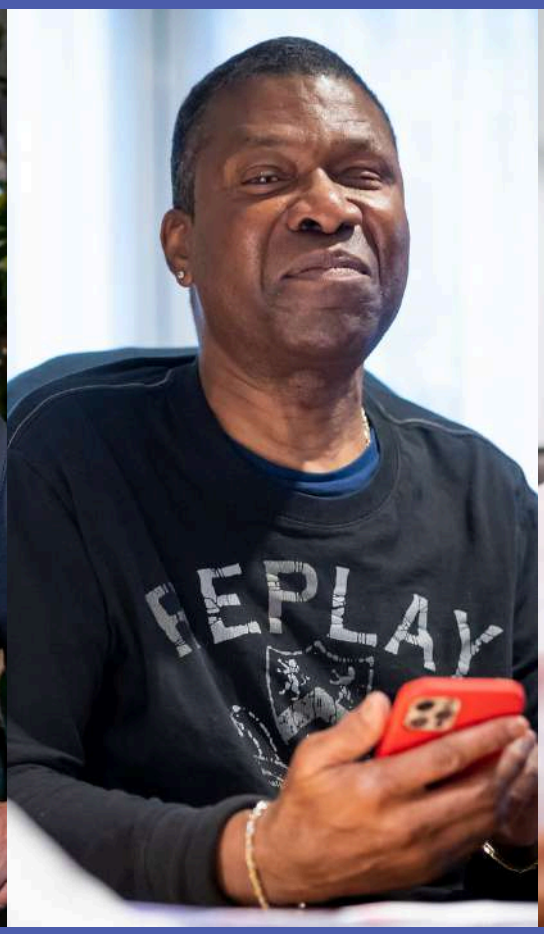
Older...







and wiser

South Nottinghamshire Place-Based Partnership

Arnold and Calverton Primary Care Network

Foreword

As we grow older, life presents us with new challenges and opportunities. This leaflet provides valuable information and support to help you navigate this stage with confidence and grace, and to prepare you for the future. With age comes wisdom, and this wisdom is vital in making informed decisions about our health and well-being.



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It contains information on staying physically active, eating well, and the importance of getting quality sleep, all of which contribute to good overall health. There are sections on mental health, memory problems, and staying socially connected. Managing medication and the impact of the weather are practical considerations that ensure comfort and safety.

Support at home is essential, whether it's managing financial worries, preventing falls and fractures, or adapting your home for easier living. There is information regarding personal alarms, hearing aids, vision, dental and foot care.

These small steps can make a big difference in maintaining independence.

There are sections on engaging with health professionals and preparing for hospital appointments or admission, as part of proactive health management.

Planning for the future allows for peace of mind for both you and your loved ones, enabling you to prepare for the end of life with dignity. We hope this leaflet provides you with the knowledge and resources needed to live your later years with health, happiness, and security.



The booklet has been written by Gedling GP, Dr Caroline White, pictured left, who has an interest in the care of older people, with the support of Arnold and Calverton Primary Care Network and South Nottinghamshire Place-Based Partnership.

Getting older...

Older people are more likely to have long term conditions such as arthritis, diabetes, high blood pressure, lung and heart disease. These problems can often make it harder to perform day to day activities such as walking, shopping and cleaning. It is also common for older people to feel tired more easily, experience problems with their balance and take longer to get over infections.



Sometimes these symptoms can be explained by the changes in our bodies which happen as we get older such as reduced muscle bulk and strength, a weaker immune system and alterations in the way the body is able to regulate itself. At other times, however, there can be causes for these symptoms which are treatable. This is why it is important to let a healthcare professional know how you feel so we can be sure you are getting the best possible care.

Memory issues are also common as people get older and can vary from normal degrees of forgetfulness to dementia, which affects around 1 in 5 people over the age of 80. If you or your family are worried about your memory then please see your GP as they can arrange tests and also refer you for treatment which can help to keep you better for longer.

This might all seem a bit gloomy but the good news is that there are things that you can do now to help protect your body and mind for the future.

Physical activity

Being active helps to keep our heart and lungs to stay strong, reducing the risk of heart attacks and strokes as well as helping with muscle strength and balance.

Adults over 65 should try to be active every day with light activities including walking in the house, preparing meals and making the bed. Even trying to stand up every hour or so or just moving your arms and legs around in a chair will help.

Try to improve your strength and balance by pushing up from sitting in a chair to standing without using the support of anyone else (or any arm rests/walking aids). Look straight forward throughout this activity and have something near by to hold on to if needed! To try doing this:

- lean forward in the chair
- cross your arms across your chest
- put your weight forward through your feet
- stand up by straightening your knees
- sit back down again

You can repeat this going from sitting to standing a few times a day, perhaps repeating the exercise 3 or 4 times on each occasion.



The NHS recommends those who are able try and do exercises that improve their balance, strength and flexibility on at least two days a week. These can be everyday things like carrying shopping bags and digging in the garden or could take the form of home-based exercises such as squats and calf raises, using the back of a chair for support, or lifting light weights.

There are some good examples of these on the NHS website **https://www.nhs.uk/live-well/exercise/strength-exercises/**

There are also local strength and balance classes and walking groups for older people run by Gedling Leisure and Age UK.

For those who are more able it is advised to try and do 150 minutes of moderate intensity activity (walking, riding a bike, water aerobics) or 75 minutes of vigorous activity (swimming, hill walking, aerobics) every week.

For some older people this may be too difficult but if you can try and do a little more, such as walking to a local shop or going to an exercise or dance class aimed at people of your age group, it can all help. Exercise classes suitable for your needs are best accessed by contacting Age UK, through a social prescriber or local council leisure service/private gym.

Remember small changes can have a big impact and by continuing to be active you are protecting yourself from falls and maintaining your mobility for the future.







Food

Eating a good balanced diet is really important to help us maintain our strength and also to help healing. For some people, particularly those who live alone, cooking meals becomes harder due to issues with motivation, as well as physical difficulties. Many older people feel there is ‘no point cooking just for themselves’ but remember that cooking keeps your body and mind active as well as providing you with tasty food to eat.

Every day you should try to eat:

- Five portions of fruit and vegetables.
- Protein sources such as meat, fish, eggs or beans.
- Carbohydrates like bread, potatoes, rice and pasta (wholegrain ideally).
- Sources of calcium such as dairy products or alternatives.
- Small amounts of unsaturated fats such as oils and spreads.

It isn’t unusual to feel less hungry as you get older but you should still get into the habit of eating regularly throughout the day as your body still needs almost the same amount of calories as it did when you were younger. Ideally you should aim to have three meals and six to eight glasses (total at least 1.5 litres) of fluids such as water, juice and hot drinks a day. Some people may need to add in snacks as well to maintain a weight within the healthy limits for their height and others may have been given specific advice relating to their medical conditions.

