



# Growing older in the UK

A series of expert-authored briefing papers on ageing and health



## ‘Growing older in the UK’

This series of briefing papers explore a range of topics relevant to supporting and improving people’s health and wellbeing as they grow older in the UK. They have been authored by external experts and are published under the auspices of the BMA board of science. Details of the membership of the board are available at [bma.org.uk/about-us/how-we-work/professional-activities/board-of-science/people](http://bma.org.uk/about-us/how-we-work/professional-activities/board-of-science/people)

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### Declaration of interests

For further information about the editorial team and the expert authors please contact [info.phhd@bma.org.uk](mailto:info.phhd@bma.org.uk)

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## Foreword

I am delighted that the Association is developing a focus on the health of older people. Statistics in these briefings highlight that our society is ageing, yet too commonly, the health needs of older people can go unmet. It is essential that we focus greater attention on supporting the process of growing older, and strive for a society in which everyone can look forward to a healthy later life.

By asking external experts to author this series of briefing papers, the BMA is seeking to explore some of the key issues faced by us all as we grow older. We also need to challenge ourselves, as doctors, to think about the individual actions we can take to support older patients and to help create an environment which supports healthy ageing. I am therefore enormously grateful to the authors who have kindly contributed to each of these papers.

Beyond the challenges and barriers identified in this work in old age, we should not forget the major contributions that older people make to society. Far too often older people are regarded as a 'problem' rather than an 'opportunity' of what they can provide from their vast experience and maturity. As part of the BMA's work in this area I would like to help see the perception of older people shift away from being viewed as passive or dependent consumers of finite resources. I would like to see a society where older people are valued, and where everyone is supported to maximise their potential as they grow older.

I hope that these briefings will serve as a foundation for the BMA and others to pursue further work, and that they will help contribute to the development of a wider focus on supporting the health of us all as we age.

A handwritten signature in black ink that reads "Parveen Kumar". The signature is written in a cursive style with a large initial 'P'.

Professor Parveen Kumar  
BMA board of science chair

## Background and introduction

The BMA has a key interest in contributing to the development of effective policies to support improvements in health. Doctors are all too aware of the substantial pressures facing underfunded health services across the UK; from an unsustainable workload, and the workforce crisis in general practice, to unprecedented demand facing accident and emergency services. Contributing to these pressures, in-part, is the complexity of supporting the health of a population that contains a greater proportion of older people, more likely to suffer from multiple long term health conditions. The challenges doctors face in supporting people's health as they grow older can often be further exacerbated by fragmented health services, and poor coordination between health and social care.

### Ageing: Exploring the terminology

A number of terms associated with growing older can vary in their meaning in different contexts. While 'ageing' broadly describes growing older as a process, it can be viewed from a purely chronological perspective, or also as a biological process whereby accumulating molecular and cellular damage leads to gradual deterioration of function over time.<sup>1</sup> Similarly, there are many different ways of defining 'older people', and perspectives on what constitutes being 'old' can differ widely.

Statistics on ageing often categorise 'older people' as being above a certain age. For example, the ONS (Office for National Statistics) commonly quote data on individuals aged over 65,<sup>2,3</sup> and those aged over 85 have been described as the 'oldest old'.<sup>2</sup> The WHO (World Health Organization) have defined an 'older person' as someone 'whose age has passed the median life expectancy at birth',<sup>1</sup> which in the UK is currently 81.2 for men and women combined.<sup>4</sup> Whilst categorisation by age can be useful practically and for understanding broad trends, significant differences exist in the age people consider to be old, and the loss of functional ability (or 'functional decline') typically associated with ageing is only loosely related to a person's chronological age.<sup>1</sup> Functional decline is linked to frailty, which has been defined by the British Geriatric Society as 'a distinctive health state related to the ageing process in which multiple body systems gradually lose their built in reserves'.<sup>5</sup> Frailty is a distinct – though potentially overlapping – concept from multimorbidity, which can be defined as the co-existence of two or more long term conditions.<sup>6</sup>

This series of briefing papers are not necessarily intended to refer to one specific age group, to focus solely on the 'oldest old', or only on those with specific health conditions. Each of the briefing papers adopts a different perspective depending upon the topics covered. Exploration of the social determinants of health, for example, includes discussion of the cumulative experience of social, economic and environmental circumstances throughout life and their impact on health in older age, starting from before birth. Discussion of health and social care services, on the other hand, adopts a more specific focus on getting services right for those older people with long term conditions.

