

Workplace older employees (included as an extension to ‘Workplace policy and management practices to improve the health and wellbeing of employees’ NG13)

Consultation on draft guideline Stakeholder comments table

18/09/2015 – 19/10/2015

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

ID	Type	Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
1	SH	Obesity Group of the British Dietetic Association (formerly domUK)	Full draft	General	General	We agree that it is important to consider the contribution of an aging employee market to the workforce and to society, and that it is important to consider specifically the needs of older employees, so they are enabled to live healthy and productive lives. We agree that employers have both a responsibility towards, and an interest in, ensuring the health of their employees regardless of age.	Thank you for your comment.
2	SH	Obesity Group of the British Dietetic Association (formerly domUK)	Full draft	9	1-4	We agree that employees including older employees should be provided with information or access to preventive services beneficial to their health. This should include healthy weight management, and services/information focusing on healthy eating, increasing physical activity and reducing time spent in sedentary activities, within and outside of the workplace.	Thank you for your comment. Links are provided to other relevant NICE guidelines (see for instance recommendation 1.10. 7). Although it is not possible to provide a comprehensive list of services that may be beneficial within the guideline, relevant guidance in this area is brought together within the NICE pathway for this topic.
3	SH	Obesity Group of the British Dietetic Association (formerly domUK)	Full draft	14	15-17	We agree that physical activity and diet are important in helping employees recover from shifts, but their benefits are not limited to shiftworkers. Older employees working set hours, not shifts, also need an appropriate diet and adequate levels of physical activity. We would advocate workplace health promotion programmes also for organisations where employees do not work shifts.	Thank you for your comment. The reference to recovery has been removed as the benefits are not limited to shift workers as you note. Links to relevant existing NICE pathways have been added.
4	SH	Obesity Group of the British Dietetic Association (formerly domUK)	Full draft	25	3-4	Uptake of services is complex and will be decided by many factors including accessibility, cost and perceived relevance to potential participants. Weight is a highly stigmatised condition, but that does not mean that weight-management services may be automatically viewed as such. It is in the interests of employers to enable their staff to be as healthy as possible, mentally and physically, and given the prevalence of overweight and obesity in the UK population it is	Thank you for your comment. The reference to services potentially being stigmatising has been removed as the committee felt that referring to stigma did not add to the discussion and that the issue is addressed in other guidelines on obesity.

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						highly likely that employees would benefit from a weight-management service. Fears that a service 'may' be viewed as stigmatising should not prevent such services being offered where there is need, in our view. However how they are offered and described to employees needs careful consideration to minimise any potential for stigmatisation.	
5	SH	British Safety Industry Federation (BSIF)	Full	6	14	The section on physical work environment should acknowledge the responsibility of the employer, particularly those working in high-risk environments, for providing personal protective equipment (PPE) and other appropriate safety equipment for their employees.	Thank you for your comment. A decision was taken by NICE guidance executive to combine the development of recommendations on the health of older employees in the workplace and the existing guideline 'workplace policy and management practices to improve the health and wellbeing of employees', which was published in June 2015. Therefore, the evidence for this section of the guideline has not been reviewed and it is not possible to make any changes to these recommendations.
6	SH	British Safety Industry Federation (BSIF)	Full	6	10	This commitment to a health and safety culture can be visibly demonstrated through employers signing up to and utilising initiatives such as Fit2Fit , Clean Air? Take Care! , and other initiatives designed to maximise the health and safety of workers. The ' Listen today hear tomorrow ' initiative, although being primarily aimed at a younger group, is designed to ensure that preventative measures are taken now in order for individuals to hear when they are older.	Thank you for your comment. This section is from the original guideline (Workplace policy and management practices to improve the health and wellbeing of employees). This was published in June 2015 following consultation. Text from this guideline is not part of this consultation process.
7	SH	British Safety Industry Federation (BSIF)	Full	General	General	In line with the aim of extending working lives of individuals, and in order to maximise quality of life, in some ways the older worker has the health outcomes they have but we are all going to be older workers one day and within such a consultation the point should be made that good preparation for when that day arrives will minimise the necessity of corrective action or unnecessary intervention. Thus we believe this guideline should place a greater emphasis on taking preventative measures today to improve long-term health outcomes of employees. Initiatives, such as those highlighted in the above comment, should be highlighted as examples of schemes designed to prevent worker illness or a reduction in their wellbeing in any way.	Thank you for your comment. NICE has published guidelines aimed at promoting the health of employees generally. The aim of this extension was to address the needs of older workers specifically. Links to other guidelines are provided in this guideline, and the recommendations are also displayed via relevant NICE pathways.

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8	SH	BT	Full	9	1.6.2	<p>Consider promoting or providing access to interventions via the workplace to help older employees access preventative services that they are eligible for and that will benefit their health. [new 3 2015]</p> <p>Should this not apply to all employees? Would singling out older employees not be stigmatising/ discriminatory?</p>	Thank you for your comment. This has been amended to 'access to services to which they are entitled'.
9	SH	BT	Full	13	1.9.7	<p>This includes giving them the time off that they need. [new 2015]</p> <p>This is something of a blanket statement?</p>	Thank you for your comment. This has been changed to 'necessary time off for training'.
10	SH	BT	Full	15	10 and 11	<p>Which areas will have the biggest impact on practice and be challenging to 10 implement? Please say for whom and why.</p> <p>Most of the recommendations would be considered age neutral and would form part of best practice.</p>	Thank you for your comment.
11	SH	BT	Full	15	12 and 13	<p>What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</p> <p>Actual examples of tangible activities that promote the health, wellbeing and retention of older workers and that are effective and workable.</p>	Thank you for your comment. Some examples of good practice can be found in the NICE shared learning database. New examples of good practice can also be submitted to be included within the shared learning database. http://www.nice.org.uk/localpractice/collection
12	SH	[Cruse Bereavement Care]	Full	14	2	We are concerned that a major omission is bereavement and would recommend adding to this sentence: 'and bereavement due to the death of significant people in their lives eg parents, partners, siblings, children'	Thank you for your comment. Bereavement is a significant issue for those affected and would be included as a key life event. The committee felt that a specific reference to bereavement was not needed here. However, additional discussion relating to the issue is included in the Committee Discussion section.
13	SH	[Cruse Bereavement Care]	Full	14	4	We are concerned that the impact of bereavement is significant and can affect the person's health and their ability to work. They may need bereavement leave and, on their return to the workplace, may require flexible arrangements if they are unable to undertake the full range of their normal duties, or if they are having to balance new caring responsibilities for dependents. We recommend all companies should have a policy for bereaved employees and this	Thank you for your comment. Bereavement is a significant issue for those affected and would be included as a key life event. The committee felt that a specific reference to bereavement was not needed here. However, additional discussion relating to the issue is included in the Committee Discussion section.