If you are struggling to cook there are good quality ready meals available and a ‘meals on wheels service’ run by the council who will deliver a hot meal to your door. https://www.yournottsdirectory.org.uk/directory/services/county-enterprise-foods-meals-at-home Please see the section on financial support if you are struggling to afford to buy food or other household necessities.

Sleep

Older adults need the same amount of sleep as younger people – at least seven hours each day. We know, however, that older people tend to have more disrupted sleep which means they feel tired earlier, wake up earlier and tend to be lighter sleepers overall.

Other factors that can wake people up such as trips to the toilet, pain, restless legs and mental health problems are also common in older age. It is easy to get into a pattern of not sleeping well at night which can be hard to break.

If you are struggling with sleep it is always better to consider why this is and try and treat the root cause. Suggestions might include:

- Speaking to your doctor about physical problems such as pain, restless legs or toilet trips as they might be able to suggest something to help.
- Trying to keep to a regular bedtime routine, relaxing in the evening before bed, avoiding screens such as TVs and phones in the before bed and making sure your bedroom is as comfortable and quiet as possible.
- Avoiding heavy meals, exercise, caffeine and alcohol in the few hours before bed.
- Trying not to nap in the day and have a regular time to go to bed and get up in the morning.
- Keeping your body and mind as active as possible during the day
- Consider your mental health; if you are anxious or depressed this can impact on your sleep and it is worth seeking help for this.

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Make sure your bedroom environment is safe. Have a phone and light by your bed so that you can get help if needed and see where you are going if you get up at night.

Try to avoid ‘trip hazards’ such as rugs and clutter on the floor in the bedroom. Night time is a very common time for people to fall, particularly when rushing to the toilet when they have just woken up.

A special type of talking therapy (CBT for insomnia) is available free on the NHS and can help with sleep problems and teach you techniques to help you sleep. Mindfulness and meditation exercises can also help and there are examples of these on the NHS website - **https://www.nhs.uk/conditions/nhs-fitness-studio/bedtime-meditation** as well as various Apps being available for smart phones.

If these measures aren’t working then talk to a healthcare professional about other things that can help.

Sleeping tablets are rarely prescribed now as they are addictive and can increase the risk of falls and confusion, particularly in older people. Very occasionally short courses may be prescribed to help you get back into a sleep pattern, but the tips above are safer and likely to be a better long term solution.

Mental health

Mental health problems are very common in older age and can vary from difficulties adjusting to retirement, bereavement and changes in lifestyle to more significant problems with anxiety and depression.

Signs of mental health difficulties include:

- Worrying a lot about things
- Disturbances in sleep and appetite
- Feeling low or depressed
- Not wanting to socialise with friends or family
- Losing enjoyment in things that you used to get pleasure from
- Physical symptoms such as feeling shaky or “muzzy” headed, nausea or unexplained aches and pains
- Feeling there is no point in continuing to live.

If you have been experiencing these symptoms for more than two weeks or are having thoughts about wanting to die it is really important to speak to someone about this as there is a lot that can be done to help including talking therapy, medication or referral to the mental health services.

Social Prescribers can also help - you can be referred to them through your GP surgery.

Admitting you might have mental health difficulties can be hard but really depression and anxiety are no different to a physical illness and can be treated so that you can feel better and get back to enjoying life.

People often dismiss feeling depressed as “to be expected” but feeling low is not a natural part of ageing and there are lots of things that can be done to help.

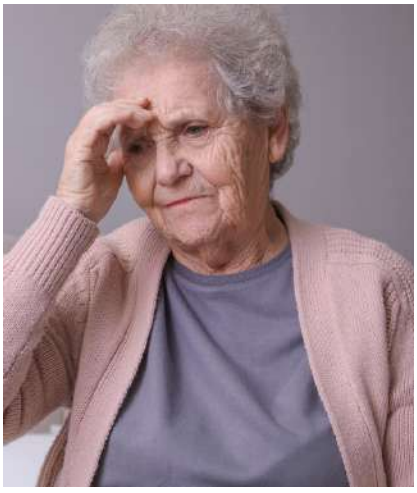


Memory problems

Many people find that their memory seems to get worse as they get older. Memory loss can be caused by a number of conditions, including physical health issues such as vitamin deficiencies and infections, mental health problems such as stress and depression and also, in some cases, by dementia.

A lot of people worry about their memory but just aren't sure whether to seek professional help. This can be for a number of reasons including not thinking it is 'bad enough' to bother anyone about, assuming memory loss is a normal part of aging or being worried about the implications of a dementia diagnosis. This is all completely understandable but if you, or a member of your family, have concerns about your memory it is always worth seeking further advice from your GP.

When you visit the GP, they are likely to have a chat with you about your difficulties, do a short memory test and they will also arrange some tests to look for physical causes such as thyroid problems and vitamin deficiencies. If these tests reveal something it is possible that it may be able to be treated and your memory may improve



If your GP is concerned that you may have dementia they will refer you to see a specialist for some more detailed tests, including a CT scan of your brain. The specialist will then decide if you have dementia and what type of dementia you have. Most cases of dementia are caused by Alzheimer's Disease or problems with the blood supply to your brain, known as Vascular Dementia. Medications are sometimes prescribed for these conditions which can hopefully slow down deterioration.



If you are diagnosed with dementia there is a lot of help and support available for you and your family, if you need it. Many people with dementia live independently or manage well at home with support from carers. The Alzheimers Society and Dementia UK offer advice about practical and financial considerations and can also signpost you to local groups and activities for people living with dementia and their families. They can vary from walking groups to coffee mornings and choirs. The families of people with dementia often find attending these groups useful, to share their experiences with others in a similar situation.

Some people with dementia occasionally may wander outside the home, getting lost and at times putting themselves at risk due to their condition. If this is happening it is worth considering the use of assistive technology (such as door alarms and GPS trackers) which are available through social services. It is also advisable to complete “The Herbert Protocol” which provides useful information for the Police if they need to look for a missing person.

Completing a ‘This is Me’ document can be very useful to help those involved in your care know your abilities, likes and dislikes and what is important to you, particularly if you are admitted to hospital or for respite care. Further information is available at the end of this booklet.

Maintaining social contact

Spending more time alone, or just with your partner, is common in older age particularly when you are spending a lot of time at home. Even when you are living with someone it is not unusual to feel lonely, particularly if that person isn't able to engage with you in the way they used to. Those with supportive friends and families may have frequent visitors but still feel isolated at the end of the day, particularly on dark winter evenings.

Being lonely can lead to mental and physical health problems and, by acknowledging the issue and seeking support, you can help yourself and perhaps others in the same situation. Try to set up regular outings, perhaps meeting a friend for coffee, joining a club or walking group.

The 'University of the Third Age' (U3A) have branches in most areas and have groups to suit a diverse range of interests and abilities. Social prescribers can also help with this, as can charities such as Age UK who offer telephone contact and befrienders and Silver Line, who offer a weekly phone call to those over 55.



