

## **PENNELL NETWORK NEWSLETTER    October 2008**

**The Pennell Initiative for Women's Health was launched in 1997 to champion the cause of women's health by researching and addressing the needs of women over the age of 45. In 2004 the charity was absorbed into Help the Aged who collaborated with TAEN – The Age and Employment Network to carry forward aspects of its work.**

### **Activities**

We decided to focus primarily on the health, work and well-being of women in mid and later life. We established an informal network in 2006 to keep in touch with former Pennell Initiative supporters and to link with others interested in the issues, many of whom were TAEN members. We held two seminars, commissioned an updated literature review *Older Women, Work and Health*, and published this newsletter. We also participated in the Department of Health (DH) trial of a prototype of a mid-life life check, to be launched next year, by setting up user groups.

Help the Aged (HtA) has this year published a series of four LifeGuide books for the over-50s, offering practical information and expert advice on work, health, caring and money. *How to Thrive past 55*, the guide on health and ageing well, includes information on the menopause, and a section on diabetes, cardiovascular disease, stroke, cancer, osteoporosis, and osteoarthritis.

### **Research**

To complement our report on the work and health of older women, we commissioned a similar review of the evidence on the work and health of older men, which was published last

January. These two reports, available from TAEN, give an overview from an age and gendered perspective but neither report goes into depth on stress and stress-related health issues. As little has been written specifically on the topic of stress and older workers, we have commissioned Amanda Griffiths, Professor of Occupational Health Psychology and Director of Research at the Institute of Work, Health & Organisations at the University of Nottingham, to review the evidence. The report will be published in 2009. The research will take into account gender differences.

### **Future plans**

Now, almost two years on from the launch of the network, we have decided to drop the Pennell brand as it has caused some confusion. But the Healthy Ageing division of HtA and TAEN will continue to pursue the Pennell agenda. TAEN, with its focus on age and employment issues in mid-life, seems a natural home for much of Pennell's work.

This will be the last Pennell Network newsletter but we hope to keep in touch with you through TAEN. Please let us know if you would like to be added to the TAEN distribution list for information about its activities and publications (see details at the end of this newsletter). TAEN holds a series of seminars throughout the year, a number of which have a health theme.

### **Taking stock**

In its final report *Time to change*, issued in 2004, the Pennell Initiative set out a number of aims to improve the health chances of women in mid and later life which it believed would be in the grasp of society by 2014. We thought it would be useful to list

these and consider how much progress has been made. As we cannot answer each of the aims specifically, we have instead chosen to provide a round-up of developments since the report was published.

1. *The UK has a transformed health system that gives priority to safeguarding and improving health, rather than just treating illness.*
2. *A thorough understanding of gender and age informs all health-related policy and practice.*
3. *No individual woman suffers from inadequate knowledge about the menopause, how to deal with its effects and how to maintain her health and wellbeing in the post-menopausal years.*
4. *Every woman has access to a Pennell-type health and lifestyle consultation in mid-life, either through her employers or a community organisation, or through her local primary health centre.*
5. *There is an upward trend in numbers of*
  - *women in all age groups stopping smoking, eating a healthy diet and taking plenty of exercise.*
  - *women over 40 in all social groups engaged in life-long learning.*
6. *There is a downward trend in numbers of*
  - *women in all age groups over 40 with arthritis, Type 2 diabetes, depression, osteoporosis and heart disease.*
  - *women dying from breast cancer.*
  - *women in all age groups over 40 living below the poverty line.*

## **Transforming the health service**

The transition from a *sickness* to a *health* service is now an important part of the Government's agenda with much emphasis laid on the need for the health service to move beyond diagnosis and treatment to prevention of illness and health improvement. Health Secretary Alan Johnson said in a recent speech that promoting health and wellbeing was the *raison d'être* of the NHS for all citizens. The point was underlined by Health Minister Lord Darzi, in his *Next Stage Review of the NHS*, published in July, when he acknowledged that the NHS needed to make a stronger contribution to promoting health and ensuring easier access to prevention services. He believes this will build on the progress already made in detecting illnesses earlier and preventing them worsening through immunisation and screening programmes.

Since the last Pennell report, Health Ministers have also announced a range of measures from public health initiatives to the introduction of new health and life checks, the extension of certain screening services, and the funding of 15 new biomedical research units that will focus on major areas of ill health and clinical need.

