

## Public Health Guidelines

### Workplace policies and approaches to promote and protect the health of older employees - Consultation on Draft Scope Stakeholder Comments Table

Wednesday 26 March – Monday 28 April 2014

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Faculty of Occupational Medicine	4.2.1 c	5	It would be useful if the different ways in which older workers may learn could be covered.	
Faculty of Occupational Medicine			There is recognition of the growing role of older workers as carers but no mention of this later in the scope in the areas to be covered. Older workers as carers of their parents and as carers of grandchildren perhaps at the same time needs to be considered.	Thank you for your comment. The scope template limits the amount of information that can be included. Therefore we will not be including detail about the nature or extent of caring activities however the PHAC will consider this when drafting the guideline.
British Association for Counselling and Psychotherapy (BACP)	General		The British Association for Counselling and Psychotherapy (BACP) is grateful for the opportunity to comment on the draft scope of proposed guidance on workplace policies and approaches to promote and protect the health of older employees.	Thank you for your comment.
British Association for Counselling and Psychotherapy (BACP)	General		<p>The consultation document recognises that “work is good for you”, and in addition that three-quarters of the working population will have some kind of disability before the retirement age of 68.</p> <p>As part of an organisation’s Duty of Care, BACP encourages all organisations to make appropriate counselling support interventions available to employees, thereby helping them tackle issues before they become greater problems which may trigger absence.</p> <p>As a group, older employees face a different set of challenges to their younger colleagues, therefore additional and personalised support should be given.</p>	Thank you for your comment.

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<b>British Association for Counselling and Psychotherapy (BACP)</b>	4.2.1	5	<p>The draft scope states that activities/measures that will be covered will include organisational policies for older employees, such as the transition between work and retirement, as well as retirement planning and training.</p> <p>Additional support is essential prior to retirement, as this transitional period can cause a variety of issues such as;</p> <ul style="list-style-type: none"> <li>· Feelings of loss, of 'unfulfilled ambitions' and a change in personal identity</li> <li>· Dealing with health issues (both mental and physical)</li> <li>· A deterioration in emotional, psychological and physical capabilities</li> <li>· Family issues, including transitions</li> <li>· Coping with a change in financial status and diminished income</li> </ul>	Thank you for your comment. The PHAC will give consideration to these type of issues when drafting the guideline.
<b>Action on Hearing Loss</b>	General		<p>Action on Hearing Loss welcomes the opportunity to provide comments on the NICE guidance on workplace health or older employees. Action on Hearing Loss (formerly RNID) is the largest national charity working for the 10 million people with hearing loss across the UK, the majority of whom are older people.</p> <p>Our response will focus on key issues that relate to people with hearing loss. Throughout this response we use the term 'people with hearing loss' to refer to people with all levels of hearing loss, including people who are profoundly deaf. We are happy for the details of this response to be made public.</p>	Thank you for your comment.
<b>Action on Hearing Loss</b>	Section 3 – The need for guidance	p.3	Of those aged between 50 and 64 years old, most of whom are still in work, estimates suggest that 2.6 million people will have hearing loss. The incidence of hearing loss increases with age; 42% of all people aged over 50 have hearing loss, rising to 62% of all those aged over 65. Therefore, due to the	Thank you for this information. Information about hearing loss has been added to Section 3 in the final scope.

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			<p>ageing workforce and rising retirement age, the number of people in the workplace affected by hearing loss is set to increase.</p> <p>Estimates suggest that £13bn is lost to the UK economy every year through unemployment linked to hearing loss (Shield, 2006). In our recent survey of 400 people with hearing loss (Action on Hearing Loss 2014), 70% of respondents agreed that their hearing loss sometimes prevented them from fulfilling their potential at work, and a similar proportion of respondents (68%) stated that they felt isolated at work because of their hearing loss.</p> <p>Where an organisation is not able to effectively support an employee with hearing loss, it can have significant consequences, including leading people to exit employment early. In our survey, two-fifths of people (41%) who had retired early said that this was related to their hearing loss.</p> <p>This should not be the case; in most instances, with the right support and reasonable adjustments a person who develops hearing loss can continue to work effectively in their role.</p>	
<b>Action on Hearing Loss</b>	Section 3 (d)	p.4	<p>We have consistently found that the attitude of employers is perceived by people with hearing loss to be one of the biggest barriers to employment. Our survey found that eight in ten respondents (79%) feel the attitude of employers is the biggest barrier to employment for people with hearing loss.</p> <p>Our <u>Unlimited Potential</u> (2011) research, based on interviews conducted with people who had lost their hearing while of working age, provided a detailed insight into the barriers and challenges that people with hearing loss face in</p>	<p>Thank you for your comment. We will pass the details of this report onto the team undertaking the evidence reviews.</p>

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			the workplace. The research highlighted the importance of a positive workplace culture, which respondents said had the biggest impact on the experience that someone with hearing loss has in the workplace. An organisation's values and beliefs influence whether and what support mechanisms are available, as well as the ways that managers and colleagues react to someone with hearing loss.	
<b>Action on Hearing Loss</b>	Section 3 (e)	p.4	<p>One of the characteristics of 'bad work' is the physical strain of overexposure to noise, which frequently leads to Noise-Induced Hearing Loss and is thus a cause of physical and mental health problems.</p> <p>The Control of Noise at Work Regulations (2005) mean that employers have a legal duty to protect employees' hearing. If employees are regularly exposed to noise levels reaching 85dB, the employer must have noise levels assessed, keep a record of the assessment and ensure employees wear ear protectors. Daily or weekly personal exposure levels should never be above 87dB(A) and sound levels must never peak above 140dB(C) at someone's ear.</p> <p>Employers should take the following steps to reduce noise exposure in the workplace if noise levels regularly reach 80-85dB:</p> <ol style="list-style-type: none"> <li>1. Reduce noise produced by machinery or other equipment. When employers are buying new machinery, they should ask about noise levels. They may also decide to enclose machinery to contain the noise it makes or, if possible, put it in a separate room. It may be possible to fit silencers to some equipment.</li> <li>2. Reorganise work patterns, to reduce the number of employees exposed to noise and shorten the periods when they are exposed to high noise levels.</li> </ol>	Thank you for bringing this regulation to our attention.

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			<p>3. Provide and take good care of ear protection, and make sure it is used.</p> <p>4. Arrange for employees to have hearing tested regularly, and ensure medical advice is adhered to.</p> <p>5. Provide education about the dangers of exposure to excessive noise and the benefits of protecting hearing.</p>	
Action on Hearing Loss	Section 4.3	p.7	<p><b>Question 1: What are the most effective and cost-effective methods of protecting and promoting the health and wellbeing of older workers?</b></p> <p>There are four million people with unaddressed hearing loss in the UK, the majority of whom are older people. Unaddressed hearing loss can have a significant negative impact on health and wellbeing as it often causes communication difficulties and a subsequent withdrawal from social and professional activities. Older people with hearing loss have more than double the risk of depression, and increased risk of other mental health problems.</p> <p>While the onset of age-related hearing loss cannot be prevented, its negative impact on communication, health and wellbeing can be prevented through effective management of the condition. The sooner that an individual addresses their hearing loss (for example by getting a diagnosis and hearing aid) the more likely they are to learn effective techniques for managing the condition and to adjust to the hearing aid. Currently, it takes people an average of 10 years to seek help after they start noticing symptoms.</p> <p>Employers have an important role to play in supporting older employees to take early action to effectively manage their hearing loss. Employers should promote regular hearing checks across the organisation to support early</p>	Thank you for your comment.

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			diagnosis, and encourage employees to take action by allowing reasonable time off for the employee to attend GP and Audiology appointments.	
Action on Hearing Loss			<p><b>Question 2: What are the most effective and cost-effective methods of supporting workers who wish to continue in employment up to and beyond the state pension age?</b></p> <p>While there are many ways an older employee with hearing loss could be supported in the workplace, our research has told us that people do not always access support in work.</p> <p>Where an organisation is not able to effectively support an employee with hearing loss, it can have significant consequences, including leading people to exit employment early. In our survey, two-fifths of people (41%) who had retired early said that this was related to their hearing loss.</p> <p>There are a number of ways that people with hearing loss could be supported to continue in employment:</p> <ol style="list-style-type: none"> <li><u>Promote positive staff attitudes towards people with hearing loss</u></li> </ol> <p>We have consistently found that the attitude of employers is perceived by people with hearing loss to be one of the biggest barriers to employment. Our survey found that eight in ten respondents identified the attitude of employers as the main barrier to employment for people with hearing loss (Action on Hearing Loss 2014). Our <u>Unlimited Potential</u> (2011) research found that the</p>	Thank you for your comment. We will pass the details of this report onto the team undertaking the evidence reviews.

