



# **BMA stakeholder roundtable – Growing older in the UK**

Archbishops' room, House of Lords  
2 November 2016



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This event was hosted by Professor Sheila the Baroness Hollins, and chaired by Professor Parveen Kumar, BMA board of science chair. It was attended by Parliamentarians, authors of the BMA's Growing Older in UK report, and a range of stakeholders including: the British Geriatric Society; Centre for Policy on Ageing; Age UK; Centre for Ageing Better; Carers UK and Carers First.

## Introduction

The aim of the stakeholder roundtable was to discuss the themes emerging from the BMA board of science expert-authored briefing papers on Growing older in the UK, which cover:

- **older people and the social determinants of health**  
Dr Jessica Allen & Sorcha Daly (UCL – Institute of Health Equity)
- **health and social care services that support the needs of older people**  
Professor Jill Manthorpe (King's College London)
- **older people's mental health and wellbeing**  
Dr Susan Benbow & Dr Sarmishtha Bhattacharyya (University of Chester)
- **living with long-term conditions**  
Dr Jim George (North Cumbria University Hospital Trust); Professor Finbarr Martin (King's College London)
- **the perception of ageing and age discrimination**  
Dr Hannah J Swift, Professor Dominic Abrams & Lisbeth Dury (University of Kent); Dr Ruth A Lamont (University of Exeter)
- **supporting carers**  
Emily Holzhausen (Carers UK).

## The focus of the event was on discussing future areas of action for helping to support healthy ageing in the UK. This note explores some of the key themes emerging from the briefing papers and the roundtable discussion.

### Older people and the social determinants on health

The cumulative experience of unequal social, economic and environmental circumstances throughout life (the 'social determinants of health') contribute to health inequalities in older age; a life-course perspective to supporting 'healthy ageing' is therefore required. To support this, doctors should be able to refer patients to organisations outside of the health service (often referred to as 'social prescribing'). In light of existing workload pressures, it may not be possible for this to be an additional responsibility for doctors. Greater consideration should therefore be given to how community interventions can be integrated into commissioning, and to how GP practices as a whole can

be involved in supporting patients and their carers in accessing voluntary services.

### Health and social care services

Whilst there is substantial evidence that population ageing does not cause unsustainable inflation of health and social care budgets, cuts in local government are having significant effects on services. When considering integration of health and social care services, it is important to clearly set out what is being integrated and how. Effective integration of health and social care requires a better understanding of what works in practice. There is a need to promote further engagement with local government, including the LGA (Local Government Association). This should focus on translating a person-centred approach into all services, and on ensuring that local authority Health and Wellbeing Boards are supporting the development of person-centred care. Promoting improvements in individual interactions with older people in health and social care settings is an area that bodies including Healthwatch and the CQC (Care Quality Commission) should be addressing.

### Older people's mental health and wellbeing

There is a significant relationship between poor physical health and poor mental health. A continued focus is required on ensuring parity of esteem between older people's physical and mental health. Although there is a growing awareness of the need to achieve this, resources remain inadequate. There needs to be greater appreciation of the value in treating mental illness in older adults including at the end of life. In developing services that better support older people with mental health conditions, there is a need to consider the importance of 'triple integration'; integration of health and social care, primary and specialist care, and physical and mental health care.

### Living with long-term conditions

Demographic changes have resulted in greater number of older people living longer with more disability and often with two or more long term conditions. Current care is centred on a single disease model, where diseases are treated in isolation. An approach that places the person at the centre and supports multidisciplinary working is required, to achieve holistic person-centred care. There are gaps in our knowledge around providing this type of care, and the basic principles of multidisciplinary working need to be more widely promoted within the health service. There are no easy solutions – health services need to get used to dealing with increased numbers of older people with multiple long-term conditions. The training and education of clinicians must acknowledge future demographics, and include sufficient focus on the key principles of geriatric medicine to ensure all doctors are aware of the specific needs of older patients.

### The perception of ageing and age discrimination

Perceptions of ageing can subject older people to patronising forms of prejudice, which may be expressed in the language and tone used to communicate with older patients, the settings in which they are placed, and the framing of treatment options. Progress will not be made unless there is a greater understanding of ageism in healthcare. The Equality Act does not, for example, necessarily help with the tone of language used – the challenges are broader. Healthcare professionals and organisations should be aware that older individuals are potentially vulnerable to age prejudice, and there needs to be improved training for all staff in this area. Self-stereotyping is important; individuals may refuse effective treatment if they feel they are 'too old' for it. In contrast, positive interactions between healthcare professionals and patients can have a positive impact on both parties' perception of ageing.

### Supporting carers

An estimated 1.4 million people in the UK provide over 50 hours of care per week. Although the vast majority of people caring are of working age, the fastest growing group of carers are those over the age of 65, growing at a rate of 35% in just 10 years. The identification of carers by healthcare professionals in all settings is key – the earlier carers can be identified, the longer they can be provided with continuous care. The government's new carers strategy should include a focus on duty of the NHS to identify carers. 'Carers passports' provide a way of identifying carers in hospitals, as well as improving the information and advice provided to carers, and signposting carers and patients to available support. Those providing over 50 hours of care per week are twice as likely to be in bad health compared with non-carers. Health services should therefore be supporting carers to look after their own health, as well as that of the person they are caring for. The NHS must also look internally, at the provision of support for staff who are themselves carers.

## What are the areas for action in supporting healthy ageing in the UK?

The following areas for action were identified as being important considerations for supporting healthy ageing in the UK.

### Supporting primary care

- **Integrating community interventions into commissioning.** To support action on the social determinants of health, community interventions should be integrated into the commissioning process. Promoting doctors as advocates for this within commissioning groups would be vital in this process.
- **Supporting GP practices to champion the role of carers.** Greater consideration is required as to the ways in which GP practices can be supported to assist carers in their role. This may, for example, include referring carers to voluntary services. There should also be a focus on ensuring carers are supported with their own health needs.

### Developing services around the needs of older patients

- **Translating a ‘person centred approach’ into all services.** There should be a focus on exploring ways of promoting person-centred care across all health services. This should include consideration of the role of bodies such as Healthwatch and the CQC in promoting positive interactions with older people.
- **Promoting a move away from a single disease model of care.** There is a need to support a move towards a multidisciplinary person-centred approach to the care of older people with long-term conditions. This should include a focus on the development of the geriatric medicine workforce.

- **Promoting parity of esteem for older people’s mental health.** Whilst parity of esteem for mental health is included in the mandate to NHS England, there should be greater focus on action relevant to older people’s mental health.

### Improving training and education

- **Improving the training and education of clinicians.** In acknowledging future demographics, training and education should ensure that all clinicians are familiar with the principles of geriatric medicine, and, more widely, working in a multidisciplinary team.
- **Recognising the impact of an ageing workforce of healthcare professionals.** The medical profession needs to give greater consideration as to how it will respond to the challenge of an ageing workforce.

### Changing attitudes

- **Challenging deeply held ageist attitudes within and outside health settings.** Healthcare professionals and organisations should be aware of the different ways ageism can manifest in health and social care settings. A practical suggestion for tackling this outside of health settings was to support a change in the Editors Code of Practice to include age as a protected characteristic.

### Supporting carers

- **Promoting the use of carer’s passports.** All hospitals should consider introducing carer’s passports to improve the identification of carers and the resources they are provided with.