## **So what has been achieved and what remains to be done?**

### ***Life Expectancy***

Life expectancy is often used as an indicator of a nation's health. Although life expectancy in the UK grew by 30 years in the 20<sup>th</sup> century and the increase is accelerating, the UK currently ranks only 22<sup>nd</sup> in the world, behind Australia, New Zealand, Canada and nine EU countries<sup>1</sup>. Healthy life expectancy has also increased but not at the same rate.

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<sup>1</sup> United Nations, Department of Economic and Social Affairs, Population Division, 2007

### ***Improvement in key service areas***

Last year four of the National Clinical Directors reported on the progress made for patients in key areas of the NHS service (Coronary Heart Disease; Emergency Care; Cancer Services; and Mental Health) over the preceding decade and against targets set for achievement by 2010<sup>2</sup>.

It is estimated that nearly 10,000 lives a year are being saved through the greater use of statins and that premature deaths from circulatory diseases in people under 75 fell by almost 36% over the decade, meaning the NHS was expected to meet its 40% target reduction at least two years early. Improvements in cancer services had resulted in 50,000 lives being saved over the decade, indicating that the NHS would meet its target of a reduction of at least 20% in cancer deaths by 2010. Increased annual investment of over 1.5 billion in mental health services had resulted in increased patient satisfaction and record falls in suicide rates.

### ***Screening services***

The age range of women eligible for breast cancer screening, currently 50 to 70, will be extended to 47 to 73, starting this year and to be completed by the end of 2012. Women over the eligible age will be able to self-refer every three years, as they can now. The programme extension will mean that over 400,000 more women will be screened each year.

In 2006-07 more than 1.6 million women aged 45+ were screened in England, up 1% on the previous year. At 31 March 2007, 76% of women aged 53-64 resident in England had been screened at least once in the previous three years and 68% of those aged 65 to 70<sup>3</sup>. England has seen a

61% increase in breast cancer detected by the NHS Screening Programme in six years<sup>4</sup>. Experts believe the programme is saving 1,400 lives a year. It is also planned for the Programme to take on the surveillance of women at high risk of breast cancer, including those under the eligible age. The surveillance will include access to MRI scanning. It is expected the new system will be in place from 2009.

In 2006-07 the NHS Cervical Screening Programme screened 3.4 million women. The programme is estimated to save 5,000 lives a year<sup>5</sup>.

The NHS Bowel Screening Cancer Screening Programme, which started in 2006, is expected to achieve full roll-out to men and women aged 60-69 by the end of 2009. There are plans to extend the age range in 2010 to people aged 70-75. When fully rolled out, around two million people will be screened and it is estimated some 3,000 cancers will be detected. By the end of 2010 a decision will be taken about a possible roll-out to people in their 50s<sup>6</sup>.

### ***Health and lifestyle checks***

A national programme to identify vulnerability to vascular diseases such as heart disease, stroke, diabetes and kidney disease, is to be launched next year. Vascular checks will be offered every five years to people aged 40-74. The intention is to make them available in a variety of community settings including GP surgeries and pharmacies.

The DH has also announced that the online mid-life life checks which we helped trial will introduced next year for people aged 45-60. The life checks will provide people with personalised assessments of their risk factors.

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<sup>2</sup> DH press release, April 2007

<sup>3</sup> Breast Screening Programme England 2006-07, The Information Centre

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<sup>4</sup> Source: The Information Centre, Feb 2008

<sup>5</sup> Cancer Reform Strategy, DH Dec 2007

<sup>6</sup> Ibid.

### **Menopause**

We believe the mid-life check will not include questions on the menopause, although we recommended their inclusion when we trialled the prototype last year. We believe this represents a missed opportunity to help women better understand and deal with their symptoms. The menopause is still a little discussed subject although it is estimated that some 70 per cent of women have troubling symptoms. How much or little women know about vulnerability to health conditions when oestrogen levels drop in their post menopausal years is undetermined, although we suspect that it is not much. Additionally, there is confusion about the benefits and risks of hormone replacement therapy (HRT) following scare stories in the media.

