# Health & Social Care News

**National Pensioners Convention** **Health & Social Care Working Party**

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## UN OLDER PEOPLE'S DAY


NPC and UNISON demonstrate outside the Department of Health

The 'Perfect Storm' in Social Care:

- Severe cuts to funding of over £5bn in the last six years
- Growing demand, accompanied by a tighter rationing of services and a reduction in the number of people receiving support
- The continued unfairness of self-funders paying more for their care and effectively subsidising local authorities
- The decline of support and preventative services in the community, putting greater strain on the NHS
- A funding model of many private care providers that is unsustainable
- The accumulation of continued failure by successive governments to adequately address these problems

Of the demonstration, Dot Gibson said: 'Why skeletons? Because we fear we will be dead before changes are made in social care!

There is a huge and growing crisis in social care, which has a knock-on effect on the NHS. Clearly we need a new model of social care - one that shares the cost across society. In other words a Health and Social Care Service funded through taxation. Therefore to mark the UN Day of Older People (1 October) members of the National Pensioners Convention displayed the banner outside the Department of Health in Whitehall, London on Friday 30 September and distributed leaflets jointly with Unison, the union which organises care workers.

Those who took part are enthusiastic about "pop-up skeletons" being on the streets on other days in other places to draw attention to this issue, so watch this space!'

**I**ntroducing the members of the newly formed Health & Social Care Working Party:

Mary Cooke

Clive Evers

Jean Hardiman-Smith (Chair)

Claude James

Shirley Murgraff

Terry Pearce

Pat Prendergast

Pat Roche

Elaine Smith

Dot Gibson (Gen. Sec)

Jan Shortt (Vice President)

**W**e hope you continue to enjoy our newsletter and that you will share your stories with us.

- **Generations United:** New booklet from NPC/Unite – a must have – only £1
- **Lobby of Parliament:** Room 14, House of Commons, from 1 till 3 pm on 2 November 2016
  Rally in Old Palace Yard at 11.30
- **Dignity Action Day:** 1 February 2017

# Growing Up With Our Life Saving NHS

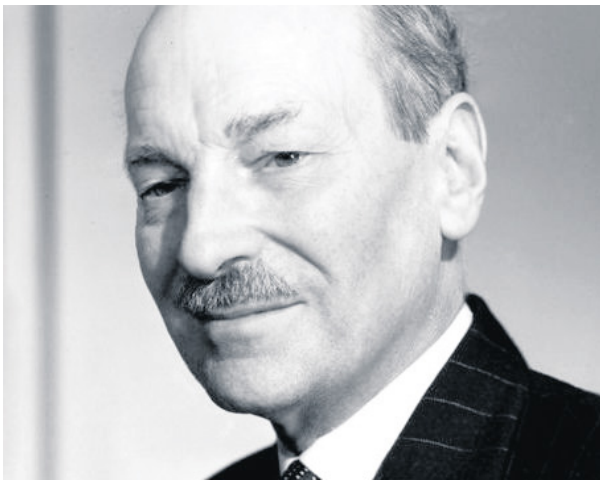
## by Pat Roche

There were so many things I could have written about in these politically turbulent times. However, the demolition of Queenstown flats reminded me of my past, and enabled me to focus on the thing that is closest to my heart – the NHS. Queenstown was the place I grew up, and where my mother lived later in life.

As most people know, the NHS was conceived by Clement Attlee's Labour government in1948 to provide universal health care, free at the point of use, whether you lived on a council estate or in a mansion.

I had a brother who died as a baby. He was born before the NHS began, and I suspect that inability to pay for the doctor contributed to his early death. The figures bear this out. Infant mortality stood at 34 deaths per thousand before the NHS – and just five per thousand afterwards.

Unlike my mother's generation, I grew up supported by the NHS, as did my children. My son had a serious accident some years ago. He received superb emergency care, which saved his life. Never for one minute did it cross my mind that he would not be cared for because I could not afford to pay. I was from the first generation to experience this.