Did you know that being lonely increases a person's risk of developing dementia or dying?



Medication

One in four people over the age of 80 take eight or more medications each week.

Medications are often prescribed to try and keep you healthier for longer but many people, of all ages, don't fully understand why they are taking the tablets they are on. Sometimes people are left on medications for longer than they need to be, or aren't started on medications that would benefit them.

We know that older people benefit from a structured medication review with a practice pharmacist, or GP, at least once a year. This should be an appointment dedicated to looking at the tablets you are taking, discussing any problems with them and considering if they all need to continue. Your practice should offer you an appointment for this but you can ask for one if they don't.

If for some reason, you aren't taking one of your prescribed medications regularly then please tell the pharmacist as it may be that it can be stopped altogether or a better alternative can be prescribed.

People of all ages can forget to take medications and it is more likely that those with a lot of tablets to take at different times of the day are likely to forget. You can buy weekly tablet boxes in most chemists to put your tablets for the week into sections for the different times of each day. This helps you see if you have already taken them. In some circumstances pharmacies will agree to issue your medications in personalised weekly blister packs.

Leaving your tablets somewhere prominent where you will see them regularly such as on the kitchen counter or by your chair can help, as can setting an alarm to remind you.

Keeping warm in winter

Older people often worry about keeping warm in winter, particularly with rising heating costs. We also know it can be harder for older people to regulate their own body temperature and getting too cold can lead to worsening of long term conditions such as asthma, COPD, heart disease and arthritis.

Keeping warm reduces the risk of respiratory tract infections, heart attacks and strokes. It is important to try and keep your home at a comfortable temperature of 18°C of above, during the day and night time. If you are feeling cold you can also add extra layers of clothing or use a blanket over your lap.

When you go out in the cold weather make sure you wear a hat and gloves as well as a scarf over your mouth to warm the air. Make sure you wear sensible foot wear and take any walking aids with you as the risk of falls outside increases, particularly if the pavements are slippery.



Keeping active but warm in winter helps to keep you healthy and reduces the risk of hospital admissions.

It is easier to keep your home warm if it is well insulated and information about this can be found at **https://www.gov.uk/improve-energy-efficiency** or by calling **0800 098 7950**. Simple things like switching radiators off in rooms you aren't using, drawing curtains and shutting doors can all help. There may be some grants available to help with funding for additional insulation or changes to your heating system.

People above state pension age may be eligible for an annual "winter fuel payment' which is usually automatically granted each year. If you don't receive a letter notifying you of this then information about how to claim is available by calling **0800 731 0160** or by visiting: **https://www.gov.uk/winter-fuel-payment**

In very cold weather the government offers an additional payment called the cold weather payment to those who receive Pension Credit amongst other benefits. This will be made to you automatically. If you are eligible for the guarantee credit element of pension credit you should also receive additional money off your electricity bill.

Age UK can also offer advice on energy bills which can be accessed by calling **0800 678 1602** and also offer a 'Warm and Wise" service to help with heating issues which can be accessed by emailing **warmandwise@ageuknotts.org.uk** or by calling **0115 859 9209.**



Keeping cool in summer

We have had some very hot summers recently and getting too warm can increase the risk of health problems and even death.

People particularly at risk in heat waves include those with heart, lung or kidney disease and those on multiple medications especially blood pressure tablets, diuretics (water tablets) or sedatives.



Ways to do keep cool include;

- Avoiding going out in the hottest part of the day between 11am and 3pm
- Avoid exercise or other strenuous activity – take it easy!
- Drink plenty of cool fluids such as water. Avoid alcohol and caffeinated drinks.
- Wear light coloured, loose clothing when you go out. Wear a hat and sunscreen and try to keep in the shade.
- Keep your living space cool by considering closing windows in the day when it is warmer outside than inside.
- Keep the curtains of windows in direct sunlight closed. Consider using a fan or a portable air conditioning unit.

Watch out for signs of dehydration and heat exhaustion such as dark urine, a fast pulse, breathing difficulties, weakness, headache and nausea.

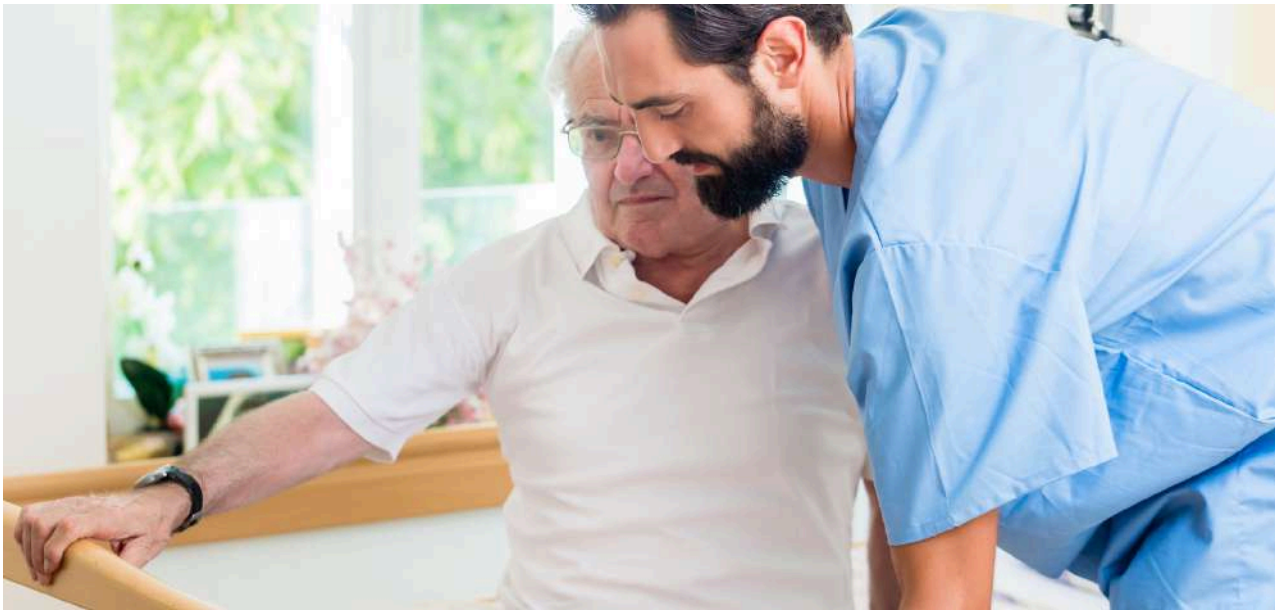
If you are experiencing these symptoms drink plenty of cold fluids, lie down in a cool room and seek medical help if needed.

Support at Home

Admitting you need a bit more support at home is often hard, particularly for those who pride themselves on being independent.

