

A POST CARD FROM UK



Elderly Patients in Sudan Deserve More Care Introducing REACH Team Services in Sudan - Is it Feasible?!



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1. PURPOSE OF THIS POSTCARD:

- The majority of our elderly people in Sudan are kept at home and are usually well cared for.
- However, the changing social structures are having an impact on informal caring.
- The aims of this message are to develop a well structured team for better care and well privileged old people of Sudan.
- It also represents a good platform to scope a potential project and collection of data.

2. INTRODUCTION FROM THE UK PERSPECTIVE:

- The Reach team is a help service for the elderly in Camden.
- It provides rehabilitation and support services which allow patients to be more independent and remain where they like to be, whether at their own home or elsewhere with the family.
- The Reach Team includes the following **Health and Social Service staff:**

The Team:

- Physiotherapists
- Occupational Therapists
- Psychologists
- Rehabilitation Assistants
- Social Workers
- Speech & Language Therapists
- Dieticians

- Nurses
- Doctors
- Administrators
- Enabling Support Workers

3. OBJECTIVES:

Promoting Independence:

- If an elderly person is finding it increasingly difficult to manage despite the help from family members and has difficulty mobilising or doing as much as they used to do.
- The REACH team will then provide rehabilitation and support to help the elderly to be more independent and continue to function and do what they are used doing.

Improving Health

- A full assessment can be carried out at home if health is deteriorating.
- The REACH team can help patients to manage with the therapy, medical, nursing support and home care services.
- This could help avoid hospital admission as well as visiting the doctor.

Helping with discharge from hospital

- Once patients are discharged home REACH team will help making the transfer as smooth as possible.

- Once at home continuing rehabilitation and support will be provided.
- This is very important morally and psychologically for our kind of people in Sudan.

Reducing Falls

- If patients have fallen recently or have any history of falls then a special service can help them to reduce the risk of further falls and injury.

Other Types of care

- Community Rapid Response
- Stroke Outreach and Early Discharge Service
- Care Link
- REACH early discharge scheme

Training of Expertise

- This Scheme provides a very rich environment for trainees.
- It will create jobs for a wider group for health and health related professionals.
- Encouragement of a wider group of underproductive subgroups of society.

4. OLDER PEOPLE IN THE SUDAN AND UK – TWO DIFFERENT FACES OF THE COIN:

In the UK, Reach is a very useful way of caring and sharing as well as reducing the costs to the NHS. Older people in the UK are left living alone most of the time, it is rare when they have a family member to look after them. They are usually fully responsible of all duties.

Case study 1 (UK)

Emma lives with her partner and works part time, her mother lives away from them together with her 80 years old husband who has Alzeheimers disease. Emma only visitis them once a month as they have two carrers and a nurse.

They come three times a day to wash them, do breakfast and clean the house.

As they have lunch provided by meals on wheels they visit in the afternoon to give medications for's Emma mother who has a dosett box for her medications as she is hypertensive and diabetic .

They also come in the evenings to put them to bed. They are looked after by the REACH team in the community

In Sudan it is the opposite, older people are very well cared for by close family members. They are rarely left alone or need to do things themselves. So care for older people e.g. through a REACH team would require a different emphasis, mainly to support the family rather than the older persons themselves.

Case study 2 (Sudan)

Case two is Laila who has been looking after both parents for 14 years now. Since her father developed blindness and her mother is on a wheel chair for severe arthritis, Laila gave up her carrer as a teacher as she is on full time employment at home doing all the jobs necessary for both parents as well as cleaning, cooking and other.

Laila gets no help at all what so ever she even gave up marriage for the sake of her parents.

The only little financial help comes from her younger brother who is a diaspora.

Yet there are intermediate circumstances, where care of older people is becoming more complex as a result of migration and an increasing tendency towards nuclear families. Informal family caring is becoming more difficult. Consider the following case study.

Case study 3 (Sudan/UK)

The changing circumstances and social structure in the Sudan – A third face?

Meet Nadia an enthusiastic Sudanese medical doctor who works full time in the UK as well as looking after her family.

Her mother suffers from progressive dementia, she was managing until the husband died and she became alone.

Nadia has just left to care for her mother for as long as she can, it could be 2-12 months.

Nadia left behind a career, a husband and children. The previous two months, her sister Hanan left her family in Saudi Arabia and spent 6 months looking after the demented mother.

Next in turn is their brother who will also come from abroad. Help from second degree relatives, friends and neighbours is always there but obviously not enough.

5. RECOMMENDED NEXT STEPS:**Development of policy and strategy.**

- Consider the changing social circumstances of ageing in the Sudan and the impacts of rurality and migration.
- Develop Social services in the Sudan possible as a social enterprise rather than direct government provision.
- Governmental and non governmental settings for rehabilitation and elderly nursing homes. Sports and light leisure centres for older people.
- Falls prevention agenda. Dementia care.

Assess and identify needs and training opportunities.

- Expand multidisciplinary care; organisational as well as professional.
- Lack of specialist skill sets will require training of physiotherapists, occupational therapists and psychologists; Also speech and other health staff and carers.
- Evaluation of health and risk assessment as well as home assessment.