

Rt Hon Caroline Nokes MP
Chair, Women and Equalities Committee
Committee Office
House of Commons
Palace of Westminster
SW1A 0AA

31 October 2023

Dear Ms Nokes,

The rights of older people inquiry – Submission from the British Geriatrics Society

The British Geriatrics Society (BGS) is pleased to be contributing to this important inquiry looking into the rights of older people.

1. About the British Geriatrics Society (BGS)

1.1. The BGS is the membership organisation for all healthcare professionals engaged in the treatment and care of older people across the UK. Since 1947 our members have been at the forefront of transforming the quality of care available to older people. Our vision is for a society where all older people receive high-quality patient-centred care when and where they need it. We currently have over 4,700 members working across the multidisciplinary team, including geriatricians, nurses, GPs, allied health professionals and pharmacists across acute, primary and community care settings.

1.2. All older individuals deserve the right to high-quality, personalised healthcare when and where they need it. Too often, these rights are not met. BGS members are key witnesses to the lack of rights older individuals experience in the UK healthcare system. As the most frequent users of health and care services, older individuals are often harmed by the lack of capacity and underfunding in the NHS, exacerbated by systemic ageism.

2. Digital exclusion: what steps are required to prevent older people from being digitally excluded; and in what areas is digital exclusion of older people a particular concern?

2.1. Accelerated by the COVID-19 pandemic, health and care services are becoming increasingly digitalised. This is characterised by electronic appointment booking systems, digital repeat prescription services, electronic medical records, and a plethora of online health information and advice. This has the potential to improve health and care services by making it accessible, efficient, and personalised. However, not everyone is able to use or has access to digital technology. The number of older individuals who are digitally excluded has decreased significantly in recent years, however, there is still a substantial group of older individuals not using the internet. As of 2022, 34% of people over 75 did not use the internet and 69% of people over 75 had limited digital skills.¹ For these people, it becomes harder to access

¹ Age UK, 2023. *Briefing: Facts and Figures about Digital Inclusion and Older People*. Available at: <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/policy-briefing---facts-and-figures-about-digital-inclusion-and-older-people.pdf> (accessed 16 October 2023)

health and care services and some may stop trying to get help altogether. As older individuals are the main users of healthcare services in the UK, it is often those with the greatest needs that are unable to benefit from digital healthcare services. This has the potential to create health inequalities between users and non-users of digital health care services.

2.2. Targeted interventions are needed by government to increase the number of older individuals using NHS digital services. Evidence suggests that 30% of people who are offline find the NHS to be one of the most difficult organisations to navigate.² Digital exclusion is a complex issue and no one method will solve digital exclusion amongst older people. In March 2023, The King’s Fund published a report called ***Moving from exclusion to inclusion in digital health and care*** highlighting examples of successful interventions that aim to improve inclusion in digital health and care. In addition to these interventions, **the BGS strongly recommends that policy solutions should accommodate older individuals who experience physical, sensory, and cognitive impairment. Without doing so, risks worsening the digital divide.**

3. Championing older people’s rights: are older people’s rights sufficiently protected in equality law (including with reference to justifiable direct age discrimination and age-related exemptions for financial services)?

3.1. It is important that older individuals remain protected in law against discrimination. The BGS supports the Equality Act 2010 inclusion of age as a protected characteristic, stating that individuals must not be discriminated against because they are a certain age or perceived to be a certain age. This is especially important in a healthcare setting, and it is important that everyone, regardless of age, should receive healthcare based on personal needs and not age.

4. Championing older people’s rights: are older people’s needs and rights given adequate consideration in Government policy-making? If not, what steps should be taken and what relevant national and international examples of best practice exist?

4.1. The BGS supports calls for the **UK government to establish a Commissioner for Older People and Ageing in England** to act as an independent champion for older people and ensure that policy and practice across government considers the needs of people in later life and the implications of our ageing population on society.

