

Factsheet 44

NHS services

September 2022

About this factsheet

This factsheet contains information about NHS '*primary care*' services – services you approach in a non-emergency situation when you first have a health problem.

It looks at services to help you identify:

- if you need to see a GP
- services provided by a GP and services you access via your GP
- services from your local pharmacy
- how the NHS helps you manage a long-term condition that can be treated and managed but not cured
- NHS screening programmes and services for older adults.

Age UK produces other factsheets on NHS services – these include factsheet 5, *Dental care: NHS and private treatment*; factsheet 61, *Help with health costs* and factsheet 66, *Resolving problems and making a complaint about NHS care*.

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.

Contents

1	National Health Service	4
2	<i>Equality Act 2010</i> and age discrimination	5
3	Local NHS services	6
3.1	Primary and secondary care services	6
4	Non-GP services to help if you are unwell	6
4.1	Getting help when feeling unwell	6
4.2	Serious or life-threatening illness or injury	7
5	GP services	8
5.1	Registering with a GP practice	8
5.2	Arranging to see a GP	11
5.3	Removing a patient from the practice list	12
5.4	Help with hearing difficulties	13
5.5	Help with mental health needs	13
5.6	Referral for a physical or mental health condition	14
5.7	Chiropody, physiotherapy and other services	15
5.8	Falls Prevention Services	16
5.9	Social prescribing	17
5.10	Supporting people with long-term conditions	17
5.11	Sexual Health Services	17
5.12	Support to maintain independence	18
5.13	Personal health budgets	18
6	NHS services for older people	18
6.1	Over-60s – free prescriptions	18
6.2	Over-60s – free NHS sight tests	18
6.3	Over-50s – free seasonal flu jab	19
6.4	Over-65s – free jab against pneumonia	19
6.5	Shingles vaccination	19
6.6	NHS screening programmes	20

7	Help with health costs	22
8	Services at your local pharmacy	22
8.1	Reporting unwanted side effects from medication	24
9	End of life care	24
10	Complementary therapies	26
11	Accessing your health records	26
11.1	Access to medical records of a deceased person	27
12	Resolving problems and making a complaint	28
13	Accessible Information Standard	28
14	NHS Constitution – your rights	29
15	Health organisations	29
	Useful organisations	31
	Age UK	35
	Support our work	35

1 National Health Service

The fundamental principle of the NHS is that no one should be denied or charged for necessary *emergency* treatment in an NHS hospital. You can also consult a GP without charge and apply to register with a GP, regardless of nationality and residential status. You must pay NHS prescription charges unless you are in a group exempt from these charges. See section 7 for information on exemptions.

Non-urgent NHS hospital care is 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 is based on clinical need. If there are doubts about meeting ordinary resident requirements, your case must be judged on its merits.

EU citizens and settled status

The deadline for applications to the EU Settlement Scheme was 30 June 2021. Applications were necessary to enable citizens of an EU country, Norway, Iceland, Liechtenstein and Switzerland (who were living lawfully in the UK on or before 31 December 2020) to continue residing in the UK and maintain entitlement to free NHS healthcare.

If you are awaiting the outcome of an application submitted on or before 30 June 2021, you should not be charged for your healthcare, as long as you continue to be ordinarily resident in the UK.

From 1 July 2021, EU citizens without settled or pre settled status will not be considered '*ordinarily resident*' in the UK and will not be able to access non urgent healthcare free of charge.

If you require further immigration advice, contact an immigration adviser regulated by the Office of the Immigration Services Commissioner (OISC). See www.gov.uk/find-an-immigration-adviser to find an OISC regulated adviser.

If visiting the UK

You may have to pay if you need *non-urgent* hospital treatment. The rules vary depending on whether you live in a European Economic Area (EEA) and have a valid European Health Insurance Card, or have been issued with an S1 or S2 certificate, or in a country who is a member of the European Free Trade Association (EFTA), or are visiting from outside of these areas.

You can read about your rights at www.nhs.uk/nhs-services/visiting-or-moving-to-england

There is official guidance available, '*Guidance on implementing the overseas visitor charging regulations*'.

See www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations

2 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*' 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.
- **When designing or providing a service (such as at a GP practice or out-patients clinic).** An example of age discrimination would be where staff treat you differently on the basis of your age or take a stereotypical view of people of a particular age.

