



Policy Panel on Later Life and Ageing

Key Issues on Ageism in Health and Social Care

- There was special concern about poor discharge and follow up after hospital stays, feeling this disproportionately affected older people
- Being short staffed is seen as a big issue, with too little money being spent on people who do the care, including in their training and supervision
- Sometimes ageism is about the individual attitudes of staff. Sometimes it is about decision making on how to spend resources. Either way it is a reality and should be addressed at a senior level by service providers
- Sensory impairment affects all groups of people (and a higher proportion of older people). We would like to see better training for staff and increased facilities for patients
- The population of older people with learning disability is increasing faster than predicted. There is concern this group of older people is not being taken into consideration
- Ageism also affects carers of older people
- The trend towards virtual care and increased use of IT is concerning as it is believed older people could potentially be excluded from its benefits
- It is important ageism isn't used as an excuse when in reality bad practice is the issue.
- Attempts to save money can disproportionately affect older people e.g. catheterisation, lack of follow up, use of medication to subdue etc
- It's important to ask and then to listen to what older people are saying they need. Making assumptions based on a generalised or subjective medical view leads to ageist practices
- Human rights legislation is not always known about and acted on by professionals and organisations delivering care
- We know there is an ageing population and that a proportionate amount of health and social care budget needs to be made available just to keep pace with that demographic change
- **We would like to see better forward planning so that we are reassured the projected health and social care needs of older people will be met in the future**
- **We would like to see more investment in preventive treatment and care which would save money further down the line**

- **We would like to see better planning for the projected increasing numbers of older people with mental health needs and for their carers**
- **We would like to see older people put at the centre of their care and seen as 'experts' in their own health**