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						should be referred to here. We suggest that 'and support including bereavement leave following death of someone close' should be added to this section.	
14	SH	[Cruse Bereavement Care]	Full	15	12/13	Question 2: what would help users overcome any challenges? a) Ensuring all employers have a bereavement policy	Thank you for your comment. Bereavement is a significant issue for those affected and would be included as a key life event. The committee felt that a specific reference to bereavement was not needed here. However, additional discussion relating to the issue is included in the Committee Discussion section.
15	SH	[Cruse Bereavement Care]	Full	15	12/13	Question 2: what would help users overcome any challenges? b) Ensuring all line managers and HR teams have received bereavement in the workplace training, enabling them to support bereaved employees to return to work effectively and also supporting employee teams in the event of a colleague of any age dying	Thank you for your comment. Bereavement is a significant issue for those affected and would be included as a key life event. The committee felt that a specific reference to bereavement was not needed here. However, additional discussion relating to the issue is included in the Committee Discussion section.
16	SH	[Cruse Bereavement Care]	Full	26	General	In terms of evidence, there has been research on the impact of the death of a spouse for older couples. With increasing numbers of older employees, the number affected by this significant life event is likely to rise. Research shows higher rates of illness and hospital admission following the death of a spouse, with increased rates of mortality for the surviving partner in the first year after being bereaved.	Thank you for this information. Bereavement is a significant issue for those affected and would be included as a key life event. The committee felt that a specific reference to bereavement was not needed here. However, additional discussion relating to the issue is included in the Committee Discussion section.
17	SH	[Cruse Bereavement Care]	Full	26	General	There has been research that shows bereavement is a risk factor for death of a surviving spouse, with the likelihood of death from a stroke or heart attack doubling in the 30 days immediately following the death of a partner. As the working population ages, higher numbers of bereaved people are likely to be in employment. This research indicates challenges for employers in supporting bereaved employees. Iain M. Carey, Sunil M. Shah, Stephen DeWilde, Tess Harris, Christina R. Victor, Derek G. Cook. Increased Risk of Acute Cardiovascular Events After Partner Bereavement. <i>JAMA Internal Medicine</i> , 2014; DOI:10.1001/jamainternmed.2013.14558	Thank you for this information. Bereavement is a significant issue for those affected and would be included as a key life event. The committee felt that a specific reference to bereavement was not needed here. However, additional discussion relating to the issue is included in the Committee Discussion section.
18	SH	[Cruse Bereavement Care]	Full	26	General	A report on the socio-economic cost of bereavement in Scotland March 2013 http://www.york.ac.uk/inst/spru/pubs/pdf/secobMain.pdf suggests that hospital stays for those bereaved is costing £20m per	Thank you for this information. Bereavement is a significant issue for those affected and would be included as a key life event. The

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						<p>annum, with consultations in primary care estimated to be approximately £2.2m annually. Bereaved people have a mortality rate that is 18.2% higher than that of those not bereaved. Those who are bereaved are less likely to be employed in the year of their bereavement and 2 years afterwards.</p> <p>We believe that more research is needed to understand the cost in terms of absenteeism and presenteeism due to bereavement.</p>	committee felt that a specific reference to bereavement was not needed here. However, additional discussion relating to the issue is included in the Committee Discussion section.
19	SH	Faculty of Occupational Medicine (FOM) and Society of Occupational Medicine (SOM) (joint response)	Full	7 7 12 13	25 28 27 27	<p>There are two critical factors relating to the ability of the ageing worker to remain economically active:</p> <ol style="list-style-type: none"> 1 Health risk prevention, both to well workers and those with illnesses in order to optimise their performance, and 2 The maintenance of physical activity which is critical to retaining age related average fitness <p>In view of this, we strongly support paragraphs 1.4.3, 1.4.4, 1.9.6, 1.9.7 and 1.10.5 as being important and valid</p>	Thank you for your comment.
20	SH	Faculty of Occupational Medicine (FOM) and Society of Occupational Medicine (SOM) (joint response)	Full	14	11	<p>We would recommend that reference is also made to the shift patterns worked (ref: Härmä M, Ilmarinen J. Towards the 24-hour society—new approaches for aging shift workers? Scandinavian Journal of Work, Environment & Health 1999; 25: 610–615)</p>	Thank you for your comment. The Committee felt that there was insufficient evidence to make a firm recommendation about the type of shift patterns worked. This has been added to the Committee Discussions section.
21	SH	Faculty of Occupational Medicine (FOM) and Society of Occupational Medicine (SOM) (joint response)	Full	14	15	<p>The wording in item 1.10.7 is too narrow. It is clear from the literature that promoting a 'healthy lifestyle' in younger life will reduce the risk of NCDs later in life. As the ability to work rests on an individual's functional capacity, promoting 'good health' throughout the working years will increase the likelihood of the older worker retaining the necessary functional capacity to remain in work later in life (ref: Ilmarinen, J. Towards a longer working life – ageing and quality of life in the European Union. Finnish Institute of Occupational Health, Ministry of Social Affairs and Health 2006)</p>	Thank you for your comment. The recommendation has been widened by the removal of the reference to reducing the need for recovery. Links to other NICE guidelines have also been added (see for instance recommendation 1.10.7)
22	SH	Faculty of Occupational	Full	14	18	<p>We suggest the addition of a further point, 1.10.8 which addresses the design of the workplace and the job to enable older workers to</p>	Thank you for your comment. While the committee thought this was important, they

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		Medicine (FOM) and Society of Occupational Medicine (SOM) (joint response)				remain in employment. To some extent, this repeats points made earlier in the draft, but importantly brings the key 4 elements together which impact on the older worker. These are consideration of work demands and the physical environment, work organisation and work community, health and functional capacity and maintenance of work related skills (ref: Tuomi, K. et al. Promotion of work ability, the quality of work and retirement. <i>Occup Med</i> 2001; 51 : 318-324)	felt there was insufficient evidence to make further recommendations in this area.
23	SH	Faculty of Occupational Medicine (FOM) and Society of Occupational Medicine (SOM) (joint response)	Full	General	General	We feel strongly that the guideline should include a requirement or at least advice) upon employers to provide or arrange access to competent advice on health and safety, manual handling and an accredited specialist in occupational medicine for managing difficult clinical cases and driving workplace policy.	Thank you for your comment. The evidence did not identify health and safety issues specifically relevant to older people. The committee felt that it would not be appropriate to make a recommendation that is covered by a legal responsibility such as this. Please note that further NICE guidelines on workplace health: employees with disabilities and long term conditions is currently under development
24	SH	Faculty of Occupational Medicine (FOM) and Society of Occupational Medicine (SOM) (joint response)	Full	General	General	The document portrays employees as being a rather passive element in the pathway of care. We would like to see a new section entitled "Employees' role", which outlines the employee's part in taking responsibility for their own health and wellbeing.	Thank you for your comment. While this is an important issue, the evidence base did not enable any specific recommendations in this area. The focus of this guideline is the role of employers.
25	SH	National Community Hearing Association (NCHA)	General			The <i>Five Year Forward View</i> makes clear that the NHS must take public health and preventative care more seriously. In our response below we make recommendations that, in our view, will improve the guideline and make it more consistent with the Health and Social Care Act 2012, Equality Act 2010, other NICE guidelines and advice from the World Health Organisation and NHS England.	Thank you for your comment.
26	SH	National Community	Question 1	1.6.2		Hearing loss is mainly age-related and 40% of people over the age of 50 have hearing loss and this increases to 70% for people aged	Thank you for your comment. While the Committee noted that

