

2017 surveillance – [Home care: delivering personal care and practical support to older people living in their own homes \(2015\) NICE guideline NG21](#)

Appendix B: stakeholder consultation comments table

Consultation dates: 6 to 20 November 2017

Do you agree with the proposal not to update the guideline?			
Stakeholder	Overall response	Comments	NICE response
NICE quality standards and indicators	Yes	<p>We received no feedback during development of the quality standard that indicates the guideline should be updated.</p> <p>As the surveillance decision is not to update the guideline we confirm there will be no impact on QS123 Home care for older people. There will also be no impact on current indicators on the NICE menu.</p> <p>We will, however, need to check if any editorial or factual corrections will impact on the quality standard and would be grateful if details can be provided in advance of publication.</p>	<p>Thank you for your comments and for highlighting that a decision to not update NG21 would not impact the quality standard QS123; Home care for older people. We will pass on in advance any editorial or factual corrections for NG21 to the NICE quality standards and indicators team.</p>
LAYMEMBER Daphne Branchflower	Yes	<p>There is no difference in the service as far as I can see</p>	<p>Thank you for your comment.</p>
Older People's Advocacy Alliance (OPAAL) UK	Yes	<p>No comments provided</p>	<p>Thank you for your response.</p>
Compassion in Dying	No	<p>On training In 2014, the House of Lords Inquiry into the implementation of the Mental Capacity Act found that it has "suffered from a lack of awareness and a lack of understanding. The empowering ethos has not been delivered."</p> <p>The importance of ensuring the availability of skilled professionals in end-of-life care was also highlighted in <i>Choice in end of life</i></p>	<p>Thank you for your comments regarding training for home care professionals in relation to sensitive issues and signposting. Recommendation 1.1 of NG21 focuses on person centred care encouraging active discussions with service users to involve people in decisions about their own care and making sure they are able to make informed choices. This guideline recommends that care</p>

		<p><i>care: government response, Department of Health, 2016 and its subsequent review, One Year On: The Government Response to the Review of Choice in End of Life Care, Department of Health, 2017.</i></p> <p>For Advance Care Planning to be effective, it needs to be discussed, recorded and respected. As such, it would have been helpful if the guidance were updated to include a recommendation on ensuring that professionals involved in home care services have the information, tools and confidence to discuss sensitive issues such as end-of-life preferences and care goals and to sign post people to relevant national and/or local organisations as needed.</p>	<p>workers should conduct a working manner which maximises dignity and respect for services users (recommendation 1.3.8). It is noted in the guideline that the outcome of these discussions are recommended to be documented in the home care plan as well as an indication on how these outcomes will be measured (recommendations 1.1.3 and 1.3.13) This is then further discussed in recommendations 1.3.21-1.3.25 where it is advised that individual care plans should be reviewed regularly and a care diary detailing the individual's care received on a day to day basis. The care diary would be accessible to the individual, kept at their home base and also detail the service user's requirements and preferences.</p> <p>The guideline has a specific recommendation on sign-posting to local and national support groups and networks (recommendation 1.2.2)</p> <p>This guideline provides recommendations on staff training in handling support needs for service users including end-of-life support (recommendation 1.7.6). The guideline also provides the recommendation for home care workers to be aware of local and national organisations which provide specialist support and offer information to make informed choices (recommendations 1.2.2 and 1.2.3).</p> <p>Please note that guideline also has an implementation section and an associated resources page which provides additional information, including guidance on how to discuss sensitive issues.</p>
British HIV Association (BHIVA)	No	<p>The population of people with HIV is ageing and a number of people living with HIV (PLWHIV) already require care at home. There are survey data as well as anecdotal evidence of stigmatising attitudes and discrimination experienced by PLWHIV from staff providing care at home. This has the potential to have a significant impact on quality of care and quality of life for the person concerned. These issues might also affect people with mental health difficulties for example, but poorly informed or inaccurate beliefs about transmission risk might represent a particular barrier to good care for PLWHIV.</p> <p>We suggest a minor modification to highlight the need for care staff to receive training about stigma and discrimination and</p>	<p>Thank you for your comments.</p> <p>This guideline (NG21) provides recommendations on ensuring that home care workers understand, recognise and are able to respond to a variety of common conditions including those related to neurological, mental and physical health, learning disabilities and sensory loss (recommendations 1.3.8 and 1.7.4) and notes that NICE has produced a range of guidance on these topics. Further specialist training is recommended in this guideline for home carers faced with service users with more complex health conditions, which</p>