In 1986, the BMA published *All our tomorrows: Growing old in Britain*.<sup>7</sup> In the 30 years since, the median age of the UK population has increased from 35 to over 40 (**Figure 1**), with the proportion of the population aged over 75 increasing from 6.5% to 8.0%, and now totalling over 4.5 million people.<sup>8</sup> This is a trend broadly reflected throughout Europe (**Figure 1**). It is projected that the population over 75 in the UK will double in the next 30 years, and by 2040 nearly one in four people will be aged 65 or over.<sup>9</sup> These demographic changes have been driven – at least in-part – by significant improvements in life expectancy, which in the UK increased from 70.0 for men and 76.0 for women in 1980, to 79.0 and 82.5 respectively by 2013.

These improvements in life expectancy are a cause for celebration, though too often these extra years of life are spent in poor health and/or social isolation. A comprehensive public policy approach is therefore required to ensure the health and wellbeing of a population that includes a greater proportion of older people.

Action in this area needs to extend to more than just the absence of disease; it should look to support the ability and opportunity for people to play an active role in society and shape their own lives as they grow older. A policy framework intended to support 'healthy ageing' must also seek to ensure people can fulfil their potential and flourish in older age.

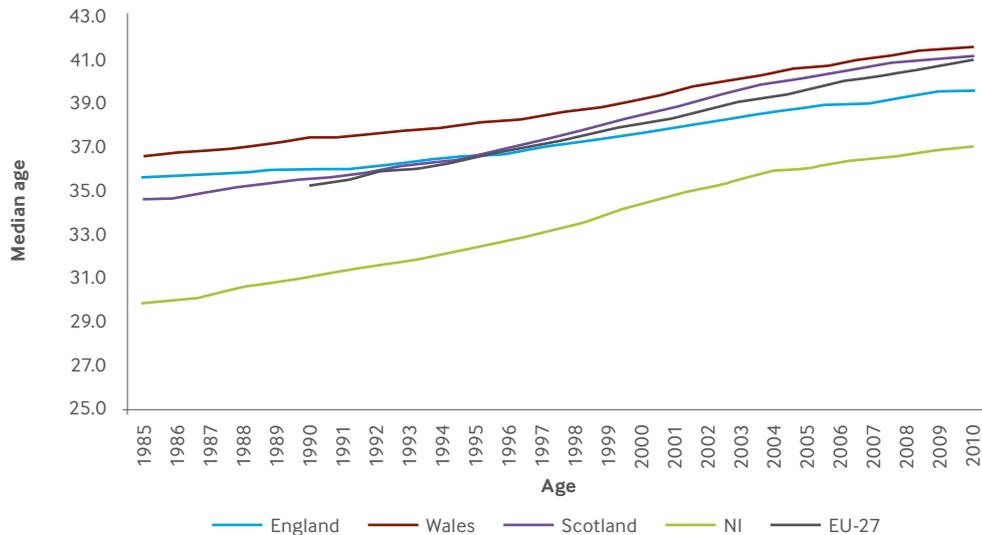


Figure 1. Median age by UK country and in the EU 1985-2010.<sup>2</sup>

### Healthcare that meets the needs of older people

In general, older adults access health services more frequently than younger individuals. In England, for example, people aged 65 or over account for approximately one in six of the population but one in two hospital bed days and a third of all outpatient attendances.<sup>10</sup> This reflects similar trends in health services across the rest of the UK.<sup>11,12,13</sup> In Great Britain in 2011, the proportion of people aged 16-44 reporting a limiting long term illness was 12%, compared to 47% in those aged 75 and over.<sup>14</sup> It is therefore essential that health services meet the requirements of older individuals. Yet when surveyed, 52% of people aged over 65 in the UK agreed that those who plan services do not pay enough attention to their needs,<sup>9</sup> and shortfalls in care have been highlighted for a number of common age-related diseases.<sup>15</sup>

Healthcare systems tend to focus on single conditions;<sup>16</sup> frequently lack co-ordination between health and social care;<sup>17</sup> may be difficult to access, and can fail to deliver fully 'person-centred' care – taking into account individuals' needs, circumstances and preferences.<sup>18,19</sup> These services also often do not adequately support the mental health and wellbeing of older people. A significant proportion of older people in hospital have mental health conditions, and it is estimated that 22% of men and 28% of women aged over 65 suffer from depression, yet an estimated 85% of older people with depression receive no help from the NHS.<sup>9</sup> There is a continuing need to explore the potential for greater integration between health and social care and between different parts of the health service,<sup>a</sup> as well as to ensure sufficient access to these services, including in rural communities.