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		Hearing Association (NCHA)				<p>70 and overⁱ. This means that a substantial cohort of the older workforce will have hearing loss and this needs to be taken into account when developing workplace policies and interventions to help people stay healthy and in work for longer if they want to. Hearing loss impacts on older peoples' ability to remain in work and Department of Health and NHS England's Action Plan on Hearing Loss notes that</p> <p><i>"unemployment rates for people with hearing loss are much higher compared to the national average with 30% of people of working age with severe hearing loss unemployed"</i> Department of Health and NHS England, 2015ⁱⁱ</p> <p>This issue was also addressed by Monitor when it reviewed choice in NHS adult hearing care. On unemployment Monitor notes that</p> <p><i>"in addition to increasing use of health and social care services, hearing loss can increase unemployment and sick leave rates, and limit opportunities for career progression"</i> Monitor, 2015ⁱⁱⁱ</p> <p>Employers, senior leadership and managers and human resource teams are ideally placed to help older employees better understand the importance of hearing (including protection), hearing loss and what support is available. By doing so workers with hearing loss that wish to continue working will get the support that they need and will not be forced to retire because of a lack of information or access to hearing services^{iv}.</p> <p>Communication is key to all aspects of a person's life and this needs to be addressed in the guideline. One potential way to help raise awareness of hearing loss could be to include sensory impairment as a topic for the yearly appraisal for older workers.</p>	<p>communication and sensory issues can have a significant impact on people both at work and in other areas of their lives no evidence was found relating specifically to sight or hearing issues. Consequently the committee felt unable to make a specific recommendation in this area. Please note that NICE will be producing guidelines on workplace health: support for employees with disabilities and long term conditions</p>
27	SH	National Community Hearing Association (NCHA)	Question 1	1.10.6 and 1.10.07		<p>Good hearing, or supported hearing loss, is key to good communication. Good communication is paramount in supporting older employees – i.e. hearing is at the heart of successful implementation of this guideline.</p> <p>We feel given the prevalence of hearing loss in older people (50% to</p>	<p>Thank you for your comment. Please see response above.</p>

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						<p>>70%) and the impact it has on quality of life, this guideline should make the hearing needs of older people more explicit. This would make the guideline more specific to the needs of older employees.</p> <ul style="list-style-type: none"> • age-related hearing loss is a long-term condition - there is no medical or surgical treatment^v • hearing loss is one of the most common long-term conditions in older people - NB over 8.4 million people in England have a hearing loss (c.90% are aged 55 and over)^{vi} and 3.8 million people in England have unmet hearing needs^{vii} • in England, adult hearing loss is the 6th leading cause of years lived with disability^{viii} • unsupported age-related hearing loss can create significant barriers to implementing this guideline – e.g. unsupported adult hearing loss increases the risk of depression^{ix}, social isolation^x, loneliness^{xi}, cognitive decline^{xii}, early retirement^{xiii} and reduced quality of life^{xiv} - i.e. the very things this guideline aims to tackle. <p>Department of Health and NHS England's Action Plan on Hearing Loss was published earlier this year and supporting older people in the workplace was highlighted as a key area for action. One paramount aspect of this is to</p> <p><i>“providing better communication support and understanding in the workplace, including timely access to assistive devices, language support (for example British Sign Language (BSL) or Signed Supported English) and speech-to-text”</i> Department of Health and NHS England, 2015^{xv}</p> <p>We therefore recommend that older employees' communication needs, including hearing, are specifically addressed as a key element of any health promotion programme and health assessment.</p>	
28	SH	National Community Hearing Association (NCHA)	Question 2			<p>Awareness of the prevalence and impact of unsupported hearing loss is a barrier to ensuring the health and wellbeing of older workers with hearing loss. This is true in both the workplace and the NHS. For example a survey of 600 people with hearing loss found that after attending a GP appointment</p>	<p>Thank you for your comment. Please see response above.</p>

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						<ul style="list-style-type: none"> • 28% had been unclear about their diagnosis • 26% had been unclear about the advice given • 19% had been unclear about their medication^{xvi} <p>It is however important to note that to change this would require support from leaders in the NHS (including NICE) and a significant change in culture. For example</p> <ul style="list-style-type: none"> • the UK National Screening Committee accepts that age-related hearing loss is a major public health issue and that people can delay accessing support because of a lack of awareness^{xvii} • the Department of Health encouraged providers of adult hearing services to publicise their service in 2012^{xviii} • in 2015 NHS England, as part of its healthy ageing campaign, recommended people access free NHS hearing tests without delay^{xix}. <p>Hearing loss is a major public health issue. However there is little awareness of this long-term condition – both with employers and the NHS. In our view, more needs to be done to raise awareness about age-related hearing loss and its impact on older workers, for example the impact on earlier retirement than planned. Early hearing intervention and ongoing support can improve quality of life by reducing the psychological and social effects associated with age-related hearing loss and supporting older employees^{xx}. By including hearing loss, and sensory impairment in general, in its guidance for senior management and line-managers NICE can raise awareness of this public health issue and would also align the advice in the guidance with the ambitions of the Department of Health and NHS England.</p>	
29	SH	National Community Hearing Association (NCHA)	Question 3			<p>NICE can help by highlighting the importance of hearing loss, and sensory impairment in general. Without greater support for people with additional communication needs and guidance from NICE it is difficult to see how the current situation will change going forwards to the detriment of older employees. Specific advice for managers and line-managers on the importance of hearing loss, and sensory impairment in general, especially in delivering workplace health promotion programmes (1.10.7) would be beneficial.</p>	<p>Thank you for your comment. Access to screening and other health services is addressed in 1.6.2. While the Committee noted that communication and sensory issues can have a significant impact on people both at work and in other areas of their lives no evidence was found relating specifically to sight or hearing issues. Consequently the</p>

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							committee felt unable to make a specific recommendation in this area. Please note that NICE will be producing guidelines on workplace health: support for employees with disabilities and long term conditions
30	SH	NHS Working Longer Group	Full	General		Our health needs change and evolve as we get older, it is positive that the guidance reflects this. It's predicted that nearly a third of the workforce will be over 50 by 2020, and their wellbeing will play a crucial role in the health of the overall workforce. It's widely accepted that a healthy and happy workforce delivers the best results for any organisation, from staff retention to productivity. It is therefore important that organisations seek to implement the updated guidelines effectively. However it is essential to recognise that it is only "good work" that can have the positive effects mentioned in this document and that encompasses the employees pay and reward, healthy and safe work environments, dignity at work, adequate learning and development, work life balance and responsive job design. The RCN highlights the need for all these elements in its "Healthy Workplaces" campaign launched in October 2015 (www.rcn.org.uk)	Thank you for your comment. The importance of the nature of work is not restricted to older employees. The committee felt that this is addressed within the context section of the guideline.
31	SH	NHS Working Longer Group	Full	General		We hope that the incorporation of issues relating to older workers in a wider document won't negate the impact of the recommendations and that there will be the possibility of separate profile raising and education regarding older workers' needs. However, we can see the sense in combining as there is insufficient evidence on the issues that specifically pertain to older works (e.g. retirement) and it is useful to make the point that addressing the needs of older workers is as much "business as usual" as any other workplace intervention.	Thank you for your comment.
32	SH	NHS Working Longer Group	Full	1	Aims	Be helpful to acknowledge here the challenge posed by the necessity to work longer due to raised retirement age coupled with decreasing healthy life expectancy figures. It's not just about quantity of working life – but about quality and productivity as well.	Thank you for your comment. This text is intended to be a very brief introduction to the aim of the guideline. Further information is included in the context section of the guideline.
33	SH	NHS Working Longer Group	Full	2	General	Lack of credible evidence is concerning and has hampered the recommendations considerably.	Thank you for your comment. Please note that the guideline contains recommendations for research which we hope will stimulate further investigation.
34	SH	NHS Working Longer Group	Full	7	25	Suggest change to "offer all employees the same opportunities regardless of age".	Thank you for your comment. This has not been changed as the focus of the new