### **Breast cancer**

In 2006, 12,319 women died of breast cancer in the UK, down from 12,417 in 2005. The age-standardised mortality rate for female breast cancer has fallen in all the constituent countries of the UK since the late 1980s and in all age groups. In 2006 it was 28 per 100,000 women<sup>7</sup>. The reduction in the numbers of women dying from breast cancer is attributed to early detection, largely through screening, and early treatment.

The DH has announced that all patients referred to a specialist with breast symptoms, even if cancer is not suspected, will be seen within two weeks of referral.<sup>8</sup> They expect the standard to be fully implemented by the end of 2009.

The latest waiting time statistics for April to June 2008<sup>9</sup> show that 99.8% of patients were treated within one month of their diagnosis of breast

cancer, up marginally on the previous quarter; and 99.6% were treated for breast cancer within two months of an urgent GP referral, also marginally up on the previous quarter.

### **Diabetes**

The DH report *Five Years On – Delivering the Diabetes National Service Framework*, issued in August, analyses the progress of the NHS 10-year diabetes plan published in 2003

In 2003, the Government estimated the number of people in England with diagnosed diabetes to be 1.3 million. But as a result of the Quality and Outcomes Framework (QOF) introduced as part of the GP contract which rewards GPs for identifying and treating diabetes, there are now almost two million people over 17 in England (2.3 million in the UK) with diagnosed diabetes on practice registers.

The Government says that as a result of the QOF the number of people with diabetes receiving essential tests and measurements has been increasing each year and the results of the tests have also been improving. Nevertheless, the 2005-06 National Diabetes Audit (NDA) found that not everyone was receiving every care process they needed and the Government acknowledges there is still a long way go. The annual Diabetes UK PCT survey found that fewer PCTs (57%) had a programme for the early identification of diabetes in place in 2007 than did in 2005 (60%).

According to the NDA, each year the prevalence model used predicts that there is under-recording of diabetes in women aged 40 and over. One of the reasons for this could be that currently the only systematic screening for diabetes across the UK is among the population with known coronary heart

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<sup>7</sup> Cancer Research UK

<sup>8</sup> Cancer Reform Strategy, DH, Dec 2007

<sup>9</sup> DH press release, August 2008

disease, which includes a much higher proportion of men than women.

It is anticipated that the new vascular checks to be launched next year will prevent some 4,000 cases of diabetes a year and will identify around 25,000 people with diabetes or kidney disease.

### **Obesity**

Mean body mass index and the prevalence of obesity have continued to rise in both sexes since 1994<sup>10</sup>. In 2006 the NHS prescribed more drugs than ever before to tackle obesity – more than one million prescriptions, eight times the number dispensed seven years earlier<sup>11</sup>.

According to a statistical compendium compiled by The Information Centre<sup>12</sup>, the special health authority that collects, analyses and distributes national statistics on health and social care, 24% of adults in England in 2006 were classified as obese by body mass index (BMI), an increase from 15% in 1993, and 37% had a raised waist circumference, up 14 percentage points over the same period. Using both BMI and waist circumference to assess risk of health problems, 14% of women were estimated to be a increased risk, 16% at high risk and 23% at very high risk.

Using BMI as the measurement, 35% of women in England in 2006 aged 45-54 were overweight and 27% obese. The percentages rise to 36% and 30% respectively for women aged 55-64 and 36% and 35% respectively for those aged 65-74. 45% of women aged 45-54 had a raised waist circumference (more than 88cm), 50%

of those aged 55-64, and 60% of those aged 65-74.

### **Diet**

The Health Survey for England 2006 reported that the consumption of fruit and vegetables had risen significantly between 2004 and 2005 and the trend was continuing into 2006. On average women consumed 3.9 portions of fruit and vegetables per day with 32% consuming the recommended five portions or more. Consumption increased with age with women aged 55-64 consuming 4.5 portions. It then dropped back slightly among older respondents. 35% of women aged 45-55 consumed five or more portions, rising to just under 40% of those aged 55-64. The intake of fats varied little up to the age of 64 but increased among older women, peaking in those aged 75 and over.

### **Physical activity**

The compendium<sup>13</sup>, drawing on the findings of a number of surveys including the Health Survey for England 2006, also provides statistics on physical activity among adults. Among women, the proportion achieving the physical activity recommendations (a minimum of 30 minutes of at least moderate intensity of activity at least five times a week) rose from 21% in 1997 to 28%. The percentage of women meeting the guidelines remained stable between the ages of 16 and 54 and decreased thereafter. In 2006 30% reported walking and 36% participating in sports and exercise.

