetic retinopathy is an eye condition which can cause sight loss if not treated. Screening for diabetic retinopathy should be offered every one or two years depending on your previous results, to anyone aged 12 and over who has diabetes. You can opt out but speak to your GP if you are not invited.

For more information, see www.nhs.uk/tests-and-treatments/diabetic-eye-screening

NHS health check is a service that aims to assess your health and if necessary, help you lower your risk of common but preventable diseases such as heart disease, diabetes, stroke, and kidney disease.

It is offered every five years if you are between 40 and 74 and you have not been diagnosed with one of these conditions. If so, you can expect a letter from your GP or local authority inviting you for a check.

If you are over 75, you are entitled to an annual health check with your GP practice, if you have not had a consultation in the previous 12 months. You are not invited automatically and need to request one.

For more information, see www.nhs.uk/tests-and-treatments/nhs-health-check

7 Online services – NHS App

Access to services and managing your healthcare is increasingly available online through the NHS App or the NHS website. However, alternative methods should be offered so you are not disadvantaged if you are unable to use online services.

Ask your healthcare professional about managing your care online.

See the Age UK guides to using the NHS App:

- www.ageuk.org.uk/siteassets/documents/information-guides/id205842-nhs-app-guide_digital.pdf
and the NHS website:
- www.ageuk.org.uk/siteassets/documents/information-guides/id205842-nhs-website-guide_digital.pdf

8 Help with health costs

Most NHS services are free but you must usually pay for NHS dental treatment, and glasses or contact lenses, even if you are aged over 60. If you are on a low income, you may be eligible for help with these costs.

If you receive **Pension Credit Guarantee Credit**, 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 full or limited help with these costs through the **NHS Low Income Scheme**.

If you receive Universal Credit and meet the eligibility criteria, you may be eligible for help with NHS costs. For more information, see www.nhs.uk/using-the-nhs/help-with-health-costs/help-with-health-costs-for-people-getting-universal-credit/

If you are eligible for help with NHS costs, you may also be eligible for help with the cost of travel when referred by a GP or dentist to see a consultant on NHS premises. Ask the referring doctor or dentist whether their referral qualifies for help.

For more information, see Age UK factsheet 61, *Help with health costs*, or the NHS website: www.nhs.uk/nhs-services/help-with-health-costs

9 Services at your local pharmacy

Pharmacists are experts on medicines and help if you have questions about, or difficulty taking, prescribed or over-the-counter medicines. They can advise on using an inhaler and treating minor illnesses such as coughs, colds, stomach upsets, and aches and pains. In addition, the '*Pharmacy First*' service enables pharmacists to treat sore throats, sinusitis, impetigo, shingles, infected insect bites, earache (under the age of 18), and uncomplicated urinary tract infections in women aged 16-64, without the need to see a GP first.

From autumn 2026, *Independent Prescribing* will be offered as an extension to the Pharmacy First service, adding up to five new conditions that pharmacists can prescribe medication for.

Speak to your community pharmacist if you have difficulties managing your prescribed medications, such as finding medicine labels difficult to read, packaging hard to open, tablets difficult to swallow, or you take many tablets on several occasions at different times of the day. Your pharmacist can look at different ways to help you manage medications, which could include a review of your current prescription or options of medicine reminders. Other pharmacy services include cholesterol testing, vaccinations, blood pressure checks, and stop smoking advice.

Many pharmacists offer advice and support to manage long term conditions, such as diabetes or COPD. They can offer information and advice to help reduce your risks of developing serious health conditions.

Fulfilling prescriptions

Most prescriptions are now signed, sent, and processed electronically. You can nominate a pharmacy to collect your prescription from.

Many pharmacies offer a **home delivery service**. This is a helpful service but can limit the opportunity to ask questions about your medicines and may be a charged-for service. Most pharmacists are happy to speak to you on the phone, so always call the pharmacy if you have questions about your medicines.

Structured Medication Review (SMR)

If you take multiple medications, your community pharmacist may invite you for a Structured Medication Review (SMR) in person or over the telephone. The SMR should be tailored to meet your needs and is an opportunity to discuss any concerns about how you manage your current medications. The purpose is to try and reduce the risks of potential harm caused by taking several medications.

Prioritisation for this service is given if you live in a care home, are frail, or take ten or more medicines, particularly those associated with medication errors or pain relief medication that is potentially addictive.

