Health & Social Care News

National Pensioners Convention Health & Social Care Working Party

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

NPC Pensioners' Parliament 14th – 16th June 2016 at The Winter Gardens, Blackpool

Booking is now open for this year's 3 day event in Blackpool. Tickets priced £10. Contact the NPC office for a registration form.

Not to be missed!

The '5-year Gap'

Patients who have not seen their GP for five years may find themselves removed from their practice list.

The NHS England East team sent a letter to groups of GPs known as local medical committees (LMCs) stating that people who had not seen their GP for five years *'may be the people who no longer require services and may be in incredibly good health.'*

Under the initiative, patients who have not seen their GP for five years will be sent two letters asking them to respond. If they do not get in touch to say they still wish to be registered with their GP, they will be removed from the practice list.

GPs are paid for every patient on their list. In 2013/14, the average GP practice received funding worth £136 for each registered patient. The drive by the NHS England regional team – known as list cleansing – is intended to cut costs to the NHS.

So, what do GPs and others have to say about the initiative?

- Cambridgeshire LMCs said it had data that showed some groups, particularly children in early adolescence and men aged 20 to 45 could be disproportionately affected.
- It is very concerned by the move on grounds of discrimination, workload, and making care for children and middle-aged men less accessible.
- The BMA said that schemes like this add to GP workload and irritate patients. Many patients believe that this is something the practice has done to them and don't realise that this is an NHS England decision.
  It needlessly undermines the relationship between GP and patient. Patients should not be punished for being too healthy and being careful about how they use NHS services.
- Katherine Murphy – Patients Association said: *'It is a slippery slope. Patients may receive the letter but not understand what they need to do.* She also asked what mechanisms are in place to allow patients to respond to letters.

A spokesperson for NHS England East said: *'List validation routinely takes place to ensure GP practices have the correct numbers of patients registered.*

NHS England East is looking at a process whereby patients who have not accessed their GP in 5 years are contacted. No patients will be removed from the GPs list if they wish to stay registered with their practice.'

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However, there is evidence to show that patients have, in the past, been wrongly removed from a GP practice register, so stay vigilant.

For those readers living in the NHS England East region, please make sure that you respond to any letter from your GP (or NHS England East) asking you to let them know that you still wish to remain on their practice register.

Make sure all your family and friends know what to do as well so that no one is excluded from registering with their GP.

Those of us outside the East region, be alert to something similar happening locally to you and be prepared to engage with your GP to remain on their list.

Children's Cancer Care Report Remains Unpublished

The Guardian has revealed that the report of the review into children's cancer care in London was submitted to NHS London in February 2015 – but it has yet to appear – apparently it is 'technically unavailable'.

Since 2006, London has had two designated principal treatment centres for children's cancer services operating on two sites and between two Trusts. North London consists of the Great Ormond Street Hospital for Children and University College Hospital.

South West London sites are the Royal Marsden Hospital in Sutton and St. George's in Tooting.

The leaked review report indicates the potential for the unit at the Royal Marsden in Sutton to close in favour of Great Ormond Street Hospital.

One of the issues is the distance between the Royal Marsden and St. George's being 7.8 miles in comparison to the 1.3 miles between Great Ormond Street and University College.

The review report outlines five options ranging from status quo to an increase in the number of principal treatment centres.

Option three in the report is one centre located at a single site with all necessary paediatric services. This is seen as the more 'visionary alternative and, subject to the necessary investment, carefully managed implementation and strong clinical leadership, it offers substantial potential for the delivery of the world-class service deserved by the children of London.'

But what does it all mean for children and their families in Sutton and Tooting?

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Transparency in the NHS

Terry Pearce, NPC Bracknell

According to recent reports the future of the Care Quality Commission (CQC) as an effective weapon for monitoring NHS bodies is at risk; this includes inspections of services such as GP Surgeries and outsourced services.

With reduced resources this will mean fewer inspections yet 40% of care establishments visited were below standard. It is vital that there is more openness and transparency of services in our NHS and inspections by the CQC are an important part of this process.

In Bracknell the CQC have made inspections of our GP Surgeries as well as our privatised Urgent Care Centre (UCC). A number of our GP Surgeries received quite critical reports and the UCC report was scathing in several areas. It must be said that the UCC resulted from a Clinical Commissioning Group (CCG) decision to close our excellent Minor Injuries Unit (MIU) at Heatherwood Hospital and open a privatised UCC Unit.

Our Peoples Healthwatch campaigned against the closure of the Minor Injuries Unit, we argued that the UCC would be hard pressed to maintain the high standards of the MIU and we have been proven correct. As the CQC noted the UCC cannot cope with the number of patients as well as maintaining high standards of service.