Universal health care, free at point of use, was conceived by Clement Attlee's Labour government in 1948

However, the downsides of a private health service run for profit were brought home to me when I took up a teaching post in America. While the college paid for my health care, the majority of my students and their families were either uninsured or under-insured. I remember watching, with horror, television appeals by young children begging for money to fund their life-saving medical treatment. I also had a close American friend who became seriously ill.

Each day, staff would stick yellow Post-it notes to the door of his hospital room to ensure that any intervention was charged for correctly. Each night the costs were added up and sent to his insurance company. One day his insurance reached the limit, and he was discharged. He died shortly afterwards.

My work in America involved a psychology course which had death and dying as a central theme.

I transferred this experience to Blackpool College, where I became a curriculum manager for counselling and psychotherapy.

I was fortunate to be able to support the NHS by working as a counsellor in a GP surgery. In addition, I represented disabled members nationally as a member of the University and College Union's national executive, and was there able to lead developments in the mental health field.

I served on the TUC Congress' disabled workers committee and also a joint union/National Pensioners Convention working party on health.

More recently, I was elected as a public governor for Blackpool Teaching Hospitals NHS Trust.

In all of these roles, I have championed the work of the NHS locally and nationally. So you can perhaps imagine my distress at the current plight of the health service.

We're seeing cuts in budgets, a lack of funding to educate vital health workers, and more recently a huge increase in visits to Blackpool A&E, but without the extra resources needed to cope. There is much discussion about who deserves, and does not deserve treatment.

This is all set against the backdrop of a town where life expectancy for men is worse than anywhere else in the country.

Life expectancy can be measured by bus routes. The further a person lives along the bus route from the centre, the greater will be their life expectancy (Blackpool Clinical Commissioning Group report 2014-2019).

*Pat is a member of the Health & Social Care Working Party. She wrote this article for her local newspaper, the Blackpool Gazette.*

# NHS Community Hospital Beds At Risk in North Staffs

**by North Staffs Pensioners' Convention**

In recent weeks the two NHS Clinical Commission Groups (CCGs) in North Staffordshire have suddenly announced that they will be decommissioning nearly 200 beds at community hospitals across our area.

Because of this, the North Staffs Pensioners' Convention gave over our monthly public meeting on 3 October to this subject. On the platform at the meeting were a member of the CCGs, a Trade Union, a Councillor and a Health Campaigner with over 80 people in attendance. The CCG representative was left in no doubt about the strength of feeling on this issue.

We also issued an open letter to the two CCGs, signed by our Chairperson (Janet Smallwood), the four MPs and others. This was presented to the North Staffs CCG at the start of their board meeting the next day. We held a short public meeting for the 40 protesters present in the foyer of the building where the meeting was to be held. We used our very loud megaphone which did not go down well with security but we felt the increased volume was necessary because they are not listening.

Of course people would prefer to be looked after in their own home and we support this strategy in principle, but we believe the practice would be very different.

We know that care in the community will mean that increased responsibility for care will fall on the patient and their carers and many will not be able to cope. We believe the plan is about cost cutting and privatisation, not finding better ways of looking after vulnerable people, and we say the timescale for carrying out these changes is absurdly short.

Janet Smallwood, Chair of North Staffs Pensioners' Convention said: *'We have grave concerns about many aspects of the 'My Care, My Way, Home First' strategy and the reckless pace of change – particularly regarding the closure of Community Hospital beds. With the announcement of plans for more bed closures across North Staffordshire this week, I fear for the safety of vulnerable people in our area.'*

The open letter to Stoke on Trent and North Staffordshire NHS Clinical Commissioning Groups and others raised many concerns and laid out the following proposals for consideration:

- Community Hospitals should continue to be a valuable part of health care provision in Northern Staffordshire – they play a key role in helping people return to independent living and avoid the necessity of going into an acute hospital. We do not support any reduction of beds until it is clear that there would be an improvement in the overall quality of care and better health outcomes.
- Clarity regarding the clinical governance of care at individual patient level is required.
- We need to be certain that Social Services care is fit for purpose.
- We insist on recognition for the distinctive nature of the health economy in Northern Staffordshire where we believe more community beds and other resources are needed to deal with unique health problems.
- An assurance that the Northern Staffordshire health economy will not suffer further cuts as a result of historical debts from the rest of the county.
- The timeframe for change needs to be extended to ensure that Community and Social Care provision has the requisite skills, staffing and resources to meet the significant increase in demand, taking into account the increased needs of patients.

In its present form and implementation, the strategy will put patients at greater risk and will undermine care for vulnerable people.

*Editorial note: The Health & Social Care Working Party thanks North Staffs Pensioners' Convention for sharing their campaign with us. Sustainability Transformation Plans are deliberately designed to take £22billion from the NHS by 2020. There is no doubt that it will have a knock-on effect on the number of people who will be able to access much needed care.*

*We wish them well in their campaign and hope that other groups will take on the very important issue of preserving (and improving) local services for the good of local people. Please let the Working Party know about anything you are doing so that we can share and encourage others to do the same.*

## Elderly Patients Discharged at Night

Last month, the Daily Telegraph published an article on a report issued by the Public Administration and Constitutional Affairs Committee (PACAC) after an investigation into unsafe discharges from hospital.

The guiding principles for carrying out patient discharge have not changed over many years. Best practice guidance has consistently emphasised the importance of identifying needs on or before admission, of effective co-ordination across hospital teams and non-acute services such as community care, GPs and pharmacies, and of the involvement of patients and carers in all stages of the planning process. Hospitals should work collaboratively with social care providers to ensure this is a smooth process.

The report also stated how the long-standing separation of health and social care, where interdependent health and social care services are independently funded and organised, hampers the ability of both systems to meet people's care needs. The British Medical Association labelled the separate structures as a 'fundamental design problem.' While PACAC strongly support initiatives at a local level to improve integration across services, this structural disconnect between health and social care also requires national level solutions.

Cases examined as being unsafe discharges include an 85 year old with dementia, sent home at 11 pm without food, drink or bedding and unable to get to the toilet. Another elderly patient died in her granddaughter's arms after being sent home.

The report highlighted in its conclusion, some recommendations for improvement. Here are the most relevant:

- There is a need to improve the data to better understand both the extent to which patients are discharged before they are ready, and the relationship between early discharge and readmission. *The Secretary of State for Health and the NHS must set out how they will improve understanding of the scale of early discharge and its impact in terms of unplanned readmission.*
- Night discharges are potentially dangerous for patients, and detrimental to their carers and relatives. *We are aware than an outright ban on night discharges might have unintended consequences. The Secretary of State for Health must set out how he intends to ensure that only those who want to be are discharged between 11pm and 6am.*
- We regard the failure of hospitals to involve carers and relatives in decisions to discharge patients, and even to inform them of these decisions, as mal-administration and unacceptable. *The Secretary of State for Health and NHS England must set out how this issue will be analysed and assessed and what steps will be taken to promote improved communication with relatives and carers by hospital staff.*

Dame Julie Mellor (Parliamentary and Health Service Ombudsman) said: *'These shocking failures will continue to happen unless the government tackles the heart of the problem – the chronic underfunding of social care which is leaving vulnerable patients without a lifeline.'*

## Did You Know …….

About the Armed Forces Covenant? An Enduring Covenant between the People of the United Kingdom, Her Majesty's Government and all those who serve or have served in the Armed Forces of the Crown and their families.

The Covenant states that: 'Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services.'