You may also be offered an SMR if:

- you are admitted to hospital and medicines could have been a contributing factor, or a review is required on discharge from hospital
- you or a health or social care professional raise concerns about the number of medicines you are taking
- you or your health or social care team request support to manage multiple medicines.

'New medicines' service

The New Medicines Service aims to support you in the early days of taking a new medicine, so you get maximum benefit from it. If prescribed new medicine for a long-term condition such as asthma, type 2 diabetes, high blood pressure, or Parkinson's disease, ask your pharmacy if you can take part. For more information, see www.nhs.uk/nhs-services/pharmacies/get-help-with-newly-prescribed-medicines

9.1 Reporting unwanted side effects from medication

The Yellow Card Scheme allows you and health professionals to report unwanted side effects from prescription or non-prescription medicines, vaccines and herbal remedies; defective medicines of an unacceptable quality; counterfeit medicines; problems with devices such as catheters or ear thermometers; side effects or safety concerns for an e-cigarette. A yellow card form is available in most pharmacies, or you can complete an online form, or call the Yellow Card hotline. For more information, see <https://yellowcard.mhra.gov.uk>

10 Accessing your health records

A health record is a historical record of your illnesses and NHS care. It contains information about your physical and mental health, medication, vaccinations, investigations such as blood tests, hospital referrals, and discharge letters. You may have paper and electronic records.

Staff in your GP practice add to your GP record at each appointment. Hospitals you visit hold their own records about your care, as do dental practices and opticians. This means various places hold personal and health related information about you and they must keep this information confidential and secure.

You have the right under the *Data Protection Act 2018* to apply for personal information held about you, free of charge, by making a *Subject Access Request* ('SAR'). You can request electronic access or paper copies and give another person permission to access your records.

Access can be refused if disclosure:

- would cause serious harm to your physical or emotional health or another party; *or*
- relates to a third party who has not given consent for disclosure (where that third party is not a health professional who has cared for you) and after taking into account the balance between the duty of confidentiality to the third party and right of access of the applicant, concludes it is reasonable to withhold third party information.

Contact The Information Commissioners Office (ICO) for further details about your rights.

Summary Care Record

You can access your GP records by using the NHS app or via your own GP practice online system. If you are not registered for online access or want to see parts of your record not visible online, write to the practice manager with the dates of the record you want and anything else to help staff fulfil your request.

You have a **Summary Care Record** (SCR), created from your GP record, unless you choose not to have one. It contains information about your current medication, allergies and medication you react badly to.

You can choose to include additional information about, for example, long term health conditions, treatment or end of life preferences, or significant medical history.

Access to your SCR helps an authorised doctor or health professional treat you and respect your preferences if you cannot communicate and need care away from the practice, particularly in an emergency.

Hospital records

To access your hospital records, apply in writing to the records office of the hospital concerned. They require proof of your identity, or your right to access a record if applying on behalf of someone else. You can ask to see, or for copies of, all records and test results that a hospital holds or records relating to a health condition or specific period of care. Many hospitals have an application form accessible on their website to help them provide what you want.

Time scales

Organisations are required to respond to your request within one calendar month, starting from the day they receive it.

10.1 Access to medical records of a deceased person

The *Access to Health Records Act 1990* covers records of a deceased person. To access a record under this Act, you must:

- be a personal representative (executor or administrator of an estate), or
- have a claim resulting from the death (as a relative or another person).

Ask the deceased person's last registered GP practice for access. GP records are generally kept for ten years after someone dies. For hospital records, contact the records office at the hospital they attended.

For more information, see <https://digital.nhs.uk/data-and-information/information-governance/guidance/access-to-the-health-and-care-records-of-deceased-people>

11 Resolving problems and making a complaint

Each provider of an NHS service must follow the NHS complaints procedure and have a senior staff member responsible for resolving concerns and problems.

Try to raise concerns at the time with the member of staff, their manager or person responsible for complaints handling and you may resolve the problem informally. If it does not or you want to make a formal complaint, ask for a copy of the complaints procedure.

If you feel uncomfortable making a complaint to the staff or organisation providing the service, raise it with the ICB responsible for commissioning the service.

For more information, see Age UK factsheet 66, *Resolving problems and making complaints about the NHS* and factsheet 5, *Dental Care: NHS and private treatment*.