Negative perceptions of older people that may be prevalent in wider society can commonly be reflected within healthcare settings.<sup>20,21</sup> The language surrounding the health of older

a Further information on the BMA's wider work on integrated care is available [here](#).

people frequently aligns with ageist stereotypes,<sup>20,22</sup> and despite age being a protected characteristic under the Equality Act,<sup>b</sup> ageist attitudes may influence the care older people receive.<sup>23,24</sup> Too commonly the economic and social contributions older people make to society go unrecognised.<sup>25,26</sup> Older people are often portrayed as a 'burden', as a 'passive' group with high dependency.<sup>26</sup> It is important to challenge these assertions, to recognise the value older people add, and to focus on seeking to ensure people can continue to make these contributions as they grow older. Only a small proportion of older people in the UK are dependent on others for care,<sup>27</sup> and it has been estimated that people over 65 make a net contribution to the UK economy of £40 billion, through, amongst other things, their taxes, spending, the provision of care and volunteering.<sup>27,28</sup>

It should be recognised that professionals working within health services themselves are also ageing, may suffer from age related health issues, and are frequently carers. It is important that the NHS, as an employer, takes steps to adequately support an older workforce, to ensure healthcare professionals are able to maximise their potential as they grow older.

### Supporting a life course approach to growing older in the UK

An individual's health as they grow older is significantly dependent on their health throughout their lives.<sup>29</sup> This is influenced by the cumulative impact of social, economic and environmental conditions in which people are born, grow, work, live, and age – the 'social determinants of health'. The development of a number of the long term health conditions that commonly affect older people – including cardiovascular disease, diabetes and dementia – can be affected by exposure to a range of modifiable risk factors.<sup>30,31,32</sup> Exposure to these risk factors accumulates throughout the course of a person's life, and can be significantly influenced by these determinants.<sup>33</sup> Healthy ageing therefore needs to be viewed as an active process – beginning from before birth – whereby people are supported to maintain their health over the course of their lives.

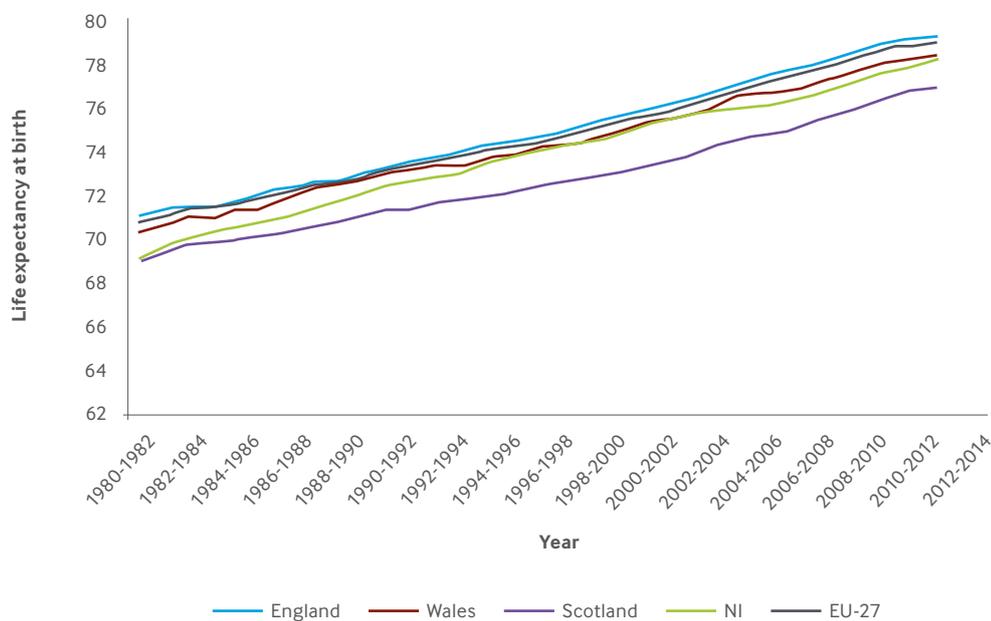


Figure 2. Life expectancy at birth by UK country 1980-2014.<sup>34</sup>

Despite overall improvements in recent years, there continues to be significant social gradients in life expectancy and healthy life expectancy throughout the UK.<sup>35</sup> Individuals living in the least deprived parts of England, for example, can expect to live for 7.9 years longer than those in the most deprived, and in good health for 16 years more.<sup>36</sup> Those

b Further information on discrimination and the Equalities Act is available [here](#).