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			<p>culture of an organisation has the biggest impact on the experience of someone with hearing loss in the workplace. An organisation's values and beliefs have an important influence over the support mechanisms available, as well as the way that managers and colleagues react to someone with hearing loss.</p> <p>Employers could therefore support older people with hearing loss by:</p> <ul style="list-style-type: none"> <li>- Providing deaf awareness training for all staff to facilitate effective communication across the organisation and to challenge prejudice against people with hearing loss.</li> <li>- Ensuring that the organisation's values promote a diverse and inclusive work culture, including removing the stigma of hearing loss and hearing aids.</li> </ul>	
Action on Hearing Loss			<p>2. <u>Make reasonable adjustments for employees with disabilities such as hearing loss, as outlined in the Equality Act 2010</u></p> <p>In the case of hearing loss, reasonable adjustments can include:</p> <ul style="list-style-type: none"> <li>- The provision of communication support such as: qualified, registered interpreters for British Sign Language users and Speech To Text Reporters (STTR)</li> <li>- The provision of assistive equipment such as loop systems and personal listeners</li> </ul> <p>The Government's Access to Work scheme provides vital funding for disabled people to access adjustments and support in work. Employers should ensure that they are aware of and promote the scheme amongst individuals who may</p>	<p>Thank you for your comment. Management of chronic conditions will be covered in a later guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a></p>

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			<p>be in need of support.</p> <p>3. <u>Make information about hearing loss and available support easily accessible</u></p> <p>Many people with hearing loss take it upon themselves to find out about adjustments that could benefit them at work, but this information is often difficult to find. It needs to be easier for both employees and managers to access information about the type of support that is available.</p> <p>Functions with responsibility for overseeing employee wellbeing, such as HR or Occupational Health, should ensure they are familiarised with ways in which employees with hearing loss can be supported and should share information about the Access to Work scheme. They should share also basic information about hearing loss and effective management through general health and wellbeing initiatives, and signpost to specialist organisations that can provide detailed information. Action on Hearing Loss provide information for employers on how to support people with hearing loss on our <a href="#">website</a>, as well as offering specialist services where we can work directly with employers to ensure they are equipped to support staff with hearing loss.</p>	
Action on Hearing Loss			<p><b>Question 3: What are the most effective and cost-effective methods of helping older workers plan and prepare for retirement?</b></p> <p>The majority of people will develop hearing loss before or during their retirement. 71% of people aged over 70 have hearing loss. It is therefore important that employers take the opportunity to provide information about effective management of the condition and to encourage employees to check</p>	<p>Thank you for your comment. Raising awareness of age related hearing loss and the availability of hearing assessments would be covered by the scope.</p>



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			<p>their hearing on a regular basis (for example using our <a href="#">free hearing check</a>) and seek help if they notice a problem.</p> <p>Many people are not aware that hearing assessments and effective digital hearing aids are freely available through the NHS as well as being available for sale through private providers. Employers should inform employees about their options in relation to hearing loss as it would help them plan to remain active and engaged throughout their retirement.</p> <p>Employers should also include basic information about the support that can help people with hearing loss to maximize independence and wellbeing. Four out of five people, when fitted with a hearing aid, receive no information about other services, equipment or assistive technology such as flashing smoke alarms or amplified telephones (RNID <a href="#">Annual Survey of Members</a> 2008). Assistive equipment can be provided to eligible users by the local authority's social services, or purchased privately.</p>	
Age UK	General		<p>The UK has an ageing workforce, and at present too few employers are ready for the implications this will have on their business.</p> <p>There are many issues that need to be tackled, including improving managers' skills; improving age-friendly employer policies; and equipping individuals with the know-how to keep working.</p> <p>In some areas, there is a great deal of work to be done. Negative stereotyping of older workers is rife, and this can prevent many people from changing jobs or progressing their careers as they would like.</p>	<p>Thank you for your comment. It is anticipated that the guideline will address sort of issues you have outlined.</p> <p>Counteracting ageism is covered by the scope.</p>

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			<p>Employer attitudes continue to disadvantage older workers, with the over 50s often viewed as being less able and productive in the workplace. Such attitudes are unfounded, as shown by recent research published by Age UK. This demonstrates that it is not possible to discern someone's ability or capability on the basis of their date of birth. Many managers need to become better skilled at working with older staff.</p> <p>There are various sources of existing guidance relating to older workers , but this often fails to address the health impact of working longer – there is therefore scope for the NICE guidance to examine more specific issues affecting health and wellbeing in the workplace.</p>	<p>We will be issuing a call for evidence as part of this work. We would be grateful if references of relevant studies are submitted at that stage</p>
Age UK	Section 4.3 Question 1		<p>Older workers are not a homogenous group and hold a wide range of jobs. This means that efforts to protect and promote health and wellbeing will often need to be workplace specific as well as at a public health level.</p>	<p>Thank you for your comment. The PHAC will take this into account when developing the guideline.</p>
Age UK	Section 4.3, Question 1		<p>It also needs to be recognised that it is not just someone's health that determines whether they are able to keep working. Many factors working in combination can influence individuals' decisions around work in later life. This is demonstrated in a study by Milligan and Wise, which found that differences in health alone do not account for differences in employment rates of older workers across different countries. Wider factors carry a significant influence.</p> <p>The guidance should therefore recognise this and go beyond the immediate and obvious influences on older workers' physical or mental health. For example, it should consider issues such as employer attitudes to ageing and older workers, the social impact of working, the impact of caring</p>	<p>Thank you for bringing this study to our attention. We will be issuing a call for evidence as part of this work. We would be grateful if references of relevant studies are submitted at that stage</p>

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			responsibilities, and job quality, all of which can have an impact on health and wellbeing.	
Age UK	Section 4.3, Question 2		<p><b>Mid-Life Career Review (MLCR)</b> The MLCR was piloted in 2013/14 by the Department for Business, Innovation and Skills. Careers advice was offered to people aged approximately 50 and helped people plan for the rest of their working life.</p> <p>The pilots were delivered through independent providers, and reached people in varying situations. The results of the pilot were favourable, and BIS and the Department for Work &amp; Pensions have agreed to fund a full evaluation.</p> <p>Based on the initial results, Age UK believes this is an effective method of improving older workers' resilience and helping them to prepare for their retirement.</p>	Thank you for bringing this work to our attention. We would be interested in seeing the findings of the evaluation of this work.
Age UK	Section 4.3, Question 2		<p><b>Reasonable adjustments</b> Helping older workers by making changes to the workplace is mutually beneficial, allowing individuals to work for longer and employers to improve their workforce's productivity. For example, in manufacturing there is considerable evidence of the benefits from making such adjustments.</p> <p>A well-known experiment was conducted by BMW. The company staffed one of its factory production lines with workers aged 45+ and made a series of adjustments, for example improving the lighting and floors, and providing stools for workers rather than requiring them to remain standing. The company found that after one year productivity had increased by seven per cent and was equal to the factory average.<sup>i</sup> Similar findings were made as part of research conducted by Daimler AG <sup>ii</sup> and Mercedes Benz <sup>iii</sup> examining</p>	Thank you for bringing this work to our attention. We will be issuing a call for evidence as part of this work. We would be grateful if references of relevant studies are submitted at that stage.

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			<p>productivity of older workers. These studies suggest that if productivity can increase with age in the manufacturing sector, then in the service sector or other less physical occupations there is even more potential for it to do so. iv</p> <p>Such measures are also likely to prevent people from dropping out of the workplace due to ill health, and will support Government efforts to do so, notably the forthcoming Health and Work Advisory Service. In addition, making reasonable adjustments can also have spillover effects on to younger members of staff. Gobel and Zwick (2010) find that doing so not only improves the productivity of older workers, but also of employees aged 40 and above. v</p>	
Age UK	Section 4.3, Question 2		<p><b>Flexible working</b> Flexible working, which we define as a mutual agreement to deviate from the ideal working pattern expected by the employer, can come in many forms including home working, flexi-time or annualised hours.</p> <p>It brings a range of benefits to individuals and employers alike: individuals can balance work with personal responsibilities, while employers can improve retention and workforce productivity. vi</p> <p>Older workers value flexible working for a variety of reasons, for example meeting caring responsibilities, managing a health condition, or winding down to retirement. As State Pension age rises, individuals are faced with more caring responsibilities, and a cliff-edge retirement becomes less common, flexible working will be increasingly important. vii</p> <p>The importance of employers across the economy embracing flexible working</p>	Thank you for your comment.

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			is paramount. Approximately 300,000 people each year are forced to leave work because of caring responsibilities, costing the UK economy £5.3 billion per annum.viii It is vital that more is done to ensure that carers do not have to leave their jobs.	
Age UK	Section 4.3, Question 2		<p>However, employers often do not offer sufficient flexible working options to their older employees. In spite of the well-proven business case, there is still a prevailing attitude that flexible working is expensive and helps people evade their workplace responsibilities. Perhaps for these reasons, the proportion of people working flexibly has fallen between 2010 and 2012, which has particularly impacted on women.</p> <p>The Government is set to extend the Right to Request flexible working to all employees in June 2014, but Age UK believes that, although welcome, this does not go far enough. Instead, the Government should commit to helping employers make all jobs 'flexible by default' by 2020.</p> <p>This means that employees could expect to be able to work flexibly, unless their employer could justify otherwise (using the existing business reasons). We believe this would help change attitudes to flexible working and prevent it being viewed as an insurmountable obstacle to employing a person who may need to work flexibly.</p>	Thank you for your comment.
Age UK	Section 4.3, Question 3		<p><b>Financial advice</b> Without sufficient income in retirement, many people will need to work for longer in order to make ends meet. The reforms to private pensions announced in the March 2014 Budget, which have significantly increased flexibility in how pension pots can be used, require the provision of good quality financial advice and guidance. Without this, individuals will be less able</p>	Thank you for your comment.