4.2. Many older people feel like they don’t have a voice in the government that represents them, particularly those who face hardship or inequality.³ A Commissioner for Older People and Ageing could raise awareness and work to resolve issues that people face in their later life. This could be around issues getting the right care and support, or financial issues affecting older people in the cost-of-living crisis and beyond. A Commissioner would have the power and remit to bring together government departments to put in place solutions that resolve these issues, which would benefit everyone as they age.

² The King’s Fund, 2023. *Moving from exclusion to inclusion in digital health and care*. Available at: <https://www.kingsfund.org.uk/publications/exclusion-inclusion-digital-health-care> (accessed 16 October 2023)

³ Independent Age, 2023. *Who Wants to Listen to me? Why England needs a Commissioner for Older People and Ageing*. Available at: <https://www.independentage.org/sites/default/files/2023-09/Commissioner-for-older-people-report.pdf> (accessed 20 October 2023)

- 4.3. Our society is ageing and, in less than 20 years, 1 in 4 people in England will be over 65. An ageing population will require collaboration and joined-up thinking to deliver innovative policy solutions and meet the needs of the future. However, no single government department can respond to these issues alone. A commissioner would facilitate the long-term planning that is needed to ensure our economy and public services are adapting to demographic shifts, while also enabling more people to age well. This would not just benefit people in later life now, but our country as a whole.
- 4.4. As our older population becomes increasingly diverse, we believe that older people urgently need an independent champion, working alongside older people from all walks of life, politicians and the Older People's Commissioners for Wales and Northern Ireland, to help make the UK the best place in the world to grow old.
- 4.5. Health and social care policies affect the whole of society, but they have the biggest impact on older individuals. People aged 65 and over account for over 40% of hospital admissions, occupy around two-thirds of hospital inpatient beds and are the most frequent users of health and social care services. **The BGS urges the government to consider the impact of health and social care policies on the rights of older individuals.** Particularly, we are calling for:
- An end to the divide between health and social care.
 - An increased investment in health and social care for older people.
 - Concerted action to recruit and train more healthcare professionals to care for an ageing population.
 - Access to comprehensive geriatric assessment, personalised care plans for treatment and follow-up for all older people with frailty, dementia, complex and multiple and long-term conditions.
 - The building of greater capacity in intermediate care.
 - The development of competencies in the management of older patients for staff of all care sectors.
 - Measures of care which focus on what matters most to older people and their families.
- 4.6. There are currently not enough healthcare professionals with the right skills to provide the high-quality care that older individuals need and deserve. In the current system, NHS workers are exhausted and burnt out, with several disciplines being impacted by unresolved industrial action. The NHS is losing a considerable number of staff, resulting in longer waiting times and inferior care for older people. In ***The case for more geriatricians: Strengthening the workforce to care for an ageing population***, the BGS calls for the government to make up the shortfall in consultant geriatricians, urgently.⁴ **We urge the committee to consider the six recommendations made in this report.** It is also crucial that the **government resolves the ongoing dispute with the British Medical Association** as this will enable the NHS to fully focus on patient care.

⁴ The British Geriatric Society, 2023. *The case for more geriatricians: Strengthening the workforce to care for an ageing population*. Available at: <https://www.bgs.org.uk/MoreGeriatricians> (accessed 20 October 2023)