The CQC reports allowed us to raise the issue of why close a perfectly good NHS service and replace it with an inferior service in the private sector. We need to campaign for more CQC inspections of health services.

In our area the Healthwatch is weak and too close to the local Tory Council. If we are to expose the shortcomings in our NHS we need more local accountability of CCG`s. Very few members of the public attend CCG meetings.

So we need a properly funded and resourced CQC with more unannounced inspections. We also need Healthwatch Boards with more teeth if we are to make our local NHS/Privatised services truly accountable to local communities.

Editorial note: NPC has responded to the CQC 5-year Strategy consultation. If you would like a copy, please contact the office.

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NHS England London said: 'It is important to take time to get future planning right and the report will be one input into this debate.'

Cally Palmer, Chief Executive of the Royal Marsden is also the National Director for Cancer at NHS England which commissioned the still unpublished report.

Will the General Practice Forward View Improve the Patient Experience?

The NHS England's GP Forward View is now published and has made some unprecedented pledges in terms of increased funding for GP practices to over 10% of the NHS budget by 2020.

It means that general practice in England will receive at least £2.4billion of additional recurrent funding each year by 2020. This represents a 14% real terms increase; approximately double the increase for CCG funded services.

So, will patients feel the difference? We are not convinced, only time will tell.

- **Easier to make a GP appointment:** 5000 more GPs, greater training of non-clinical staff to deal with paperwork, a reduction of the bureaucracy GPs have to deal with, means more time spent with patients. More appointments available to book online, making access to general practice easier for busy people.
- **More GP services will be available within the Community:** Assessment and treatments which used to need a hospital visit will now be offered within the community, helping make sure patients have easier access to the services they need.
- **Reduction in the number of unnecessary hospital admissions:** A co-ordinated approach to assessments and care planning, and more nurses based in the community for patients who need long term support, will reduce hospital admissions.
- **Improved Continuity of Care:** Helping GPs to stay in work for longer and supporting locum GPs to stay in the same place for extended periods will improve continuity of care for patients, meaning they are more likely to be able to see the same GP each appointment.
- **Safer more convenient care for patients:** The move to a paperless, coded system and changes in the rule around referrals will improve patient safety and create a quicker, more seamless experience for patients receiving hospital care.
- **More emphasis on prevention, helping patients to stay active longer:** Specialist staff will be available to support patients at risk of needing to leave work, with 3000 additional mental health workers, and a focus on early intervention for back pain and other muscu-loskeletal problems
- **Getting to see the right person more quickly:** Increasing the skills available to general practice teams will mean patients see the most appropriate person to help them more quickly and easily. New ways of approaching care will mean specialist pharmacists, mental health workers, social workers, voluntary sector workers and practice nurses will be accessible within practices for patients to see if they wish, freeing up GP time for complex cases.
- **Helping Patients to manage their own care:** As well as helping patients with long term conditions to plan and manage their treatments in consultation with their GP, self-care and the management of minor illnesses will be promoted, ensuring the resources in general practice are available to help patients when they need them.
- **Protection from Local Practice closure:** A new safety net for struggling GP practices will be created, protecting patients from experiencing the anxiety and disruption of practice closures. New teams of experts will be ready to be brought in where practices need help, to build up capacity and quality, and make them sustainable again.
- **More modern healthcare environment:** More investment will be put into the GP surgery environment, with wi-fi available for staff and patients, and improved buildings providing space for bigger multi-disciplinary teams and a modern, safe environment for patients.
- **Action to tackle health inequalities:** A fairer funding formula for general practice, which will lead to more money being available per patient for practices in deprived and rural areas.

  Editorial note: Whilst the additional funding is welcome, there are areas surrounding new ways of working that are yet to be reviewed .

  The move towards more digital use of the appointments system needs to take account of those older, less able patients to ensure equal access.

  Reduction in frequency of inspections by CQC is already a concern that NPC has raised.

  And of course the recruitment of GPs is an issue we hope this strategy will resolve – we have to wait and see.

Here2Support

You may not have heard of this charity. It has been in operation around two years and is an initiative set up by Graeme Ellis.

Graeme suffers neuropathy and relies on home care. When he started looking for a job, he came up against complex and convoluted systems. He realised that people in the same situation might struggle too – or even more so.

He decided to do something about it and founded a charity Here2Support which offers help and advice to disabled people with learning difficulties. It helps organise their support, their home care and generally helps them access the right services.

Between April and July last year the charity helped 1,600 people.

www.here2support.org

Loneliness & Isolation Bad for your Health!