		<p>specific training about the negligible risk of transmission for blood borne viruses such as HIV.</p>	<p>could encompass PLWHIV, by either internal or external means (recommendation 1.7.5).</p> <p>In relation to your comment regarding staff training in stigma and discrimination, this guideline recommends that care workers should conduct a working manner which maximises dignity and respect for services users (recommendation 1.3.8). The guideline also provides recommendations to encourage discussions with service users to make shared decision making about their care requirements, to include any specific issues or specialist care needs raised in their care plan and care diary (recommendations 1.13 and 1.3.13). This recommendation also outlines that home care workers should be aware of local and national organisations which provide specialist support as well as recommending that staff are sufficiently trained to be able to identify and respond to potential signs of abuse/neglect (recommendations 1.2.2 and 1.7.6).</p> <p>NG21 makes recommendations for home care workers to receive training on identifying and responding to environmental risks and providing safe care (recommendation 1.7.6).</p> <p>Please note that there is a NICE guideline on Older people with social care needs and multiple long-term conditions (NG22) which addresses the care of older people with long-term conditions living in their own homes or in residential care settings.</p>
Royal College of Speech and Language Therapists	Yes	The RCSLT observe that appropriate process has been followed and no need for updates have been identified	Thank you for your comment.
Blind Veterans UK	No	No comments provided	Thank you for your response.
National Community Hearing Association (NCHA)	No	<ul style="list-style-type: none"> ▪ We agree with Public Health England (PHE) and feel that the guideline should be updated. In our view the guideline would benefit from minor updates. ▪ We understand the NICE guideline process and the methodological and resource challenges associated with ensuring consistency in terminology (and comprehensive cross-referencing) across a large body of NICE guidelines. 	Thank you for your comments. NICE guidelines are developed after referrals from the Department of Health in select topic areas. Given that NICE recommendations are evidence-based this may lead to slight differences in the terminologies used across guidelines. NICE may develop a range of guidelines on a particular population or setting however the perspectives, settings or outcomes will usually be different for each guideline. Given the breadth of NICE guidelines

