

Health & Social Care News

National Pensioners Convention

Health & Social Care Working Party

62 Marchmont Street, Bloomsbury, London NW1N 1AB
020 7837 6622 info@npcuk.org www.ncpcuk.org



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Social Care ~ A National Scandal

Members of the Health & Social Care Working Party:

June Clark

Mary Cousins

Barrie Finch

Jean Hardiman-Smith (Chair)

Marie Harrison

James Leavy

Terry Pearce

Pat Roche

Lena Sharp

Dot Gibson (Dep. Gen. Sec)

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

- Petition to retain free TV licence for over 75s. Please sign at <https://campaigns.ageuk.org.uk/page/34266/petition/1?locale=en-GB>

- Climate Change Lobby: 26 June: Parliament Square, Westminster. Organised by Christian Aid and calling on all sections of the public to raise their voices. For more information: caid.org.uk/thetimeisnow

Services in parts of the country near collapse and millions of vulnerable people deprived of the care and support they need and still no sign of the Green Paper first promised in the summer of 2017!

Delays and postponements have been the order of the day, and despite official guidance that it would appear in 2018, the paper remains unfinished and under wraps in Whitehall.

In January the Health and Social Care Secretary Matt Hancock told MPs he intended it to "happen before April". Well, June is here but not the Green Paper.

A meeting was planned sometime in April between the Health Secretary and the Prime Minister, but if the PM is replaced, it is likely to push back social care reform even further.

In the meantime, soaring numbers are being left without support to get out of bed, dress, wash or go to the lavatory. Their health will deteriorate and their needs become higher because of not being able to access the very basic of services now.

Millions more rely on unpaid care from relatives and friends. The NPC believes these loved ones are acting like shock absorbers in a system that is clearly failing our most vulnerable citizens.

Women are being left to shoulder the bulk of unpaid care work for two generations of their family because of the government's failure to act.

A report released by Age UK shows that women make up 68% of the UK's 1.25 million "sandwich carers", those caring for an older relative and children because of a lack of acceptable social care. Women also accounted for 84% – nearly 75,000 people – of those providing 35 hours of unpaid care work a week.

Unpaid carers save the government £132 billion a year – enough to set up a second NHS!!

Scotland provides free personal care for the elderly. Wales has a weekly cap on home care and Northern Ireland has free care for over 75s at home.

NPC policy is for a National Care Service, funded in the same way as the NHS, free at the point of use. This is being spoken about more now and we have made a presentation at a parliamentary meeting on 14 May. It was very well received and we hope to follow up with MPs to further progress the idea of a National Care Service.

The Cost of Locum Doctors in Northern Ireland

Health Trusts in Northern Ireland have almost trebled the amount spent covering the shortage of doctors in hospitals over the last 6 years according to a report from the Northern Ireland Audit Office (NIAO).

Locums are doctors who provide temporary staffing cover in hospitals and the NIAO says reliance on locums is unsustainable.

In the Northern and Western Trusts, 22% of their total medical pay bill is spent on locum cover. The use of locum doctors is important in the delivery of healthcare in hospitals, however they cost significantly more than permanently employed doctors.

Expenditure on locums in 2011/12 was £28.4million. In 2017/18 it was £83million – an increase of 192%.

NHS in England

Figures from NHS England for April to June 2018 showed that there were 42,000 vacancies for nurses (11.8% of workforce); 11,500 vacancies for doctors (9.3%); with overall 108,000 posts not being filled (9.2%).

Vacancies do not always mean there is nobody doing the job. It means that the reliance on locums, bank nurses and agency staff increases. 80% of nursing and 90% of doctors' vacancies are filled temporarily. The costs of this comes from budgets already stretched to the limit, even though a cap on what locums can earn has been introduced.

Changing shift patterns, poor work-life balance and stress in a workforce trying hard to keep patients on track and to deliver what they need, all culminate in nurses and doctors leaving the profession. Not enough nurses and doctors are being trained and the demand for health care increases year on year.