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			to make informed decisions about their futures, which has clear ramifications for their ability to retire on a reasonable pension income. Age UK would like to see the Mid-Life Career Review (see question 2) become the beginning of a process of receiving good quality financial advice, which will then continue throughout the approach to retirement and aid decision-making about future career plans.	
Age UK	Section 4.3, Question 3		<p><b>Flexible working</b> Flexible working is also important for retirement preparation. For many older workers the ability to change their working pattern is important for achieving a work-life balance that allows them to keep working for longer. Both individuals and employers need to better understand different flexible working patterns and how these can be of mutual benefit, allowing for better retirement preparation and workforce planning respectively.</p> <p>Older workers, in particular 50+ women, often have caring responsibilities that make attaining a satisfactory work-life balance essential. According to a recent study by the Institute for Public Policy Research, by 2017 there will be a 'family care gap', where there will be less adult children to provide care than required. This increasing care commitment for older workers makes access to genuinely flexible working a non-negotiable part of the settlement to keep people working longer, and emphasises the urgency of the Government supporting a 'flexible-by-default' policy.</p>	Thank you for your comment.
Age UK	Section 4.3, Question 3		<p><b>Health</b> A recent review of the evidence on the health impact of retirement by Iparraguirre (2014) provides a comprehensive overview of the relevant research. It shows that the health effects of retirement are mixed and depend</p>	Thank you for bringing this work to our attention.

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			<p>on various pre-retirement factors. However, having control over the retirement process is most commonly associated with a positive transition and maintaining good physical and mental health.</p> <p>It is important that the NICE guidance reflects the evidence base, and attempts to help individuals follow a retirement pathway that benefits them once before, during and after retirement (or stopping full-time work).</p>	
Age UK	Section 4.3, Question 3		<p><b>Pre-retirement training</b> For many people, attending a pre-retirement course can highlight issues that may arise during the retirement process and in later life. Such courses tend to be centred on financial advice, but do also include information on employment and volunteering, community activities, and healthy living.</p>	Thank you for your comment.
Alzheimer's Society	General		<p>Alzheimer's Society welcomes this guidance. As many as 18% of people diagnosed with dementia under the age of 65 continue to work after a diagnosis of dementia. As numbers of people with dementia rise, this will mean that there are likely to be increasing number of carers and people with dementia in the workforce. Research carried out by Employers for Carers found that 89% believe that dementia and the ageing population will become an increasingly bigger issue for their organisation and their staff.</p>	Thank you for your comment.
Alzheimer's Society	General		<p>Alzheimer's Society welcomes the recognition of the individual needs of carers in the guidance. As the number of older people increases, so will the number of carers aged 50 or over in employment. Research for Carers UK in 2013 found that nearly one in five carers were looking after family members with dementia and these carers were more likely than other carers to be combining this with full time employment. Of carers of people with dementia in employment, nearly a quarter said they had changed their work pattern and</p>	Thank you for your comment.

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			19% had reduced their working hours (Employers for Carers, 2014). Just over half the respondents said that their work had been negatively affected due to their caring responsibilities.	
Alzheimer's Society	4.1.1	5	Alzheimer's Society welcomes that volunteers are included in this guidance. In a survey of people with dementia in 2013, Alzheimer's Society found that 8% of respondents stated that they could contribute to their community by volunteering or sharing skills. Often, following a diagnosis, volunteering offers people with dementia the opportunity to make new friends and have a renewed sense of purpose.	Thank you for your comment
Alzheimer's Society	4.1.1	5	Although Alzheimer's Society welcomes that the focus of the guidance is on employees and volunteers, we would like to see employers committing to becoming dementia friendly in order to overcome the stigma of dementia in workplaces and to provide the right support to people with dementia or carers. From a survey conducted by Alzheimer's Society, people with dementia reported negative reactions from colleagues when they told them about their diagnosis, including being bullied within their workplace.	Thank you for your comment.
Alzheimer's Society	4.2.1 (c)	5	Alzheimer's Society supports guidance which will encourage employers to make changes to the way work is organised or changes to the environment to support older employees. This would be dependent on management showing strong leadership and having an awareness of dementia in order to support colleagues to make such changes, as well as promoting dementia awareness in their workplace. Furthermore, managers should take responsibility for promoting sources of support, such as the Alzheimer's Society website or helpline number. According to a survey from Employers for Carers, 67% of employers seek clearer and accessible information on dementia for their employees. Employers for Carers has produced toolkits on caring to support employers and line managers. The Dementia Friendly Communities	Thank you for your comment.  Thank you for bringing this work to our attention.

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			champion group will be producing a comprehensive guide for employers which will cover supporting people with dementia in the workplace.	
Alzheimer's Society	4.2.1 (b)	5	Alzheimer's Society believes that employers should appoint Dementia Champions who have a good knowledge and awareness of dementia. This person can act as a liaison between management and other colleagues to improve the working environment for people with dementia where necessary. For example, financial organisations which sign up to the dementia-friendly finance charter should appoint a Dementia Champion who promotes the importance of working towards becoming a dementia-friendly organisation.	Thank you for your comment. Management of chronic conditions will be covered in a later guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a>
Alzheimer's Society	4.2.1. (b)	5	Alzheimer's Society would like to see employers committing to the Dementia Friends programme and encouraging employers to participate in a Dementia Friends information session which will help raise awareness of dementia and give people the confidence to talk to someone who they think may have dementia.	Thank you for your comment.
Alzheimer's Society	4.3	7	Alzheimer's Society welcomes the expected outcomes as these are all outcomes the Society would like to see from the dementia-friendly communities programme of work.	Thank you for your comment.
BT	2 a	1	Focus is on policies and approaches to <b>promote and protect</b> the health of older employees. It would also be important to link into strategies to manage changing capabilities.  See: <b>Physical Capabilities and Occupational Health of Older Workers</b> Julie A. Maertens, Stefanie E. Putter, Peter Y. Chen, Manfred Diehl, and Yueng-Hsiang (Emily) Huang. <a href="#">The Oxford Handbook of Work and Aging, 2012</a>	Thank you for bringing this work to our attention.
BT	2 b	1	Focus is on workers 50 years and over. Many strategies to promote healthy	Thank you for your comment.

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			ageing need to be instigated earlier in the employee life cycle. This also relates to 4.2.2 c, page 6.  <b>See: Healthy and active ageing. A report produced by EuroHealthNet (Ingrid Stegeman, Terese Otte-Trojel, Caroline Costongs and John Considine) for Bundeszentrale für gesundheitliche Aufklärung (BZgA) incorporating work undertaken by Thomas Altgeld, Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen e. V. and Judith Sinclair-Cohen. Brussels, January 2012</b>	We acknowledge the importance of a life course approach. However, the referral for the Dept. of Health was for older employees.
<b>BT</b>	3	3	The need for guidance – there are also a number of myths, misperceptions and stereotypes about the capabilities of older workers that need to be challenged based on evidence such as: <ul style="list-style-type: none"> <li>• They are unhealthier and less physically able.</li> <li>• They take more sick leave and have more accidents</li> <li>• They are less productive.</li> <li>• They have more cognitive impairments.</li> <li>• They cannot learn.</li> </ul> See: <b>Generational Differences in Perceptions of Older Workers' Capabilities by Jacquelyn B. James, Ph.D., Jennifer E. Swanberg, Ph.D., &amp; Sharon P. McKechnie, Ph.D. 2007, Center on Ageing and Work, Boston</b>	Thank you for bringing this work to our attention.
<b>BT</b>	4.2.1 a	5	Activities/measures that will be covered – policies around retention, development and progression and transition between work and retirement. As part of development it would be important to consider performance management approaches.	Noted. Performance management will be considered where the evidence allows.
<b>BT</b>	4.2.1. c	5	Activities/measures that will be covered – work organisation and environment.	The type of work will be

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			It is likely that this would need to reflect specific work roles.	considered where the evidence allows.
BT	4.2.1. d	6	Activities/measures that will be covered – retirement planning and training. This should include step down/ wind down programmes.	Noted. Different types of programmes will be considered where the evidence allows.
BT	4.2.1	6	Measurement – days' work lost should make the distinction between short and long term sickness absence. Measurement should also include productivity, engagement and wellbeing.	Noted. The distinction can be made if studies report the data in this way.
BT	4.2.2. d	6	Note that activities for Line Managers will not be covered as this is another set of guidance in development but the LM role will be crucial in the implementation of any recommendations in the workplace.	Thank you for your comment.
BT	4.2.2. e	6	Note that the proposed guidance will not cover interventions for the whole workforce to promote health and wellbeing as there is already guidance in place but it is important to note that these are crucial to healthy ageing and will impact on further 'down-stream' programmes affecting older workers.	Please see previous response about Dept. of Health referral. The advisory committee may wish to acknowledge this in the considerations section of the guideline.
Department of Health			Thank you for the opportunity to comment on the draft scope for the above Public Health guidance.  <b>I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.</b>	Thank you for your comment.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association.	General		We welcome this draft scope and agree with the scope as outlined. We would like to emphasise that weight and fat gain in particular are common throughout adulthood. Given the role that obesity plays in contributing to the development and maintenance of many serious long-term conditions (such as Type 2	Thank you for your comment.

