

HOW DO CHILE AND THE UK APPROACH POST-HOSPITALISATION CARE FOR ELDERLY PATIENTS?

¿CÓMO ABORDAN CHILE Y EL REINO UNIDO LA ATENCIÓN POSTHOSPITALARIA DE LOS PACIENTES DE EDAD AVANZADA?

Laura Jayne Reardon^{a*}

^aSchool of Health and Life Sciences, Teesside University, United Kingdom.

Artículo recibido el 19 de julio, 2024. Aceptado en versión corregida el 23 de octubre, 2024.

ABSTRACT

An aging population is a common trend across the globe and as such it is important to consider how our healthcare systems are adapting to respond to this change. This article considers post-hospitalisation care for the elderly populations in Chile and the United Kingdom. It looks at how the United Kingdom's focus on community support differs from Chile's focus on rehabilitation services, and comments on areas such as funding and accessibility, integration of services, use of technology, and community support. Each country faces a variety of challenges and opportunities, and an understanding of which, could be beneficial to future health care professionals, providing us with a better insight into the populations we will be treating and the roles which we will be stepping into after graduation.

Key words: Demographic aging, Rehabilitation, Discharge planning.

RESUMEN

El envejecimiento de la población es una tendencia que se observa a nivel global y, como tal, es importante considerar cómo se están adaptando nuestros sistemas sanitarios para responder a este cambio. El presente artículo aborda la atención post hospitalario a los adultos mayores en Chile y el Reino Unido. Examina cómo el enfoque del Reino Unido en el apoyo comunitario, difiere del enfoque de Chile en los servicios de rehabilitación. Específicamente, se enfoca en áreas como la financiación y la accesibilidad, la integración de los servicios, el uso de la tecnología y el apoyo comunitario. Cada país se enfrenta a una variedad de desafíos y oportunidades, y comprenderlos podría ser beneficioso para los futuros profesionales de la salud, ya que nos proporcionaría una mejor visión de las poblaciones a las que trataremos y de las funciones a las que nos enfrentaremos después de graduarnos.

Palabras claves: Envejecimiento poblacional, Rehabilitación, Planificación del alta.

INTRODUCCIÓN

The global population is an aging one, with the World Health Organisation (WHO) predicting that by 2030 one in six adults will be over sixty years of age¹. Whilst this is the prediction for the global population, countries such as Chile and the United Kingdom (UK) have already met this estimation². The United Nations (UN) Decade of Healthy Ageing (2021-2030) is a global initiative aimed at fostering longer, healthier lives for older individuals by promoting integrated care, combating ageism, and creating age-friendly environments³. This aligns with the health policies of both countries, which have implemented programs to support the well-being of their aging populations. For its part, in Chile the National Integrated Health Plan for Older People and 2020-2030 Action Plan focus on healthy aging, aiming towards comprehensive post treatment care and enhancing access to services for older adults⁴. Meanwhile, the UK emphasises integrated care systems and community-based support to ensure older patients receive holistic and continuous care⁵. As a healthcare student, it is important to gain a wider understanding of global health trends and what pathways are available within

our country so we can better prepare ourselves to provide the most relevant and contemporary care for our patients.

As global populations age, the need for comprehensive post-hospitalisation care for elderly patients becomes increasingly critical. This commentary looks at post-hospitalisation care in Chile and the UK, examining the general healthcare systems, funding and accessibility, integration of services, use of technology, community support, and challenges and opportunities within both countries. Understanding these elements highlights the strengths and areas for improvement in each system, offering insights into how best to support the aging population.

DEVELOPMENT

In Chile, the healthcare system is a mix of public and private sectors. The public sector, overseen by the National Health Fund (FONASA), provides care for 75% of the population, including 87,58% of adults aged 60 to 64, and 91,94% of older adults aged 65 and over⁶. The private sector, through institutions like Instituciones de Salud Previsional (ISAPRES), serves

*Correspondencia: b1360268@live.tees.ac.uk
2024, Revista Confluencia, 7

those who can afford private insurance. Conversely, the UK's National Health Service (NHS) offers universal healthcare funded by general taxation, ensuring that all residents, regardless of income, have access to necessary medical services. This foundational difference impacts the delivery and accessibility of post-hospitalisation care in both countries.