News from the North West

NPC members and Health campaigners have been involved in activities across the region. In Chorley a long running campaign to retain the A&E department has weekly demonstrations outside the hospital for over 125 weeks. Local MPs and Councillors have attended these protests to highlight the importance of retaining an A&E department which is accessible to people from a wide geographical area.

Campaigners were out in force to support the ancillary staff who were threatened with having their jobs outsourced. Experience of outsourcing shows that workers are often faced with detrimental changes to their wages and conditions.

When Wigan, Wrightington & Leigh and Bolton NHS Trusts tried to transfer support staff to an outsourced company the workforce voted for strike action. The commitment and solidarity of the strikers along with support from NPC members and other health campaign groups, forced these NHS Trusts to drop the plans and bring the support services in-house.

In Liverpool the Campaign to Save Liverpool Women's hospital is in its third year. Those of you who saw the programme on BBC 2 earlier this year will have seen that the whole programme was a propaganda exercise for the Government. There was nothing about the long running campaign to keep Liverpool Women's Hospital (one of only two women's hospitals in the country) on its original site with expansion of service.

The Women's Hospital Board had asked for £100m to build a new hospital on the site of the half built Royal Liverpool Hospital, which of course with the collapse of the Carillion leaves the new hospital unfinished.

Laing O'Rourke have been commissioned to complete the build. The request for full funding for a new Women's hospital has been rejected by the Government which means the Women's Hospital Board are back to square one.

Private Company OCS has contracts for porters, caterers and security staff at Liverpool Women's Hospital, but they pay their staff below the NHS rate. Several strikes days later and the company have agreed to a rate of pay equal to £1 extra per hour.

Similarly, the Walton Centre staff – porters, caterers and cleaners employed by ISS won their action to be paid the same hourly rate as NHS staff.

On 30 May, catering, cleaning and portering staff (also employed by ISS) will begin strike action at the Liverpool Royal & Broad Green Hospital for their hourly rate of pay to be equal to the NHS rate.

With privatisation of the NHS continuing at a pace that is, in reality, in conflict with claims from government that say otherwise, it is important that support is given to workers who find their only recourse to justice is to withdraw their labour.

Private contractors must always be challenged when taking profits out of our NHS by under-paying their staff in hospitals.

Healthcare Deserts in the Countryside

Patients living in rural areas are being forced to spend £100 on taxis to attend routine hospital appointments amid the closure of local services, nurses have warned.

The Royal College of Nursing warned that the countryside is becoming a “healthcare desert” with 10 million people struggling to access GP appointments and hospital treatment.

Poor broadband and mobile phone signal, unreliable public and patient transport and the closure of local services are all to blame for increasingly inadequate healthcare provision in rural areas.

There is concern that small hospitals are being “hollowed out” with threats to further services because of shortages of doctors and nurses, with people living in rural areas facing 60-mile round trips to their nearest major hospital for outpatient appointments, amid closures of nearer services.

Cuts to hospital transport and poor public transport meant patients in North Devon faced a £100 taxi fare for a round trip to the nearest hospital - around 25 miles away in Exeter - to attend routine appointments.

In Dorset, a GP practice closure led to thousands of patients being relocated to other practices miles away at just four weeks’ notice. The closure had the knock-on effect of causing month-long waiting lists to see a doctor at other local practices.

The long term plan for the NHS sets out a “digital first” vision, with up to one in three hospital outpatient appointments scrapped. But Dawne Garrett, RCN Professional Lead for older people and dementia said: “Relying on technology to bridge the gap makes no sense when rural broadband provision is so woefully inadequate, and asking people to travel to super hospitals can’t work when there is threadbare public or hospital transport.

It’s time for the government to review healthcare provision in rural areas, and to introduce a fully funded staffing strategy so the countryside doesn’t become a healthcare desert.”

Note: The NPC now has a Digital Inclusion/Exclusion Working Party and the Health & Social Care Working Party will be asking them to investigate ‘digital first’ among other areas of concern.

Broken Promises!