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			diabetes, hypertension, some cancers), we have no doubt that healthy weight management is an intrinsic component of protecting the health of older employees. Promoting good health should include promotion of a healthy weight using diet, physical activity and changes to behaviour (individual and organisational, such as provision of healthy food and drink options, active travel to work and so on). We look forward to reading the guidance.	
<b>Guild of Healthcare Pharmacists</b>	3c	3	The dexterity and manual handling ability of the older worker may also be a factor that needs to be taken into consideration, especially those working in the health and care services.	Thank you for your comment. It is envisaged that this would be covered in job design and nature of work.
<b>Guild of Healthcare Pharmacists</b>	4.2.1b	5	This must include any assessments on ability to work	Noted.
<b>Guild of Healthcare Pharmacists</b>	4.2.1c	5	Will this also cover the support of staff who are unable to continue in their chosen profession due to their mental capacity.	Thank you for your comment. Both physical and mental health will be covered as the evidence allows.
<b>Guild of Healthcare Pharmacists</b>	General		We feel that it is not just the physical capacity of a person to undertake a job but also their mental effort and capacity to undertake a challenging job. Following on from this, measures need to be in place to protect patients and also healthcare professionals who are involved in the care of patients. As a scoping document, the document does appear to be asking the right questions. We wait to see whether the answers obtained help to produce the right guidance that can be followed. We look forward to being able to partake in the production of the guidelines and comment on any draft guidelines produced.	Please see previous response.
<b>Health and Safety Executive</b>	4.2.1(c)	5 (of pdf)	We note the intention to address 'changes to the environment to support older	Thank you for your offer of

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			employees' and 'job design (to mitigate any functional decline related to ageing)'. Where relevant, this should take account of relevant HSE guidance – we would be happy to advise.	advice.
<b>Health and Safety Executive</b>	4.2.2(a)	6 (of pdf)	No relevant changes to health and safety legislation are under consideration	Thank you for your comment.
<b>Hearing Link, 27-28 The Waterfront, Eastbourne, East Sussex, BN23 5UZ</b>			<p>There are 5 areas that we consider important to include within this scoping document. They are:</p> <p><b>Hearing awareness:</b> That employers consider health screening for staff (particularly hearing checks) and regular deaf awareness and communication skills training for staff.</p> <p><b>Protection from hazardous noise levels</b> Regular checks on hearing protection equipment, functioning loop systems in all meeting spaces (or portable options) and visual alerts in buildings and premises for fire/emergency alarms</p> <p><b>Positive employers of people with disabilities</b> That there is a culture of acceptance and disclosure of acquired conditions and proactively offer support. Make staff aware of schemes such as Access to Work. Effective redeployments to support the onset of permanent/temporary disability.</p> <p><b>Preparation for retirement</b> Phased retirement offer to staff. Overlap with third sector and communities to promote links to volunteering (reduces isolation/promotes mental wellbeing).</p>	<p>Thank you for your comment.</p> <p>Screening is not part of NICE's remit. Raising awareness of hearing loss and the availability of screening assessments are covered by Key question1 in the scope.</p> <p>Protection from hazardous noise levels is covered by legislation and as such will not be included within the guideline. However, ways of helping employers implement the legislation could be covered if the evidence allows.</p>

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			<b>Clear channels of communications</b> are available for those with hearing loss.	
Hearing Link, 27-28 The Waterfront, Eastbourne, East Sussex, BN23 5UZ			Our concern is for people with any level of hearing loss – that they are able to engage with their community. Therefore at this early scoping stage, it is important to give proper consideration and resourcing to assistive technology (including but not exclusively loops, for example) without which the ability of some people to engage with their community is severely limited.	Thank you for your comment. Assistive technology such as hearing loops would be better placed in the planned guideline on <a href="#">Workplace health – employees with chronic diseases and long-term conditions</a>
Lundbeck Ltd	General		<p>Lundbeck is an ethical research-based pharmaceutical company specialising in brain disorders, such as depression and anxiety, bipolar disease, schizophrenia, Alzheimer's disease, Parkinson's disease and alcohol dependence.</p> <p>Lundbeck welcomes this consultation on the draft scope of the NICE Public Health Guidance - 'Older employees' and recommends that alcohol is included as a consideration within the final scope of this guidance.</p> <p>There is a strong body of evidence demonstrating the harmful health impacts of excessive alcohol consumption. Harmful alcohol use is listed alongside tobacco use as the two highest risk factors for early death and disability in the UK, in Volume One of the Chief Medical Officer's Annual Report<sup>1</sup> (as according to The WHO national burden of disease toolkit).</p> <p>Furthermore, alcohol misuse represents a significant health challenge for</p>	<p>Thank you for your comment.</p> <p>Alcohol consumption would be included under Key question1 in the scope.</p>

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			<p>those of working age, and can place a serious burden on not only the health of employees, but also in respect of other organisational outcomes; including increased levels of absenteeism and presenteeism.</p> <p>In a survey carried out in December 2007 for Norwich Union Healthcare almost four-fifths of employers interviewed identified alcohol as a major threat to employee wellbeing and a factor encouraging sickness absence.<sup>2</sup></p> <p>Alcohol misuse also represents a potential health issue for older employees, as is supported by recent evidence; alcohol-related hospital admissions for those aged 65 and over accounted for 44% of all alcohol-related admissions in 2010, despite this group representing only 17% of the population.<sup>3</sup> Furthermore, an estimated 1.4 million people in this age group currently exceed recommended drinking limits<sup>4</sup>, while a European survey found that 25% of persons aged 55 and over reported drinking alcohol on a daily basis, leading to an increased risk of alcohol-related health issues.<sup>5</sup></p> <p>These figures are especially pertinent when considering that the employment rate for people aged 65 and over has increased from 5 to 10% between 2001-13<sup>6</sup>, and that more than 50% of workers aged over 55 have indicated that they are planning to work beyond the retirement age<sup>7</sup>, as is cited in section 3 of the draft scope.</p> <p>As the older, 'baby boomer' generation' have typically drunk more in middle age compared to previous generations, it is likely that if this cohort continues current drinking behaviour, an increasing number of older people in employment will present with alcohol-related health problems.</p>	<p>Thank you for this information.</p>

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			While Lundbeck acknowledges that whole workforce interventions to manage long-term sickness absence are outside the scope of this guidance, organisational policies (as cited in section 4.2.1) should nonetheless take into account how alcohol misuse can have a negative impact on the health and wellbeing of older employees. The guidance should also encourage organisations to include awareness raising measures of the risks or harmful alcohol consumption amongst older employees, and equip managers to better identify older employees in need of screening and brief interventions for alcohol misuse.	Awareness raising would fall within the scope of the guideline.
Lundbeck Ltd	Section 4.2.1 a)	5	<p>There is additional scope to consider alcohol as a risk factor in light of the transition between work and retirement. Evidence suggests that older people can be more likely to turn to drink after retiring, with a recent study indicating that one in eight from this cohort reported increased alcohol consumption after stopping working.</p> <p>While there are likely to be a number of contributory factors that would make a person more likely to increase drinking habits after retirement, with a YouGov poll revealing that 19% of this group did so due to depression, and 13% did so to deal with bereavement<sup>8</sup>, organisational policies designed around supporting employees following retirement would benefit from promoting the delivery of information and guidance around alcohol misuse, as well as establishing effective referral mechanisms across the local alcohol pathway when appropriate.</p>	Thank you for your comment. The evidence reviews will include evaluations of pre-retirement programmes. These programmes may or may not include advice on alcohol use.
NCHA and BSHAA	General		The National Community Hearing Association (NCHA) represents community hearing providers in the UK. NCHA members are committed to good hearing	Thank you for your comment.

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			<p>for all and are responsible for the majority of adult community hearing care services in the UK with an excellent record of outcome, safety, and patient satisfaction.</p> <p>BSHAA is the professional body for hearing aid audiologists providing hearing care to NHS and self-funding clients. They practise in large, medium and small companies and as sole practitioners; and they provide a professional, convenient and local service to people with hearing concerns in every community in the UK.</p>	
<b>NCHA and BSHAA</b>	Q1	7	<p>More than 10 million people in UK have hearing loss<sup>1</sup>. It is estimated England will have 5.3million people over the age of 44 living with moderate or severe hearing loss by 2016<sup>2</sup>. A very recent study has found that around 1 in 10 adults (10.7%) aged 40 to 69 years have substantial hearing impairment but prevalence of hearing aid use was only 2%<sup>12</sup>. Most of these people will have moderate hearing loss which means they may find it difficult to follow speech without hearing aids<sup>1</sup>.</p> <p>People with hearing loss are shown to be at risk of loneliness and reduced mental and physical wellbeing<sup>3,4,13</sup>. People with hearing loss are also likely have a lower employment rate<sup>1,5</sup>. In the UK the economic cost of unaided hearing loss is estimated to be £13.5bn per year<sup>6</sup>.</p>	Thank you for bringing these reports to our attention. We will bring them to the attention of the team undertaking the evidence reviews.