Many older people have unpaid carers who provide them with invaluable support, and are entitled to a carer's assessment from social services to support them in this role. They can also get support from the Carers Hub: https://carershub.carersfederation.co.uk/ However professional support is often needed to enable your friends and family to spend quality time with you and to give them peace of mind, rather than feeling wholly responsible for your care and wellbeing.

If you feel you might be approaching the point at which you need some help in the home it is always better to look into it early, as it can take some time to organise, and, if things worsen, you may find yourself suddenly unable to cope.



Support can vary from signposting and the provision of equipment to maximise independence to regular carers to help with more activities such as meal prepartion, washing and dressing - each package is tailored to meet the needs of the person involved.



Contacting the adult social care department of your local council for an assessment of your needs is the first step. You can arrange this by phoning the customer service centre yourself on **0300 500 8080** or by someone else, such as a friend or family member, doing this for you or by completing an online form, available at: **https://www.nottinghamshire.gov.uk/care/adult-social-care**

The assessment may result in short term support to maximise your independence or longer term support it your needs are greater. You will be told if you need to self-fund some, or all, of your care or whether financial support will be available. If you are seeking care in your own home the means test will not include the value of your property.

After the assessment, the adult social care department will usually signpost you to care agencies who can support you and if needed will help you arrange your care. It is important that you ensure any agency used is registered with the Care Quality Commission. The UK Home Care Association can also provide a list of agencies who work to its code of practice. **https://www.homecareassociation.org.uk/**

There are also several voluntary services locally who can provide support with information available at: **https://www.yournottsdirectory.org.uk/** and **https://www.nottinghamcvs.co.uk/**

There are various benefits you may be entitled to which can help pay for care such as attendance allowance for those who need additional support due to illness or disability.

If a friend or family member provides care for you they may also be able to claim Carer's allowance to recognise the time they spend helping you. Claims can be submitted online at **https://www.gov.uk/browse/benefits/help-for-carers** or by telephoning Attendance Allowance helpline on **0800 731 0122** or the Carer's Allowance helpline on **0800 731 0297.**

Age UK and Citizens Advice can also provide help and support around benefits claims. It is possible to apply for 'Continuing Healthcare Funding' if your needs are more complex and considered medical rather than social. This may cover the costs of your care and information is available at **https://notts.icb.nhs.uk/your-health/continuing-healthcare-chc/.** A social worker or healthcare practitioner will do an assessment to see if you meet the requirements for this.

Support with cleaning/gardening rather than personal care will need to be arranged independently; approved lists may be available from your local branch of Age UK or council. Recommendations from friends and family are often also a good source of information.



Money worries

1.9 million (16%) of pensioners in the UK live in relative poverty yet only 63% of those eligible for pension credit claim it each year.

We often worry about young families with children struggling financially but many older people, particularly those from ethnic minorities and those who rent their homes are struggling to make ends meet. After retirement it can be difficult to increase your savings or income, although the cost of living still goes up.



Many pensioners aren't aware that they can claim for benefits such as Pension Credit, Attendance Allowance and Housing benefit, meaning that over £2.2 billion is not claimed in a year!

Information about eligibility for these benefits is available at **https://www.gov.uk** or **https://www.ageuk.org.uk.**

For those not online you could seek help through Citizen's Advice (**0800 144 8848**), Age UK (**0800 678 1602**) or a social prescriber.

For those struggling to buy food it may be worth contacting a Food Bank to see if they can provide some emergency provisions. The Trussell Trust run several foodbanks and details are available at **https://www.trussell.org.uk/** or by calling **01722 580 180.**

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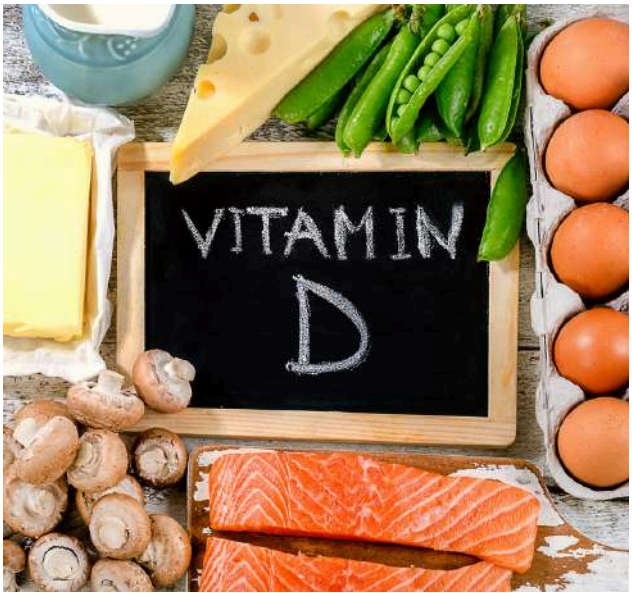
Falls and fractures

Fear of falling is a major worry for millions of older adults with around a third of people aged 65 and over, and around half of people aged 80 and over, having a fall at least once a year.

. It is estimated that half of women and a fifth of men over the age of 50 will experience a fracture related to weakening of their bones, also known as osteoporosis. Exercise, maintaining a healthy diet and avoiding alcohol are important measures in reducing your risk of being injured in a fall.

Calcium is important for maintaining bone health. Adults need 700mg a day, which you should be able to get from your daily diet by including foods such as dairy products, green leafy vegetables and dry fruit. If you are unsure how much calcium you are getting a calculator is available at https://theros.org.uk/

Vitamin D is important for healthy bones and teeth because it helps your body absorb calcium. It is recommended adults over 65 take a daily supplement containing 10mcg of Vitamin D, something which is particularly important in the winter months.



Sources of Vitamin D include oily fish, red meat and egg yolks, although some foods such a fat based spreads, plant milks and breakfast cereals have added Vitamin D. Getting out in the sunshine for 15-20 minutes every day can also help.

The majority of falls happen at home - so it is important to make your home environment as safe as possible.







There are several simple changes you can make to your home which will reduce the risk of falls and hopefully make it a more comfortable environment for you to live in. Some of these may only cost a few pounds but can be a great help. These include:

- Removal of rugs/ loose carpets/ clutter which may be a trip hazard
- Ensuring the house is well lit, especially at night.
- Motion detector lights for the bedroom and landing
- Use of a perch stool in the kitchen along with a kettle tipper/assistive tin opener
- A raised toilet seat or shower stool/bath chair
- A riser recliner chair/ specialist bed
- A key safe or video/audio entry phone with which you can answer the door safely from your seat
- Using a grabber to pick things up and a long handled shoe horn to help you dress.

If you do fall...

Many falls can be prevented but unfortunately falls do still happen and it is important to know what to do if you find yourself on the floor. Following these simple steps might prove useful.