You can often clarify and resolve a situation by discussing it with staff concerned. The law means that 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 factsheet 79, *Equality, discrimination and the Public Sector Equality Duty*.

3 Local NHS services

3.1 Primary and secondary care services

Primary care services are often your first point of contact when you need healthcare. They include services available at a GP practice or walk-in centre, community pharmacy, and NHS services provided by dentists or high street opticians.

Secondary care services are usually, but not always, hospital-based. They include out-patient clinics, planned and emergency hospital treatment and associated diagnostic services, for example radiology.

Commissioning NHS services

NHS England and Integrated Care Boards (ICBs) are responsible for buying (commissioning) NHS services from GPs, dentists, and hospitals. For more information, see section 15.

4 Non-GP services to help if you are unwell

4.1 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:

- your local pharmacist
- NHS 111
- urgent treatment centre, NHS walk-in centre or minor injuries unit

Local pharmacist

A pharmacist can help with sore throats, colds, and other 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.

To find out about your nearest late-opening pharmacy, call NHS 111 or visit the NHS website at www.nhs.uk/service-search

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, are seeking advice in a non-life-threatening situation or have run out of prescribed medicine. Ask for a translator if you need one. See <https://111.nhs.uk/> for more information.

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 connect you to a nurse or health professional for further advice. 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.

Note

999 is always the number to call in serious, life-threatening situations.

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

These are for patients with 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 or 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.

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.

4.2 Serious or life-threatening illness or injury

If your illness or injury is serious or life-threatening, call 999 or go to your nearest Emergency department. Life-threatening situations include:

- loss of consciousness
- persistent severe chest pain
- heavy blood loss that cannot be stopped
- medicine overdose
- signs indicating 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.

Waiting time targets

The aim is for 95 per cent of patients attending the Emergency department to be admitted, transferred, or discharged within four hours of arriving. NHS England publishes waiting time figures and they take account of waits at Emergency departments and urgent treatment centres. Hospitals are encouraged to publish their own figures.

5 GP services

GP practices in England must register with the Care Quality Commission (CQC) and be inspected by them, to ensure they meet its standards. To find out how the CQC regulates and rates practices, visit their website or read their booklet '*What can you expect from a good GP practice*'. To help practices to provide a wider range of services and better access for patients, each practice is a member of a local Primary Care Network.

A range of services and health professionals

GP practices offer 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 practitioners, nurse consultants and specialist nurses frequently work alongside GPs and practice nurses. They can diagnose, treat and manage a variety of health conditions. Some staff, due to their additional training, can prescribe from a list of medicines. See 5.10 for information about supporting people with long-term conditions.

5.1 Registering with a GP practice

You do not need to be '*ordinarily resident*' in England to receive NHS primary *medical* care. Anyone may register with a practice and consult with a GP without charge but must pay NHS prescription charges, unless in an exempt group, for example, being aged 60 and over.

Each practice has a boundary, enclosing certain streets or postcodes. Practices are free to register new patients who live outside their boundary, but it is for a practice to decide if it is clinically appropriate and practical to register you in this way.

You have a right to choose your practice. Staff give you a GMS1 registration form to complete. Check the GP surgery website to see if you can register online. The practice must accept you unless there are reasonable grounds to refuse. It is not considered reasonable to refuse registration because you do not have a proof of address or personal identification at hand. This applies if you are an asylum seeker, refugee, homeless, or an overseas visitor, whether lawfully in the UK or not.

If the practice refuses to register you, it must give reasons for its refusal in writing. It may refuse to register you because:

- it has no capacity to take on new patients
- may not be accepting patients who live outside its practice boundary
- in your particular circumstances, it may not be appropriate to register with a practice a long way from where you live
- you have been removed from that GP surgery register before.

See www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/ for information about registering with a GP practice. If you cannot find a practice, contact the NHS England Customer Contact Centre.

Choosing a practice

If a practice is accepting new patients, collect a practice leaflet or look on their website. This explains how to register and more about the staff and services they offer, including:

- name and qualifications of health professionals and support staff
- holding special clinics, for example for diabetics
- opening hours
- how to make an appointment to see or speak to staff or for a home visit
- how to request a repeat prescription
- how to contact a doctor out-of-hours
- information for patients with disabilities or special language needs
- how to comment or complain about services.

