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.

Pensioners' Parliament,
Winter Gardens, Blackpool
6-8 June 2017

Tickets are now available for the above event. The cost is £5 for one day and £10 for the 3-day event.

This unique event is not to be missed with the opportunity to participate in sessions, discussions and debates, meet new people - find out what goes on in their area and share ideas.

Forced into Care Homes!!

Thousands of pensioners could be forced into care homes against their will under NHS cost cutting plans.

More than 13,000 elderly people are expected to be affected as health authorities refuse to fund care in their own homes.

At least 37 Clinical Commissioning Groups (CCGs) have drawn up new restrictions governing care for elderly and disabled patients, Freedom of Information disclosures reveal. Responses from 122 of the country's 209 CCGs show that authorities have ruled that they would not pay for help at home if it was cheaper to send pensioners to a care home.

Not only does this go against Government policy of keeping people in their own homes, it ignores the fact that in certain areas there is already a grave shortage of care home spaces.

Simon Bottery, from charity Independent Age, said: "It is frankly outrageous that older people could be made to move into residential care when they are able to live independently in their own home."

The investigation by *Health Service Journal* and campaigners Disability United examined NHS policies on Continuing Healthcare - a fund which pays for care of those whose needs are primarily medical.

Around 19 of the 37 CCGs in question have banned paying for care at home if the cost exceeds that of residential homes by more than 10 per cent. Another seven said they had set the threshold at 20, 25 or 40 per cent above care home fees.

Several said they might be open to accusations that the restrictions breached human rights, but believed they could justify the decisions on cost grounds.

Former care minister and Lib Dem MP Norman Lamb said it was "scandalous". He said: "If someone is able to live independently forcing them to live in a care home is outrageous. It treats people as second class citizens."

However, a Department of Health spokeswoman said: 'It does not fall to us to approve an individual CCG's policy.**" !!!**

Around 300,000 pensioners in England and Wales are living in a care home at any given time, a clear majority of them over the age of 85.

……. STRANDED …….

Almost three quarters of hospitals in England have had patients wait for more than 100 days to be discharged - even though they were medically fit to leave - new figures show.

One patient had to wait well over a year, an investigation reveals.

The 62-year-old patient, who had been treated by Mid Yorkshire Hospitals NHS Trust, waited 449 days to be discharged.

The figures, gathered through data obtained under the Freedom of Information (FOI) Act, suggest that reasons for delays included a lack of home care, nursing home places and support for stroke patients.

FOI requests were sent to 122 hospital trusts in England about their longest delayed discharges over the last three years and 62 provided information.

Overall, 45 of these hospital trusts had seen patients unable to be discharged for more than 100 days over the last three years.

- One patient at the Royal Devon and Exeter NHS Trust waited 342 days for a care home placement.
- A paralysed patient waited for 324 days at the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust near Oswestry, Shropshire, before discharge.
- Leeds Teaching Hospital NHS Trust was unable to discharge a stroke patient for 313 days due to a lack of care for the patient once outside hospital.

Separate figures from councils also show elderly people are waiting more than a year to receive the care they need.

Seven councils admitted to waits of more than six months for promised help, with one local authority leaving an elderly person in limbo for over a year before their care package could begin.

In total, 42 councils - over half of the 80 which responded to Freedom of Information requests - said they had recorded waiting times of over a month.

At Kirklees council, the longest wait recorded was 181 days. The Council leader said he believes that by the end of the year, Government funding cuts mean schools and social care will be the only services his council will be able to pay for.

The council with the longest wait for a long-term adult social care package was North Somerset, at 377 days.

Editorial note: There is an absolute need for government to put funding into social care. Never before have we experienced such desecration of services which impact on the NHS, patients and families. Enough is enough!

No Devolvement of Attendance Allowance

Attendance Allowance (AA) is currently paid to 1.5 million people aged 65 or over in the UK, regardless of their personal means. It is often the vital support that hundreds of thousands of people who live independently require, who might otherwise need to go into residential care.

Local government secretary, Sahid Javid has confirmed that the government has dropped plans to devolve AA to local authorities.

This welcome news follows a campaign by the NPC and other pensioner and disability groups who had been concerned that passing responsibility and funding to local councils would have created a postcode lottery, with different rates of Attendance Allowance and different eligibility criteria appearing across the country.

Having safeguarded AA for the time being, the NPC is now looking to include a mobility component as was the case in the old Disability Living Allowance, but which has so far not been recognised as part of the AA.