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35	SH	NHS Working Longer Group	Full	9	1	It would be preferable to include a call to action here – not just “consider” but “realise the benefits of...” Also, for interest, NHS Employers has produced guidance on the rapid access to treatment and rehabilitation for NHS staff - http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/protecting-staff-and-preventing-ill-health/partnership-working-across-your-organisation/occupational-health/rapid-access-to-treatment-and-rehabilitation	recommendations is older employees. Thank you for your comment. The Committee felt that the current wording used more closely reflects the evidence that was considered.
36	SH	NHS Working Longer Group	Full	12	22-26	See comment above re page 7. Positive this is included, the WLG found that workers aged 50+ are less likely to access training and development than their younger counterparts (NHS staff survey 2014)	Thank you for your comment.
37	SH	NHS Working Longer Group	Full	General		Identification of further research areas is essential – similar work already ongoing (e.g. MRC/ESCR funded research projects) so hope that the recommendations will be reviewed in due course as this document is updated.	Thank you for your comment. New evidence will be examined when the guideline is considered for updating in 2019 in line with standard NICE processes. Please note that the guideline also includes research recommendations.
38	SH	NHS Working Longer Group	Full	14	11	For interest, NHS Employers has summarised the findings of a major new study <i>12-hour shifts: prevalence, views and impact</i> . There are reports from employers in the NHS that appear to suggest the 12-hour shift system is increasing and may now be the dominant shift system in the NHS. The study examines the impact 12-hour shifts have on quality of care and patient experience, alongside nurse opinion on the growth of this shift system - http://www.nhsemployers.org/case-studies-and-resources/2015/08/impact-of-12-hour-shifts	Thank you for this information. Examples of good practice can be found and considered for inclusion in the NICE shared learning database http://www.nice.org.uk/localpractice/collection
39	SH	NHS Working Longer Group	Full	14	15	NHS Employers has produced a range of resources to support employers with their health and wellbeing initiatives - http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing	Thank you for your comment. We will pass these resources on to the NICE implementation team.
40	SH	NHS England	Full	12	14	Ensure line managers are aware of the Improving Access to Psychological Therapies (IAPT) programme and services available for employees of all ages.	Thank you for your comment. This section is from the original guideline and so does not form part of this consultation. A decision was taken by NICE guidance executive to combine the development of recommendations on the health of older employees in the workplace and the existing guideline ‘workplace policy and management

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							practices to improve the health and wellbeing of employees', which was published in June 2015. Therefore, the evidence for this section of the guideline has not been reviewed and it is not possible to make any changes to these recommendations.
41	SH	NHS England	Full	13	27	Make sure to support older employees' wellbeing as part of broad diversity policy and to support retention by communicating to older employees the Improving Access to Psychological Therapies (IAPT) services available to them.	Thank you for your comment. No evidence was found relating to this and so the committee were not able to make any recommendations on this.
42	SH	NHS England	Full	20	29	Line managers themselves, of all ages, should seek mental health support as required. Therefore, information on Improving Access to Psychological Therapies (IAPT) services should be readily available. The staff intranet could hold this information.	This section is from the original guideline and so does not form part of this consultation. A decision was taken by NICE guidance executive to combine the development of recommendations on the health of older employees in the workplace and the existing guideline 'workplace policy and management practices to improve the health and wellbeing of employees', which was published in June 2015. Therefore, the evidence for this section of the guideline has not been reviewed and it is not possible to make any changes to these recommendations.
43	SH	Optical Confederation	Full	General		<p>The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the 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 Opticians (FODO).</p> <p>As a Confederation, we work with others to improve eye health for the public good. Vision impairment - defined as sight impaired (partially sighted) or as severely sight impaired (blind) - affects people of all ages but is mainly age related. Half of all sight loss can be prevented, and working preventatively and encouraging employees to undertake regular sight tests will both help and support people and prevent significant future costs. Through early</p>	Thank you for this information.

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						detection and treatment vision loss can often be mitigated and where it cannot be, people can be better supported to live more independent lives and remain in employment.	
44	SH	Optical Confederation	Full	General		<p>We welcome the inclusion of many of our comments on the previous version of this guidance. We remain concerned, however, that not enough attention has been given to the need to prevent sight loss and otherwise support people with sight loss to live active and independent lives, and to stay in work if they so choose.</p> <p>This is especially important in light of the inclusion in this update of new material specifically relating to older people. With many people living longer we are already and will continue to see many people choosing to stay in the workforce for a considerably longer period, and this is particularly true amongst lower earners (as noted in on page 18, line 16-29 of this guidance). Recent evidence has shown that older people in the poorest fifth of the population have an almost 80% higher risk of developing severe visual impairment than those from the wealthiest fifth, and the rapidity of deterioration in vision is related to decreases in income, quality of life and social activity. Given the high rates of avoidable age related sight loss - 1 in 5 of those aged 75 experience sight problems – and the poor rates of employment and unemployment-related psychological wellbeing amongst people in the UK with visual impairment, eye health should be given greater attention within this guideline.</p> <p>It is unfortunate that stronger language is not used to impress upon employers their statutory responsibilities to make reasonable adjustments for employees with sensory and other impairments throughout this guidance.</p>	Thank you for your comment. Access to screening and other health services (such as eye tests) is included in recommendation 1.6.2. The Committee also noted the legal requirement to make changes to accommodate the needs of people with visual impairments. However, the Committee felt it was not necessary to recommend compliance with a legal requirement.
45	SH	Optical Confederation	Full	9	1-3	<p>It is not sufficient to simply 'consider promoting or providing access to interventions via the workplace to help older employees access preventative services that they are eligible for and that will benefit their health', particularly in light of the differential impact of a number of health conditions on older people, including sight problems and eye health pathologies.</p> <p>Use of visual display units (VDU), which is now common in many jobs staffed by people of all ages, can have impact on avoidable sight loss. Regular sight testing is essential to monitor and correct any deleterious impact resulting from the use of this equipment.</p>	Thank you for your comment. The Committee also noted the legal requirement to make changes to accommodate the needs of people with visual impairments. However, the Committee felt it was not necessary to recommend compliance with a legal requirement.

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						<p>Further, people with visual impairment for example are under the Health and Safety (Display Screen Equipment) Regulations 1992 entitled to free eye tests if they use display screen equipment for work. These regulations include the requirement of an employer to pay for a full eye examination.</p> <p>However, uptake by employers in the UK is relatively poor and employees are generally unaware of this requirement, e.g.</p> <ul style="list-style-type: none"> • One in ten employers have no eye care policy at all. • One in five big businesses (18%) fail to pay for regular sight tests. • 40% of big businesses say they would refuse to make a contribution towards the cost of spectacles required solely for Visual Display Unit (VDU) work. <p>It is therefore essential that employers receive clear guidance from NICE on these issues and to ensure that employers inform their employees about their entitlements to a funded sight test – e.g. if they are a regular VDU user.</p> <p>The NHS already funds sight testing for those aged over 60 years old on a bi-yearly basis (and sooner where clinically required). This represents a cost-effective system already in place to keep older employees healthy and independent, but the take-up of this service is low. Employers must proactively promote this service to their employees, and help to educate them on the importance of regular sight tests. Employers offer a key route for raising awareness of the availability of NHS-funded sight tests for people over 60, or with glaucoma, a family history of glaucoma, or diabetes, and those on other means-tested benefits. Encouraging uptake will enable people to access services more effectively and doing so will improve workers' health and wellbeing.</p> <p>Finally, it is of note that regular sight tests also support overall health and management of conditions such as diabetes and high blood pressure, and help to prevent falls and hip fractures, all of which are more prevalent among older people.</p>	
46	SH	Parkinson's UK	Full	9	18	Although we agree with recommendation 1.7.2, which calls on employers to acknowledge the responsibility of line managers in protecting the health of their employees, we do not feel it goes far enough.	Thank you for your comment. This section is from the original guideline and so does not form part of this consultation. A decision was taken by NICE guidance executive to combine