- 4.7. Older people’s healthcare needs transformation to prioritise focusing on older people, prevention, and the management of frailty. Frailty affects up to half of the population aged over 85 and costs UK healthcare systems £5.8 billion annually. Frailty should not be an inevitable part of ageing and measures need to be put in place to slow its onset or progression. In *Joining the Dots: A blueprint for preventing and managing frailty in older people*, the BGS outlines what good-quality age-attuned care for older people looks like.⁵ **We urge the committee to consider the twelve recommendations in this report.**
- 4.8. Too often, older individuals’ recovery from ill health is being held back by a lack of support and investment in rehabilitation. Without systematic therapy-led rehabilitation, recovery is not as good as it could be, and many older people, particularly those with frailty and long-term conditions may find they never return to the level of function they had before their illness. This results in repeat hospital visits and additional costs to the NHS. **The government, and health and care providers, must protect and preserve the right to rehabilitation for all older people who need it.** The principles of effective rehabilitation for older people are outlined by the **Community Rehabilitation Alliance**.⁶
- 4.9. The NHS is experiencing some of the most severe pressures in its 75-year history and urgent investment is needed. The winter of 2022/23 saw severe pressures on the health and social care system and older individuals’ rights to high-quality healthcare were denied. Too many were harmed by unprecedented waits for ambulances, prolonged time on trolleys in emergency departments, multiple moves within hospital and lengthy delays awaiting community services and social care before discharge. In January 2023, BGS published a statement, supported by RCP London and RCP Edinburgh, called *protecting the rights of older people to health and social care*, highlighting seven evidence-based short-term actions to mitigate the crisis which we recommend the committee considers.⁷
- 4.10. It is widely accepted that the UK social care system is in urgent need of reform and is not meeting the needs of an ageing population. There are huge health implications when older individuals do not receive the care they need, resulting in unplanned admissions to hospital, repeat admissions, and difficulties with discharge due to care not being available. **Financial investment and long-term reform to the social care system is essential and urgently needed.** Without it, the human rights of older individuals will continue to not be met.
- 5. Intersectionality: how does “intersectionality”, for example sex, sexual orientation, ethnicity and disability status alongside age, impact older people and require distinct policy responses?**
- 5.1. As the UK’s ageing population increases in diversity, **it is imperative that the government makes a concerted effort to address health inequalities amongst different population**

⁵ The British Geriatrics Society, 2023. *Joining the dots: A blueprint for preventing and managing frailty in older people*. Available at: <https://www.bgs.org.uk/Blueprint> (accessed 20 October 2023)

⁶ Chartered Society of Physiotherapy, 2022. *Rehab on track: community rehabilitation best practice standards*. Available: <https://www.csp.org.uk/professional-clinical/improvement-innovation/community-rehabilitation-recovery/important-reading/standards> (accessed 25 October 2023)

⁷ The British Geriatrics Society, 2023. *Protecting the rights of older people to health and social care*. Available at: <https://www.bgs.org.uk/policy-and-media/protecting-the-rights-of-older-people-to-health-and-social-care> (accessed 20 October 2023)

groups. This is significant because health inequalities between different groups, such as ethnicity, sexual orientation, or other characteristics, widens as people age.⁸ It is crucial that inequalities are addressed as early as possible in someone's life, to mitigate inequalities in older age.

5.2. Older individuals from some ethnicity groups have poorer health than their white counterparts. Research suggests that the health of different ethnic groups begins to diverge at 30 years of age, with the gap between ethnic minority groups and white majority groups increasing with age.⁹ Pakistani and Bangladeshi older people experience the highest rates of poor self-rated health, with their health equivalent to those of white people who are at least 20 years older. **Distinct government policy is needed to address how ethnic health inequalities can be mitigated to prevent inequality widening with age.**

5.3. The LGBTQ+ population aged 50 and over is set to grow over the next ten years. There is evidence to suggest that there are health inequalities between older LGBTQ+ population and the rest of the older population.¹⁰ Despite progress, past and present discrimination directly impacts health and causes people to engage in unhealthy habits to cope. Evidence also indicates that LGBTQ+ older individuals find it harder to access healthcare than other population groups. This causes delays in seeking treatment which leads to worse health outcomes. There is also shocking evidence of homophobic abuse in care settings, with a report from Compassion in Care called *Stripped of Pride* highlighting 423 reported incidents to their helpline.¹¹ **Policy is needed that goes beyond the Government's LGBT Action Plan to address health inequalities amongst the LGBTQ+ older population and protect them in care settings. This may include specialised LGBTQ+ awareness training for healthcare professionals, revised CQC guidance to account for homophobia and transphobia, and more robust safeguarding procedures.**

5.4. With better treatments and advances in care for people with certain conditions, diseases, and disabilities, there is a new generation of older people with uncharted health needs. For example, we are seeing the first wave of individuals ageing with HIV who have been on antiretroviral therapy (ART) for a substantial period; and more people than ever before being diagnosed with HIV aged 50 and over.¹² The Terrence Higgins Trust has put together a set of recommendations on how to support an ageing generation of people with HIV in a report called *Uncharted Territory* which the committee should consider. Another example is the increased life expectancy of individuals with Down's syndrome, who are more likely to have