12 Accessible Information Standard

The Accessible Information Standard aims to make sure that when you have a disability or sensory loss, you receive information you can access and understand, as well as the communication support you need, when engaging with NHS or social care staff.

They may send correspondence or information in large print, easy read, Braille, or audio format, or by email, or arrange for a lip reader or British Sign Language Interpreter to be available for your appointment.

Any reasonable adjustments you require, such as the need for additional support or an interpreter, should be recorded and accessible to all health and social care professionals involved in your treatment and care.

For more information, contact The Royal National Institute for Deaf People, or The Royal National Institute of Blind People.

13 Complementary therapies

Complementary therapies include things such as acupuncture, chiropractic, osteopathy, homeopathy, and herbal medicine. They are not generally available as NHS treatment, but your GP should know of circumstances when they may be. If considering these therapies on a private basis, speak to your GP before making an appointment.

If you take prescription medicines, you must be sure any medicine or herbal remedy a therapist recommends is compatible with your prescription medicines.

Always check a therapist has appropriate qualifications and insurance to treat you. Osteopaths and chiropractors must register with their own regulatory bodies – General Osteopathic Council and General Chiropractic Council - in order to practise legally in the UK.

Other professions such as acupuncturists and herbal medicine practitioners have their own professional bodies, but regulation is not required by law. These bodies can apply to the Professional Standards Authority (PSA) to receive the PSA Quality Mark and be accepted on the PSA Accredited Register.

Go to the PSA website to read about accreditation, check Registers online, and to find a local registered practitioner.

Useful organisations

Bowel screening programme

Telephone 0800 707 6060 (free call)

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

Care Quality Commission (CQC)

www.cqc.org.uk/contact-us

Telephone 03000 616161

Independent regulator of health and social care services in England. It does not investigate individual complaints.

Continence Product Advisor

www.continenceproductadvisor.org

Evidence based online information to help choose continence products.

Dying Matters

www.dyingmatters.org

Hospice UK's campaign aims to help people talk more openly about dying, death and bereavement and make plans for the end of life.

Provides online information for professionals and the public.

Equality Advisory Support Service

www.equalityadvisoryservice.com

Telephone helpline 0808 800 0082 Mon-Fri 9am-7pm, Sat 10am-2pm

Funded by the Equality and Human Rights Commission, the EASS Helpline provides information and advice about the *Equality Act 2010*.

Healthwatch England

www.healthwatch.co.uk

Telephone 03000 683 000 week days 8.30am – 5.30pm

National consumer champion for people using health and care services.

Each local authority has a Healthwatch with information on local services.

Information Commissioners Office (ICO)

www.ico.org.uk

Advice line: 0303 123 1113

Provide information and advice about data protection and information rights.

National Academy for Social Prescribing

www.socialprescribingacademy.org.uk

National charity promoting the use and benefits of social prescribing to promote wellbeing.

NHS website

www.nhs.uk

Online information helps you find NHS services, identify how you can improve, make choices about your health and manage long term conditions.

NHS England

www.england.nhs.uk/contact-us/feedback-and-complaints/complaint

Customer Contact Centre 0300 311 22 33

Provides national leadership for health and social care in England.

Patients Association

www.patients-association.org.uk

National helpline 0800 345 7115 weekdays 9.30am-5pm

Charity dedicated to supporting the rights and interests of patients and their families and improve their experience of healthcare.

Royal National Institute of Blind People (RNIB)

www.rnib.org.uk

Telephone 0303 123 9999 weekdays 9am-6pm

Provide information and advice about sight problems and products or publications to support blind or partially sighted people.

Royal National Institute for Deaf People (RNID)

www.rnid.org.uk

Telephone 0808 808 0123 weekdays 8.30am-5pm

Charity tackling hearing loss and providing information about specialist equipment and services for people who are deaf and hard of hearing.

Royal Osteoporosis Society

<https://theros.org.uk>

Telephone helpline 0300 102 3030 weekdays 9am-12.30pm and 1.30pm-5pm

Provides information about osteoporosis, its prevention and support available for those with osteoporosis.

Yellow Card Scheme

<https://yellowcard.mhra.gov.uk>

Telephone 0800 731 6789 Mon-Fri 9am and 5pm

Allows you to report unwanted side effects or reactions to medicines or problems with medical devices.

For regulator details of specific healthcare professionals, see Age UK factsheet 66, *Resolving problems and making a complaint about NHS care*.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.wales

0300 303 4498

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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