

## **UK NATIONAL SCREENING COMMITTEE**

### **Screening in Old Age to Prevent Hospitalisation & Death**

**21 November 2013**

#### **Aim**

1. To agree the UK National Screening Committee's (UK NSC) formal policy position on screening in old age to prevent hospitalisation and death

#### **Background**

2. A review of screening in old age, to prevent hospitalisation and early death, against the UK NSC criteria was carried out in February 2013 by Dr Monica Dent, a Consultant in Public Health Medicine at Solutions for Public Health (SPH).
3. The current UK NSC policy on screening in older people, developed in 2006, stated that screening in old age was not recommended. Evidence supporting this policy was drawn from a cluster-randomised factorial trial by Fletcher et al. published in 2004. This study randomised people over 75 into two groups. One group, the control group, received a universal assessment as required by the GP contract in place at the time. The other group received a targeted assessment and only those with three or more problems identified from a questionnaire were assessed. The study results reported no significant differences in outcomes between universal and targeted assessment groups (or between geriatric and primary care management).
4. The current review focusses on studies since 2004, and the literature review focused on people aged 75 and older living in the community. Evidence was also used from people younger than 75 when relevant.
5. The scope of the review did not cover residents of nursing homes because it would not provide information for population screening. The following topics were also outside the scope of the review: prevention of falls in the elderly, assessment and/or management of hospitalised patients; prevention of cognitive or functional impairment and/or disability.
6. The direct application of the UK NSC criteria to this appraisal of evidence is not straightforward as the admission to hospital of an older person has many possible causes and is often multi-factorial, and the treatment of conditions in later life is complex, particularly given the presence of co-morbidities.

#### **Consultation**

7. A public consultation on the screening review took place between 22<sup>nd</sup> March and 22<sup>nd</sup> June 2013. One response was received from the Department of Health which is attached at Annex A.

#### **Conclusion**

8. The screening review shows that the evidence on screening in old age to reduce hospitalisation and/or early death only satisfies two UK NSC screening criteria - the importance of the condition; and the availability of effective treatments or interventions.

## **Recommendation**

9. The UK NSC is asked to agree the policy position on screening for old age to prevent hospitalisation and death as follows:

*A national screening programme to screen for old age to prevent hospitalisation and death is not recommended.*

10. The UK NSC is also asked to agree that in future the UK NSC will consider screening proposals for older people on a condition by condition basis

## Annex A



### UK National Screening Committee Old Age - an evidence review

#### Consultation comments

The old age consultation had only one response in the form of an e-mail from Jennie Carpenter, Screening and Specialised Services.

**From:** [REDACTED]; [REDACTED]  
**Sent:** 18 February 2013 14:40  
**To:** [REDACTED]; [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Re: UK National Screening Committee's Review of Screening in Old Age

Kathryn,

Thanks for this. I've copied Anne and Jo into this response. This looks like a well structured and conducted review as far as I can see, and there is no evidence for the UK NSC to change current policy.

On a broader front, what struck me was the footnote on page 4 [in the introduction] about the change to the GP contract in 2004, so that GPs didn't have to offer all over 75s an annual assessment. I'm not sure if the current GP contract is still the same, but I suspect the Fletcher et al RCT was partly aimed at testing out the utility of the previous 1990 GMS contract terms, and that it was helpful for the UK NSC to have a policy in the light of that research.

Given that this is such a difficult topic for which to assess screening, with multiple factors that might have an impact on admissions or deaths, I was just wondering whether this was an area where Anne might want to consider asking the UK NSC to agree that

- a) there is no evidence for multi factorial [or whatever phrase is appropriate] assessments of over 75s, and , in particular, no evidence that this prevents admisisions or avoidable deaths
- b) it is not appropriate to continue to have a policy statement on "screening older people" without being more specific about the aims of such screening and the test, so
- c) in future, the UK NSC will consider screening proposals for older people on a condition by condition basis, as we already do for some things, and cease to have a blanket policy of this kind.

Not sure if that would be a helpful way forward or not, but it might be one less policy

to review next time around. Interested to know what you think - it may not be a good idea to complicate things.

Jennie

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