In Chile, post-hospitalisation care for elderly patients involves a combination of home care services, rehabilitation programs, and community support. The Ministry of Health (MINSAL) has been implementing various initiatives to improve care such as the Chile Cuida program⁷, which focuses on home-based care. Home care services include medical visits, nursing care, and assistance with daily activities. Rehabilitation services are available to help patients regain mobility and functionality post-hospitalisation.

Community and day care centres also play a crucial role in supporting older patients. They provide social interaction, physical activities, and health monitoring, helping to prevent readmissions and improve quality of life. However, challenges remain, such as disparities in access to care between urban and rural areas, wealthy and impoverished areas, and the need for more trained professionals specialising in geriatric care.

On the other hand, the UK's approach to post-hospitalisation care for elderly patients is characterised by integrated pathways designed to ensure continuity of care. The NHS Long Term Plan emphasises the importance of coordinated care, bringing together health and social care services to support patients after discharge⁸. Community health teams, including nurses, physiotherapists, and social workers, collaborate to provide care plans tailored to each patient's needs.

Rehabilitation services in the UK are well developed, with an emphasis on home-based rehabilitation promoting independence and reducing hospital readmissions. The use of technology, such as telemedicine, allows for remote monitoring and consultations. Additionally, initiatives like the Virtual Wards program, focus on smooth transitions from hospital to home, ensuring that patients receive the necessary support during recovery⁹. However, the demand on services often exceeds the availability, and as such patients often face lengthy delays before discharge from hospital due to lack of availability for elements of their specific care plans. This also has knock on affects for hospital admissions in the wait for available beds.

Both Chile and the UK recognise the importance of post-hospitalisation care for elderly patients and have implemented various strategies to address this need. However, there are notable differences in their approaches. The funding structure of both countries is very different. The UK's NHS provides universal

coverage, which ensures that all elderly patients have access to post-hospitalisation care without financial barriers, however the accessibility and wait-time is dependent on hospital district and local authority area as each has some autonomy as to how budgets are allocated. Similarly, Chile's mixed system can result in inequalities, with those in the public sector often experiencing longer wait times and less comprehensive care compared to those with private insurance. Many of the more impoverished areas in both countries experience more barriers to healthcare, with some professionals hesitant to work in potentially dangerous areas, and other more complex issues.

Both countries have adopted different methods of integrating different services. The UK's integrated care systems and coordinated care pathways highlight a more unified approach to post-hospitalisation care. However, this does not always come to fruition. Many of the healthcare specialities are segregated from one another, as well as the social care system being a completely separate entity, this adds additional difficulties in cooperative working and more scope for errors in communication or care. Many of the services are in high demand with limited availability, making it more difficult to ensure multi-disciplinary care is being utilised correctly. It should be noted that Chile is making strides in this area, but the integration between different levels of care and the coordination of services still require improvement. Within the public sector, hospitals and primary care centres appear to embrace multi-disciplinary teams in an attempt to provide patients with the best care with limited resources. In addition, the integration of social workers within the medical team enables a more rounded consideration of a patient's needs and potential avenues for support.

Technology has been increasingly adopted within healthcare with the UK being more proactive in adopting telemedicine and digital health solutions to support elderly patients at home. For its part, Chile is beginning to explore these technologies, but there is a need for greater investment and infrastructure development to fully realise their potential. Both countries have issues within this area, it is not guaranteed that older patients will be digitally literate, or even have access to the internet. Telemedicine has some benefits in reducing appointment times and eliminating the need for patients to travel to their appointments, however the lack of face-to-face interaction may lead to a lower rapport and does not allow for a more holistic approach to care.

In terms of community support both countries utilise community and day care centres, but the availability and quality of these services can vary. The UK's network of community health teams provides a more structured support system, whereas Chile is still developing its community-based services to reach older patients effectively. Availability of services in

both countries is dependent on location. Many impoverished areas have additional barriers to community support, for example the lack of available and safe locations, high crime rates, poor infrastructure leading to poor road surfaces meaning more difficult and strenuous journeys, and a lack of volunteers willing to work in some of the more dangerous areas.

Despite their efforts, both Chile and the UK face significant challenges in providing optimal post-hospitalisation care for older patients. Common issues include workforce shortages, increasing demand for services, and the need for better integration of health and social care. Addressing these challenges requires sustained investment in healthcare infrastructure, training for healthcare professionals, and policies that prioritise the needs of the aging population.