1. Take a minute to get your bearings and assess if you have any injuries which might prevent you getting up. Catch your breath and consider if you need to call for help by shouting, using a personal alarm, or your mobile phone if it is handy.
2. Roll onto your side and use your elbows to push you up onto all fours/ your hand and knees.
3. Crawl to a steady piece of furniture such as a stable chair or your bed and hold on to it for support.



4. Move the foot of your stronger leg forward so it is flat on the floor.



5. Lean forward and push up using your arms and front leg, slowly rising to a standing position.
6. Turn around and sit down for a few minutes to take a rest

There is a good information leaflet called 'Get up and Go' which is available at https://www.csp.org.uk/system/files/get_up_and_go_0.pdf

Home adaptations

A care needs assessment by the council may identify some simple adaptations that can be made to your home environment such as additional grab rails/banisters, outside lights, a bath seat or a dropped curb and these will often be provided free of charge.



Some people may be eligible for a disabled facilities grant which can fund bigger changes such as bathroom adaptations or a stair lift. The council can advise you how you can apply for this funding, which can only be used for home adaptations recommended by them.

Nottinghamshire County Council also run a Handy Person adaptation scheme through which you can access low cost approved traders to do small jobs around the house such as fitting a key safe or curtain rails.

The council may arrange for an occupational therapist to visit you to assess your individual needs. Your GP surgery can also refer you for a home assessment by an occupational therapist and physiotherapist , particularly if you are at risk of falls.

Personal alarms

Personal alarms or monitoring systems, sometimes called Telecare, can be used to alert someone if you have a problem such as a fall. ‘Lifelines’ are often worn around a person’s wrist or neck and have a button which can be pressed if they need help. Pull cord alarms can also be installed in rooms such as the bedroom and bathroom.



Some alarm systems will alert a friend or family member, whilst others go through to a call centre who will arrange the help you need. It is also possible to get alarms which detect if you have fallen or even have a GPS tracker built in if you, or a loved one, are prone to wandering outside of the home.

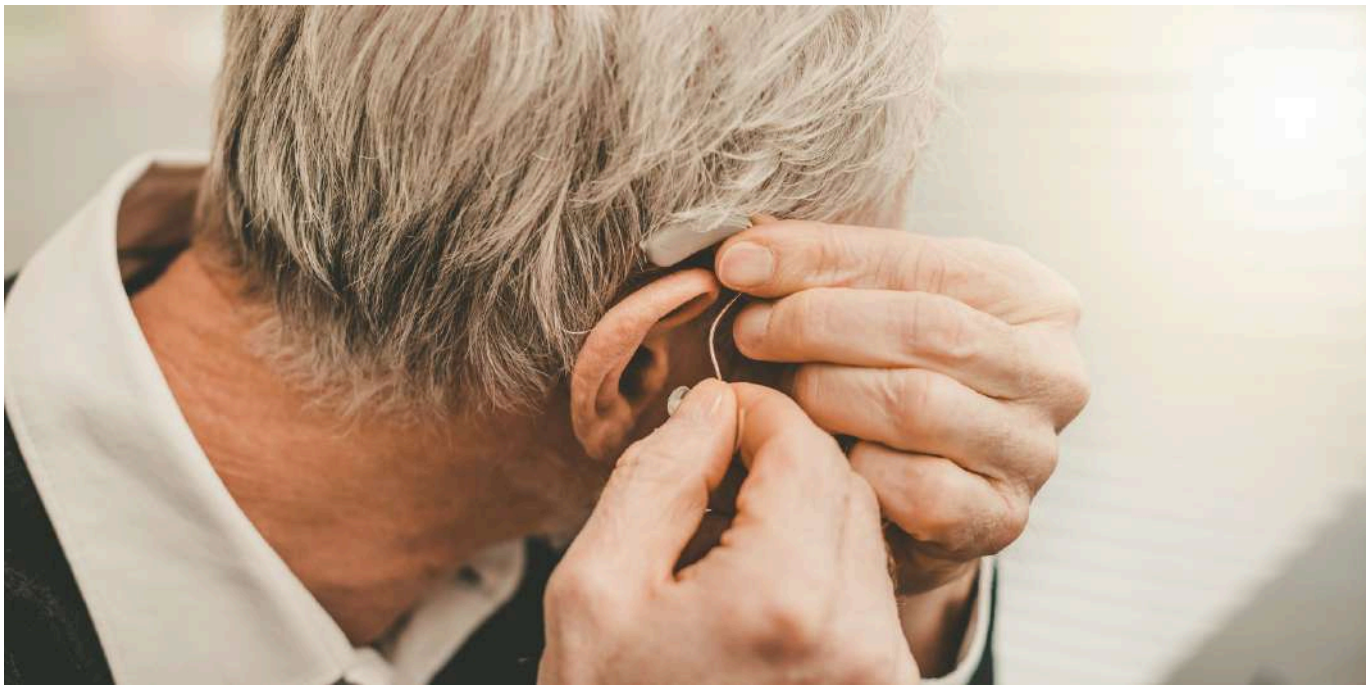
Nottinghamshire County Council provides some telecare equipment to people who are either:

- in receipt of long-term social care support, or
- at significant risk of requiring long term social care support within the next 12 months and the requested TEC equipment will prevent or delay the need for long term social care support.

There is a small weekly charge for this and enquiries can be made by phoning **0300 500 80 80.** If you are not eligible for council funding you will be signposted to other providers. Some of these are listed in the Your Notts Directory: **https://www.yournottsdirectory.org.uk/** or through Age UK: **https://www.ageuk.org.uk.**

Hearing and vision

Maintaining good hearing and vision is really important as you get older as it helps you to stay safe and to communicate with others.



A reduction in hearing is fairly common as people get older and your GP can refer you for an NHS assessment if you have concerns. Private testing (sometimes free of charge) and aid provision is also available from national and local providers, many of whom provide eye care as well.

Wax in the ear can also cause a reduction in hearing and is often simply treated by the use of olive oil and, if you are able, a bulb syringe which can be purchased from a chemist.

Most GP surgeries do still offer syringing or suctioning but there can be a long wait for this and it is now easily available on a private basis.

If you have concerns about your eyesight it is always best to see an optician first, unless it is a sudden loss or significant redness or pain in which case a trip to eye casualty may be needed.

If you are worried that you have cataracts or glaucoma, your GP surgery cannot assess or refer you for these problems without you having seen an optician for a full assessment. Those over the age of 60 are entitled to a free eye test every two years, although sometimes this can be arranged sooner if there is a need.

Remember that glasses fitted with bifocal or varifocal lenses can increase the risk of falls as your eyes adapt to look through different parts of the lens. This can particularly be a problem when walking upstairs or outside. It may be advisable to have separate pairs of glasses for reading and for distance vision, or at least a pair of single lens distance glasses to use when walking.



Dental care

Keeping your teeth and mouth healthy is important as it will help prevent future problems with eating and speech, as well as reducing the risk of dental pain or infections.