### **Tackling obesity**

The Government has announced a £372 million programme to tackle obesity and has established an obesity observatory. It has said it has an 'ambition' to be the first major country to reverse the rising tide of obesity in

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<sup>10</sup> *Five years on --- are we half way there?* Diabetes UK, 2008.

<sup>11</sup> The Information Centre, January 2008

<sup>12</sup> *Statistics on Obesity, Physical Activity and Diet: England*, the Information Centre, January 2008

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<sup>13</sup> *ibid*

the population, but its initial target focuses on children rather than adults.

### **Smoking**

In 2006, 21% of women and 24% of men reported smoking cigarettes. Among women, smoking was highest among those aged 16-24 and decreased with age thereafter. The Government has set a target that smoking rates among adults should be 21% or less by 2010<sup>14</sup>.

### **Heart disease**

In 2005 11% of women in Great Britain reported suffering from cardiovascular disease<sup>15</sup>. Prevalence increases with age: from 2% of those aged under 45 to 12% of those aged 45-64, 26% of those aged 65-74, and 31% of those aged over 75.

### **Arthritis**

Nine per cent of women in 2005 said they had arthritis and rheumatism<sup>16</sup> (11% of those aged 45-64, 23% of those aged 65-74 and 21% of those over 75).

### **Osteoporosis**

NICE has been deliberating for some years about treating osteoporosis and GPs are still waiting for guidance on what can be prescribed. This is causing deep frustration among doctors and patients groups. Fractures caused by the conditions causes thousands of deaths every year and any of these lethal fractures could have been prevented with the right treatment. The DH has just announced that £10 million will be spent over the next two years incentivising practices to diagnose and treat patients with osteoporosis. While this extra money is welcome, a coalition of clinicians, academics and patient groups,

including HtA, continue to lobby for osteoporosis to be included in the GP contract so that better assessment and treatment is available for all patients.

The Information Centre last year commissioned the first national evaluation of standards of care for osteoporosis and falls in primary care. The study found that current achievement of best practice appears highest in prescribing appropriate drugs to people with diagnosed osteoporosis but for other aspects of care, current achievement appears low. For example, according to electronic medical records, only one in ten older women with a previous fragility fracture had been referred for a bone density scan and for older men the proportion was even lower. Fewer than one in 50 older people recorded as having a high risk of falling had a recorded referral to a falls service or exercise programme.

According to the National Osteoporosis Society, one in two women and one in five men over the age of 50 in the UK will break a bone mainly because of osteoporosis. Three million people are at risk of the disease.

### **Depression**

About one in six adults in the UK has a common mental health condition (ie depression or anxiety disorders) at any one time but large numbers of people suffering from these conditions are not getting the treatments they need. According to the DH<sup>17</sup>, those in treatment are only one in four of those diagnosed and less than half of those in a depressive episode.

The Government has announced a £170 million expansion of psychological therapies by 2010-11. It estimates that 900,000 more people will be treated for depression or

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<sup>14</sup> Health Survey for England 2006

<sup>15</sup> Office for National Statistics 2006 (2005 General Household Survey)

<sup>16</sup> Ibid.

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<sup>17</sup> DH press release, Oct 2007

anxiety. However, Age Concern<sup>18</sup> points out that the pilots of these therapies are being restricted to adults of working age and that the NICE guidelines that a full range of treatments should be available to older people with depression are being ignored.

Between 1993 and 2000 there was little change in the proportion of people of working age with mental health problems. Whether the proportion has increased will not be known until a survey undertaken in 2007 is published<sup>19</sup>. Interestingly, a survey<sup>20</sup> into sickness absence by the EEF, the manufacturers' organisation, found a strong link between women and stress and other mental health problems and long-term sickness absence (a finding that was much weaker for short-term absence). This indicates a need for employers to intervene early to prevent short-term absences for stress and mental health problems becoming long-term.

### **Occupational health**

In 2006, the Government appointed Dame Carol Black as the first ever national director for health and work. Her remit is to identify the factors that influence the health and wellbeing of working age people and to suggest reforms that will enable them to improve their health and to stay in, return to or enter work. The Government has yet to respond in full to her recommendations although it has said it will pilot two of them: a multi-disciplinary Fit for Work service to support people in the early stages of sickness absence; and a tool to help employers measure and report on the

benefits of investing in health and wellbeing.