Identify and ask about things important to you, for example ease of parking or support for carers. Practices have a responsibility to ensure everyone who needs to use their practice can do so.

If you have difficulties getting to the practice, due to a disability or caring responsibilities, discuss them with the practice manager so they can do their best to address or resolve them.

If you are a carer, ask the practice to note this in your records. This can help your GP understand your needs better and support you and the person you care for.

The GP contract requires every patient to have a named, accountable GP who takes responsibility for co-ordinating their care. You can express a preference for who you want and practices should make reasonable efforts to accommodate you. This does not mean you will see this GP every time you visit.

New patients should be allocated an accountable GP within 20 days of registration and told at the next appropriate time. The practice should invite you for a new patient check to discuss your general health, and where necessary, offer this through a home visit.

Registering with a practice if you live in a care home

Your GP may be willing to continue to care for you if you move permanently into a local care home. Otherwise, you must register with a new practice. Care homes in some areas have a nominated GP from a local practice who is responsible for all residents. The aim is for you and the care home to build a relationship with the GP practice. You have the right to request to register with a different practice.

Care home residents are entitled to the same range of services as people living in their own home and should not be asked to pay for NHS services the GP says they need.

‘Out of area’ patient registration option

GP practices are free to register patients who live outside their practice boundary. They can agree to accept your application but without any obligation to offer home visits.

You may want to consider this option if you are in relatively good health and move just outside your current practice boundary or would like a practice close to your place of work.

Before agreeing to your request, the GP must:

- be satisfied it is clinically appropriate and practical in your case, and
- make sure you understand the consequences of this type of registration.

The practice should explain what happens during normal hours when illness means you cannot reasonably be expected to visit the surgery.

Your practice must monitor the effectiveness of this arrangement and if your health needs change, may consider whether it would be better to register with a practice closer to home.

Practices do not have to offer out of area registration - either without home visits or with home visits when needed - so an application may be refused. It applies only to GP practices based in, and patients living in England, not in cross border situations with Scotland or Wales.

Registering as a temporary resident

If you are going to live away from your usual address for up to three months, you can apply to be a temporary resident at a local practice. They are likely to accept you unless their list is full.

If you become ill while staying with friends, approach their practice to see if they are willing to treat you. If staying in a hotel, it may have an arrangement with a local practice. Otherwise, call NHS 111.

Changing your practice

You do not need to tell your practice if you want to change or have found another one to accept you. You may wish to tell them as a courtesy. Once a new practice accepts you, your old practice transfers your medical records, including your unique 10-digit NHS number.

5.2 Arranging to see a GP

Enhanced access and out-of-hours services

From 1 October 2022, GP practices will be required to offer bookable appointments outside of core hours, between 6:30pm and 8pm on weekdays and between 9am and 5pm on Saturdays.

When calling your practice outside its normal hours, you are usually redirected to their out-of-hours service. For non-urgent care, use the NHS 111 online tool or call for advice.

Making an appointment

GPs have a duty of care to ensure they offer services in a manner and time that meets your clinical needs. Depending on your needs and circumstances, you may be offered a consultation in person or remotely, via telephone or video-link. If you are offered a remote consultation, but would prefer to be seen in person, discuss this with your GP or practice manager.

Healthwatch have some tips to help you prepare for a video consultation, see www.healthwatch.co.uk/advice-and-information/2020-07-28/getting-most-out-virtual-health-and-care-experience

Home visits

The practice leaflet or website should explain the criteria for home visits.

While having a general policy, staff should make decisions on a case-by-case basis, based on clinical need. Give a full description of your condition when phoning to help the doctor decide if you need a home visit.

Making the most of your appointment

A typical appointment slot is 10 minutes. If you have complex or multiple issues to discuss, ask for a double appointment. Make notes to remind yourself what you want to tell or ask the doctor about.

- If 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 changes in medication?
- If you do not understand the answer to your questions or any words used, ask for an explanation or for the answer to be written down.
- If going for test results and to discuss treatment, your doctor should tell you if there is more than one treatment, about the pros and cons of each and whether there are common side effects.

Do not miss things out because you think they are trivial. GPs can only work with what you tell them, so let them decide what is significant.