<sup>1</sup> Action on Hearing Loss – Hearing Matters

<sup>2</sup> [www.poppi.org.uk](http://www.poppi.org.uk) accessed 15 April 2014

<sup>3 3</sup> Saito et al (2010) ‘Hearing handicap predicts the development of depressive symptoms after three years in older community-dwelling Japanese’ p.93-95

<sup>4 4</sup> Chapter 5 in [Shield \(2006\) “Evaluation of the Social and Economic Cost of Hearing Impairment - a report for hear-it”](#)

<sup>5 5</sup> Chapter 11 in [Shield \(2006\) “Evaluation of the Social and Economic Cost of Hearing Impairment - a report for hear-it”](#)

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			<p>Given the prevalence and impact of hearing loss in older people more needs to be done to detect and support older workers with hearing impairment. Currently, many older workers and their employers are unaware of the impact hearing loss can have on health and wellbeing and this results in people delaying seeking help for up to 10 years after the onset of symptoms<sup>7</sup>. Given that hearing correction and adaptation is easier the earlier it starts, such delays add significantly to adverse public health outcomes.</p> <p>A cost benefit analysis (CBA) has shown hearing screening is cost-effective in older people. The analysis by London Economics in 2010 was conducted using HM Government's guidance on CBA. The CBA showed net present value of hearing screening and intervention to have a cost benefit ratio of 8.1<sup>8</sup>. Adult hearing screening would provide a cost-effective way to improve quality of life for older adults<sup>14</sup>. Therefore, it is vital to ensure that</p> <ul style="list-style-type: none"> <li>older workers are encouraged to look after their hearing and have regular hearing checks - hearing professionals will advise how frequently in each individual case</li> <li>employers encourage a positive approach to hearing loss and make</li> </ul>	<p>Raising awareness of age related hearing loss and the availability of hearing assessments would be covered by the scope.</p> <p>Screening is the remit of the National Screening Committee and so will not be covered by the guideline.</p>

<sup>6</sup> Page 167 in [Shield \(2006\) "Evaluation of the Social and Economic Cost of Hearing Impairment - a report for hear-it"](#)

<sup>7</sup> Davies, Smith, Ferguson Stephens & Gianopoulos (2007) 'Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models' p.ix

<sup>8</sup> Applying a discount rate of 3.5%. The study can be found here. [London Economics \(2010\) "Cost benefit analysis of hearing screening for older people"](#)

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			<p>accommodations to enable older people with hearing loss to remain in work.</p> <p>In summary, unaided hearing loss can lead to reduced mental wellbeing. Hearing screening is cost-effective and early intervention (for example with hearing aids) can help improve the health and wellbeing of older workers. We would therefore recommend employers encourage older workers to have their hearing checked in much the same way they have their eyes checked. Hearing services can be accessed in the community and out of hospital across the UK. SMEs and larger employers should also be encouraged to provide hearing screening at work and support individuals maintain active and independent lives.</p>	<p>Providing advice about hearing checks would be included in health promotion activities covered by the draft scope.</p>
<b>NCHA and BSHAA</b>	Q2	7	<p>Hearing loss is more prevalent in those beyond the state pension age. For example 5.3 million people in England with hearing loss (including mild loss) are of retirement age. However, research has shown that women and men with hearing loss are more likely to seek early retirement<sup>9</sup>.</p> <p>Older people that wish to stay in work should be supported to do so and hearing loss should not mean they have to stop working. For example, it is estimated 3.8 of the 5.3 million people of retirement age with hearing loss might benefit from hearing aids<sup>10</sup>. There is also evidence to show hearing aids can reduce social isolation and that those that wear hearing aids are more likely to participate in social activities<sup>10</sup>. Therefore there is sufficient evidence</p>	<p>Thank you for your comment.</p> <p>Management of chronic conditions will be covered in a later guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a></p>

<sup>9</sup>Helvik, Sofie-Ann et al (2013)'Hearing loss and risk of early retirement. The HUNT study' p.617-620

<sup>10</sup> National Council of Aging (200) in Action on Hearing Loss – Hearing Matters p.44

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			<p>to suggest that support with hearing loss can empower people to make choices about whether or not they wish to stay in work as opposed to retire early because they are unaware of what has caused their lack of confidence<sup>11</sup>.</p> <p>Therefore, as stated in our answer to Question One, hearing screening and support for hearing loss is cost-effective and should be accessible to all older people. Older people and especially those beyond state pension age are more likely to have hearing loss and therefore should be supported and get the help they both deserve and are entitled to.</p> <p>Employers can help older employees better understand the importance of hearing, hearing loss and support/correction. By doing so those workers that wish to continue working will get the support they need and will not be forced to retire because of a lack of information or access to hearing services.</p>	<p>Please see previous responses.</p> <p>Please see previous responses.</p>
<b>NCHA and BSHAA</b>	Q3	7	Older workers should also be encouraged and supported by good employers to do more to prevent ill health in the future. Maintaining independence into older age is important if people are to be fit and healthy when they decide to retire.	Thank you for your comment. Health promotion policies are covered in the draft scope.

<sup>11</sup> [Shield \(2006\) ‘Evaluation of the Social and Economic Cost of Hearing Impairment - a report for hear-it’](#)

<sup>12</sup> Dawes et al. ‘Hearing in Middle Age: A Population Snapshot of 40- to 69-Year Olds in the United Kingdom’. Ear and Hearing, 2014; 1 DOI: [10.1097/AUD.000000000000010](#)

<sup>13</sup> Dane J. Genther et al. Association of Hearing Loss With Hospitalization and Burden of Disease in Older Adults. *JAMA*, 2013; 309 (22):

<sup>14</sup> Morris et al. An economic evaluation of screening 60- to 70-year old adults for hearing loss. *Journal of Public Health*, 2013; Vol. 35, No. 1, pp. 139–146

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			<p>As stated in our answers to Question One and Two, older people should be made aware of the benefits of early detection and support for hearing loss. The most common cause of hearing loss is age and yet today many older people delay for up to 10 years after the onset of symptoms to seek help<sup>1</sup>.</p> <p>Making older people more aware of age-related hearing loss at every opportunity can help overcome this growing public health concern. Engaging with older workers through employers is a valuable way to ensure workers are well prepared for retirement. As our responses has shown</p> <ul style="list-style-type: none"> <li>• unaided hearing loss has an impact on mental wellbeing</li> <li>• hearing screening and interventions do offset these risks and</li> <li>• hearing screening and interventions for hearing loss are cost effective for older people</li> </ul> <p>Therefore we encourage NICE to issue guidance on the importance of hearing screening and support for hearing loss for all older people in work and those wishing to return to work.</p>	Please see previous responses.
NHS England			Thank you for the opportunity to comment the draft consultation for the above. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you for your comment.
Public Health England	3 d	4	The second sentence sounds quite negative, and may give the impression that older workers are only useful in the absence of other younger workers. This could be mitigated by adjusting the order of the sentence – i.e. “In areas where their knowledge and experience is recognised, or where there is a skills	Thank you for your comment. This has been changed in the final scope.

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			shortage, older people are viewed as a valuable resource”.	
Public Health England	4.2.2 d	6	It’s important that policies on the recruitment, selection, training and development of all staff are addressed, even if this is under a separate NICE guideline. We would ask that this separate guideline have an older person’s angle, given the potential for ageist views creeping into the process.	Thank you for your comment. Organisation policies on staff retention, development and progression are covered in Section 4.2.1a of the draft scope.
Public Health England	4.3 Question 1	7	It would be good to add the following phrase (in bold) onto the end of the question, given the tendency for organisations to focus on individual-level interventions.  “Question 1: What are the most effective and cost-effective methods of protecting and promoting the health and wellbeing of older workers <b>at both an individual and organisational level?</b> ”	Thank you for your comment. The additional wording has been added to the final scope.
Public Health England	4.3 Expected Outcomes	7	It would be good to add in “ <b>presenteeism</b> ” to the list of expected outcomes, after the bullet point on “sickness absence”.	Thank you for your comment. Presenteeism has been added to the final scope.
NHS Staff Council’s Health, Safety and Wellbeing Partnership Group (HSWPG)	General		We would like the guidance to consider evidence from the NHS Working Longer Review Group especially the audit of existing research carried out by the University of Bath. HSWPG members were involved in the work of this group.	We will be issuing a call for evidence as part of this work. We would be grateful if references of relevant studies are submitted at that stage
NHS Staff Council’s Health, Safety and Wellbeing Partnership	General - Health and		As a general point it is important to protect and promote the health, safety and wellbeing of all employees at the start of their working career, to minimise the	Thank you for your comment. As you rightly point out this is

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Group (HSWPG)	Wellbeing		risk of work related ill health or injury and conditions caused by cumulative exposures e.g. psychological burn out and musculoskeletal problems. Although out of the scope NICE should at least reference this in the guidance.	outside the remit of the referral for the Dept. of Health. However, the advisory committee may wish to acknowledge this in the considerations section of the guideline.
NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG)	General Health and wellbeing-organisation of work		It would be helpful to have a focus on shift working as there is an increasing evidence base on tolerance to shift work, in particular night shifts and long shifts (12 hours) in older employees. As mentioned above, this may be due to the cumulative effect.	Thank you for your comment. Shift work is included under job design.
NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG)	General Health and wellbeing - menopause		As the guidance will refer to those aged 50 and over, it is important to recognise the impact of the menopause on work and how working conditions can make it difficult for some women to manage the health impacts of the menopause.	Thank you for your comment. Age related changes such as menopause will be considered.
NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG)	General – outcomes		In addition to sickness absence, presenteeism needs to be looked at as an outcome. Boorman (2009) identified presenteeism as being higher in older workers.	Thank you for your comment. Presenteeism has been specified in the final scope
NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG)	General - behaviours		Activities to counteract of challenge ageism in the workplace are key to the success of this and any future work to support older employees.	Thank you for your comment.
NHS Staff Council's Health, Safety and Wellbeing Partnership Group (HSWPG)	General – Equality and Diversity		Guidance will need to consider the impact of gender and disability alongside age.	Thank you for your comment. The guideline will be developed in line