‘No privatisation of the NHS on my watch’

Matt Hancock,

Secretary of State for Health & Social Care

In January 2019, Matt Hancock told the Health Select Committee – ‘there is no privatisation of the NHS on my watch, and the integrated care contracts will go to public sector bodies to deliver the NHS in public hands.’

Currently, over £100million of health contracts are out for tender.

The latest is the outsourcing of the contract for PET-CT cancer scanning services in the Thames Valley area.

The current provider is Oxford University Hospitals Trust (OUH), but under a re-tendering process, the contract has been awarded to a private company, InHealth.

Research shows that InHealth is owned by The Damask Trust, the trustees of which are Ivan Bradbury and the Embleton Trust Corporation Ltd. (2016 Accounts via Companies House July 2017) The Damask Trust is not listed on Companies House in the UK and it is unclear where the trust is registered. Embleton Trust Corporation Ltd is listed on Companies House UK, but as a dormant company filing dormant company accounts each year.

Recent InHealth contracts include new diagnostic services contracts across the country, including radiology contracts in Croydon, Kingston and Walsall and major breast screening contracts in Outer North-East London and Surrey.

Despite its international reputation for cancer care, Churchill Hospital (run by OUH) in Oxford lost the contract. The hospital has warned that people receiving cancer treatment will have to be taken by ambulance to two new locations at which InHealth scanners will be located. This could have a negative effect on their health and well-being.

NHS England initiated the tendering process to save money and this outsourcing programme puts at risk PET-CT services in 11 different areas of England.

If we were cynical people, we might think that the acceleration of NHS contracts being put out to tender is a stampede to privatise as much as possible before any change to Lansley’s legislation (the one making procurement necessary). Perish the thought!!

If Matt Hancock has said those fine words he thought we all wanted to hear and continued ‘business as usual’ in the hope that we will forget, we won’t!

Mass GP Surgery Closures

Over the last year, 519,000 patients have had to find new GP surgeries due to a record number (138) of surgeries closing.

The number of qualified GPs in England fell by 1.5% to 28,697 in March. NHS England figures show there were 312 more family doctors – far short of the 5,000 we were promised two years ago.

Closures we know about:

- Aneurin Bevan University Health Board, Newport - 29,476
- Betsi Cadwaladr University Health Board in north Wales - 21,594
- Ipswich and East Suffolk - 20,591
- Walsall - 16,422
- Brighton and Hove - 15,819
- Dudley - 14,370
- HSCNI, Northern Ireland - 12,440
- Dorset - 11,922
- Gloucestershire - 11,088
- Mansfield and Ashfield - 11,088
- Clayton, West Sussex – 12,464
- Gillies & Overbridge Medical Partnership, Hampshire – 19,120
- Brownhills Surgery, Chandler's Ford, Hants – 7,000
- Nantyglo Medical Practice, Ebbw Vale – 10,305

Patients face long waits for appointments even if they can find another GP. Others face having to make extra journeys to their new surgeries – if they have the transport to get them there. Inevitably some will be pushed into A&E visits which are already under severe pressure.

NHS Greater Glasgow does not have enough GPs to run out-of-hours services. Only one of their five out-of-hours centres is operational.

The Nuffield Trust, Health Foundation and the King's Fund predict that in the next five years nurse shortages will double and the GP gap will nearly treble. They said a combination of international recruitment, student grants and innovation is needed.

NHS England say they are looking to recruit 20,000 staff to work alongside GPs. Training places for doctors and nurses are being increased by 25%.

These promises have been made before and instead of reducing staff shortages, we see more leaving the NHS.

The NHS Long Term Plan will only become a reality if recruitment of staff is taken seriously and investment is made in retaining qualified staff. Constantly changing shift patterns and ignoring the stress levels doctors and nurses work under is no solution to a crisis such as the one we are seeing now.

The 'Green' Paper

A different green paper to the one we have been expecting!! This one from former deputy Prime Minister, Damien Green has called for some social care to be provided free at the point of delivery through a new national scheme, but has failed to properly tackle the funding crisis in the system.

