

Royal College of Psychiatrists

Consultation Response



DATE: 11th February 2010

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS

RESPONSE TO: Age equality in health and social care: a consultation on preparing the NHS and social care in England for the age requirements in the Equality Bill that affect the provision of services and exercise of public functions.

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was completed by the Old Age faculty.

This consultation was approved by: Dr Ola Junaid-Associate Registrar

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Response to age equality in health and social care

Proposal 1- The timing the review have proposed for the ban (section 4.1)

Is there further action, additional to that outlined in the consultation paper that needs to be taken to prepare health and social care for implementation of the ban on age discrimination?

Yes, this is our most important comment to make. Trusts and PCTs should prepare an impact statement for implementing the ban and describe how they will ensure that implementation does not result in inadvertent loss of age-appropriate services. Specific guidance should be issued that specialist services for older people should not be disrupted or disinvested in as a result of the new legislation. For example, in Sheffield in March 2007 [when NHS finances were under media spotlight], there was a financially-driven proposal to close all Elderly Mental Health wards and to have all-age wards, under the banner of ending age discrimination. If implemented, older people would have lost out on specialist expertise and been managed in age inappropriate environments. The legislation will be counterproductive if it leads to a loss of specialist care for older people: this should be made crystal clear to commissioners. Services provided must be age-appropriate to those receiving them.

Proposal 3: Understanding the requirements of the Equality Bill (Section 5.1)

Do you agree that DH and its executive agencies should write to their advisory non-departmental public bodies to alert them to the requirements of the Equality Bill and to the training and guidance that is available?

Yes.

Proposal 4: Equality Impact Assessment (Section 5.6)

Do you agree that DH and the wider system need to ensure the use of tools such as Equality Impact Assessments comply with the age discrimination ban and the public sector equality duty in all new policies?

Yes.

Proposal 5: Research (Section 5.10)

Do you agree that guidance on clinical trials needs to reflect the requirements of equality legislation?

Yes.

Older people are frequently excluded from drug trials, partly because of comorbidities polypharmacy and potential adverse drug reactions. The consequence is that often an evidence base is lacking for those who need it

most, and those included in trials do not represent 'real-life' patients. Specific guidance [on discrimination under the Equality Bill] to drug companies conducting clinical trials would potentially help address this.

Do you agree that further research on ageing can play a useful role in helping DH and other bodies to meet the requirements of the public sector equality duty in relation to age?

Yes.

Proposal 6: Quality-adjusted life years (QALYs) (Section 5.13)

Do you agree that DH and the NHS review the use they make of quality-adjusted life years (QALYs) and other similar support tools to inform their decision-making prior to the Equality Bill coming into force?

Yes

The use of QALYs can be age-discriminatory because older people have on average fewer years of remaining life in which to accrue a benefit in quality of life summed over their remaining years of life. This means that it will in general be much harder to demonstrate an advantage for any treatment in an older person, even if the treatment provides equivalent benefit in each year of life remaining. This has been an issue in some NICE analyses (eg earlier guidance on ChEI, TA111).

Please state any other comments on points to take into account in the continuing review of QALYs proposed:

QALY analysis using economic models based on economic value to the community may discriminate against older people by failing to account appropriately for the fact that they have retired and may no longer be generating wealth. Eg, if the analysis factors in savings made by a treatment which restores an unfit person to economic activity, it will be much harder to show cost-benefit advantage of the treatment for a retired person compared with one of working age.

Proposal 7: Reviewing age criteria in national policies/age weighting (Section 5.17)

a) Do you agree with the proposal that DH should ensure there are reviews of the age criteria used in its national policies and publish the results?

Yes.

b) Do you agree that DH should review the relative weighting of the two Relative Need Formulae (RNF) for adult social care before 2012 and ensure that this and future reviews of the formulae ensure compliance with the ban on age discrimination and the public sector equality duty?

Yes. Financial considerations are uppermost in determining resource allocation; adjusting the Relative Need Formulae in favour of elderly services will be most powerful in changing practice.

c) Do you agree that DH should ensure that a programme of research is commissioned that enables the Advisory Committee on Breast Cancer Screening to advise on the upper limit of the breast cancer screening programme, and that it should regularly update the evidence?

Yes. Why restrict this to breast screening?

Proposal 8: Resource Pack (Section 6.1)

No comment

Proposal 9: Age-specific dataset (Section 6.5)

Do you agree that DH should work with the Health and Social Care Information Centre to explore how to construct an age-specific dataset to support the resource pack and help local organisations analyse and monitor patterns of service provision by age?

Yes.