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				with NICE's <a href="#">Equality scheme</a>
<b>NHS WORKING LONGER REVIEW GROUP</b>	GENERAL		<p>As one of the largest public sector employers it is imperative that NICE engages with the work of the NHS Working Longer Review in the development of this piece of work.</p> <p>The NHS Working Longer Review is a tripartite working group set up as part of the proposed 2012 Final Agreement on the future of the NHS Pension Scheme. It is comprised of representatives from the NHS Trade Unions, NHS employers and the UK Health Departments, and seeks to identify the impact of a raised retirement age on NHS staff and employers and on provision of health services as well as any necessary mitigating actions. The group is now registered as a stakeholder for the development of this guidance and makes a number of comments below.</p> <p>The group has established a significant body of evidence and expertise since its inception and we would welcome the opportunity to meet with developers to discuss our work in more detail and assist in the production of this important piece of guidance.</p> <p>Further details can be found here – <a href="http://www.nhsemployers.org/wlr">www.nhsemployers.org/wlr</a></p> <p>Our recommendations were published and presented to the health departments earlier this year. Of the 11 recommendations made, we feel it is important this piece of work covers those relating to work organisation, job design and redeployment, the promotion of pension and employment</p>	<p>Thank you for your comment.</p> <p>We will be issuing a call for evidence as part of this work. We would be grateful if references of relevant studies are submitted at that stage</p>

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			flexibilities and continuing learning and development.	
<b>NHS WORKING LONGER REVIEW GROUP</b>	GENERAL		<p>We would also expect the guidance to cover the following issues –</p> <ul style="list-style-type: none"> <li>• How to protect the health and safety of workers AS they age (not just when they reach a certain age)</li> <li>• Cumulative impact of working longer</li> <li>• Impact of chronic disease and the menopause</li> <li>• (Cumulative) impact of shift work (in particular night working)</li> <li>• The impact of presenteeism (reports show this can increase with age)</li> <li>• The need for and benefits of audit and monitoring – e.g. of uptake of initiatives focussed on older workers and sickness absence rates by age etc...</li> </ul> <p>Project must look at the long term, how must work be organised to protect the health, safety and well being of the workforce throughout the life course.</p>	<p>Thank you for your comment. The PHAC will consider age related issues, and the nature of the work when drafting the guideline. Management of chronic conditions will be covered in a later guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a></p> <p>We acknowledge the importance of a life-course approach. However, the focus of the referral from the Dept. of Health was the older employee. The advisory committee may wish to acknowledge the importance of a life course approach in the considerations section of the guideline.</p>
<b>NHS WORKING LONGER REVIEW GROUP</b>	GENERAL		<p>The guidance will also need to promote the benefits of employment retention activities such as -</p> <ul style="list-style-type: none"> <li>• Flexible working</li> <li>• Job redesign</li> </ul>	<p>Thank you for your comment. These are covered in the draft scope.</p>

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			<ul style="list-style-type: none"> <li>• Redeployment</li> <li>• Retraining</li> </ul>	
<b>NHS WORKING LONGER REVIEW GROUP</b>	GENERAL		As there is a significant gap in the knowledge base in the UK on the needs of older workers and how these can be met by employers, it would be helpful if these guidelines included an evaluation framework which reviews the effectiveness of the recommendations and considers development/areas of further work as research emerges and the workforce ages.	Thank you for your comment. The NICE public health guideline template includes sections for identifying gaps in the evidence base and for the advisory committee to make research recommendations.
<b>NHS WORKING LONGER REVIEW GROUP</b>	GENERAL		There are clear links with other projects – e.g. Dementia and Well being at work.	Thank you for your comment. The scope and the guideline have sections that contain links to other relevant NICE guidelines.
<b>NHS WORKING LONGER REVIEW GROUP</b>	GENERAL		Consideration must be given to the importance and availability of adequate occupational health services including occupational health nurses and occupational health care schemes.	Thank you for your comment. Occupational health services are included in the scope of this work.
<b>NHS WORKING LONGER REVIEW GROUP</b>	EQUALITY AND DIVERSITY		Guidance must address diversity within and between age groups but will need to consider the impact of gender and disability in particular, as research already indicates significant correlations and interactions between these protected characteristics.	Thank you for your comment. The guideline will be developed in line with NICE's <a href="#">Equality scheme</a>
<b>People Asset Management Ltd</b>	General		For the purposes of this guideline, the term 'older people' mainly refers to those aged 50 and over (Department for Work and Pensions 2013a).	Thank you for your comment. The guideline will use the

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			<p>However, the nature of some occupations may mean some people who are chronologically younger may need to be considered as part of this group</p> <p><i>This definition is extremely disappointing as people of 50 – 55yrs are not the “older workers” any longer – they are a core ‘norm’ in any workplace and have been for at least the last decade. This Guidance should focus on 60+ as a minimum in order to be taken seriously by employers and OH providers. Having this Guidance at 50+ takes away the whole emphasis of the important group of real older workers.</i></p>	Department for Work and Pensions definition. There is no upper age limit.
<b>Optical Confederation</b>	General	-	<p>The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of (Ophthalmic and Dispensing) Opticians (FODO). As a Confederation we work with others to improve eye health for the public good.</p> <p>One of our key goals is to maintain and improve the eye health and vision of the working population. We therefore warmly welcome and support the scope of this NICE public health guidance, which seeks to promote and protect the health of older employees.</p> <p>We also welcome the increased numbers of older workers in employment and NICE’s intention to incorporate the Equality Act (2010) and improve</p>	Thank you for your comment.

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			opportunities for older people and to help them to find and stay in work if they choose to do so.	
Optical Confederation	4.3 (Q1)	7	<p>Vision impairment - defined as sight impaired (partially sighted) or as severely sight impaired (blind) - affects people of all ages but is more prevalent in those over 60 years of age (1). Through early detection and treatment vision loss can often be mitigated and where it cannot be, people can be better supported to live more independent lives in older age.</p> <p>The most cost-effective measure to prevent sight loss is to detect conditions at an early stage. Half of all sight loss can be prevented and significant downstream costs can be avoided. The current costs of visual impairment were estimated at over £22bn annually in 2008 (2). Furthermore, the number of people with visual impairment is set to double by 2050 unless action is taken (3).</p> <p>Given the prevalence of avoidable sight loss in older people, regular sight tests are important for their wellbeing. If detected early through screening – for example regular sight tests - older workers can maintain good eye health for longer (4). This is particularly true for conditions such as wet age-related macular degeneration, glaucoma and diabetic retinopathy.</p> <p>The NHS already provides sight testing for people aged 60 and over usually on a two yearly basis (and sooner where clinically required) (5). Therefore, there is already an established system in place to keep older employees healthy and independent. However the take-up of this service is not as good as it should be.</p>	Thank you for your comment. A further guideline <a href="#">Workplace health – employees with chronic diseases and long-term conditions</a> is planned. This would be a more appropriate place to cover vision impairment with the current guideline addressing general eye health.
Optical Confederation			NICE can help by making both employers and employees aware of the	Thank you for your comment.

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			<p>importance of regular sight tests and how these are NHS funded and available to people over the age of 60, or with glaucoma, a family history of glaucoma, or diabetes, and those on other means-tested benefits. Encouraging take up would help to detect more eye conditions earlier, improving outcomes and public health.</p> <p>Making employers and employees more aware of eye health and sight impairment is important for several reasons. Firstly, individuals with visual impairment are more likely to be unemployed for longer before pension age and earn less than their colleagues (6). It is extensively documented that unemployment results in reduced wellbeing. Therefore more needs to be done to inform employers and employees of the importance of eye health and preventing avoidable sight loss.</p> <p>Secondly, older blind and partially sighted people are three times more likely to experience depression than those with good vision (7). In addition, individuals suffering from visual impairment are more likely to suffer from social exclusion due to reduced participation in society leading to diminished wellbeing (8).</p>	Awareness raising activities would be covered in the guideline.
<b>Optical Confederation</b>			<p>Thirdly, older workers have a key role to play in areas where there are skills gaps. Older people with a visual impairment need to be supported, and employers made aware that with reasonable adaptations, older workers with sight loss have a lot to offer and provide vital skills.</p> <p>NICE can help improve the wellbeing of older people by highlighting the importance of regular sight tests for older employees in its guidance. Employers in turn, by focussing on eye health, will be promoting and ensuring</p>	Please see previous response.

