



British Society of Rehabilitation Medicine
C/o Royal College of Physicians
11 St Andrews Place
London NW1 4LE
Tel: 01992 638865
Fax: 01992 638674
admin@bsrm.co.uk
www.bsrm.co.uk

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Preparations for our Ageing Society

Response from the British Society of Rehabilitation Medicine

This paper identifies areas for discussion, poses questions but does not indicate the range, age or representation of the discussants.

Q1. Creating an age friendly society. The forthcoming Equality Bill will need to address the current ageist attitude still prevalent in society in general to have any useful effect. The "Does he take sugar" attitude remains in existence and can be observed in private and public services, eg nursing homes and hospitals. Automatically assigning first name familiarity should not be the norm in any area of public or private service.

Access to specialist medical rehabilitation services is widely limited to those of "working age" and is derived from the historical development of the speciality. Whereas there is some evidence that an older person with multiple health problems will be less able to benefit from intensive rehabilitation treatments, there is plenty of evidence that whatever the age of an individual they are usually able to experience some benefit from specialist rehabilitation services. Potential to benefit should be the key criterion to enable access to our specialised medical rehabilitation resources. Funding for such services will need to expand significantly to prevent any limitation of access.

Q2 Preparing for later life. Faced with increasing numbers of people whose pensions have collapsed and whose savings now generate no interest I am surprised that the government dares to ask this question. I believe that most people do not wish to depend on services. Our experience and observations of behaviour of people requiring expert Rehabilitation Medicine input following a neurological insult like stroke or head injury suggest that maintaining economic independence is a key priority. Patients tell us they find it difficult to access and sometimes understand information about benefits. They feel that if they have any savings, they are penalised unfairly when they are required to pay for their carers, or home alterations. Couples do not see any fairness in their partner's finances being examined by Social Services to decide on their joint liability to pay for care for one of them.

Q3 Living well in later life. There are many initiatives around presently, some generating QOFs etc for GPs, but the seeds of later ill health are sown early in life. Government is failing to tackle the problems of alcohol in children and young people. Licensing alcopops and allowing their cost to reduce recently when there was the budget outcry that reduced the taxation on spirits is a typical example of policy inconsistencies. There will be many of today's youngsters who do not achieve the status of a "senior" either directly or indirectly due to alcohol.

The aspirations for the elderly to work will have to be synchronised with the wishes and needs of the population as a whole but some working practices, perhaps some changes in taxation, could support better the need of the older person, and the younger disabled person, to be economically useful. Part time hours, flexible working, consideration of ergonomic needs, longer breaks, and need for training all merit attention.

Aspirations to enjoy leisure, education, experience new activities, acquire new skills should be a right for all. Insurance costings should be examined carefully because they are often defined by age, rather than by health status, and costs can rise prohibitively and unfairly for the elderly, and lead to unnecessary restrictions on their behaviour. People with significant disability are badly served by local services and often cannot use local leisure centres because there is no suitable exercise equipment there for use by people with disabilities.

4. Providing stronger protection and support. Access to informal and free social support networks is a political ideal which requires firm foundations to achieve. These include the right to live in safe communities, have access to safe and integrated public transport, have local access to services for health, and pathways to specialist services, and freedom from poverty. This should be achieved for the whole of the UK population, but many young people with serious neurological disability and many of the elderly, do not have these networks in place, they do not get out because they cannot go out without help, they cannot make healthy choices to exercise safely in a local gym, because there is no wheelchair accessible equipment there suitable for people with disabilities to use, they do not take holidays and they can rarely access or afford leisure or vocational courses.

Professor Christine Collin
President