His proposal suggests that around half of all fees for domiciliary and residential/nursing care could be paid by the state, with individuals being encouraged to save privately throughout their lives or on retirement to pay the rest.

He argues that the cost could be covered by taxing the winter fuel allowance, adding 1% onto National Insurance for the over 50s and making other savings in public spending.

However, any new scheme would only apply to new cases, and anyone already in a care home would continue on the old system.

Although Mr. Green has identified what is wrong with the current care system, he has failed to come up with the right solution. People are already using their savings to pay for care and his proposal really only tinkers at the edges of the problem.

And as the latest shocking Panorama programme looking at the crisis in social care is shown on TV, the scale of the problem deepens.

Government ministers have admitted that the long awaited Green Paper on the future funding of social care in England has been delayed because of Brexit discussions. Meanwhile, a report from the County Councils Network (CCN) has predicted that English councils risk insolvency if government does not move rapidly to fill a £50bn funding black hole opening up in local authority budgets.

Without extra funding, the CCN said rising demand for social care will see council finances plunged into disarray and services cut to legal minimum levels.

According to the Institute for Fiscal Studies, spending on adult social care has already fallen by 5% in real terms between 2009-2018.

What is clear, is that as things gets worse and the number of people excluded from the system grows, the support for some form of tax-funded, free at the point of delivery care service is growing.

This would be the fairest solution to the crisis.

District Nurses

The Royal College of Nursing (RCN) and Queen's Nursing Institute (QNI) has called for urgent investment in District Nursing.

There are only 4,031 'full time equivalent' District Nurses working in the NHS in England now, compared with 7,643 in 2009. These numbers give a ratio of 1:14000 people and even though we are lacking GP numbers, there is a 1:1600 ratio for them.

Clearly the service is significantly under resourced and working sometimes with unsafe staffing levels. This work environment directly impacts on patient care.

The report from RCN and QNI illustrates the central position of the District Nurse as the key professional in delivering outstanding healthcare to people in the home and the community.

Working with GPs and other members of the multi-disciplinary team, District Nurses have the knowledge and skills to support people living with complex long term conditions to manage their own health and avoid unplanned hospital admissions.

District Nurses provide a lifeline for patients, many of them frail and elderly, who often can't leave their own homes to get care elsewhere.

The chronic underfunding of this service is a false economy. Investment in training, education, recruitment and retention must be the way forward and is urgently needed.

The NHS Long Term Plan relies so much on every part of its service being properly funded, properly staffed and properly accountable.

Circle in the High Court

A crowd of campaigners rallied outside the High Court's Rolls Building on May 15 to express their support for the decision to end 11 years of privatisation and allocate a major treatment centre contract to Nottingham University Hospitals Trust rather than private hospital firm Circle.

Within a week of the hearing, the news emerged that the NHS had won, and Circle's case had failed. But celebrations will be muted until a further threat of legal action by Circle, seeking damages from the CCGs, has been dealt with later this year.

The privately owned equity company depends on NHS funding and has never posted an overall profit, notoriously walked away from its failed contract to run Hinchinbrooke Hospital just two years into a ten-year contract.

Nottingham University Hospitals Trust is the commissioner's preferred provider and this will see patient care much less fragmented in the city.

Privatising Mental Health

The NHS has a large number of contracts with private providers of mental health services in the community as well as residential units.

In November 2017, the Care Quality Commission (CQC) reported that people with drug and alcohol addiction were at risk because 75% of clinics were failing to hit regulatory standards of care.

Out of 68 independent services, 49 providers (72%) were required to make improvements after failing to meet fundamental standards of care and breaching regulations under the Health & Social Care Act 2012. Another 8 providers had enforcement action taken against them.

The Times published an article in November 2018 exposing the companies and charities that make millions by providing substandard mental health services to NHS patients.

The Priory/Partnerships in Care, The Huntercombe Group and Cygnet Healthcare have had wards and whole units closed due to failings of care.

Urgent Care

Primecare is a subsidiary of Allied Care – a leading home care provider – recently bought out by CRG.