		<p>We also understand why the NICE guideline team feels that PHE's comments are better suited to a different NICE guideline. We however feel that a small change in the approach that NICE takes would help support service users live longer, independent and healthier lives.</p> <ul style="list-style-type: none"> ▪ Our concern centres on the lack of consistency across NICE guidelines and the impact this can have on service users regardless of the care setting. In our view the current approach by NICE makes dissemination of information, and therefore much needed cultural change, increasingly difficult. For example too often people with complex needs, and in particular older people, are failed because language used in guidelines varies based on care settings rather service user needs. ▪ Greater consistency across NICE guidelines can, in our view, help highlight the key determinants of health and wellbeing. In doing so this, simple change, could help dissemination of NICE guidance and increase uptake and implementation; and therefore most importantly secure positive outcomes for service users regardless of their care setting at any moment in time. ▪ For example, NICE guidelines often refer to sensory loss in an inconsistent way. This is appears to be driven by committees rather than the underlying evidence base. If somebody supporting a service user were to read this guideline, NG21, it is not clear they would understand the importance of ensuring the service user had a hearing and sight test and any associated assistive support in place to aid wellbeing and independence. In contrast if the same service user was transferred to a care home setting then NICE guidance on the mental wellbeing of older people in care homes would make clear that sight and hearing tests should be kept up to date in order to ensure sensory needs were met. In our view, ensuring mental wellbeing of older people in their own homes is as important as ensuring mental wellbeing in care homes and guideline NG21 could be refreshed to reflect this – the setting is not the variable that matters and the fact NICE guidelines vary so much suggests a systems rather than service user approach to certain aspects of guideline development. 	<p>we acknowledge that there may be circumstances where there may be inconsistencies, however the surveillance process aims to minimise such occurrences and ensure consistency. This is achieved by identifying differences between guidelines and checking amending where possible. In addition, the NICE glossary available on the NICE website provides standard definitions and explanations of terms used in the production of NICE guidance and helps to ensure consistency where this is possible.</p> <p>The scope for this guideline does not cover health and clinical services such as sight and hearing tests provided by health care professionals. However, this guideline does provide recommendations for care professionals on the delivery of integrated, person centred care working with both health and social care practitioners in primary and secondary care (recommendation 1.5.3). This guideline also provides recommendations on ensuring that home care workers understand, recognise and are able to respond to a variety of common conditions including those related to neurological, mental and physical health, learning disabilities and sensory loss (recommendations 1.3.8 and 1.7.4). There is already a link in recommendation 1.3.8 to a range of NICE guidance and quality standards including some information on referral and management of these conditions and we will edit the recommendation to emphasise the availability of this information.</p> <p>With regards to sensory loss, the importance of care professionals to adapt support mechanisms to take into account of any additional care requirements for those with cognitive impairment, communication difficulties or sensory loss is in recommendation 1.4.4. Further specialist training is recommended in this guideline for home carers faced with service users with more complex health conditions, by either internal or external means (recommendation 1.7.5).</p> <p>Another NICE guideline currently in development; Hearing loss in adults: assessment and management is expected to publish in May 2018. The scope of this guideline will include the older adult</p>
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Elcena Jeffers Foundation	Yes	A whole care system is needed	Thank you for your comment.
North Yorkshire AIDS Action	No	No comment	Thank you for your response.
Royal College of Nursing	Yes	We agree with the expert opinion that the guideline remains current and that there is insufficient evidence to justify updating the guideline at this time.	Thank you for your comment.
University of Birmingham	No	<p>We believe that a surveillance review would provide an opportunity to carry out a formal evidence review and so address the omission of research based theory of Ethics of Care in the existing NICE guideline. The Ethics of Care perspective is built around the significance of care in all our lives, and the understanding that humans are interdependent and relational beings. Although research and literature in this area may be limited, it does exist and is growing. Some examples are given below:</p> <p>Ward, L. and Barnes, M. (2015) 'Transforming practice with older people through an ethic of care', British Journal of Social Work. Published online 7 April 2015, doi:10.1093/bjsw/bcv029.</p> <p>Barnes, M., Brannelly, T., Ward, L. and Ward, N. (2015) Ethics of Care: International Advances in International Perspective. Bristol; Policy Press.</p> <p>Ward, L (2014) 'Negotiating well-being: older people's narratives of relationships and relationality', Ethics and Social Welfare, 8 (3) 293-305.</p>	<p>Thank you for your comments and references.</p> <p>We did not do a formal evidence review for this guideline based on the results of the initial intelligence gathering and the views of topic experts (see appendix A for further details of the evidence assessed). We acknowledge your request to explore such research based theory, however research on theoretical perspectives is not included in the scope of this guideline. The scope does cover developing relationships with people using their services, their family and carers and it is important to note that the evidence reviews which form the basis of this guideline have included published qualitative research on both carer and service user's views/experiences.</p> <p>The guideline committee involved in the development of this guideline also included two community members that were service users.</p>
Medicines and prescribing team	Yes but see comments	It is not clear in the surveillance document that NG67 Managing medicines for adults receiving social care in the community that was published in March 2017 was included as part of this review. Has this guideline been checked to see if any of the recs in NG67 had an impact on NG21?	Thank you for your comments. The surveillance review did consider the impact of NG67 on the current recommendations for NG21.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
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NICE quality standards and indicators	Yes	QS123 Home care for older people does not include any placeholder statements which means that no priority areas for quality improvement were flagged as requiring additional evidence.	Thank you for your comment.
LAYMEMBER Daphne Branchflower	No	No comments provided	Thank you for your response.
Older People's Advocacy Alliance (OPAAL) UK	No	No comments provided	Thank you for your response.
Compassion in Dying	No	No comments provided	Thank you for your response.
British HIV Association (BHIVA)	No	No comments provided	Thank you for your response.
Royal College of Speech and Language Therapists	No	No comments provided	Thank you for your response.
Blind Veterans UK	Yes	<p>These are ideas formulated by a mixture of research based evidence and round-table discussions from our community and centre based staff, about veterans living with sight loss.</p> <p>Physical Space:</p> <ul style="list-style-type: none"> - Need to ensure that basic needs are met; getting them in contact with people for fuel allowance, food - Housing insecurity - Self-efficacy (food, ability to exercise), many people must rely on partners or careers, which can lower self esteem - Put people in contact with Third sector and follow up (ie our charity and others that provide services to supplement council care). <p>Environmental Factors:</p> <ul style="list-style-type: none"> - Access issues to do with limited mobility, wheelchairs and service dogs. <p>Mobility and ease of movement can increase independence, and want to participate in social activity. Facilitating that and decreasing reliance on careers or partners can improve self-esteem.</p>	<p>Thank you for your comments.</p> <p>The scope of this guideline has focused on activities or interventions that would enable service users to be able to manage their own care and elements of personal care to the best of their ability. As stated in the scope, practical support such as help with domestic tasks and money management have been covered under planning and delivering person-centred care. It is noted in the guideline that home care service users and carers should be offered information about local, national support and activity groups and offered information to be make informed decisions (recommendations 1.2.2 and 1.2.3).</p> <p>This guideline also provides recommendations on ensuring that home care workers understand, recognise and are able to respond to a variety of common conditions including those related to neurological, mental and physical health, learning disabilities and sensory loss (recommendations 1.3.8 and 1.7.4). There is already a link in recommendation 1.3.8 to a range of NICE guidance and quality standards including some information on referral and</p>