⁸ Centre for Ageing Better, 2023. *Tackling inequality a priority as older population becomes more diverse*. Available at: <https://ageing-better.org.uk/blogs/tackling-inequality-priority-older-population-becomes-more-diverse> (accessed 20 October 2023)

⁹ Centre for Ageing Better, 2021. *Ethnic health inequalities in later life: The persistence of disadvantage from 1993-2017*. Available at: <https://ageing-better.org.uk/resources/ethnic-health-inequalities-in-later-life> (accessed 20 October 2023).

¹⁰ Age UK, 2021. *The health and care needs of older LGBT+ people*. Available at: <https://www.ageuk.org.uk/discover/2021/february/the-health-and-care-needs-of-older-lgbt-people/> (accessed 20 October 2023)

¹¹ Compassion in Care, 2023. *Stripped of Pride: Homophobic Abuse in Care Settings*. Available at: <https://compassionincare.com/wp-content/uploads/2023/01/stripped-of-all-pride.pdf>

¹² Terrence Higgins Trust, 2017. *Uncharted Territory: A report into the first generation growing older with HIV*. Available at: https://www.tht.org.uk/sites/default/files/2018-03/uncharted_territory_final_low-res.pdf (accessed 24 October 2023)

clinical vulnerabilities and to develop dementia in older age. **Distinct policies are needed to support a generation of older individuals living with unique health challenges.**

5.5. Physical disability, cognitive impairment, and sensory impairment disproportionately affects older people. This has a huge impact on their quality of life and ability to access healthcare. For example, there is evidence to suggest that between 40 to 50% of older adults with visually impairing eye disease limit their activities due to fear of falling, exacerbating risks of developing further disabilities, worsening frailty, and increasing social isolation.¹³ Evidence also suggests that people with disabilities report worse access to healthcare, owing to barriers associated with transportation, costs, and long waiting lists.¹⁴ Additionally, individuals with dementia are likely to experience declining physical health coinciding with communication difficulties, making it difficult to get the right treatment at the right time. **Distinct policies are needed to support older individuals who have physical disabilities, cognitive impairment, and sensory impairment.**

6. Stereotyping and discrimination: how prevalent is ageist stereotyping and discrimination; what forms does it take; in what areas is it most common; what its impact is on older people; and how can it best be challenged?

6.1. Stereotyping, discrimination, and ageism is prevalent in the UK health system. The experience of the COVID-19 pandemic highlighted systemic ageism within healthcare when there were cases of older individuals being denied treatment and escalation based on their age and frailty score. Whilst intensive treatment options for people with frailty are likely to cause more harm than good, these decisions should be made on an individual basis, and no one should be denied access to any type of treatment based on age alone. **Policies need to ensure that treatment decisions should always be tailored to the individual patient – blanket decisions should never be applied to an entire patient group.**

7. Labour market access: What more needs to be done to support older people who want to stay in work longer?

7.1. No response

Thank you for the opportunity to contribute to the first stage of this important inquiry. If you would like to discuss any aspect of our submission or invite one of our expert members to give oral evidence, please contact our Policy Coordinator, Lucy Aldridge, to make arrangements (l.aldridge@bgs.org.uk). We look forward to contributing to further stages of this inquiry in due course.

Yours sincerely,

Dr Ruth Law

Deputy Honorary Secretary

¹³ Midlothian Health and Social Care, 2022. *Physical Disability & Sensory Impairment – Data*. Available at: <https://www.midlothian.gov.uk/mid-hscp/info/4/data-1/61/physical-disability-sensory-impairment-data> (accessed 30 October 2023).

¹⁴ Sakellariou, D. and Rotarou, E.S., 2017. *Access to healthcare for men and women with disabilities in the UK: secondary analysis of cross-sectional data*. *BMJ Open* 2017;7: [e016614. doi:10.1136/bmjopen-2017-016614](https://doi.org/10.1136/bmjopen-2017-016614)