New research has revealed that loneliness and social isolation can increase the risk of heart disease or stroke by 30%.

Researchers from the University of York believe loneliness should be treated as a public health concern as it has also been previously linked to a compromised immune system, high blood pressure and premature death.

Tackling loneliness and isolation may be a valuable addition to coronary heart disease and stroke prevention strategies. Health practitioners have an important role to play in acknowledging the importance of social relations to their patients.

Loneliness is a serious condition that can severely affect a person's mental and physical well-being.

There are many initiatives out in the community and funding to ensure that the issue is being taken seriously.

If you are aware of any initiative(s) in your area, please let the Health & Social Care Working Party know.

We rely on members to keep us informed of local issues and what is being done to tackle them.

National Living Wage v Care Provision
(The straw that breaks the camel's back?)

Last year, the Chancellor announced the introduction of a compulsory National Living Wage (NLW).

Low paid workers celebrated, employers analysed costs and an already underfunded care sector suffered shock.

During the last nine months there have been consistent warnings from care providers, trade unions and local authorities that the increased costs of the NLW could 'break the back of the care sector.'

The Chief Executive of Care England, Martin Green warned that without adequate funding for the NLW, the care sector is at serious risk of collapse. The UK Homecare Association (representing domiciliary care providers) warned that without government action to address the funding gap, continued supply of state-funded homecare will become unviable.

Staff wages account for around 70% of the cost of providing care and paying the NLW is expected to cost £1billion by 2020. Add to this the national shortage of trained nurses leading to the use of agency staff costing on average three times more than permanent staff, and you have the recipe for disaster.

The care sector is already in deep crisis following five years of funding constraints which have seen the fees that councils pay for care home placements fall in real terms by 5%. Independent studies suggest that these fees are as much as 15% below the level needed to cover costs and allow investment in improving facilities and services.

Research suggests that 37,000 care home placements could be lost over the next 4 years as care providers close financially unviable homes or enter administration. This comes at a time when the number of older people in society is increasing, pushing up demand for care placements.

In the Autumn budget last year, the Chancellor told councils they could add a 2% social care levy on Council Tax. There was also a further £1.5billion put into the Better Care Fund which together with the levy could provide English councils with a total of £3.3billion of new money for the care sector by 2020.

Before we celebrate, let's look at the reality of what funding will actually come through. The NLW became law on 1 April 2016, council tax revenue in the poorest areas with the most unpaid carers will not bring in any significant money, and much of the Better Care Fund will not arrive until 2019/20.

Care providers are not that optimistic that this funding will reach the frontline as £5billion previously committed to the Better Care Fund failed to reach them.

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The next 6 months is a crucial time for the care sector as the impact of the cost pressures on the social care system becomes clearer.

The NPC Dignity Code calls for care workers to be properly trained and paid the value of their skills, knowledge and experience. The NLW is a start. If all the predictions of care providers actually become reality, this is a sector of the workforce who will see sweeping losses of jobs.

BUT …. there is a different twist to the crisis in care.

The Centre for Research on Socio-Cultural Change (CRESC) has produced a report entitled 'Where Does The Money Go?' – Financialised chains and the crisis in residential care.

This report sets out very clearly the complex chains of financing and selling off/ shifting debt between different groups within private care companies. It leads us to believe that this could be the real reason for the crisis in the care sector. Whilst government funding is at an all-time low, the way that money is used internally to these companies means that less and less of it gets to the front line services to provide care to those who most need it.

One of the authors of the report will be speaking at the Pensioners' Parliament.

The report can be accessed at:

www.cresc.ac.uk

The NPC policy is for a National Health & Care Service paid for through taxation. This ensures that social care is funded in the same way as the NHS and that everybody contributes to providing these services free at the point of need for everyone.

We would also ask you to make your MP aware of the report 'Where Does The Money Go?' so they can ask the much needed questions about the financial practices in a sector where there is no place for money and finance taking precedence over the needs of vulnerable people.

Community Pharmacies Under Threat

The Department of Health has announced cuts in funding for community pharmacies of £170million in 2016/17.

Community Pharmacies are the small independent pharmacies in your local street, on your estate, on the corner somewhere near you. They provide a wide range of services and advice that is clearly at risk from these cuts.

They also provide a vital service to the NHS, being able to treat minor illnesses that would put pressure on GPs and hospitals.

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People often go to their GP because they don't understand very basic things like the fact that a cold can last for several weeks. Over the counter remedies are just as effective in this case – there is no 'magic cure' for a cold!!

A good pharmacist is more dependable than the 111 service, so why does the Department of Health want to close a quarter of them?