### **Age and gender bias in occupational health studies**

The literature review we commissioned on Older Women, Work and Health found an age and gender bias in occupational health studies with few attempts to examine the work-related health problems of older women. TAEN, in its submission to Dame Carol Black's call for evidence for her review of the health of the working age population, drew attention to the findings of this report along with those of the accompanying report on Older Men, Work and Health. TAEN called for a more gendered approach in researching the impact of work on the health of older workers. We were pleased to see TAEN's comments published in the *Summary of Evidence Submitted* which accompanied Dame Carol's Review<sup>21</sup> and that we were not alone in citing the lack of research into the different effects of ageing on men and women.

### **Age discrimination in health care**

Against the advances achieved, age discrimination in health care remains a key concern. A recently published independent study of the quality of care<sup>22</sup> involving some 8,700 people aged 50 and over and that looked at 13 serious health conditions including heart disease, diabetes, stroke depression and osteoarthritis, found that only 62% of the care recommended for older adults is actually received. Results showed huge variations by health condition. Treatment for ischaemic heart disease rated well, for example, with 83% of appropriate care being given against

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<sup>18</sup> *Undiagnosed, untreated, at risk, Age Concern*, Aug 2008

<sup>19</sup> *Mental Health and Work*, Royal College of Psychiatrists, March 2008

<sup>20</sup> *Sickness absence and rehabilitation survey 2008*, EEF

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<sup>21</sup> *Working for a healthier tomorrow*, TSO, March 2008

<sup>22</sup> *Self reported receipt of care consistent with 32 quality indicators: national population survey of adults aged 50 or more in England*, University of East Anglia, 2008

only 29% of recommended care being given for people with osteoarthritis. The researchers found that substantially more care was given for general medical conditions (74%) than for geriatric conditions (57%) which include vision and hearing problems, incontinence, falls, osteoarthritis, and osteoporosis. More people with medical conditions covered under the QOF received the correct treatment (75% against only 58% of those whose conditions were not covered).

Evidence from recent research by HtA<sup>23</sup> suggests older people expect to be treated differently and often less favourably on the grounds of age alone, not their clinical needs. Too often health problems are ascribed to age and not investigated.

### **Equality Bill**

The new Equality Bill to be laid before Parliament in the next session, will contain powers to outlaw unjustifiable discrimination in the provision of services such as health care. However, there will be a transition period before the powers come into force. The specifics will be set out in secondary legislation, the timing of which is uncertain. And as there may be a phasing in off some of the provisions, legal curbs to ageist practices could be some way off.

We will have some more detail later this autumn when the Government Equalities Office sets out a defined programme of work to tackle age discrimination in the health and social care sectors and to help service providers prepare for the legislation.

### **Lifelong learning**

NIACE (National Institute of Adult Continuing Education) reports that figures released by the Learning and Skills Council show a drop of 1.4 million adult learners from publicly

funded education in the past two years and a 'decimation' of provision for adults over 40<sup>24</sup>. The table below shows the fall in numbers of adults aged 40 and over participating in further education and in adult and community learning between 2004-06.

	<b>FE</b>	<b>ACL</b>
40-44	-30%	-27%
45-49	-32%	-26%
50-54	-40%	-32%
55-59	-46%	-31%
60+	-51%	-25%

NIACE says there is little data on levels of adult participation in learning activities which have no state subsidy.

### **Living below the poverty line**

In 2006-07, 15% of women aged 16-59 were living in poverty and 25% of those over state pension age (60). The proportion of female pensioners in poverty had increased by three percentage points over a three-year period. There was no change in the proportion of women aged 16-59 living below the poverty line over the same period<sup>25</sup>.

### **Staying in touch**

If you would like us to keep in touch with you, please contact Corinna Stowell at TAEN at: [corinna.stowell@taen.org.uk](mailto:corinna.stowell@taen.org.uk)

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<sup>23</sup> ICM Research for Help the Aged, 2008

<sup>24</sup> NIACE, January 2008.

<sup>25</sup> Households Below Average Income Series, 2003-04, 2006-07, DWP