Seeking a second opinion

If you have doubts about a diagnosis or treatment after discussing it with your GP, you can ask to be referred for a second opinion. You do not have a right to a second opinion, but GPs rarely refuse, unless they believe it is unnecessary. This may be to another GP in your practice or a consultant.

Online services

Ask your practice receptionist to explain how to register for online services and about apps you can download to a smartphone or tablet, such as **NHS App** or **myGP App**. Online tools let you:

- book appointments with a GP of your choice or cancel appointments
- order repeat prescriptions (see section 8)
- view your GP record (clinical information)
- link to register as an organ donor (NHS App).

For general information, go to NHS website www.nhs.uk/using-the-nhs/nhs-services/gps/gp-online-services/

5.3 Removing a patient from the practice list

A practice can make a written request to NHS England for you to be removed from their list. This happens if you tell them you are moving outside the practice boundary or relocating abroad. It can happen if the practice believes your behaviour towards staff or other patients is unacceptable or your relationship with it has irrevocably broken down.

If the practice intends to request to remove you from their list, it must have given you a written warning in the previous twelve months prior to requesting your removal. This does not apply if you were violent, threatened staff or other patients, and the police were informed; or if the practice believed issuing a warning was not reasonable or practical.

The practice should provide you with specific reasons for wanting your removal, unless it reasonably believes the circumstance surrounding the request mean it is not appropriate to give a specific reason, and there has been an irrevocable breakdown in your relationship with the practice. If it is difficult to register with a new practice, contact NHS England for details of your Area Team. They can allocate you to a new practice.

If you disagree with the reasons for your removal and believe you have been treated unfairly, complain to NHS England Customer Contact Team. See section 12 for information about making a complaint.

5.4 Help with hearing difficulties

If hearing difficulties affect your daily life, make an appointment to see your GP. 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.

NICE produce guidance *NG98 Hearing loss in adults: assessment and management*, see www.nice.org.uk/guidance/ng98/informationforpublic

Royal National Institute for Deaf People (RNID) have information about hearing loss and aids. Hearing Link helps people manage hearing loss.

Note

RNID offer an online hearing check, which suggests whether your hearing is within normal range or if you may have hearing loss. See <https://rnid.org.uk/information-and-support/take-online-hearing-check/>

It is not a medical diagnosis but aims to identify hearing loss and if necessary, recommend next steps such as speaking to your GP.

5.5 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 help you understand and manage your feelings and behaviour. They can help if you feel low, anxious or out of sorts. 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 an NHS initiative called '*Increasing Access to Psychological Therapy*' (IAPT). Find out more by speaking to your GP or see www.nhs.uk/service-search/find-a-psychological-therapies-service/

5.6 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 choice 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 read hospital inspection reports on the CQC 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. 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:

- log into NHS e-referral online at www.nhs.uk/using-the-nhs/nhs-services/hospitals/nhs-e-referral-service/ or
- call Appointment Line on 0345 608 8888 or textphone 0345 850 2250.

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:

- start your NHS 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 referral if a GP makes an urgent referral because cancer is suspected.

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.

5.7 Chiropody, physiotherapy and other services

Your GP can refer you to other health professionals for a diagnosis or treatment. You can see them at a local practice, health centre or hospital or they may visit you at home.

Chiropodists (also known as podiatrists) help with problems with your lower legs or feet. In some areas, you can self-refer to the chiropody service but in many cases, you need a GP referral. 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. See a GP if you have bladder or bowel problems. They may decide to refer you to a district nurse or continence clinic for an assessment and to discuss treatment, or ways to manage a problem. They may decide you need pads or other products for long term management and where appropriate, include this in your care plan.

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 unhappy with the outcome, you can complain. For more information, see Age UK Guide IG15, *Bladder and bowel problems*. Continence Product Advisor gives 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 (OTs) advise on home modifications or equipment to make living at home easier. Your GP or social services can refer you to an OT. They can be members of a multi-disciplinary team offering rehabilitation support.

Physiotherapists help with back pain and muscle strains. They may be members of a multi-disciplinary team offering rehabilitation following a fall, or stroke, or for conditions such as 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.

5.8 Falls Prevention Services

If you have 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. With your permission, your GP can refer you to the local falls prevention service for a falls risk assessment.

These services aim to 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 can include checking your eyesight, investigating any continence problems, checking your home for potential hazards, or attending an exercise class to improve strength and balance.