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						<p>Given that most employees will interact with their line manager on a daily basis, we feel that a manager also has a role in recognising when an employee's health is deteriorating, and in particular, the point at which it is beginning to impact a person's ability to work.</p> <p>A person with Parkinson's explains: <i>'I was one of the unlucky ones who was diagnosed as having Parkinson's at only 36 years of age. I managed to work for 8 years post diagnosis until I had to medically retire from a professional job that I loved as the disease progressed and I was really struggling.'</i></p> <p>We therefore urge that the recommendation is amended so that it reads 'Acknowledge that line managers have an important role in protecting and improving the health and wellbeing of their employees through involvement in job design, person specifications and performance reviews. Line managers also have a role in recognising and discussing an employees' health when it starts deteriorating, and impacting their safety at work'</p>	<p>the development of recommendations on the health of older employees in the workplace and the existing guideline 'workplace policy and management practices to improve the health and wellbeing of employees', which was published in June 2015. Therefore, the evidence for this section of the guideline has not been reviewed and it is not possible to make any changes to these recommendations.</p>
47	SH	Parkinson's UK	Full	13	1.10.2	<p>Parkinson's UK strongly supports the recommendation to be flexible about work scheduling. However, we feel this should go further, to acknowledge employees' rights to request flexible working, as set out under the Children and Families Act 2014.</p> <p>The ability to request flexible working is of particular importance to people with Parkinson's, due to the fact that the condition fluctuates unpredictably over the course of a week or even a day. Furthermore, the progressive nature of Parkinson's means that as a person's condition develops, they may be able to remain in work, albeit at reduced hours.</p> <p>A person with Parkinson's explains: <i>'I was diagnosed when I was 28. At the time, I was a staff nurse working full-time in a busy hospital environment. I have had to reduce my working hours twice since then and now I work part-time. I experience stiffness, lack of coordination and balance problems. I don't have the energy to run around like I used to.'</i></p> <p>We therefore suggest the wording of the recommendation is extended to acknowledge that employers should be mindful of their</p>	<p>Thank you for your comment. This section is from the original guideline and so does not form part of this consultation. A decision was taken by NICE guidance executive to combine the development of recommendations on the health of older employees in the workplace and the existing guideline 'workplace policy and management practices to improve the health and wellbeing of employees', which was published in June 2015. Therefore, the evidence for this section of the guideline has not been reviewed and it is not possible to make any changes to these recommendations.</p>

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						responsibilities to consider requests for flexible working arrangements, from their staff.	
48	SH	[Royal College of Nursing]	General	General	General	The Royal College of Nursing (RCN) welcomes proposals to develop this workplace guidance.	Thank you for your comment.
49	SH	[Royal College of Nursing]	Full	General		<p>Our health needs change and evolve as we get older. The RCN believes it is very positive that NICE have updated their guidance to reflect this.</p> <p>It is predicted that nearly a third of the nursing workforce will be over 50 by 2020, and their wellbeing will play a crucial role in the health of the overall workforce.</p> <p>It is widely accepted that a healthy and happy workforce delivers the best results for any organisation, from staff retention to productivity. It will therefore benefit everyone if employers take heed of NICE's updated guidelines and take the time and effort to implement them effectively.</p> <p>However it is essential to recognise that it is only "good work" that can have the positive effects mentioned in this document and that encompasses fair pay, healthy and safe work environments, dignity at work, adequate learning and development, work life balance and responsive job design. The RCN is highlighting the need for all these elements in its "Healthy Workplaces" campaign launched in October 2015 (www.rcn.org.uk).</p>	Thank you for your comment. The importance of the nature of work is not restricted to older employees. Information on this can be found in the context section of the guideline.
50	SH	[Royal College of Nursing]	Full	General		The RCN hopes that incorporation of issues relating to older workers in a wider document will not negate the impact of the recommendations – and hopes that there will be possibility of separate profile raising and education regarding older workers' needs. However, we can see the sense in combining as there is insufficient evidence on the issues that specifically pertain to older works (e.g. retirement) and it is useful to make the point that addressing the needs of older workers is as much "business as usual" as any other workplace intervention.	Thank you for your comment.
51	SH	[Royal College of Nursing]	Full	1	Aims	Rather than just speak of the need to extend working life – we think it would be helpful to acknowledge here the challenge posed by the necessity to work longer due to raised retirement age coupled with decreasing healthy life expectancy figures. It is not just about quantity of working life – but about quality and productivity as well.	Thank you for your comment. This text is intended to be a very brief introduction to the aim of the guideline. Further information is included in the context section of the guideline.
52	SH	[Royal College of Nursing]	Full	2	General	Lack of credible evidence is concerning and has hampered the recommendations considerably.	Thank you for your comment. Please note that the guideline contains recommendations

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		Nursing]					for research which we hope will stimulate further investigation. New evidence will be examined when the guideline considered for review in 2019 in line with standard NICE practice (Manual 2014).
53	SH	[Royal College of Nursing]	Full	7	25	Suggest change to “offer all employees the same opportunities regardless of age”	Thank you for your comment. This has not been changed as the focus of the new recommendations is older employees.
54	SH	[Royal College of Nursing]	Full	9	1	It would be preferable to alert employers to the need for more robust action here – not just “consider” but “realise the benefits of...”	Thank you for your comment. The Committee felt that the wording used more closely reflects the evidence that was considered.
55	SH	[Royal College of Nursing]	Full	12	22-26	As per previous comment, suggest change to “offer all employees the same opportunities regardless of age”.	Thank you for your comment. This has not been changed as the focus of the new recommendations is older employees.
56	SH	[Royal College of Nursing]	Full	General		Identification of further research areas is essential – similar work is already ongoing (e.g. MRC/ESCR funded research projects). The RCN hopes that these recommendations will be reviewed in due course as this document is updated.	Thank you for your comment. New evidence will be examined when the guideline is considered for update in 2019 in line with standard NICE processes (Manual 2014).
57	SH	[Royal College of Nursing]	General	General	General	A general comment which we do not think is adequately reflected in the draft guidance is care for /policies and risk assessment for people who have deteriorating cognition notably dementia. This is important for this group of people and those important to them and should be given some consideration in this updated guidance.	Thank you. It was out of the scope of this guideline to specifically address the needs of those with existing medical conditions. However, please note that further guidelines on workplace health: support for employees with disabilities and long term conditions is under development.
58	SH	Rotherham Doncaster and South Humber NHS FT.	Update	13	3-7	If fits in with service delivery needs.	Thank you for your comment.
59	SH	Rotherham Doncaster and South Humber NHS FT.		14	11-14	This should be a requirement for all staff and consideration needs to be given in balancing service delivery needs and supporting staff of all age groups with care not to burn out sections of staff.	Thank you for your comment. Although NICE public health guidance is not mandatory, it is hoped that employers will take this guidance into account.