living in Scotland, Wales and Northern Ireland continue to have lower life expectancy than individuals living in England (**Figure 2**).<sup>34,37</sup> A man aged 65 in Harrow could expect to live for a further 20.9 years compared with only 14.9 years for a man in Glasgow City.<sup>38</sup> Action to reduce health inequalities needs to extend beyond the health system, into social and economic policy that addresses the social determinants of health. This reflects that healthcare has a relatively limited impact on a person's overall health, which is largely determined by factors beyond a doctor's clinical influence. Action on reducing health inequalities – so that as individuals grow older they can remain healthier for longer – expands opportunities for them to make a positive contribution, be it through work, volunteering or fulfilling caring responsibilities.<sup>9</sup>

### Maximising participation of an older population

The WHO have defined 'active ageing' as 'the process of optimising opportunities for health, participation and security to enhance quality of life as people age'.<sup>1</sup> This involves more than maintaining physical function, but reflects the importance of promoting the ability for individuals to continue to participate in 'social, economic, cultural, spiritual and civic affairs'.<sup>39</sup> To support this, concerted action is required to facilitate access to local services and amenities and to reduce social isolation among older people. It is estimated that 17% of older people are in contact with family, friends and neighbours less than once a week,<sup>40</sup> and nearly half of all people aged 75 and over live alone.<sup>9</sup>

Social isolation is linked to loneliness; in the UK, 10% of people aged over 65 report that they always or often feel lonely.<sup>9</sup> Social isolation and loneliness can have a significant impact on the quality of life and mental health of older adults – underlining the importance of identifying and reducing barriers to older people's participation in society.

Older people make substantial contributions to the UK economy, through employment, informal caring, childcare and volunteering.<sup>28</sup> Approximately 10% of people aged over 65 are in work in each of the four nations of the UK.<sup>41,42,43</sup> Over recent years there have been significant increases in the proportion of older people with caring responsibilities. The number of older carers increased by 35% between 2001 and 2011, and there are now over 1.2 million carers aged over 65 in the UK.<sup>44</sup> Despite the contributions older people make to society, they are often not valued for the role they play, nor receive sufficient support in doing so.<sup>9</sup> Long term caregiving can have a substantial impact on physical and mental health,<sup>45,46</sup> and the provision of adequate support is essential to ensuring the health, wellbeing and independence of older carers, and the people they care for.<sup>46</sup> Older workers can face substantial challenges in combining work and caring responsibilities in later life, which can have a significant economic impact,<sup>47</sup> and older jobseekers often face substantial barriers to employment.<sup>48</sup>

## What action is required to meet people's health needs as they grow older in the UK?

The BMA board of science is publishing this series of expert-authored briefing papers setting out key issues and actions required to support and improve the health and wellbeing of people as they grow older in the UK. These cover:

- **older people and the social determinants of health** – highlighting the early life social, economic and environmental factors which shape health in later life, and assessing the impact of these factors during later life;
- **health and social care services** – exploring how the structure, delivery, and integration of health and social care services can best be developed to meet the needs of older people with complex and/or multiple conditions;
- **older people's mental health and wellbeing** – exploring some of the major issues associated with older people's mental health and wellbeing, and how this can be better supported and maintained;
- **living with long term conditions** – looking into the steps required to better support older adults manage chronic health conditions or disability;
- **the perception of ageing and age discrimination** – outlining evidence about perceptions of ageing in the UK and exploring their implications for the health and wellbeing, as well as exploring 'risk factors' at the individual, organisational and societal levels that contribute to ageism in health and social care;
- **supporting carers** – setting out ways of ensuring carers are properly supported, with a focus on those caring for older people, and older people who have caring responsibilities.

Each briefing paper sets out recommendations for policymakers and actions doctors can take to support the process of healthy ageing. They are designed to complement other work by the BMA on supporting healthy ageing. For example, the BMA's occupational medicine committee has produced a report on *Ageing and the workplace*, for publication in September 2016, which aims to provide an overview of the impact of ageing populations, discuss common myths and facts about ageing and health in people of working age and to provide information about the health and safety needs of older workers.

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**British Medical Association**

BMA House, Tavistock Square, London  
WC1H 9JP  
[bma.org.uk](http://bma.org.uk)

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