As well as considering your risk of further falls, your GP may review your risk of osteoporosis. This condition affects bone strength and means you can break a bone following even a minor fall. If you are at significant risk, your GP should discuss options to reduce your risk. The Royal Osteoporosis Society has information about osteoporosis. For further advice, see Age UK guide IG14, *Staying Steady*.

5.9 Social prescribing

Your GP may refer you to a *link worker* who 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 other agencies such as housing, emergency services and voluntary organisations, or self-referrals. See www.england.nhs.uk/personalisedcare/social-prescribing/

5.10 Supporting people with long-term conditions

Millions of people have one or more '*long-term*' conditions (LTCs) 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 conditions on a day-to-day basis.

Ask them about national support organisations and how to contact local support groups, where you can share experiences with people living with the same conditions. Many patients benefit from self-management courses. Ask your GP or support group if there are local courses.

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 a number of 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.

5.11 Sexual Health Services

You can access these by visiting your GP, at some pharmacies or a sexual health clinic. If you are unsure which service is right for you, you can 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 will not be shared with anyone outside of the clinic without your permission.

5.12 Support to maintain independence

Having one or more '*long term*' conditions can have an impact on your independence and wellbeing. It is important to tell your GP if you notice small, gradual changes in your ability to manage everyday things such as getting in and out of the bath; notice unintentional loss of weight; 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 know about such things, they 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, which is described in section 11.

5.13 Personal health budgets

A Personal Health Budget (PHB) aims to give you more choice, flexibility, and control over how money is spent meeting your long-term health and wellbeing needs. It is money the NHS would have spent on your care. If you have a PHB, you and your NHS team must agree on how it is spent.

You have the right to a PHB if eligible for a personal wheelchair budget, section 117 aftercare funding, or NHS Continuing Healthcare, unless there are clear clinical or financial reasons why it would not be appropriate. For more information, see section 6.3 of factsheet 20, NHS continuing healthcare and NHS-funded nursing care payment.

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 and over is entitled to a free NHS sight test. 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.

Adults should have a test every two years. If aged 70 and over, you should have one as often as your optician recommends. They can use their professional judgement to decide the frequency of your sight test.

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.

6.3 Over-50s – free seasonal flu jab

A dose of flu can lead to complications such as pneumonia or severe bronchitis in some people. 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. GP practices usually start their flu jab service in September or early autumn. Community pharmacists offer free flu jabs in some areas.

The NHS will be offering a free flu jab to adults aged 50 and over, or if you 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 if you live with a person who is more likely to get infections. It is available to people below the age of 50 who are at risk of complications if they have flu. This includes people who have:

- specific long-term conditions, including chronic lung 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.

6.4 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.

6.5 Shingles vaccination

Being vaccinated against shingles can *reduce your risk* of having shingles. 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 70-79 years. Eligibility ceases once you reach 80, because the vaccine seems to be less effective beyond this age.

Your GP decides whether you have the vaccination, as some people are not suitable, for example if your immune system is weakened after cancer treatment. Your GP practice may have a leaflet.

See www.nhs.uk/conditions/vaccinations/shingles-vaccination/ for more information.

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 that particular 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** invites women aged between 50 and 70 for screening every three years. If you are not invited for screening over the age of 70, you are still eligible for screening every three years. Contact your local breast screening clinic to request screening.

For patient 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 50 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 one of your last three tests was abnormal. 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. See www.nhs.uk/conditions/cervical-screening/

The **NHS national bowel screening programme**, if you are between the ages of 60 and 74 you will be sent a home testing kit every 2 years. The programme is gradually being extended to include people from the age of 50.

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. The FIT kit replaces the 'faecal occult blood' (FOB) test kit. It is more specific and easier to use, as it requires only one sample, rather than six required by the FOB test.

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

NHS Abdominal Aortic Aneurysm (AAA) screening is offered to men when they reach 65. 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 the NHS website
www.nhs.uk/Conditions/abdominal-aortic-aneurysm-screening/

Screening to detect **diabetic retinopathy** - an eye condition - should be offered annually to anyone aged 12 and over who has diabetes. You can opt out but speak to your GP if you are not invited. For information, see the NHS website www.nhs.uk/conditions/diabetic-eye-screening/

There are no plans to screen men to detect risk of **prostate cancer** because it has not been proven that the benefits of testing outweigh the risks. Speak to your GP if you want to know more or to understand the benefits and risks of having a blood test that could lead to a prostate cancer diagnosis.