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			<p>wellbeing of their older employees.</p> <p>Employers should also be encouraged to inform employees about their right to sight tests under <i>Health and Safety (Display Screen Equipment) Regulations</i> (9). This regulation entitles workers who qualify for a sight test paid for by their employer. This is very important for older workers given the prevalence of presbyopia (a natural change in the eye that reduces the ability to focus on near tasks) is close to 100% by age 45. With time, older employees will find their near vision reduces further and by their late 50s will often require a different prescription for reading and computer work. This mechanism to deliver an essential eye care service (and ensure the wellbeing of older employees) already exists. NICE should include this in its guidance and which would help to ensure that these services properly utilised.</p> <p>In summary our recommendations are for NICE to:</p> <ul style="list-style-type: none"> <li>Promote the importance of eye health and its role in the wellbeing of older employees and in particular to use guidance to increase awareness about preventative eye care.</li> </ul>	<p>Thank you for your comment. The advisory committee will make recommendations based on the balance of the evidence reviewed.</p>
Optical Confederation			<ul style="list-style-type: none"> <li>Improve access to regular sight tests by advising older employees of their entitlement to NHS or employee funded sight tests as appropriate.</li> <li>Ensure that employers and employees understand the entitlements to sight tests (and vision correction if necessary) under the <i>Health and Safety (Display Screen Equipment) Regulations</i>.</li> <li>Encourage employers to actively promote eye health, by including a</li> </ul>	<p>Please see previous response.</p>

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			<p>question about when an employee last had their eyes tested in employer medical assessments or occupational health reviews. Those who have not had a sight test in the past two years could then be recommended or encouraged to do so.</p> <ul style="list-style-type: none"> <li>• Request that employers encouraging all employees who drive to have their eyes tested regularly (see response to Q2 below).</li> <li>• Explain to employers that that the benefits of older workers with vision impairment will in most cases outweigh any modest adjustments to allow them to continue to work. There is also a Government scheme called Access to Work which supports employees with vision impairment (10). This is particularly important given that unemployment is known to reduce subjective wellbeing.</li> </ul>	
<b>Optical Confederation</b>	4.3 (Q2)	7	<p>As noted above, regular sight tests are essential to detect avoidable sight loss and ensure prompt interventions. Through prevention, problems with vision will not stop older workers from continuing to work beyond the state retirement age if they would like to.</p> <p>It is also cost-effective to support older workers with visual impairment to stay in work, and Government schemes are in place to do this.</p> <p>We would like to reiterate that any recommendations should extend to people who drive during the course of their employment or commute to work. There were approximately 3,000 road casualties relating to poor eyesight in 2012, costing an estimated £32.9 million (11). Increasing the take up of sight tests would not only improve road safety, as we have explained above it would also detect a range of eye conditions at an earlier stage, both of these would help to keep older people working for longer.</p>	<p>Please see previous response.</p> <p>Thank you for bringing this issue to our attention. Nature of the work is included within the scope.</p>

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Optical Confederation			<p><b>References:</b></p> <p>1.) Access Economics (2009) Future Sight Loss (1): The economic impact of partial sight and blindness in the UK adult population, 1.1 Definitions of Partial Sight and Blindness</p> <p>2.) Access Economics (2009) Future Sight Loss (1): The economic impact of partial sight and blindness in the UK adult population, p170</p> <p>3.) Ibid, p43-46.</p> <p>4.) <a href="https://www.actionforblindpeople.org.uk/resources/about-sight-loss/prevention-and-protecting-your-sight/">https://www.actionforblindpeople.org.uk/resources/about-sight-loss/prevention-and-protecting-your-sight/</a></p> <p>5.) <a href="http://www.nhs.uk/Livewell/over60s/Pages/eyehealth.aspx">http://www.nhs.uk/Livewell/over60s/Pages/eyehealth.aspx</a></p> <p>6.) Gjonca et al (2005) "An investigation of the circumstances of older people with sight loss: An analysis of the English Longitudinal Study of Ageing"</p> <p>7.) RNIB – "Key information and statistics on sight loss" <a href="http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics">http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics</a>. 03.04.2014</p> <p>8.) Evans JR et al (2007) "Depression and anxiety in visually impaired older people". <i>Ophthalmology</i>. 114(2): p283–8</p> <p>9.) <i>Health and Safety (Display Screen Equipment) Regulations</i><sup>1</sup>1992 as amended in 2002 which implemented European Directive (90/270/EEC)</p> <p>10.) <a href="https://www.gov.uk/access-to-work/overview">https://www.gov.uk/access-to-work/overview</a></p> <p>11.) RSA (2013) "Healthy eyes, safer roads": p3.</p>	Thank you for bringing these publications to our attention. We will pass them onto the team undertaking the evidence reviews.
Royal College of Nursing	General	General	<p>The Royal College of Nursing is a registered stakeholder for this guidance.</p> <p>The Royal College of Nursing was invited to comment on the draft scope.</p> <p>The document was circulated to RCN staff and RCN Public Health Forum</p>	Thank you for your comment.

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			committee members. Find below comments received from the reviewers.	
Royal College of Nursing	General	General	We acknowledge the importance of this guidance to ensure the older worker is effectively supported to be a valued and productive member of the workforce.	Thank you for your comment.
Royal College of Nursing	General	General	With the NHS being one of the largest public sector employers it is imperative that NICE engages with the work of the NHS Employers, particularly their involvement in the development of the <a href="#">NHS Working Longer Review</a> . This review will inform the development of the NICE guidance.  Further details can be found on the NHS Employers' website.	Thank you for bringing this work to our attention. We will pass the details onto the team undertaking the evidence reviews.
Royal College of Nursing	General	General	There is a tension in using such a low chronological age 50, many people are likely to be working until they are 70, health services usually site 65 year as the bottom end of classifying people as older. If NICE is going to use 50 years this has implication for a wide range of health and other national guidance. The appreciation that other younger people might fall into the category of "older" due to the nature of the occupation, seems to suggests that this is actually needs led rather than age led.	Thank you for your comment. We are using the Dept. of Work and Pensions definition of an older employee. There is no upper age limit for this work.
Royal College of Nursing	4.1.1	5	We would expect the guidance to cover the following issues <ul style="list-style-type: none"> <li>• How to protect the health and safety of workers as they age (not just when they reach a certain age)</li> <li>• Cumulative impact of working longer</li> <li>• Impact of chronic disease and the menopause</li> <li>• (Cumulative) impact of shift work (in particular night working)</li> <li>• The impact of presenteeism (reports show this can increase with age)</li> </ul>	Thank you for your comment. The PHAC will consider age related issues, and the nature of the work when drafting the guideline. Management of chronic conditions will be covered in a later guideline. Please see <a href="http://guidance.nice.org.uk/PHG/">http://guidance.nice.org.uk/PHG/</a>

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## Public Health Guidelines

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			<ul style="list-style-type: none"> <li>The need for and benefits of audit and monitoring – e.g. of uptake of initiatives focussed on older workers and sickness absence rates by age etc...</li> </ul> <p>The developers must look at the long term - how must work be organised to protect the health, safety and well being of the workforce throughout the life course.</p>	<p><a href="#">58</a></p> <p>We acknowledge the importance of a life-course approach. However, the focus of the referral from the Dept. of Health was the older employee. The advisory committee may wish to acknowledge the importance of a life course approach in the considerations section of the guideline.</p>
Royal College of Nursing	4.1.1	5	<p>The guidance will also need to promote the benefits of employment retention activities such as:</p> <ul style="list-style-type: none"> <li>Flexible working</li> <li>Job redesign</li> <li>Redeployment</li> <li>Retraining</li> </ul>	<p>Thank you for your comment. We are satisfied that these aspects are already covered by the draft scope.</p>
Royal College of Nursing	4.2.1	5	<p>There are clear links with other projects – e.g. Dementia and well being at work.</p>	<p>Thank you for your comment. Management of chronic conditions will be covered in another NICE guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a></p>

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Royal College of Nursing	4.2.2 (c)	6	The use of the word “most” should be defined	Thank you for your comment. This will be considered when developing the evidence review protocols.
Royal College of Nursing	General	General	Consideration should be given to occupational health services including occupational health nurses and occupational health care schemes.	Thank you for your comment. Occupational health services will be covered by the guideline where the evidence allows.
Royal College of Nursing	4.3. Question 3	7	Investigation should be considered around the models and types of education that should be encouraged to ensure this cohort is adequately prepared both for life during later age working and for life after retirement.	Thank you for your comment. This will be considered when developing the evidence review protocols.
Royal College of Nursing	General	General	Whilst there is mention of mental health in older age, this would be an opportunity to consider the employment implications for people who develop forms of dementia	Thank you for your comment. Management of chronic conditions will be covered in another NICE guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a>
Royal College of Nursing	Equality and diversity		Guidance will need to consider the impact of gender and disability in particular as research already indicates significant correlations and interactions between these protected characteristics.	Thank you for your comment. The guideline will be developed in line with NICE’s <a href="#">Equality scheme</a>
Dept. Sociological Studies, The University of Sheffield	Section 4.3	7	These three questions are pertinent and appropriate. They can all be answered by and through the phased introduction of a WorkAbility regime as	Thank you for your comment. We will be issuing a call for