The small independent pharmacies are most at risk because they don't have the ability to absorb financial cuts in the same way as the big corporate pharmacies like Boots and Lloyds.

Pharmacists do more than dispense medicines – they clarify confusing doctors orders, provide advice when GP appointments are hard to come by, offer emotional support and provide local employment. Cutting funding would be especially hard on those in rural areas and squeeze emergency services and GPs even further.

There is a parliamentary e-petition which currently has only 57,000 or so signatures. If you are on-line, please sign the petition and ask everyone you know to do the same.

There is also a paper petition that can be downloaded from www.supportyourlocalpharmacy.org or if you are not online ask your Regional Secretary for a copy. Again, please circulate widely and encourage people to sign it.

The paper petition is not targeted at parliament – it appeals directly to the heart of government – 10 Downing Street. It is accessible to the many people, including elderly patients, who find it easier and prefer this way to express their feelings.

Swindon Council Takes Back Contract

Swindon Council is to take back control of a contract to deliver adult social care services on their behalf. The services include assessment and care management services for older people and hospital social work.

These services will now be taken back in-house from 2017. Last year the council brought back their learning disability care management function to an in-house service.

Swindon Clinical Commissioning Group and the council outsourced a contract worth a total of £26.4million – a lot of money that should have been retained in publicly run services for the elderly.

With Swindon's population due to grow faster than the national average over the next 5 years, extra demands are expected for health and social care services.

Spotlight on Home Care

Report from Healthwatch Newcastle

Home Care services are delivered to nearly 900,000 people in the UK. The service is in high demand as the population ages, but is under significant financial strain in the state-funded sector.

Healthwatch Newcastle undertook research with service users, carers and relatives, and home care workers. Their survey found that service users were generally satisfied with the overall quality of care provided, but there were a number of areas where they wanted improvements:

- Continuity of care
- Communication between provider and service user
- Medicine management
- Care worker training
- Care worker punctuality and time allocation
- How care workers are managed and supported
- Complaints handling

Continuity of care workers and the communication between provider and the service user were the two most important areas where people wanted to see improvement. The negative consequences of having many different care workers providing care in the home were plainly and loudly put.

Current providers in Newcastle are expected to provide a day time service between the hours of 7 am to 11 pm, seven days a week for people meeting the eligible criteria. Approximately 13,400 hours of home care a week is provided to over 1,600 individuals.

Expenditure on home care service contracts (2015/16) is £6,657,090. This is likely to reduce in 2016/17 with a budget of £5,483,090 and will lead to fewer people being eligible for home care. For those who continue to receive services, they may see a reduction in the contact time they have with their care workers.

The current hourly rate paid to commissioned providers in Newcastle is £11.24 per hour of care provided. This is lower than the average of £13.66 and far behind the United Kingdom Home Care Association (UKHCA) recommended minimum of £15.74.

The report makes the following recommendations for improvement:

- **Continuity of Care:** Responses from those surveyed were very vocal about the benefits of having continuity of care worker, and the many problems associated with having an array of different care workers.
  Recommendation: Home care contracts to emphasise the importance and priority of continuity of the care worker in line with NICE guidelines, with a quantitative performance indicator to monitor this and special consideration given to the needs of those with dementia.
  Home care providers to find solutions to increase continuity as well as improve the number of service users that have a regular backup care worker who is familiar with their needs. The particular needs of those with dementia are prioritised due to the increased negative impact for these service users.
- **Medicine management:** Home care contracts follow the latest NICE guidance and include robust performance indicators for medicine safety within regular contract monitoring.
  The contract stipulates that the causes of medicine management lapses will be investigated by the provider and procedures put in place to reduce their occurrence.
  All home care workers receive training on medicine safety and are only allowed to conduct home care visits after training.
  Inductions of new home care workers emphasise the importance of full compliance in medicine safety.
  Any provider management visits include close scrutiny of medicine safety.
  Home care providers encourage service users, relatives and carers to report lapses in correct medicine management, and act on any reported lapses.
- **Communication between provider and user:** The council explores the feasibility of including a quantitative performance indicator to monitor changes in care worker, or changes in visit arrival times are being communicated to services users.
- **Complaints procedure:** Home care service contracts include a performance indicator related to handling complaints.
  The council facilitates the sharing of best practice on complaints handling for all providers to meet minimal standards.
- **Sufficient time for visits:** Home care service contracts include articles 1.4.1 and 1.4.2 of latest NICE guidance on time allocated for home care visits.
  Monitoring of missed and late visits in line with NICE guidance.

This is a flavour of the Newcastle service. If your Healthwatch has done similar research on home care,please let us know the outcomes.