In addition to national screening programmes, some areas offer targeted screening to those considered high risk of developing a condition such as lung health checks and mobile liver screening.

NHS service to keep you well

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, type 2 diabetes, stroke, and kidney disease.

They offer it every five years to people between the ages of 40 and 74, who have not already been diagnosed with one of these conditions. If you meet these criteria, you can expect a letter from your GP or local authority inviting you for a check. If you have the check when over 65, they will tell you of signs and symptoms of dementia to look out for.

For more information, see the NHS website: www.nhs.uk/conditions/nhs-health-check/what-is-an-nhs-health-check-new/

7 Help with health costs

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

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

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

If you receive Pension Credit Guarantee Credit, or one of the other benefits above, or are eligible for help through the NHS Low Income Scheme, you may be eligible for help with the cost of travel when referred to see a consultant on NHS premises. In some circumstances, referrals by a GP or dentist mean you are entitled to help with travel costs. Ask the referring doctor or dentist whether their referral qualifies for help.

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

8 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.

Speak to your community pharmacist if you are having any difficulties managing your prescribed medications, such as finding medicine labels difficult to read, the usual packaging hard to open, or tablets difficult to swallow or if you take many tablets on several occasions at different times of the day. Your pharmacist can look at different ways to help you manage your medications, which could include a review of your current prescription. Other pharmacy services include cholesterol testing, 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 also offer information and advice to help reduce your risks of developing serious health conditions.

Electronic Prescription Service (EPS)

Most prescriptions are now signed, sent, and processed electronically. This aims to improve efficiency and safety when dispensing medicines. You nominate a pharmacy to dispense your repeat prescriptions on a regular basis. When you contact your practice to order a repeat prescription, it sends it to that pharmacy, via the practice IT system. This eliminates paper prescriptions and errors due to handwriting.

If your prescription is unlikely to change, the GP can agree to set up automatic delivery of your prescription for a specified number of repeats. You can amend your nominated pharmacy or amend it temporarily if you are going away and likely to need a prescription during that time. For more information, speak to your practice or see www.nhs.uk/using-the-nhs/nhs-services/pharmacies/electronic-prescription-service/

Many pharmacies offer a **home delivery service**. This is a helpful service but can limit the opportunity to ask questions about your medicines. Most pharmacists are happy to speak to you on the phone, so always call the pharmacy if you have questions about your 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 conditions such as asthma, type 2 diabetes, chronic obstructive pulmonary disorder (COPD), high blood pressure, or any blood thinning medicines, ask your pharmacy if you can take part. For more information including a full list of conditions covered, see www.nhs.uk/using-the-nhs/nhs-services/pharmacies/new-medicine-service-nms/

Medicine Use Review (MUR)

Your GP should regularly review your medication to make sure you take the most appropriate medicines at the most appropriate dose. If your practice employs a clinical pharmacist, they may take on this role. In addition, your community pharmacist may invite you for a MUR if you:

- are discharged from hospital with changes to the medicines you take
- take multiple medications or take one where the dose is critical
- take medicines to help your breathing
- have cardiovascular disease or cardiovascular risk factors and take four or more regular medicines.

A MUR helps ensure you get the most benefit from your medicines. You can learn more about how they work, discuss any side-effects, raise any problems taking your medicines, and get advice on how to take them in the best way. If you take non-prescription medicines, bring these so the pharmacist gets a complete picture of medicines you take. The pharmacist asks you to sign a consent form to have a MUR and to share feedback with relevant health professionals, such as your GP.

8.1 Reporting unwanted side effects from medication

The Yellow Card Scheme allows health professionals and patients to report unwanted side effects from prescription or non-prescription medicines or 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 information, see <https://yellowcard.mhra.gov.uk/>

9 End of life care

Palliative Care is care and support provided if you are living with a '*terminal illness*', defined as one where 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. Though no longer only available to people with cancer, they are the most likely recipients.