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60	SH	Rotherham Doncaster and South Humber NHS FT.		14	15-27	Clarification on whether expectation to communicate and promote or delivery if latter there are resource and logistical implications.	Thank you. Further recommendations on actions are provided in NICE guidelines on physical activity and diet in the workplace. A link to the recommendations via the NICE pathway is provided.
61	SH	RNIB	Full	General	General	<p>About the RNIB:</p> <p>Royal National Institute of Blind People (RNIB) is the UK's leading charity providing information, advice and support to almost two million people with sight loss.</p> <p>We are a membership organization with over 12,000 members throughout the UK and 80 percent of our Trustees and Assembly members are blind or partially sighted. We encourage members to get involved in our work and regularly consult them on matters relating to Government policy and ideas for change.</p> <p>As a campaigning organization we act or speak for the rights of people with sight loss in each of the four nations of the UK. We also disseminate expertise to the public sector and business through consultancy on products, technology, services and improving the accessibility of the built environment.</p> <p>RNIB is pleased to have the opportunity to respond to this consultation</p>	Thank you for this information.
62	SH	RNIB	Full	General	General	<p>Equalities Act 2010:</p> <p>We believe that all NICE work should reflect the duties of public bodies under the Equalities Act 2010, not just in relation to communication and accessible information, but in relation to non-discriminatory treatment. We would expect NICE to take steps to meet their legal obligations. This not only requires public bodies to have due regard for the need to promote disability equality in everything they do - including the provision of information to the public - but also requires such bodies to make reasonable adjustments for individual disabled people where existing arrangements place them at a substantial disadvantage.</p>	Thank you for your comment. NICE takes its duties under the Equalities Act seriously both in the development of guidelines and in making guidelines available. NICE's equality scheme sets out how it meets its obligations on equality and discrimination. Further information can be found on our website here .
63	SH	RNIB	Full	25	5-14	We welcome NICE development of draft guidance entitled 'Workplace policy and management practices to improve the health	Thank you for your comment. Recommendation 1.6.2 includes reference to

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						<p>and wellbeing of employees'.</p> <p>The inclusion of lines 5-8 'signposting to and raising awareness (as in recommendation 1.6.2) of health-related issues such as sight problems, because services such as free eye tests are already available for people over 60' is useful. However, NICE should take this opportunity to include specific measures around eye health and protection of older employees.</p> <p>Visual impairment and sight loss affects people of all ages but is predominantly experienced by older people. The most common causes of sight loss in the UK include Cataract, Diabetic eye conditions and Macular Degeneration and often develop in people over the age of 50. Most conditions can be identified by standard eye tests and in some cases the individual's sight could be improved through cataract surgery or prescribing correct glasses. In all cases, a simple eye test may provide early diagnosis and can prevent visual impairment and ultimately sight loss. NICE should make recommendations to ensure that employees can receive regular eye tests through their employer i.e. line manager/organisation.</p> <p>Currently EU Directive 90/270/EEC states 'Workers are entitled 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'. Please see: https://osha.europa.eu/en/legislation/directives/5</p> <p>Preventing avoidable sight loss is economically cost effective for both the employer and employee. In 2008 productivity loss in the UK through absence as a result of visual impairment and sight loss between ages 50-64 was approximately £41.9million. In addition, there is a higher risk of falls fractures, accidents, isolation/depression in older people with sight loss than their sighted peers and this means there is a greater risk that a person with sight loss will take time off work.</p> <p>In light of this information, RNIB urge NICE to pay particular</p>	<p>access to sight tests. The Committee noted the requirement for employers to make changes to the workplace to accommodate the needs of people with visual impairments; however, the committee felt that making a recommendation to comply with a legal requirement was not appropriate.</p>

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						attention to the eye health of employees during the development of this guideline, specifically around the importance of regular eye tests for older employees. In addition, RNIB believe NICE outcome measures for this guidance should include monitoring the number of employees receiving eye tests in order to ensure that the guidance is being implemented and followed.	
64	SH	[Sheffcare Ltd]	Full	7	7	Work patterns may be challenging when operating within a structured shift pattern providing 24hour care	Thank you for your comment. This section is from the original guideline (Workplace policy and management practices to improve the health and wellbeing of employees). This was published in June 2015 following consultation. Text from this guideline is not part of this consultation process.
65	SH	[Sheffcare Ltd]	Full	7	8	There is only limited opportunity for employees to control the way in which they work as they are responding to Service Users needs.	Thank you for your comment. This section is from the original guideline (Workplace policy and management practices to improve the health and wellbeing of employees). This was published in June 2015 following consultation. Text from this guideline is not part of this consultation process.
66	SH	[Sheffcare Ltd]	Full	8	17	Trade union engagement is not always positive. It can be more beneficial to promote an open and honest approach within the organisation, using internal policies and procedures and offering expert advice where appropriate, i.e. via occupational health Policies and procedures can direct people in the direction of professional bodies, i.e. CQC.	Thank you for your comment. This section is from the original guideline (Workplace policy and management practices to improve the health and wellbeing of employees). This was published in June 2015 following consultation. Text from this guideline is not part of this consultation process.
67	SH	NHS Sheffield CCG	NICE Guideline	General	General	The recommendations approach ways in which the employing organisation can encourage greater activity as part of the job, but have not specified the role of the employer in helping to encourage active transport use as part of getting to and from the job – NICE should be cross-referencing their own guidance on improving the uptake of active transport options (walking, cycling, use of public transport) as part of an employer responsibility to promote health and wellbeing in the workplace.	Thank you for your comment. Additional references to relevant NICE guidelines have been added.
68	SH	NHS Sheffield CCG	NICE Guideline	General	General	NICE has considered a range of measures to improve mental health / well-being improvement in the workplace, but most of these are focussed on reducing drivers for poor mental health – it would be	Thank you for your comment. This is outside the scope of this guideline but NICE has produced guidance on Workplace health :

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						useful for NICE to consider mechanisms for improving resilience to stressful workplaces as well (thinking specifically about things such as CBT, mindfulness etc) and to make recommendations on these	managing long-term sickness absence and incapacity to work , which makes recommendations around some of the interventions highlighted.
69	SH	The UCL Institute of Health Equity	Full	General		It is good to see guidance on this. One issue that seems to be missed however is the issue of effort/reward balance. It seems like wage sufficiency has been left out (on purpose?). As you will be aware there are more people in poverty who are in work, than not in work. Ensuring that people get paid adequately for the effort that they put in is part of 'good work' – people will be less stressed if they feel that they are rewarded fairly for their effort. In addition, at a Basic level – people need a sufficient income to lead a healthy life and we should use every opportunity we have to ensure that employers do not chase profits at the expense of workers and their health. Perhaps some guidelines for paid workers could be added on income (ie living wage as a minimum), opportunities for progression etc, while at the same time recognising that there is a volunteer workforce for whom income may be less of an issue.	Thank you for your comment. Income and remuneration are beyond the remit of NICE.
70	SH	The UCL Institute of Health Equity		General		IHE for PHE have written a number of reviews in this area, within them we have looked for good examples of interventions. We have looked specifically at the living wage, at good work for older people, about work place interventions to improve work, and about attracting more good work into a local area for instance. See our website, or email me at a.donkin@ucl.ac.uk for details. We have also looked at levers to promote more good work – like the social value act. Please do cross reference – these were written to help public health professionals too.	Thank you for your comment. It may be possible to include examples of good practice in the NICE shared learning database. http://www.nice.org.uk/localpractice/collection
71	SH	The UCL Institute of Health Equity		General		I absolutely agree with the need for more data in this area – an annual national survey would be useful. A longitudinal element could also be valuable.	Thank you for your comment.
72	SH	The UCL Institute of Health Equity		General		Do you have an engagement strategy with this? I think we have struggled to get these messages to employers.	Thank you for your comment. A communications strategy will be developed for the launch of the guideline. The NICE Implementation team will also be involved with supporting organisations with implementation of the guidance.
73	SH	The UCL Institute of Health Equity		General		At older ages there is a greater prevalence of social isolation and volunteering can help with that. Maybe this could be explicitly drawn out, i.e. ensure volunteers have opportunities to engage with others	Thank you for your comment. The value of volunteering for older people is addressed in the guideline on mental wellbeing and older