		<p>Additional Notes or comments for the ‘recruiting and training home care workers’, specifically sensory loss.</p> <p>General:</p> <p>Support of vision-impaired (VI) people from local councils across the UK is a post-code lottery, much like other services. If people are better trained in understanding the capabilities of VI people, inform policy and contribute to increased independence and wellbeing of older adults, especially those with disabilities. VI people and their perception of the world is different. The brain tries to make sense of the world around it, and this should be taken into consideration when providing care for a VI person. Again with their age, many of our veterans have chronic and degenerative conditions, so that should be taking into account when adapting care plans.</p>	<p>management of these conditions and we will edit the recommendation to emphasise the availability of this information.</p> <p>This guideline also does provide recommendations for home care workers to receive training on identifying and responding to environmental risks and providing safe care (recommendation 1.7.6). The scope of this guideline also covers practical support in helping with mobility issues.</p> <p>With regards to sensory loss training, the recommendations under recruiting, training and supporting home care workers states that care professionals are able to recognise and respond to sensory loss conditions (recommendation 1.7.4)</p> <p>Further specialist training is recommended in this guideline for home carers faced with service users with more complex health conditions, which could encompass individuals with chronic and degenerative conditions, by either internal or external means (recommendations 1.7.5 and 1.7.6). It is noted in the recommendations the importance of care professionals to adapt support mechanisms to take into account of any additional care requirements for those with cognitive impairment, communication difficulties or sensory loss (recommendation 1.4.4).</p> <p>The guideline also provides recommendations to encourage discussions with service users to make shared decision making about their care requirements, to include any specific issues or specialist care needs raised in their care plan and care diary (recommendations 1.1.3 and 1.3.13). This is further discussed in the implementation section of this guideline which also recommends to continually assess the requirements for service improvements in order to ensure that services support the requirements, goals and priorities of the individual.</p>
National Community Hearing Association (NCHA)	No	NA	Thank you for your response.

Elcena Jeffers Foundation	Individuals need to be educated in life and	Lifestyle NICE need to develop a Full comprehensive Needs Assessment that every one can use in early years	Thank you for your comment. Please note that it is not within NICE's remit to develop needs assessments, this is the responsibility of individual local authorities.
North Yorkshire AIDS Action	Yes	<p>From survey data, and anecdotal evidence, there is evidence of stigmatisation and discrimination against people living with HIV in care homes, and from staff providing care at home. This can have a significant impact both on the quality of life and also on the quality of care provided, for the person concerned.</p> <p>A particular area of concern is around carers who are poorly informed or have outdated and inaccurate beliefs about the risk of transmission of HIV. This can be manifested as taking unnecessary and stigmatising "precautions" (such as wearing face masks, gloves, disposable overalls) whilst dealing with people living with HIV. This could be overcome by having suitable training for care staff about HIV discrimination and stigma, and training around the negligible risk of transmission of HIV.</p>	<p>Thank you for your comments. Please note that there is a NICE guideline on Older people with social care needs and multiple long-term conditions (NG22) which addresses the care of older people with long-term conditions living in their own homes or in residential care settings.</p> <p>The scope for this guideline does not cover specific recommendations in reducing the risk of transmission of blood borne viruses, however the guideline does provide recommendations for home care workers to receive training on identifying and responding to environmental risks and providing safe care (recommendation 1.7.6).</p>
Royal College of Nursing	Yes	We agree with the comments that social services are facing unprecedented increase in work load due to increasing complexity and advancing age of the population. In addition, cuts in funding from central government, in real terms, due mainly to austerity measures, continue to put this area of care under considerable strain. This makes any implementation of improvement and audit in this sector very challenging	Thank you for your comments.
University of Birmingham	No	No comments provided	Thank you for your response.
Medicines and prescribing team	No	No comments provided	Thank you for your response.
Do you have any comments on equalities issues?			
Stakeholder	Overall response	Comments	NICE response
NICE quality standards and indicators	No	No comments provided	Thank you for your response.