Try and keep your teeth and mouth healthy by brushing your teeth for two minutes twice daily. Using dental floss prior to brushing can help remove any trapped food debris and prevent gum disease and bad breath. You should not rinse out your mouth immediately after brushing as this removes the concentrated fluoride left on your teeth from the toothpaste.

If you wear dentures make sure you keep them clean and that they fit well, particularly if your weight changes.

Dental check ups are usually advised every 6-12 months and older people do have to contribute towards the cost of this unless they are in receipt of certain benefits such as the pension credit guarantee credit. You may also be entitled to free dental treatment if you are eligible for the NHS Low Income scheme. Call **0300 330 1343** or visit: **https://www.nhs.uk/nhs-services/help-with-health-costs/**

If you aren't registered with an NHS dentist and need to find one you can ring round local dental surgeries or use this website: **https://www.nhs.uk/service-search/find-a-dentist** Unfortunately many NHS dentists are currently declining to take on new patients and if you are unable to access a dentist, please call: 0300 311 2233. Emergency dental care is available by calling 111. Please remember that GP surgeries cannot provide treatment for dental problems.

Footcare



Looking after your feet is really important and can become more challenging as you get older as they can be difficult to reach. It is important to try and keep your toe nails short and your feet clean and well moisturised to reduce the risk of infections. You may need to ask for help from carers for this, or see a private chiropodist on a regular basis.

The NHS chiropody service is now only able to see patients with certain medical conditions, such as foot problems due to diabetes or poor circulation. If you think you are developing ulcers or sores on your feet it is important to see a healthcare practitioner about this.

Foot problems can often stop people going out, due to pain or balance issues, and can sometimes increase the risk of falls. Wearing sensible footwear both inside and outside the house is important to protect your feet. Flat, well fitting shoes or slippers with a grippy sole and good support are usually best. Trainers or running shoes are often a good option if you are struggling with foot pain or arthritis.

Check your feet every day - sometimes small problems can go undetected and quickly get worse.

Continence

It is not unusual for older people to start to have problems controlling their bladder or bowel, which can cause leakages known as incontinence. This can cause some people to feel embarrassed or worried about going out, impacting upon their overall wellbeing.

Urinary incontinence is more common in women and is commonly caused by weak pelvic floor muscles or prostate problems (in men). Urinary tract infections will often make the problem worse and people living with dementia are often particularly troubled with incontinence. If you have ongoing problems with urinary incontinence it is worth making an appointment with a healthcare professional to discuss this. Tests may be done to exclude infection and medical problems such as diabetes. You may be examined to check for prolapse in ladies and prostate problems in gentlemen.

Leakage of stool can be caused by weak pelvic floor muscles controlling the bowel or diarrhoea. Constipation can also cause overflow incontinence as watery fluid passes round the hard stool held in your bowel. People often find it difficult to talk about faecal (poo) incontinence but if you are suffering with this it is important to make an appointment with your GP to discuss it.



Simple lifestyle measures can help. These include:

- Trying to maintain a regular bowel habit
- Eating a balanced diet with regular meals including fruit, vegetable and whole grains
- Keeping hydrated by drinking 6-8 glasses of fluid a day
- Changing to decaffeinated drinks, avoiding fizzy drinks and alcohol

Simple pelvic floor exercises can be found at: https://www.nhs.uk/conditions/urinary-incontinence/10-ways-to-stop-leaks/ but more detailed and personalised programmes are often beneficial. The Nottinghamshire Continence Advisory Service can provide support with pelvic floor exercises and other measures which may help, including medication.

You can self refer to the service by calling 0300 083 0100.

Urinary incontinence pads are available to buy from most pharmacies and supermarkets but an assessment by the Continence Advisory Service may help solve the problem without the need for pads. For severe incontinence pads may be available on prescription, following an assessment by the continence advisory team.

Ongoing continence difficulties can cause problems with the skin over the bottom and between the legs and it is important to wash this area regularly and make sure it is thoroughly dried. If the skin breaks or sores develop, please make sure you seek professional help.



People who can help...

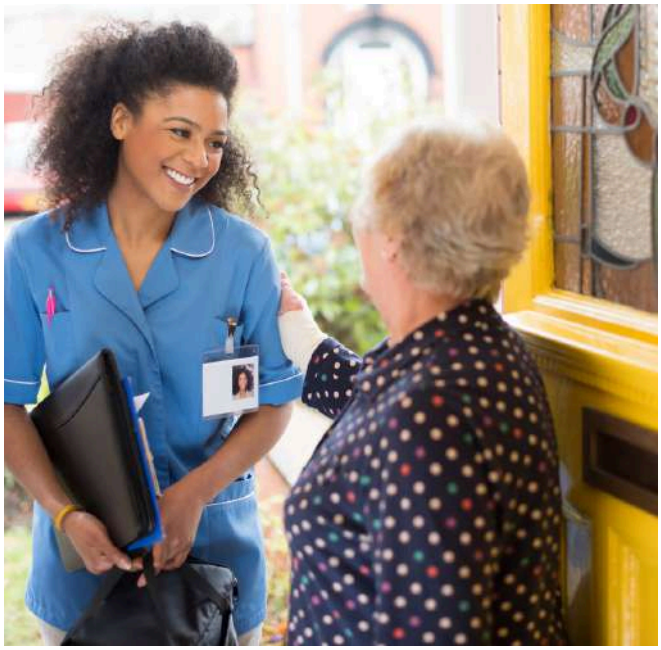
There is often some confusion about the roles of the various professionals who work with older people and how they can help. Below is a list of some people who may be involved in your care and the role they might play.



Carers: paid carers will visit your home on a regular basis and provide you with help as agreed by you in your contract or arrangement with them. This can involve help with personal care such as washing and dressing, meal preparation, medication prompting and sometimes light housework. Some carers will also help with shopping, doctors appointments and other tasks but this will vary depending on your agreement with the individual agency. One or two carers may visit at a time, depending on your needs.

District nurses: district nurses only visit housebound people with medical needs such as wounds/ulcers which require dressing, patients at the end of life and those needing treatment such as injections.

They do not get involved with day-to-day care needs like bathing, but will provide support for continence issues along with the continence advisory service.





Practice nurses: GP surgeries also employ nurses and healthcare assistants who offer appointments at the surgery. They help with the management of long term conditions such as diabetes and breathing problems and also provide other services such as dressings, injections and tests.



Therapy team: The community therapy team consists of a physiotherapist, occupational therapist and support workers. They can look at your mobility and recommend exercises, walking aids and adaptations around the house aiming at keeping you as mobile and independent as possible.



Social prescriber: Social prescribers are trained to help you access the support you need to stay well and independent. They can help you with accessing activities, benefits advice and with negotiating the care system. They have access to a wealth of information and are a new but vital role in community health care. You can ask to be referred to a social prescriber by your GP surgery, district nurse or therapy team.