Primecare had contracts to provide out of hours and urgent care throughout the midlands. GPs at 20 Birmingham practices were given just 10 days to find new out of hours providers. The company also provided services in Walsall, Sandwell and West Birmingham, Herefordshire, and Nene as part of an integrated 111 and out of hours contract covering 16 Clinical Commissioning Groups (CCGs) in the West Midlands.

Back in 2017, Primecare services in East Kent were rated inadequate by the CQC. Failings included not assessing risks to patients' health and not having enough staff to meet patient needs.

Primecare handed back the contract in July 2018 after 18 months struggling to meet standards.

The idea that private means efficient or better cannot be sustained with the catalogue of failing standards, increasing profits to company bosses and the loss of locally available services.

Patients having to travel miles to be seen is not acceptable in the 21st century from a country that has the 5th richest economy in the world.

And yet, the NHS is still procuring private contractors at an alarming rate. Some of these contractors have already failed – so why are they being even considered?

from the rest of the UK

Scotland: Legislation was put in place in June 2018 to enable any adult who is eligible for personal care to be free from charge, regardless of age, condition, socio-economic status or marital status. The extension of free personal care will include young adults (16-18 years old). This legislation was implemented on 1 April 2019.

The definition of 'personal care' and 'personal support' remains the same as set out in the Community Care & Health (Scotland) Act.

Personal care includes:

- Personal hygiene, bathing, washing
- Food preparation (but not supply of food)
- Assisting with medication; applying creams or lotions; applying dressings
- Getting dressed
- Getting in and out of bed
- Dealing with problems associated with immobility as they impact on carrying out personal care tasks
- Behaviour management/support

Personal support includes counselling as part of a planned programme of care.

Personal care and personal support can be provided at home or in a care home setting.

Whilst equipment and adaptations do not generally come within this legislation, memory and safety devices designed to help a person manage their own personal care are included; e.g. reminder systems to help people take medication; movement sensors for light control.

Wales: Have been looking at the key issues for health and social care as the UK prepares to leave the EU. The Welsh NHS Confederation have listed the following:

- Recruitment of high calibre professionals and trainees from the UK and abroad to work across the health and social care sector
- Continue to recognise the professional qualification for people trained in the EU27
- Protection of workers' employment rights and the rights of patients and people who use care and support post-Brexit
- UK health and social care organisations continue to participate in EU networks and programmes
- Patients continue to benefit from early access to innovative technologies on the EU market and participate in clinical trials

- Regulatory alignment for the benefits of patients, people who use care and support, and public health to ensure early access to innovative health and care technologies
- Reciprocal healthcare arrangements preserved
- Robust co-ordination mechanism on public health and wellbeing standards to guarantee equal or higher safety
- A strong funding commitment for the health and social care sectors
- Engagement between Welsh Government and the UK Government protecting the interests of health and social care organisations in Wales

Many of these key issues will be the same for all four nations in the run up to discussions on a withdrawal agreement. With America demanding that the NHS is on the table for any trade agreement with them, it is imperative we all make clear our expectations and aspirations.

Northern Ireland: The Health Service in Northern Ireland has an 11.6% registered nurse vacancy rate, equating to 2,103 empty posts as well as a shortage of 421 nursing assistants.

The cost of employing nurses via agencies has increased from £10 million in 2012/13 to £32 million in 2017/18.

The pay gap between nurses in Northern Ireland and the rest of the UK continues to grow. A nurse on the lowest salary in band 5 earns £22,795 in Northern Ireland, compared to £24,214 in England and Wales, and £24,670 in Scotland.

Accident and Emergency departments in Northern Ireland have the longest waiting times of any part of the UK.

Northern Ireland has been without stable leadership since January 2017 with day to day matters being dealt with by civil servants. Hopefully, recent changes in the political environment will see a return to an effective government soon.

If we take all of the information in this newsletter – most of it not particularly good news – we can see that there are like problems across the UK.

However, we can also see that some parts of the UK are working in a different way to ensure that the health of their population is properly looked after.

It doesn't matter what you think about Brexit, one thing is clear – we must protect our Health & Care Services and our workforce.