LAYMEMBER Daphne Branchflower	Yes	I can see no difference in the report	Thank you for your comment.
Older People's Advocacy Alliance (OPAAL) UK	No	No comments provided	Thank you for your response.
Compassion in Dying	Yes	<p>LGBT community While reference is made in sections 1.2 and 1.4 to the diverse populations covered by this guideline, updating the document to make special mention of the needs of older lesbian, gay, bisexual and transgender (LGBT) people, would have been valuable as they often face health inequalities borne out of a lack of awareness of their rights and/or stigma amongst health and social care professionals.¹</p> <p>We have learned that older LGBT people risk not having the people most important to them involved in their care. This is because they often do not know about Lasting Powers of Attorney for Health and Welfare and because health and social care workers automatically (and inappropriately) consult estranged family members about their care.²</p> <p>Highlighting that providers of home care services need to be alert to this diversity would have been useful.</p> <p>¹ NHS England, NHS drive for action to tackle trans inequalities, 2015 Stonewall, Lesbian Gay & Bisexual people in Later Life, 2011 ² Compassion in Dying Planning ahead for the LGBT community, 2016.</p>	<p>Thank you for your comments and references.</p> <p>The health inequality issues you have raised in relation to older LGBT people receiving home care services have been considered in the guideline Equality impact assessment. Thus, recommendations in this guideline relate to all older people using home care services.</p> <p>To address the specific impact of diversity issues, we will refresh recommendation 1.4.8 to ensure it addresses all protected characteristics in the Equality Act 2010 (including gender reassignment, sexual orientation and age).</p> <p>Further recommendations are provided in the guideline to consider the involvement of voluntary or community organisations to help retain family and community relations and to provide service users/carers with information that allows them to make informed choices (recommendations 1.3.19 and 1.2.3). Regarding stigma and discrimination, this guideline recommends that care workers should conduct a working manner which maximises dignity and respect for services users (recommendation 1.3.8).</p>
British HIV Association (BHIVA)	Yes	See above	Thank you for your comment. Please see the response above regarding your comments concerning training recommendations.
Royal College of Speech and Language Therapists	No	No comments provided	Thank you for your response.
Blind Veterans UK	Yes	<p>As above, and also the following which are veterans specific:-</p> <ul style="list-style-type: none"> - Often have multiple disabilities: Hearing loss, brain injury/damage, amputations etc. This can be difficult for a person to cope with and can increase anti-social behaviour. Increasing access to things like transport can help combat that. - Modifications to housing (adapting house to VI) 	Thank you for your comments. Please also see response above regarding your comments on disabilities, mental health complications and mobility/access issues. Please note that there is a NICE guideline on Older people with social care needs and multiple long-