GP: your GP is there to support you with health needs, prescribe medication and often refer you on to other professionals. They can also be involved in your care planning, which is an important thing to consider as you get older.



Pharmacist: most GP surgeries now employ a pharmacist who can help with prescribing advice and medication reviews. Your community pharmacist can also help if you are experiencing side effects from your medication or have questions about it. Community pharmacists are also trained to treat, and sometimes prescribe for, minor ailments such as respiratory tract infections (coughs and colds) and skin conditions.



Podiatrist: a podiatrist, or chiropodist, is trained to look after your feet and can support with corns, calluses and toenail problems. Most podiatry is now private and takes place in community clinics or in your own home. You may need to seek personal recommendation or contact Age UK for advice on local qualified providers. GP surgeries can refer specific groups of people (such as diabetic patients with nerve damage or foot ulcers) to NHS podiatry.

Hospital appointments

Hospital appointments and inpatient admissions can be very stressful and it is useful to be prepared. You may be eligible for transport to take you to appointments if you need a specialised vehicle or someone to support you and details of how to access this will usually be provided in the appointment letter.

It is useful going to appointments prepared and perhaps writing down any particular concerns you wish to discuss. Take a list of your current medications with you as this will help guide your care. If a friend or family member is available to go with you then it is always useful to have a second pair of ears, as we know that patients often don't take in all of the information given during appointments.

It is also worth being aware that tests arranged by hospital consultants are often not directly fed back to your GP surgery and if you have questions about any tests arranged by the hospital doctors it is best to contact their secretary to discuss this.



Hospital admissions

Hospital admission can be very frightening, particularly for patients who are very unwell or slightly confused. Having someone you know to support you when you are first admitted is likely to be useful and they may be able to provide the doctors with important information about your health which will help with your management plan.

If you are at increased risk of being admitted to hospital it is worth considering having a list of what you might need to take with you, or even a bag ready prepared. Useful items to take include:

- Clothing including underwear, nightwear, slippers and dressing gown
- Toiletries such as a toothbrush, soap or shaving kit
- A small amount of money
- A mobile phone and charger
- Contact details for any close friends/family
- A pen and some paper, books or magazines
- Glasses, walking or hearing aids
- Your regular medication (or a list of it)
- Documents such as your ‘This is me’ and ReSPECT forms, if you have them (details elsewhere in this booklet)

We know that older people are at particular risk of coming out of hospital with problems associated with the admission such as infections caught in hospital or deterioration in their normal mobility and ability to look after themselves. It is likely to take some time to get back to your usual self after an admission and support such as a short term care package and physiotherapy or occupational therapy are often available.



Planning for your future

The future is uncertain for all of us but there are some things that we can try and plan for. Realistically, most older people become more frail and less able to cope as they age and it can be useful to think about and discuss what you would like to happen if you were not able to make decisions for yourself at that time.

It is possible to communicate decisions about your future care by writing an advanced statement about your wishes. This would not include the refusal of treatment which would prolong your life but could include your preferences on issues such where you are cared for, your diet and religious beliefs. This is not legally binding but helps others to understand what you would like and should be shared with your family and others caring for you.

Some people choose to write a 'living will' or 'Advance Decision to Refuse Treatment' which is best done in writing with legal support, although proformas are available to use yourself. An 'Advance Decision to Refuse Treatment' can state that if you were for any reason unable to make or communicate decisions for yourself that you would not like to have certain forms of treatment, such as artificial feeding, kidney dialysis or resuscitation. If this has been set up correctly and written at a time you were of sound mind to make these decisions; doctors are obliged to follow it.

The website Compassion in Dying has useful information that can help you explore these decisions **https://compassionindying.org.uk/**





It is not unusual for a clinician involved in your care to start the conversation with you about your wishes for the future. There is a form that we can use to record these which is called a ReSPECT form.

A ReSPECT form would include brief details of your medical conditions and your views on your future care. Some people choose to say that they would not like to be admitted to hospital, even if that might save their life, but others feel they would like all the medical intervention and treatment that is available to them. The form is individual to you and written to best represent your priorities.

Cardiopulmonary resuscitation (CPR) is also mentioned on a ReSPECT form as this is an important factor to consider. CPR is less likely to be successful in older patients, who have deteriorated gradually, and even if a patient is resuscitated successfully it may cause more harm and distress due to their ongoing underlying illness. Your medical team should discuss any decisions around CPR with you (or your family/ power of attorney if you are not able to join a conversation about this) and will often advise you on what they think is appropriate in your case.

Ultimately, the decision that it would not be appropriate to try and resuscitate you can be made by a doctor if they feel this is in your best interests but you have the right to request a second opinion if you don’t agree and your viewpoint should always be taken into account.

A ReSPECT form is usually held in your medical records and you will also be given a copy to keep at home. If the district nurses or paid carers come to see you they may keep it with their paperwork. A good place to store it at home is on the fridge as health care professionals are trained to look for it there.



Power of attorney

A power of attorney is a legal document that allows someone to make decisions on your behalf if you are unable to make them for yourself. It needs to be set up whilst you have the ability to make sound decisions for yourself and can only be used if there is a point when you can no longer do this. It is probably a good idea to consider writing it when you are writing or reviewing your will, and it is a good idea to think about this sooner rather than later as you never know when it might be needed.

There are two types of lasting power of attorney, one for financial decisions and one for health and care decisions. You can nominate more than one person to have power of attorney and can also specify if there are any decisions you would not want them to make on your behalf.

It is important to think carefully about who you would want to have power of attorney for you as it needs to be someone you would trust to make important decisions on your behalf.

A power of attorney can be set up through the Office of the Public Guardian or by using a solicitor to help you with it. Information is available at: **https://www.gov.uk/power-of-attorney** or by calling the office of the Public Guardian on **0300 456 0300**. Charities such as Age UK would also be able to provide support with this as could a solicitor.

You should let those involved in your care know who holds power of attorney for you and the contact details for your Power Of Attorney can also be recorded on a ReSPECT form.

Towards the end

People find talking about death difficult, as it is an emotional subject and we are always aware of upsetting those we love and care for. Some people feel anxious about dying, and what will happen whilst others, particularly those with terminal illness, can feel they are ‘ready to go’, when the time comes.

Having a conversation with your family and carers about what is important to you can help them to understand your wishes about factors such as where you would like to die and what you would like to happen after your death.

Many people now have a ‘pre-paid’ funeral plan as they feel this can take some of the stress away from their family after their death. They may include things such as where they would like the funeral to take place, if they are to be cremated or buried and any songs or readings they would like at the ceremony. Funeral directors can help you make the arrangements you would like and many people choose a funeral director based on recommendation or experience, having dealt with them before.



Direct cremations are now also available as a cheaper option - without the need for a funeral ceremony.