Proposal 10: Performance measures (Section 6.8)

Do you agree that future performance measures that are both proportionate and targeted should be developed in accordance with the age discrimination ban and the public sector equality duty?

Yes. Great care is needed here not to add to the existing high burden of targets and monitoring on public bodies.

Proposal 11: World-class commissioning (Section 6.11)

Do you agree that it is right in principle to add references to discrimination and equality to the World Class Commissioning assurance process?

Yes.

Proposal 12: Improving quality and productivity (Section 6.14)

Do you agree that DH and the health and social care system ensure that work to prevent harm and waste and spread innovation within the system should be designed to help promote age equality and that measures to end age discrimination are implemented so that they improve quality and productivity?

Yes

Proposal 13: Registration, inspection, regulation and assessment (Section 6.17)

Do you agree that all relevant national regulatory organisations, especially the Equality and Human Rights Commission and the Care Quality Commission, should work together and with DH to ensure that a shared understanding of the implications of the law is the basis for registration, inspection, regulation and assessment of the health and social care system?

Yes.

Proposal 14: A joint social care and health assurance process (Section 6.20)

Do you agree that DH develops a joint social care and health assurance process to provide assurance on progress with implementing the age equality provisions of the Equality Bill and that the Equality and Diversity Council should consider how to support this process?

No. This sounds very bureaucratic. It would be important in any such proposal to ensure that the benefit is proportionate to the administrative burden involved.

Proposal 15: Visible leadership

Do you agree that leaders of health and social care organisations, including the boards of those organizations and elected members, will want to set out a clear commitment to their staff and the wider public to meeting the requirements of the age discrimination ban and the public sector equality duty and demonstrate how health and social care organizations can show leadership in tackling ageism in society?

Yes

Proposal 16: Joint working

Do you agree that local health and social care organisations will want to work together to implement the age provisions in the Equality Bill?

Yes.

Is there action that DH should take to support health and social care in meeting these recommendations, over and above production of the tool kit that is already planned?

The Department of Health will need to work jointly with local authorities to ensure that areas of joint funding (eg long term care) are considered.

Proposal 17: Local authority assessment procedures

Do you agree that local authorities review their assessment procedures and the resulting packages of care and funding arrangements in preparation for the new legislation focusing on the outcomes that are delivered for service users and their carers?

Yes

Proposal 18: Mental health

Do you agree that every provider and commissioner of mental health services will need to consider how to achieve non-discriminatory, age appropriate services, drawing on insights from reports such as Equality in Later Life and other sources of good practice?

Yes

Proposal 19: Prevention

Do you agree that health and social care organizations work in partnership to implement demonstrated best practice in prevention programmes that improve the quality of life of older people?

Yes.

Proposal 20: Training

Do you agree that local statutory should build into their contacts with providers of training programmes (including third sector and private organisations) the need for an explicit focus on age equality that supports staff in providing high quality services to people of all ages?

Yes.

Proposal 21: Complaints

Do you agree that local NHS and social care organisations consider how they can use the new NHS and social care complaints process to achieve rapid resolution of individual cases of potential discrimination?

Yes.

Proposal 22: Joint improvement partnerships

Do you agree that local authorities use the Joint Improvement Partnership process to share learning and progress, thus ensuring linkage with the implementation of Putting People First?

Yes

Proposal 23: Professional regulatory bodies (Section 7.11)

No comment.

Proposal 24: Education and training in health and social care (Section 7.14)

Do you agree that the providers of education develop ways of involving older people in the delivery of education programmes, especially to trainees at an early stage in their learning?

Yes. Inspectors of training programmes (eg GMC for medical schools, PMETB for postgraduate medical training) could specifically require evidence of training in age discrimination.

Proposal 25: Mainstreaming the Equality Bill in other parts of the health and social care system (Section 7.16)

Do you agree that the same recommendations previously made as applicable to DH's own processes also apply to other parts of the health and social care system? These are:

a) Arms-length Bodies, such as Executive Non-departmental Public Bodies, should satisfy themselves that any age-based criteria they apply comply with the new legislation (Recommendation 8; made in paragraph 4.10 of the review's report);

Yes

b) DH and the NHS review the use they make of quality-adjusted life years (QALYs) and other similar support tools to inform their decision-making prior to the Equality Bill coming into force. (Recommendation 11; discussed at paragraphs 5.9-13 of the review's report);

Yes. Please see comment on proposal 6 above.

c) DH and the wider system ensure the use of tools such as Equality Impact Assessments to ensure compliance with the age discrimination ban and the public sector equality duty in all new policies.

Yes

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