		<p>- Mental health complications, often they have had either physical trauma or emotional trauma. Many may have adopted destructive coping strategies such as alcoholism and drug dependence. On top of the physical injuries, support might need to be provided for additional needs.</p>	<p>term conditions (NG22) which addresses the care of older people with long-term conditions living in their own homes or in residential care settings.</p> <p>The health inequality issues you have raised have been considered in the guideline Equality impact assessment. Thus, recommendations in this guideline relate to all older people using home care services. To address the specific impact of diversity issues, we will refresh recommendation 1.4.8 to ensure it addresses all protected characteristics in the Equality Act 2010 (including disability and age). Further specialist training is recommended in this guideline for home carers faced with service users with more complex health conditions, (which could encompass trauma, alcoholism, drug dependence etc.) by either internal or external means (recommendation 1.7.5).</p>
National Community Hearing Association (NCHA)	Yes	<p>Failing to ensure people have both their hearing and sight care needs met is likely to worsen health inequalities. As noted above, we urge NICE to reduce inequalities across care settings by focussing on service user needs and taking a more consistent approach across its guidelines so that all carers and health care staff understand how to meet hearing, sight and other basic but fundamental needs of our ageing population.</p>	<p>Thank you for your comments, please also see response above regarding your comments on hearing and sight care for service users. The health inequality issues you have raised have been considered in the guideline Equality impact assessment. Thus, recommendations in this guideline relate to all older people using home care services, taking into account the likelihood of such individuals having co-morbidities. To address the specific impact of diversity issues, we will refresh recommendation 1.4.8 to ensure it addresses all protected characteristics in the Equality Act 2010</p>
Elcena Jeffers Foundation	General lack of funds is what usually causes	<p>Inequalities in peoples lives once they cant help them self for what ever reason</p>	<p>Thank you for your comment.</p>
North Yorkshire AIDS Action	Yes	<p>People living with HIV have the right not to be discriminated against. Unnecessarily treating people living with HIV differently from everyone else is a form of discrimination that is harmful to the individual concerned, and in severe cases, could easily cause poorer outcomes in their HIV care, as well as unneeded emotional and mental health issues.</p>	<p>Thank you for your comments. Please note that there is a NICE guideline on Older people with social care needs and multiple long-term conditions (NG22) which addresses the care of older people with long-term conditions living in their own homes or in residential care settings.</p>

			<p>The health inequality issues you have raised have been considered in the guideline Equality impact assessment. Thus, recommendations in this guideline relate to all older people using home care services. To address the specific impact of diversity issues, we will refresh recommendation 1.4.8 to ensure it addresses all protected characteristics in the Equality Act 2010.</p> <p>In relation to your comment regarding stigma and discrimination associated with HIV, this guideline recommends that care workers should conduct a working manner which maximises dignity and respect for services users (recommendation 1.3.8). The guideline also provides recommendations to encourage discussions with service users to make shared decision making about their care requirements, to include any specific issues or specialist care needs raised in their care plan and care diary (recommendations 1.1.3 and 1.3.13). This recommendation also outlines that home care workers should be aware of local and national organisations (recommendation 1.2.2).</p> <p>This guideline provides recommendations on ensuring that home care workers are trained to be able to recognise and respond to a variety of common care needs and common conditions including those related to mental health (recommendation 1.7.4).</p> <p>Further specialist training is recommended in this guideline for home carers faced with service users with more complex health conditions, which could encompass HIV, by either internal or external means (recommendation 1.7.5).</p>
Royal College of Nursing	No	No comments provided	Thank you for your response.
University of Birmingham	Yes	Age is a protected characteristic in the Equality Act 2010; however older people are frequently marginalised within research, policy and practice. We suggest that, regardless of the efforts made to consult, the existing guideline NG212 was not based on evidence which sufficiently represented the perspectives of older people. A surveillance review would provide an opportunity to consider evidence, including research, based on the perspectives of older people.	Thank you for your comments and references. The health inequality issue you have raised have been considered in the guideline Equality impact assessment . Thus, recommendations in this guideline relate to all older people using home care services. To address the specific impact of diversity issues, we will refresh recommendation 1.4.8 to ensure it addresses all protected characteristics in the Equality Act 2010.

		<p>An example of such evidence is our research, funded by the Wellcome Trust. The research takes an innovative approach to researching self-funding through co-production with older people and knowledge exchange with key stakeholders. Initial research outputs have already been reported at international conferences. Examples of other research based on the perspectives of older people are given below:</p> <p>Ward, L. and Gahagan, B. (2012) 'Empowering Engagement? Involving older people in research' in M. Barnes Page 4 of 17 and P. Cotterell (eds) <i>Critical Perspectives on User Involvement</i>. Bristol; Policy Press.</p> <p>Littlechild, R., Tanner, D. and Hall, K. (2015) Co-research with older people: perspectives on impact, <i>Qualitative Social Work</i>, Vol. 14(1) 18–35, doi:10.1177/1473325014556791</p>	<p>The importance of ensuring the wellbeing of older people in their own home environment has been exemplified by the focus of the recommendations on person centred care. It is important to note that the evidence reviews which form the basis of this guideline have included both carer and service user's views/experiences. The guideline committee involved in the development of this guideline also included two community members that were service users.</p>
Medicines and prescribing team	No	No comments provided	Thank you for your response.