The Covenant covers:

- **Regular Personnel** – individuals currently serving as members of the Naval Service (inc. Royal Navy/Royal Marines), Army or Royal Air Force.
- **Reservists** – Volunteer Reservists, who form the Royal Naval Reserve, Royal Marine Reserve, Territorial Army and the Royal Auxiliary Air Force, and regular Reservists who comprise the Royal Fleet Reserve, Army Reserve and Royal Air Force Reserve.
- **Veterans** – Those who have served for at least a day in HM Armed Forces, whether as a Regular or a Reservist.
- **Families of Regular Personnel, Reservists and Veterans** – The immediate family of those in the categories listed above. This is defined as spouses, civil partners, and children for whom they are responsible, but can where appropriate extend to parents, unmarried partners and other family members.
- **Bereaved** – The immediate family of Service Personnel and veterans who have died whether or not that death has any connection with Service.

There are many services available, but here we concentrate on healthcare in regard to veterans. Veterans receive their health care from the NHS, *and under the covenant should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need.*

Whilst one of the hard bits to this is getting the condition you have recognised as one that has resulted from your previous armed forces service, but if it is recognised then it may help in getting faster responses to help you get well and remain well. It also includes mental health. However, the level of support made available may vary – as with all things! The Royal British Legion will be able to help, or go to:

www.mod.uk

# Bid to Save South Tyneside Services


Local Health campaigners will take part in a demonstration on the 22nd October as they battle to save services at their local South Tyneside Hospital.

The protest is part of an ongoing bid to ensure that acute services (including the stroke and maternity units) remain at Harton Lane hospital following an alliance between South Tyneside and Sunderland NHS Trusts earlier in the year.

We wish them every success. By bringing local people together in a common cause, we already know it can change minds

The Trusts recently announced that stroke services would be temporarily moved from South Tyneside and centralised at Sunderland Royal hospital in a bid to tackle staff shortages at the unit. But campaigners are concerned that no consultation has taken place and the move will affect areas of deprivation. They say: '*It is not easy for many people to get to Sunderland – it could mean two or three buses. This is a massive concern for the people of South Tyneside and in Sunderland, where extra pressure is being put on their hospital. The hospitals say they are having issues with recruitment, but that is nothing new for South Tyneside, and is moving the unit really going to resolve the situation.'*

In addition, the former Chief Executive of South Tyneside Hospital who became Deputy to the Chief Executive of Sunderland Hospital has now resigned. The SSTHC, said about his departure: 'We think it emphasises that there is no accountable authority that we can have confidence in, both at government, regional, or local level, in standing up for our NHS acute and community services other than ourselves and the hospital staff. We need to do everything we can to involve people in our campaign to fight to save our hospital and our NHS.'

## The Cost of Care Where You Live

| Region/cost per week | Care Home | Care Home with Nursing |
|---|---|---|
| East Midlands | £525 | £681 |
| East of England | £659 | £813 |
| London | £628 | £889 |
| North East | £522 | £631 |
| North West | £471 | £678 |
| Northern Ireland | £483 | £624 |
| Scotland | £534 | £704 |
| South East | £669 | £920 |
| South West | £578 | £844 |
| Wales | £517 | £676 |
| West Midlands | £529 | £731 |
| Yorkshire & Humber | £513 | £683 |

*Source: Laing & Buisson 2014/15. The above figures are regional averages. Costs vary depending on the quality of the accommodation and facilities on offer.*

A sneaky change to benefit rules that could hit pensioners hard. The lack of available housing for down-sizing will mean that older people could lose out under Local Housing Allowance rules which calculate benefits on the size of the household rather than the size of the property. Please sign the petition and make your MP aware. http://you.38degrees.org.uk/petitions/stop-impending-bedroom-tax-on-pensioners

## Dementia sufferers to have drugs rationed?

NHS England will be able to delay making life-extending dementia drugs available or restrict who is eligible for treatment. Patients with dementia and cancer will have their access to life-extending new drugs rationed by the NHS.