For those on certain benefits, help is available with funeral costs **https://www.gov.uk/funeral-payments**

After death, if you have a will, the executor will usually be responsible for carrying out any instructions in your will and dealing with your estate.

You may want to consider making sure important documents such as your banking details, birth certificate, passport, pension plans and any insurance policies are all together in one place so that your executor or close family can easily access them.

Useful phone numbers and websites

Hopefully this booklet has been useful to you and will act as a reference for the future. If you have any questions please ask as we are happy to help. Below is a list of useful phone numbers and websites:

Nottinghamshire County Council (for Social Care)
Customer service team: **0300 500 8080**
https://www.nottinghamshire.gov.uk/

Handy Person Adaptation Service
https://www.yournottsdirectory.org.uk/directory/services/handy-person-adaptation-service-hpas-nottinghamshire-county-council

Age UK Nottinghamshire
Offer a range of support including social prescribing, befriending services, financial advice and group activities such as Men/Women in Sheds and digital inclusion support.
https://www.ageuk.org.uk/notts/ or call: **0115 844 0011**

Independent Age
Offer financial advice and support to elderly people.
https://www.independentage.org/ or call: **0800 319 6789**

U3A
These are national details but they will link you to a local group.
https://www.u3a.org.uk/ email: **info@u3a.org.uk** or call: **0208 4666139**

Your Health Notts
Wellbeing service that helps people improve their health through weight management, quitting smoking, physical activity, and wellbeing services.
https://yourhealthnotts.co.uk/ or call: **0115 772 2515**

Talking Therapy/ Mood
To access free talking therapy or counselling.
https://notts-talk.co.uk/ or call: **0333 188 1060**

Dementia/ Memory Support
Alzheimer's Society (offer access to support and local groups such as 'singing for the brain). https://www.alzheimers.org.uk/
or call: **0333 1503456 or 0115 934 3811**

Silver Line
Offer friendship, conversation and support.
https://www.thesilverline.org.uk/ or call: **0800 470 8090**

Herbert Protocol
https://www.nottinghamshire.police.uk/advice/advice-and-information/missing-person/missing-persons/vulnerable-people-at-risk-of-going-missing/dementia-missing-risk-herbert-protocol/

'This is Me'
https://www.alzheimers.org.uk/ and search 'This is Me' to access a downloadable form

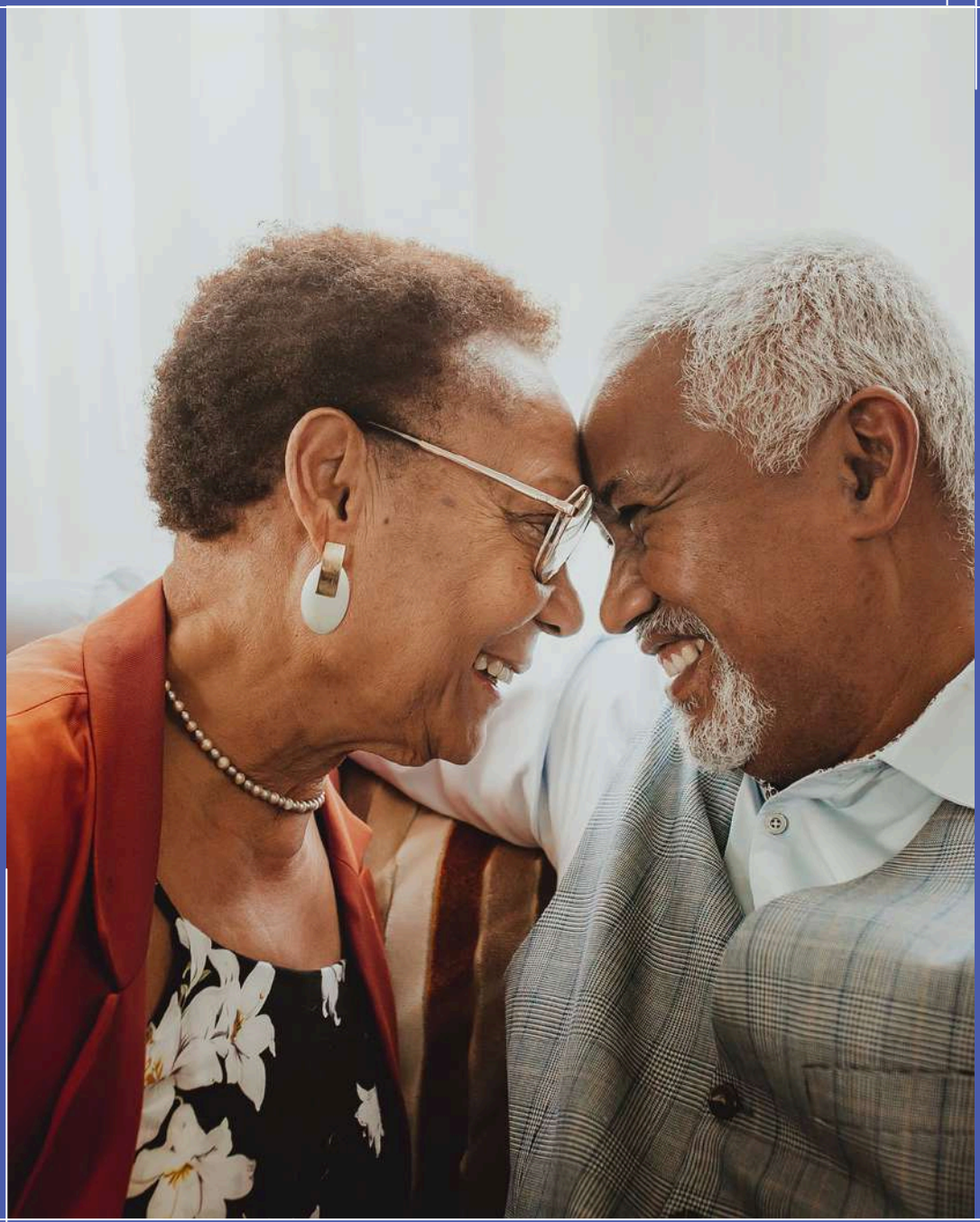
Power of Attorney (Office of the Public Guardian)
https://www.gov.uk/government/organisations/office-of-the-public-guardian email: **customerservices@publicguardian.gov.uk**
Call: **0300 456 0300**

Transport
There are some local transport services available for people who have difficulty using public transport but these vary between neighbourhoods. A social prescriber may be able to advise you, or information can be found by searching in Your Notts Directory: https://www.yournottsdirectory.org.uk/ or by visiting: https://www.nottinghamshire.gov.uk/transport/community-accessible-transport/community-voluntary-transport-schemes

Your notes

South Nottinghamshire
Place-Based Partnership

Arnold and Calverton
Primary Care Network



https://healthandcarenotts.co.uk

/SouthNottsPBP