Thank you to all our members who signed petitions, saw their MPs and Councillors, and made sure that they were in no doubt about what the impact devolving this budget to local councils would have on those who need it most.

When we work together, we can win.

The Cost of Jumping the Queue

The first GP surgery to offer patients the opportunity to skip the waiting lists has just made its proposal public.

Family doctors in Bournemouth have set up the first private GP service at which people who pay up to £145 a time will be seen faster and get longer appointments than their NHS patients.

The three doctors running the Dorset Private GP service are offering: 'the unhurried, thorough, personal care we believe is best for patients.' It comes at a price – patients pay £40 for a 10-minute phone consultation, £80 for a 20-minute face-to-face appointment, and £145 for 40 minutes with a GP.

Their website quotes: 'With the NHS sometimes struggling to offer a quality service now is the time to choose a private doctor.' It also offers times to suit patients and the chance to see the same GP at each visit, benefits that few NHS patients are offered any more.

Those who pay, receive their appointment at the same Poole Road Medical Centre in Bournemouth where GPs see the NHS patients on their practice list. However, private patients in effect jump the queue to be seen as they can get appointments on the day, whereas NHS patients can wait up to four weeks for an appointment lasting just 7 minutes.

Healthwatch Dorset said: 'At a time when we are hearing so much about how overworked GPs are and how they don't have time to give their patients the care they need, it seems that some actually do have time to spare and that time is for sale to those who can afford to buy it.'

NHS Dorset Clinical Commissioning Group and the Care Quality Commission have been asked to keep a close eye on the practice to make sure that the standard of NHS services there does not suffer because of this new private venture.

We guess the question is – back in 1948 all of the things promised by Bournemouth for money were free ……. fast forward 68 years or so – why are we back where we started with those who have the financial resources to access good health care being able to get it and the rest of us – second class citizens. Another two-tier health system completely against the principle of reducing inequality.

Is the government's programme of privatisation anything to do with the lack of funding going into GP surgeries and the NHS - you bet it is.

NHS groups 'paying millions to private firms that block GP referrals'

NHS organisations are paying millions to private firms that stop patients being referred to hospital by their GPs, an investigation has found.

Controversial referral management centres are used by some clinical commissioning groups (CCGs) to scrutinise patient referrals to hospitals by family doctors.

Supporters say they can reduce inappropriate referrals, saving the NHS money, but critics argue that adding an extra layer of scrutiny risks delaying diagnosis. There is also doubt over the effectiveness of such schemes.

In an investigation, the British Medical Journal (BMJ) sent freedom of information requests to all 211 CCGs in England. Of the 184 that responded, 72 (39%) said they commissioned some form of referral management scheme. Almost a third (32%) of the schemes are provided by private companies, while a further 29% are provided in-house and 11% by local NHS trusts. Some 69% of the CCGs with schemes gave details of operating costs. These CCGs combined have spent at least £57m on those schemes since April 2013.

Most CCGs were unable to provide evidence showing the scheme saved money. Only 14% could show that the scheme had saved more cash than it had cost to operate, while 12% showed that their schemes had not saved money overall. Meanwhile, 74% of CCGs (53 groups) failed to supply figures to show whether any money had been saved, the BMJ reported.

Some CCGs did not collect data on savings, some said their referral scheme was designed not to save money but to improve the quality of referrals, and others declined to disclose details of savings on the grounds of commercial confidentiality. Overall, there were 93 referral management schemes in operation across 72 CCGs, with some CCGs having more than one.

A British Medical Association spokesperson said: "It is a very short-term approach to healthcare management. We need to see much more evaluation … and not just keep making the same mistakes year after year. As public bodies, there should be an expectation on every CCG to account for what it is doing.

AND ……

It has come to our attention that some patients are being refused their choice of hospital.

Hospital services fall under secondary care and with the exception of emergency care you'll need a referral to access treatment.

In England, hospital services are commissioned by clinical commissioning groups (CCGs). Hospitals themselves are mostly managed by NHS trusts, which ensure high-quality care is provided and that money is spent efficiently.

Hospital treatment is free if you are ordinarily resident in the UK. If you are visiting England, or have recently moved to England, look up the relevant information about accessing the NHS as charges may occur.

If you are referred for your first outpatient appointment then in most cases you have the right to choose which hospital in England to go to. This will include many private and NHS hospitals that provide services to the NHS. You are also able to choose which consultant-led team will be in charge of your treatment, as long as that team provides the treatment you require.