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						while working for your organisation, or something along those lines.	people, NG32.
74	SH	[University of Salford]	Full	General	General	We feel that there is an imperative for employers to understand and assess the needs of older workers, with a specific focus on gender, job role and social status – to avoid a 'one size fits all approach'. This is because research we are currently undertaking in a large organisation (n=76,580), shows that the over 50s are not a homogenous group and that patterns of sickness absence and retirement choices are different for female and male workers. In addition, caring responsibilities are unequally distributed in older workers, with the burden of caring more often falling on women. We feel that workplace policies should reflect this growing need.	Thank you for your comment. The recommendations recognise the needs to identify individual needs (for instance in recommendation 1.9.6). Recommendation 1.10.5 addresses the needs in relation to changing caring responsibilities.
75	SH	[The Vegan Society]	Full	General	General	We call on the Committee to look again at mandatory public health information, including exercise and healthy diet, for all employees. Such a high proportion of waking life is spent in the work environment, and so-called 'lifestyle' changes have such potential for increasing healthy life expectancy, that healthy eating and exercise are vital within workplaces. In particular, plant-based workplace catering can help support a 40% reduce risk of early death, as shown by Oyebode et al. 2014 (<i>J Epidemiol Community Health</i> doi:10.1136/jech-2013-203500)	Thank you for your comment. NICE is not able to mandate public health information for all employees. Evidence to support provision of specific information aimed at older workers was not found. However, links to other NICE guidance on physical activity and diet have been included.
76	SH	Northern Ireland Civil Service – Occupational Health Service	Full	9	1-3	It would be useful to include examples here. This may result in duplication of services, the individual may attend neither with no record. This also has the potential to take control/responsibility/ownership for and over their own health away from the individual.	Thank you for your comment. Some examples have been added (information about services such as cervical screening and eye tests and allowing time off to attend appointments).
77	SH	Northern Ireland Civil Service – Occupational Health Service	Full	13	6	"giving time off that they need" could raise expectations beyond what the organisation can accommodate. It might be worth considering the following as alternative wording "access to personal development support in line with the organisation's policy".	Thank you for your comment. This has been amended to 'giving them the necessary time off for training'.
78	SH	Northern Ireland Civil Service – Occupational Health Service	Full	14	8 & 9	As part of the reforms of public sector pensions members will be provided with detailed annual benefit statements which will enable them to make informed decisions. In addition, the Civil Service has for many years provided for partial retirement which those over minimum scheme pension age may request. Administrators of public service pensions also send regular communications to	Thank you for your comment.

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						employers and members to set out the flexibilities that exist in terms of accessing pensions early.	
79	SH	Department of Health	Full	General	General	The Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
80	SH	UNISON	Full	General	General	<p>UNISON is Britain's largest public services trade union with more than 1.3 million members. Our members work in the public sector, for private contractors and voluntary sector organisations providing public services. They include frontline staff and managers working full or part-time in local authorities, the NHS, the police service, colleges and schools, the electricity, gas and water industries, transport and the voluntary sector.</p> <p>Thank you for giving UNISON the opportunity to comment on proposed recommendations regarding older employees to be added to the existing NICE Guidance on workplace policy and management practices to improve the health and wellbeing of employees.</p> <p>It is noted that NICE has only asked at this stage on the additional recommendations re. older workers, and that any comments it makes on existing recommendations will not be considered. However UNISON believes that it is not possible to fully consider the additional recommendations without making reference to some of the existing recommendations. Therefore it has referenced the existing recommendations where it considers it appropriate to do so. To summarise the additional recommendations are:</p> <ul style="list-style-type: none"> • Offer older employees the same opportunities as younger employees (see NICE's guideline on promoting mental wellbeing at work) (Para 1.4.3); • Treat each employee as an individual and avoid making stereotypical assumptions about them. For example, not assuming that an older employee may find learning new tasks difficult or that they are more dependable (Para 1.4.4); • Line managers should offer older employees the same training and development opportunities as other employees (Para 1.9.4); • As with other employees, offer or support older employees to get training to stay in work should their job role change 	Thank you for your comment.

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						<p>Please insert each new comment in a new row and they would like to continue working (para 1.9.5)</p> <ul style="list-style-type: none"> • Tailor training programmes to meet employees' individual needs, learning style and ability. This could include providing: <ul style="list-style-type: none"> ➢ a training needs analysis ➢ work-based, practical on-the-job training ➢ mentoring or one-to-one sessions ➢ opportunities for reflection. (para 1.9.6) • Encourage and help employees, including older employees who have few qualifications, or who may have received education and training some years ago, to make the most of learning and development opportunities. This includes giving them the time off that they need (para 1.9.7) • For each employee, identify and address issues affecting their health, wellbeing and ability to do their job. This includes their ability to recover from a shift and be able to work again the next day (1.10.6). • Consider delivering a workplace health promotion programme incorporating both physical activity and diet to reduce employees' need for recovery (1.10.17). <p>UNISON supports all these recommendations. Recent changes to pension provision made by this government means that workers can expect to have to work longer (and to when they are older) than has previously been the case. It is therefore important that older employees are provided with the same opportunities and training opportunities as their younger colleagues.</p>	<p>Please respond to each comment</p>
81	SH	UNISON	Full	7	25-27 (para 1.4.3)	<p>It is noted that para 1.4.3 makes reference to the NICE's guideline on promoting mental wellbeing at work. These guidelines include recommendations for a strategic and coordinated approach to promoting employees' mental wellbeing. As UNISON guidance on the health and safety implications of the ageing workforce (UNISON, 2013) says there is no evidence that an older person is predisposed to stress than their younger counterparts, and indeed there is</p>	<p>Thank you for your comment. The committee has included a number of research recommendations. This includes research to identify 'effective and cost-effective interventions to maintain and improve the health and wellbeing of older employees'. We hope that additional evidence will be available</p>

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						evidence that older workers who are still in work, are less likely to report suffering from stress than their younger colleagues However as Griffiths et al. (2009) points out this could be due to the "survivor" effect, i.e. workers who repeatedly been subjected to stressful working conditions have already been driven out of the workplace. This view is supported by other evidence which points to the cumulative effect of stressful working conditions such as lack of control, inflexible working patterns, repetitive and monotonous work (UNISON, 2013 and Griffiths et al., 2009). UNISON believes that NICE should consider this evidence, and if necessary recommend additional research into this area.	when the guideline is considered for update in line with standard NICE processes.
82	SH	UNISON	Full	14	11-17 (paras 1.10.6 – 1.10.7)	With reference to the recommendations contained in paras 1.10.6 – 1.10.7, UNISON supports the requirement to address issues affecting a worker's health and wellbeing. The key to this is a robust risk assessment process and consultation with the workforce through their trade union safety reps. Clearly good, healthy working conditions are key to recovering from the demands of work and a specific shift. However UNISON believes that NICE needs to re-examine the evidence regarding shift work and particularly night working. Although it recognises that the evidence of health effects of particular shift patterns on older workers is not always clear (see p. 25) there is sufficient evidence, (as is documented by Griffiths et al. (2009), of the cumulative detrimental effect of shift work, in particular night and rotating shifts. Therefore it is important that employers introduce measures that minimises the extent of, and the number of workers exposed to, the hazards associated with shift work. This includes flexible rostering that enables workers to work the shifts that enable them best to physically recover from work, and also which fit into their domestic requirements (UNISON, 2013 and Griffiths et al., 2009). Also although UNISON agrees that physical activity and diet affect health and wellbeing, consideration should also be given to evidence that links some shift patterns with lack of exercise and unhealthy eating (Boggild, H and Knutsson, A , 1999 and Persson, M. and Martensson, J, 2006).	Thank you for your comment. The Committee included a recommendation about shift work (1.10.6). However, the evidence did not allow a recommendation to be made about the type or frequency of shift patterns. Links to NICE recommendations about physical activity and diet are included through links to the relevant pathways, see recommendation 1.10. 7
83	SH	UNISON	Full	31	8-10	UNISON supports the statement that "there is a need for evidence on the health benefits and risks of extending working life and how these may vary according to the nature of the work". Although	Thank you for your comment. This statement is included as a gap in the evidence. The evidence reviewed did not enable the