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			<p>well documented in various publications from 1981 onwards (see e.g. publications of Ilmarinen; Tuomi et al and Maltby etc.) and implemented as policy in various countries around the world since 1981 starting in Finland . It offers an integrated and holistic approach and has been scientifically evaluated in several European countries including Germany, Sweden the Netherlands and Finland where it was first introduced because of similar contingencies that the UK now faces and are outlined in your document.</p> <p>My colleague Karen Coomer an Occupational Health practitioner, is currently conducting a doctoral study at the University of Nottingham investigating the practical implementation of such an approach at the level of the firm and she has used the approach in her practise.</p> <p>I would suggest running a series of pilot studies in small medium and large enterprises in different sectors to offer a practical evaluation before its phased implementation. I would be very happy to provide an indicative reading list and copies of my work to inform this process.</p>	<p>evidence as part of this work. We would be grateful if references of relevant studies are submitted at that stage. Findings from work in progress can be submitted as academic in confidence.</p> <p>NICE does not normally commission primary research.</p>
<b>Dept. Sociological Studies, The University of Sheffield</b>	General		The review covers and indicates the policy drivers and documents that are relevant to this important policy issue. Delighted that this guidance has been produced. I trust that it will offer a radical vision and offers a social perspective to health and well being and not one based upon	Thank you for your comment. Unfortunately your comment was incomplete in the original submission.
<b>Hartlepool Borough Council (HBC)</b>	2(c)	2	HBC agrees with the supporting policy documents which shape the scope of the guidance	Thank you for your comment.
<b>Hartlepool Borough Council (HBC)</b>	2(e)	3	Consider highlighting other NICE guidance relating to the workplace including Workplace Policy and Management Practices when published, plus Smoking / Tobacco Harm Reduction, Healthy Weight / Obesity guidance etc (as highlighted in section 5	Thank you for your comment. Please see section 5 of the draft scope for related NICE guidelines.

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Hartlepool Borough Council (HBC)	3(e)	4	Also cite monotony and mundane/repetitious tasks as a cause of poor work	Thank you for your comment. There is a limit to the information that can be included in the scope template. The nature of the work will be considered in the development of the guideline.
Hartlepool Borough Council (HBC)	3(f)	4	Place more emphasis on the need for guidance around caring responsibilities – what does the guidance intend to cover?	Thank you for your comment. There is a limit to the information that can be included in the scope.
Hartlepool Borough Council (HBC)	4.1.2	5	Contradiction: Guidance states it does not cover people who are self employed yet section 2(d) states the guidance will be of interest to this group – perhaps imply only if they have a line manager in their organisation	Thank you for your comment. We are aware that there are people who work within organisations who are classed as self-employed. These people should be covered by the guideline. The guideline will also be of interest to other self-employed people as they may want to take up some of the recommendations.
Hartlepool Borough Council (HBC)	4.2.1	5	Consider highlighting support / interventions for carers	Thank you for your comment. We are satisfied that support for carers is adequately covered by points a) staff retention & c) flexible working and job design.

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Royal National Institute of Blind People (RNIB)	General		<p>As the largest organisation of blind and partially sighted people in the UK, RNIB is pleased to have the opportunity to comment on this draft scope for Public Health Guidance on workplace policies and approaches to promote the health of older employees..</p> <p>We are a membership organisation with over 10,000 members who are blind, partially sighted or the friends and family of people with sight loss and more than 80 per cent of our Board of Trustees are blind or partially sighted. We encourage them to be involved in our work and regularly consult with them on government policy and their ideas for change.</p> <p>As a campaigning organisation of blind and partially sighted people, we fight for the rights of people with sight loss in each of the UK's countries. Our priorities are to:</p> <ul style="list-style-type: none"> <li>• Stop people losing their sight unnecessarily</li> <li>• Support independent living for blind and partially sighted people</li> <li>• Create a society that is inclusive of blind and partially sighted people's interests and needs.</li> </ul> <p>We also provide expert knowledge to business and the public sector through consultancy on improving the accessibility of the built environment, technology, products and services.</p>	Thank you for your comment.
Royal National Institute of Blind People (RNIB)	General		<p>We welcome the development by NICE of public health guidance on this topic. NICE should take this opportunity to include specific measures around protection of the eye health of older employees.</p>	Thank you for your comment.

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			<p>Sight loss affects people of all ages but as we get older we are increasingly likely to experience sight loss. The most common causes of sight loss such as diabetic retinopathy and age related macular degeneration in the UK commonly develop in people over the age of 50.</p> <p>Despite the fact 43 percent of those aged between 55 and 64 with long term disabled because for seeing difficulty were in employment, the most recent labour force survey carried out by the university of Birmingham for the RNIB showed employment for people with a long term disabled with a seeing difficulty has fallen by 2.9 per cent since September 2010 compared to 0.8 per cent for those without a disability. This is a worrying trend as it results in a fall in the benefits of employment outlined by NICE in the background to this scope for those living with sight loss.</p> <p>However early diagnosis and intervention on many forms of common eye condition can be instrumental in halting or slowing the onset of sight loss. Almost two thirds of sight loss in older people is caused by refractive error and cataract. Both conditions can be diagnosed by a simple eye test. In most cases the person's sight could be improved by prescribing correct glasses or cataract surgery.</p> <p>Preventing avoidable sight loss is economically cost effective for both the employee and the employer. In 2008 productivity loss in the UK through absenteeism as a result of partial sight and blindness within 50-64 year olds totalled £41.9million. The higher level of risk associated with falls, accidents, and depression means there is a greater probability that a person with sight loss will take time off work.</p>	<p>Management of chronic conditions will be covered in another NICE guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a></p> <p>Awareness raising of age-related visual problems and promotion of sight tests is within the scope of this guideline.</p>

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			Therefore we urge NICE in the development of this guideline to pay particular attention to the eye health of older workers.	Thank you for bringing this data to our attention. Please would you supply a reference. Eye health will be included in the scope of this guideline.
<b>Royal National Institute of Blind People (RNIB)</b>	General		<p>NICE should include in this guideline guidance to ensure that employees can receive regular eye tests provided by their employer.</p> <p>Currently EU Directive 90/270/EEC entitles workers to an appropriate eye and eyesight test carried out by a person with the necessary capabilities before commencing display screen work, at regular intervals thereafter, and if they experience visual difficulties during work. Moreover, workers are entitled to an ophthalmological examination if the results of the test show that this is necessary.</p> <p>This guideline provides an opportunity to reinforce and strengthen this commitment across workplace environments and take a significant step in tackling the 50 per cent of sight loss that is avoidable in the UK.</p>	Thank you for your comment. Advice on the uptake of eye tests will be included if the evidence allows.
<b>Royal National Institute of Blind People (RNIB)</b>	Page 7	4.3	For the reasons outlines above, a key measure in this guidance should be around the importance of regular eye tests for older employees. Therefore, we believe that outcome measures for this guidance should include the recording of the number of employees receiving eye tests in order to ensure that the guidance is being followed.	Thank you for your comment. Number of people receiving outcomes will be used as an outcome measure if reported in the effectiveness literature.
<b>Pain UK</b>	4.3	7	Pain UK would like to see more support for people who have been ill and want to get back to work. This is of financial importance to the country as well as to the individual since older workers are becoming more and more needed.	Thank you for your comment. Return to work is covered in existing NICE guideline. Please

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				see <a href="http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19">http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19</a>
<b>Pain UK</b>	4.3	7	Pain UK aims to increase awareness and support to older people with managing their pain. It would be helpful if the scope could include something about supporting people in pain at work, in their communities, etc.	Thank you for your comment. Management of chronic conditions will be covered in another NICE guideline. Please see <a href="http://guidance.nice.org.uk/PHG/58">http://guidance.nice.org.uk/PHG/58</a>
<b>Shingles Support Society</b>	4.3	7	It would be helpful if it were possible to include measures that assist people who have been unwell to get back into work. This is an area where modifications made or action taken by the employer can make all the difference in allowing people to resume work - with the resulting benefits to their mental, physical and financial state.	Thank you for your comment. Return to work is covered in existing NICE guideline. Please see <a href="http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19">http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19</a>

<sup>i</sup>[http://www.bmwgroup.com/e/0\\_0\\_www\\_bmwgroup\\_com/verantwortung/whats\\_next/demografischer\\_wandel.html](http://www.bmwgroup.com/e/0_0_www_bmwgroup_com/verantwortung/whats_next/demografischer_wandel.html); also see <http://ageinginnovators.org/2013/04/11/bmw-heute-fur-morgen-today-for-tomorrow/>

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- <sup>ii</sup> Börsch-Supan A and Weiss M (2007), Productivity and the age composition of work teams: evidence from the assembly line
- <sup>iii</sup> Börsch-Supan A and Weiss M (2013), Productivity and age: evidence from work teams at the assembly line, Maastricht University
- <sup>iv</sup> See also the detailed review of the literature on the relationship between age and productivity available on the Age UK website, address above.
- <sup>v</sup> Göbel C. & Zwick T (2010), Which personnel measures are effective in increasing productivity of old workers?, ZEW Discussion Paper No. 10-069
- <sup>vi</sup> Hayward et al (2007) 3rd work-life balance employer survey, DBERR
- <sup>vii</sup> Age UK (2012), A means to many ends: older workers' experiences of flexible working
- <sup>viii</sup> Age UK (2012) Estimation of the Financial Impact of Leaving Work due to Caring Responsibilities, building on work by Pickard L (2012), LSE.