Opportunities for improvement include expanding the use of technology, enhancing community-based care, and fostering international collaborations to share best practices. By learning from each other's experiences, Chile and the UK can develop more effective and equitable post-hospitalisation care systems.

CONCLUSION

In conclusion, post-hospitalisation care for older patients is a critical component of healthcare in both countries. While the UK provides a more integrated and universally accessible system, whilst the Chilean health system is partly based on the UK health system and is making efforts to promote healthy ageing efforts through Comprehensive Policy on Positive Ageing 2012-2025¹⁰ through developing its care services and utilising multi-disciplinary teams. By focusing on integration, technology, and community support, both countries can enhance the quality of care for their aging populations. Further research into the barriers to healthcare in rural and impoverished areas could prove useful in future.

As an undergraduate studying to be a health care professional, it is important to understand broader health trends as these will reflect in future patient base. This will enable a better understanding of the issues patients may be facing and enable a more empathetic, realistic, and cohesive approach to care. In addition, having an awareness of current public health initiatives and pathways bring the opportunity for greater inter-professional involvement in treatment plans, which may be beneficial for patient outcomes.

BIBLIOGRAPHIC REFERENCES

1. World Health Organisation. Aging and Health [Internet]. Ginebra: WHO; 2022 [cited 2024 July 16]. Available from: [https://www.who.int/news-room/factsheets/detail/ageing-and-health#:~:text=By%202030%2C%201%20in%206,will%20double%20\(2.1%20billion\)](https://www.who.int/news-room/factsheets/detail/ageing-and-health#:~:text=By%202030%2C%201%20in%206,will%20double%20(2.1%20billion))
2. Population Reference Bureau. Countries with the oldest populations in the world [Internet]. Washington: PRB; 2020 [cited 2024 October 14]. Available from: <https://www.prb.org/resources/countries-with-the-oldest-populations-in-the-world/>
3. World Health Organisation. UN Decade of Healthy Aging: Plan of Action 2021-2030 [Internet]. Ginebra: WHO; 2020 [cited 2024 July 16]. Available from: https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_28&download=true
4. Ministerio de Salud. Plan Nacional de Salud Integral para Personas Mayores y su Plan de Acción 2020-2030 [Internet]. Santiago: Subsecretaría de Salud Pública; 2021 [cited 2024 October 14]. Available from: https://diprece.minsal.cl/wp-content/uploads/2021/09/Plan-Nacional-de-Salud-Integral-para-Personas-Mayores_v2.pdf
5. British Geriatrics Society. Healthy ageing: Applying all our health [Internet]. United Kingdom: British Geriatrics Society; 2022 [cited 2024 July 18]. Available from: <https://www.gov.uk/government/publications/healthy-ageing/healthy-ageing-applying-all-our-health>
6. Aguayo IA. Estadísticas adultos mayores cotizantes en Fonasa e Isapre y ventajas y desventajas de cada uno de estos sistemas de salud [Internet]. Santiago: BCN; 2024 [cited 2024 October 10]. Available from: https://obtienearchivo.bcn.cl/obtienearchivo?id=repositorio/10221/35799/1/BCN_Adultos_Mayores_Fonasa_Isapre.pdf
7. Ministerio de Desarrollo Social y Familia de Chile. Chile Cuida: Sistema Nacional de Apoyos y Cuidados [Internet]. Santiago: MDSF; 2024 [cited 2024 July 16]. Available from: <https://chilecuida.cl/>
8. National Health Service. Long Term Plan. Creating a new 10-Year Health Plan [Internet]. United Kingdom: NHS; 2024 [cited 2024 July 16]. Available from: <https://www.longtermplan.nhs.uk/>
9. National Health Service. Virtual Wards [Internet]. United Kingdom: NHS; 2024 [cited 2024 July 16]. Available from: <https://www.england.nhs.uk/virtual-wards/>
10. Ministerio de Desarrollo Social. Política integral de envejecimiento positivo para Chile 2012-2025 [Internet]. Santiago: SENAMA; 2013 [cited 2024 October 16]. Available from: <https://catalogo.ministeriodesarrollosocial.gob.cl/cgi-bin/koha/opac-detail.pl?biblionumber=968>