Health chiefs are to be given the power to delay or restrict treatments that cost the NHS more than about £20 million a year, even if they are deemed good value. The decision has been made amid fears that the NHS may not be able to afford promising new drugs.

Several dementia treatments are in late-stage trials and, if one proves to be a breakthrough drug that slows the onset of the disease, the cost for the NHS could run to billions of pounds.

Under the plans, all drugs approved by the National Institute for Health and Care Excellence (Nice) will be subject to an extra affordability test in an attempt to control NHS budgets.

All patients have a legal right to treatments that are recognised by Nice as good value for money. It tends to approve drugs if they cost less than £30,000 for each year of good quality life they provide.

The new rules would mean that drugs deemed to be good value could be restricted or delayed if the overall cost of treating all eligible patients is too high.

The NHS also faces paying for new cancer drugs that have shown improvements in many patients but come with hefty price tags. Nice said that it needed to see real-world data from thousands of lung cancer patients before it could approve nivolumab, which unleashes the immune system to fight tumours.

If any of the dementia drugs in late-stage trials is shown to work, about 200,000 people a year could demand treatment.

The Alzheimer's Society, said that curbs on new treatments would be a "huge, huge blow" to patients. "They're not going to be cheap but to ration them would be to undermine the whole Nice process."

## Pharmacies in England could face steep funding cuts

The Pharmaceutical Services Negotiating Committee (PSNC) has said proposals to cut funding by 12% from December were 'madness' and would damage the NHS and social care. PSNC also said that: "the proposals were and remain, founded on ignorance of the value of pharmacies to local communities, to the NHS, and to social care, and will do great damage to all three.'

Pharmacies were told they would receive £113m less than expected from December 2016 to March 2017 and £208m less the following year. The cuts amount to 12% in the coming months and 7% for the next financial year, compared with current spending.

Plans for a £170m cut this year were delayed after 2m people signed a petition opposing the change. Pharmacies get around 90% of their income from the money government pays for dispensing prescriptions. It costs the taxpayer £2.8bn a year.

The Department of Health said no final decision had been made. An announcement is expected shortly.

### Time for a National Health & Care Service

No-one will have been surprised by the Care Quality Commission's verdict this week that cuts to local authority services had reached a "tipping point", with grave consequences for the NHS. Council-run care services were not included in the Treasury "ring-fence" around health spending. Social care is a labyrinth of NHS, local government and private-sector provision and we get lost in the maze. There is nothing sustainable about a system that treats the elderly as liabilities to be shunted between reluctant authorities. The NPC believes it is time to create a new kind of health and care service, free at the point of need and funded through taxation – pooled resources for common good and in the interest of everyone.

## SPOTLIGHT

- Pricewaterhouse Coopers are set to get £300,000 from NHS Merseyside & Cheshire for helping to draw up a massive package of cuts!
- Talent Works – a company paid millions by Southern Health Trust has served notice terminating its new contract for training services.
- Greater Manchester – in 2014/15 hospitals had a surplus of £74million. By the end of 2015 into 2016 they are collectively £78million in the red! They blame it on rising care demands and increased staffing.
- A third of hospital trusts in England have increased their car parking charges in the last year. Most expensive charges:
  - Royal Surrey County Hospital - £4
  - Hereford County Hospital - £3.50
  - Stockport - £3.50
  - Bristol Royal Infirmary - £3.40
  - West Suffolk Hospital - £3.30

The length of stay varies as hospitals set their own tariffs. Parking at Trafford General Hospital in Greater Manchester is free for up to three hours.

Of the 209 hospital trusts that reported figures to NHS Digital for both 2014/15 and 2015/16, a third showed an increase in their average charge for a three-hour stay. Some 60% showed no change over the year, while 7% showed a decrease. 38% said they also charged for disabled parking.

England is the only part of the UK where hospitals routinely charge patients and visitors for parking.

Half of the 90 trusts that responded to a FoI request were making at least £1m a year, whilst for others it was more than £3million