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/help/support/terminal-illness

End of Life Care refers to NHS-provided care and support if you are likely to be in the last year of life and offers support to your family or informal carers too. The focus should be on the quality of your life and death, rather than the length of your life. Integrated Care Boards have a duty to commission high quality personalised Palliative and End of Life Care in response to the needs of their communities. 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. Communities supporting one another at times of crisis and loss, being confident to have conversations about living and dying well

Choice about end of life care

Whilst some people state they would prefer to die at home, you may wish to fully consider your options. If making such a decision, talk it over with your GP 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 what 24-hour support is available.

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 too, 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. See 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.

Useful resources on end of life care

- '**Planning for your future care**' explains the rationale behind advance care planning. Available in several languages at: www.england.nhs.uk/improvement-hub/publication/planning-for-your-future-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

10 Complementary therapies

These include therapies such as acupuncture, chiropractic, osteopathy, homeopathy, and herbal medicine. They are not generally available as NHS treatment but your GP will 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 not a regulatory body. 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 PSA website to read about accreditation, check Registers online and find a local registered practitioner.

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

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

A person responsible for data management within an organisation is called a *data controller*. They can only refuse to give access to information if, in their opinion, disclosure would cause serious harm to your physical or emotional health or another party; or it 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, the data controller concludes it is reasonable to withhold third party information.

GP records

You can access your GP records by logging into your account using the NHS app or NHS website. You may be able to access your GP records using other online services or apps such as myGP. You must register with them and prove who you are.

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. Speak to your GP if you would like to see your SCR, as you cannot view it online.

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 to help them provide what you want.

Time scales

GDPR requires organisations to respond to your request within one calendar month, starting from the day they received it.

11.1 Access to medical records of a deceased person

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 GP how to access their GP record from Primary Care Support England. GP records are generally kept 10 years after someone dies. For hospital records, contact the records office at the hospital they attended. For more information, see the NHS website: www.nhs.uk/common-health-questions/nhs-services-and-treatments/can-i-access-the-medical-records-health-records-of-someone-who-has-died/

12 Resolving problems and making a complaint

Each GP practice, pharmacy, optician, and dental practice providing NHS services 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. You can resolve some problems informally this way. If it does not, or you want to make a formal complaint, ask for a copy of their complaints procedure. This should tell you what to do.

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

Hospital PALS

If your complaint is about services or care in hospital, there will be a hospital Patient Advice and Liaison Service, known as PALS. They can try to help you informally or explain how to make a formal complaint. Hospitals must follow the NHS complaints system.

Each hospital Trust operates a PALS service. PALS staff can tell you about Trust services and are keen to hear from patients who wish to make complimentary comments or have concerns about their care.

Early intervention by PALS staff can help resolve problems before they become major issues. They can give details of the NHS complaints process, local NHS independent complaints advocacy service and put you in contact with the hospital complaints manager.

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

13 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.

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

14 NHS Constitution – your rights

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. NHS organisations, the independent and voluntary sector who provide NHS services, and local authorities with a public health duty, are required to take account of the Constitution when purchasing and delivering services.

An example of a patient right is: *'You have the right to be given information about test and treatment options available to you, what they involve and the risks and benefits.'*

An example of a patient responsibility is *'Please follow the course of treatment you have agreed and talk to your clinician if you find it difficult.'*

You can order a copy of the *NHS Constitution – the NHS belongs to us all* (ref 2900013) from DH publications or download a copy at www.gov.uk/government/publications/the-nhs-constitution-for-england

15 Health organisations

NHS England

Provides national leadership for the NHS in England. Through the delivery of the NHS Long Term Plan, it aims to improve the nation's health, and the quality of care, address health inequalities and deliver care more efficiently. They currently commission *primary care services* (see section 3.1) but are gradually delegating most of their commissioning responsibilities to ICBs.

Integrated Care Systems (ICS's)

ICSs became statutory bodies on 1 July 2022. They aim to give people the support they need, joined up across local councils, the NHS, and other partners. They aim to remove traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services and consider wider determinants of health. All parts of England are now covered by one of 42 ICSs.

ICS's are made up of Integrated Care Partnerships (ICP) and Integrated Care Boards (ICB).

Integrated Care Partnerships (ICP's)

ICP's are a collaborative network of service providers including; hospitals, community services, mental health services, GPs, local council representatives, social care and voluntary services. They aim to deliver high quality care by working together rather than competing with one another.