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						<p>UNISON believes that good work is good for you (UNISON, 2013), more consideration should be given to the detrimental effects of bad work. This would include work with inflexible working conditions, where employees have little control over their work and where insufficient consideration is given to effects of the ageing process. UNISON believes that trade union recognition and the involvement of trade union safety reps and stewards are key components of healthy workplaces. UNISON therefore believes that consideration of all these issues and of the positive impact trade unions have on the workplace should be given to the existing recommendations contained under section 1.5 (Participation and trust, and the involvement of trade unions).</p>	<p>committee to make recommendations relating to the benefits of union recognition and the involvement of stewards.</p>
84	SH	UNISON	Full	1-30		<p>Finally UNISON notes that NICE has said there is a need for evidence on a number of workplace interventions regarding older workers. These include:</p> <ul style="list-style-type: none"> • How different work conditions affect perceived workplace equity; • Changes in job specification; • Flexible and part-time working. <p>UNISON understands that NICE has to set a high bar on the quality of evidence it will consider. However it also believes that in this case it has been too restrictive in the evidence it will consider. It is noted that for the purpose of this consultation NICE has only considered interventions specifically targeted at older workers, and that this has subsequently excluded a number of high quality studies such as those highlighted by Weyman et al. (2013) and Griffiths et al. (2009). In many cases the most effective interventions are those that may, although applied to the whole workplace (e.g. flexible working) which have a particular positive outcome for older workers.^{xxi}</p>	<p>Thank you for your comment. As you note, only studies in older were included (see reviews for full inclusion/exclusion criteria). However, the guideline will undergo a surveillance review in 2019 to check if any new evidence has emerged that may impact on recommendations. We will pass on these references for consideration at that point in line with NICE's standard processes</p>

ⁱ Action on Hearing Loss (2011) [“Hearing Matters”. Action on Hearing Loss](#). London

ⁱⁱ Monitor, 2015. NHS adult hearing services in England: exploring how choice is working for patients.

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ⁱⁱⁱ Monitor, 2015. NHS adult hearing services in England: exploring how choice is working for patients.

^{iv} Helvik, A. 2012. Hearing loss and risk of early retirement. The Hunt study. *European Journal of Public Health*, 23(4), pp. 617-622

^v Chisolm, T. et al. 2007. A Systematic Review of Health-Related Quality of Life and Hearing Aids: Final Report of the American Academy of Audiology Task Force on the Health-Related Quality of Life Benefits of Amplification in Adults. *Journal of the American Audiology*, 18(2), pp. 151-183; Barker, F. et al, 2014. Interventions to improve hearing aid use in adult auditory rehabilitation (Protocol). Cochrane Database of Systematic Reviews: Reviews 2014; Issue 7 and most recently see NHS England and Department of Health, 2015, Action Plan on Hearing Loss <http://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf> page 12-13

^{vi} Population data source Office for National Statistics Mid-2011 Population Estimates for Clinical Commissioning Groups in England by Single Year of Age based on 2011 Census^{vi}. Prevalence calculated for the following cohorts: 0-16 years (0.33%), 17-30 (1.8%), 31-40 (2.8%), 41-50 (8.2%), 51-60 (18.9%), 61-70 (36.8%), 71-80 (60.2%), >80 years old (93.4%). Notes: Estimates from 0-16 are not available in the literature, so are based on 35,000 children in England having a hearing loss^{vi} and the population of people aged ≤16 being 10,673,755^{vi} (0.33%). Prevalence data for 17 to 80 year is taken from Davis (1989)^{vi} and for adults aged 80 and over from Davis (1995)^{vi}. Davis, A. 1989. The Prevalence of Hearing Impairment and reported Hearing Disability among Adults in Great Britain. *International Journal of Epidemiology*, 18(4), pp. 911-917. Davis, A. 1995. *Hearing in Adults*. London: Whurr

^{vii} Davis and Smith 2013, Adult Hearing Screening: Health Policy Issues—What Happens Next?, <http://aja.pubs.asha.org/article.aspx?articleid=1809402>

^{viii} Vos, T et al (2015), Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*

^{ix} Acar, B. et al. 2011. Effects of hearing aids on cognitive functions and depressive signs in elderly people. *Archives of Gerontology and Geriatrics*, 52(3), pp. 250-252.

^x Hidalgo, J. L. et al. 2009. Functional status of elderly people with hearing loss. *Archives of Gerontology and Geriatrics*, 49(1), pp. 88-92

^{xi} Cacioppo JT, Hawkley LC, Norman GJ, Berntson GG. Social isolation. *Ann N Y Acad Sci*. 2011;1231:17-22

^{xii} Lin, F. R. et al. 2011. Hearing Loss and Incident Dementia. *Archives of Neurology*, 68(2), pp. 214-22; ^{xii} Lin, F. R. et al. 2011 Hearing loss and cognition in the Baltimore Longitudinal Study of Aging. *Neuropsychology*. 2011; 25(6):763-770.

^{xiii} Helvik, A. 2012. Hearing loss and risk of early retirement. The Hunt study. *European Journal of Public Health*, 23(4), pp. 617-622

^{xiv} Appollonio, I. et al. 1996. Effects of Sensory Aids on the Quality of Life and Mortality of Elderly People: A Multivariate Analysis. *Age and Aging*, 25(2), pp. 89-96.

^{xv} NHS England and Department of Health (2015) *Action Plan on Hearing Loss*. p 6. <http://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>

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^{xvi} NHS England and Department of Health (2015) *Action Plan on Hearing Loss*. p 11. <http://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>

^{xvii} Spibly, 2014 Screening for Hearing Loss in Older Adults. External review against programme appraisal criteria for the UK National Screening Committee (UK NSC) http://www.screening.nhs.uk/policydb_download.php?doc=524

^{xviii} Department of Health, 2012, Best Practice Guidance, AQP Implementation Pack, Adult Hearing Services, hosted on, <http://www.the-ncha.com/media/19698/Dept-Health-Best-Practice-Guidance-2012-present.pdf#page=25>

^{xix} NHS England and Age UK, 2015. A practical guide to healthy ageing. p.14 <http://www.england.nhs.uk/wp-content/uploads/2015/01/pract-guid-hlthy-age.pdf> Accessed 1 February 2015

^{xx} Chisolm, T. et al. 2007. A Systematic Review of Health-Related Quality of Life and Hearing Aids: Final Report of the American Academy of Audiology Task Force on the Health-Related Quality of Life Benefits of Amplification in Adults. *Journal of the American Audiology*, 18(2), pp. 151-183; Davis, A. et al., 2007. Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models. *Health technology assessment*, 11(42) pp. 75-78; Acar, B. et al. 2011. Effects of hearing aids on cognitive functions and depressive signs in elderly people. *Archives of Gerontology and Geriatrics*, 52(3), pp. 250-252.

^{xxi} Boggild, H and Knutsson, A (1999) Shift work and cardiovascular disease. *Scand J Work Environ Health* Vol. 25 (2) pp. 85-99

Griffiths, A, Kinght, A. and Mahudin, D.N.M. (2009) Ageing, work-related stress and health: reviewing the evidence; a report for Age Concern, Help the Aged and TAEN (The Age and Employment Network). Nottingham: University of Nottingham.

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