Geriatrics grew out of long term institutional care of the sick and infirm during the late 1940s and 1950s. The importance of comprehensive multidisciplinary assessment and the effectiveness of rehabilitation allowing both appropriate care and discharge, freed up resources and allowed geriatricians to move into much wider interactions with care problems in old age.

During the 1980s and early 1990s government policy led to the privatisation of most long term care. Those who could not go home were placed in either residential or nursing care homes within the community.

Problems with unmet need from poor assessment, unacceptable variation and episodes of poor quality of care have continued to be reported over the years. Interest grows for a short while when scandals occur, but despite a constantly changing regulatory environment fundamental concerns remain.

The British Geriatrics Society recently launched their new report Quest for Quality in Care Homes. An Inquiry into the Quality of Healthcare Support for Older People in Care Homes: A Call for Leadership, Partnership and Improvement. It highlights, again, sadly, many of the same problems. Some older people are denied routine access to NHS healthcare and cannot access GPs, therapy services, out of hours services or specialist dementia services. The British Geriatrics Society point out that these findings are a “betrayal of older people, an infringement of their human rights and unacceptable in a civilised society”. The report identifies four areas for action:

- A health service suitable for the specific needs of care home residents
- Residents and their relatives must be at the centre of decisions about their care
- A multidisciplinary approach involving both primary and secondary care
- A partnership approach between care homes, social care professionals and evidence of integrated working between the local NHS and local authorities.

All readers of this journal have a responsibility to read this report, to reflect on their local provision and to do what they can to influence local commission especially with the rise of local clinical commissioning groups.