Integrated Care Boards (ICB's)

ICB's buy services for their local population, such as mental health services, out of hours services, community services, hospital care and NHS Continuing healthcare. Previously the responsibility of Clinical commissioning groups (CCGs) which have now been abolished.

The intention is that ICBs will take on a greater commissioning role with NHS England retaining oversight.

Office for Health Improvement and Disparities (OHID)

OHID works to improve the health of the whole nation. Focusing on prevention measures and targeting areas of greater health inequalities, so that background does not reduce the prospect of a healthy life. They also aim to tackle the greatest preventable risk factors for ill health such as smoking, obesity, drug and alcohol misuse.

UK Health Security Agency (UKHSA)

UKHSA is an executive agency of the Department of Health and Social Care. It is responsible for protecting the population from the impact of infectious diseases, chemical, biological, radiological, nuclear incidents and other health threats. Planning and executing the response to external health threats such as pandemics. Providing leadership at both local and national levels.

OHID and UKHSA replaced Public Health England in October 2021.

Healthwatch England

Healthwatch England is the national consumer champion created to gather and represent views of health and social care service users, members of the public and local Healthwatch. It aims to influence policy and service delivery through advising NHS England, local authorities, CQC and Secretary of State for Health.

Local Healthwatch

There are over 150 local Healthwatch bodies commissioned and funded by their county council or unitary authority. They gather views and experiences of users of health and social care services and publish reports on their investigations of local services.

They can provide information, advice and support on local health and care services, and may provide the local NHS independent complaints advocacy service to support people to complain about NHS services.

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.

Carers UK

www.carersuk.org

Telephone 0808 808 7777 (Monday to Friday 9am – 6pm)

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

Care Quality Commission (CQC)

www.cqc.org.uk/contact-us

Telephone 03000 616161

Regulates and inspects hospitals, care homes, care agencies, GP and dental practices 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

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.

Department of Health and Social Care (DHSC), NHS England and UK Health Security Agency publications

www.healthpublications.gov.uk/Home.html

Telephone 0300 123 1002

When ordering, have the publication title and reference number to hand.

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*.

Hearing Link

www.hearinglink.org

Email helpdesk@hearinglink.org

For people with hearing loss and their families. Aims to give knowledge, skills and confidence to manage practical and emotional challenges.

Local Healthwatch

www.healthwatch.co.uk

Telephone 03000 683 000

Each local authority has a Healthwatch with information on local care services. It may run or signpost to the local independent NHS complaints advocacy.

NHS Digital

<https://digital.nhs.uk/about-nhs-digital/our-work/keeping-patient-data-safe/how-we-look-after-your-health-and-care-information>

Provider of data and IT systems for health and social care.

Royal Osteoporosis Society

<https://theros.org.uk>

Telephone helpline 0808 800 0035

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

NHS website screening

www.nhs.uk/conditions/nhs-screening/

Provides information on breast, cervical and bowel cancer screening.

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. To find your local ICS, see www.nhs.uk/nhs-services/find-your-local-integrated-care-board/

NHS England

www.england.nhs.uk/contact-us/complaint/

Customer Contact Centre 0300 311 22 33

Commissions GP, dentists, pharmacy and optical services. If you cannot access the NHS website, call them for details of local services.

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

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.

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 prescription, non-prescription or herbal medicines; counterfeit or fake medicines; defective medicines or problems with medical devices.

Health professional organisations**General Chiropractic Council (GCC)**

www.gcc-uk.org/about-us/what-we-do

Telephone 020 7713 5155

Regulate the practice of UK chiropractors. Chiropractors must register with the GCC to practise. Use their website to find a local chiropractor.

General Osteopathic Council (GOC)

www.osteopathy.org.uk

Telephone 020 7357 6655

Regulate the practice of UK osteopathy. Osteopaths must register with the GOC in order to practise. Use their website to find a local osteopath.

Health and Care Professions Council

www.hcpc-uk.org/

Telephone 0300 500 6184

Regulates and registers health, psychological and social work professionals, with register of those who meet their standards.

Professional Standards Authority

www.professionalstandards.org.uk

Telephone 020 7389 8030

Oversees statutory UK health and social care regulatory bodies and sets standards and accreditation for organisations with voluntary registers.

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.org.uk

0300 303 44 98

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 75 75

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 42 22

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The evidence sources used to create this factsheet are available on request. Contact resources@ageuk.org.uk

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