Therefore, if you wish to be treated by a particular consultant for a procedure, you can choose to have your first outpatient appointment at the hospital where the consultant works, and to be treated by that consultant's team – but this doesn't necessarily mean you'll be seen by the consultant themselves.

This choice is a ***legal right*****.** If you are not offered a choice at the point of referral, ask your doctor why and say that you wish to go through your options. If you are still not offered, or refused a choice, contact your local CCG.

If you are still not satisfied, contact the Independent Parliamentary & Health Service Ombudsman (see Section 13 of the NHS Choice Framework)

Note: if a GP wants to refer you for a service or treatment that they think is best for you but is not routinely offered by the NHS then the process is different. The GP will have to submit an Individual Funding Request (IFR) to your CCG and provide details of where they want you to go. CCGs will publish information about individual funding requests on their website.

In the current climate (and given the article over the page), patient choice may be less and less available. It is always a good idea to ask the question 'why' if you are refused your choice. With services disappearing from certain areas, choose and book is perhaps not what it should be, but that doesn't mean accepting a refusal if the service you need is available at the hospital of your choice.

You do not have a legal right to choice if:

- you need urgent or emergency treatment
- you are serving in the armed forces
- you are accessing maternity services
- you are detained under the Mental Health Act
- you are detained in or on temporary release from prison, in court, an immigration removal centre, or a secure children's home
- if you are referred to high security psychiatric services or drug and alcohol misuse services provided by local authorities

Visit GOV.UK to read more about your legal rights to choice in the NHS.

How to book your appointment:

Once you have decided on a hospital, you could book your first outpatient appointment through the NHS e-Referral Service. This can happen in the following ways:

- your GP can book it while you're at the surgery
- you can book it online using the Appointment Request letter your GP gives you
- you can phone the NHS e-Referral Service line on 0345 60 88 88 8 (open Monday-Friday, 8am to 8pm and on weekends and bank holidays 8am to 4pm)

How long do I have to wait for my appointment? If your referral is for non-urgent care, you have the right to start treatment led by a consultant within 18 weeks of being referred, unless you want to wait longer or waiting longer is clinically right for you.

For more information: www.nhs.uk

Sustainability and Transformation Plans: (STPs)

by Jean Hardiman-Smith, Chair, NPC Health & Social Care Working Party

Vague for a reason? Most STPs are very vague, particularly on finance. The example of South East London shows just how much detail is missing from many of the plans. In most areas the plans have been published without consultation with the public, healthcare staff and councils. Some councils are waking up to the reality of what STPs are about. In my own area, Cheshire West and Chester, Sefton, Wirral and Liverpool have all rejected the STP. The plans are about cuts and take £22billion from NHS services over the next five years. In my STP area alone, that means cutting 1.85 million gross, or around 1.5 billion after the NHS payment for delivering the plan has been taken into account. Cuts on this scale cannot be absorbed any longer. Cuts were previously hidden from the public under the title of 'efficiency savings'. Already services are being lost, operations rationed, staff morale is at an all-time low. This new draconian round of cuts will inevitably lead to more closures, more rationing, and an increasing loss of staff from an already low baseline. Land and buildings we own will be sold to developers and our remaining services moved to locations not easily accessible to the less mobile and more sick. There has been a complete failure to transparently discuss finance, estate, or the workforce.

The rationale: NHS England and the government say they will move services to the patient, and the community.

The reality: A poorly funded and understaffed NHS, a care sector in crisis, and local authorities staggering under cut after cut themselves will deliver a third world service, if indeed there is any service.

The signs: The number of people trapped in hospital due to inadequate or non-existent social care is at record levels. In August the number was 62,807, which represents a 40% increase on last year. The cost of this to the NHS is estimated at around £900m every year. The NHS is increasingly unable to provide a safety net as the government has cut the provision of hospital beds to the bone.
The fifth richest nation in the world is proudly standing at no 78 for hospital bed provision, behind the likes of Uzbekistan.

Why can't the care sector cope? At present, councils are able to raise extra cash for social care by increasing council tax by up to 2% every year. Proposals drawn up by George Osborne in 2015 will enable councils to retain 100% of business rates by 2020. However, this will mean a postcode lottery. The poorest areas have the greatest need and the least potential to raise extra funds. Poor areas with few businesses will see their populations further disadvantaged, with more disability, mental health issues and early deaths. The well off will get even better services and the inequality gap will widen exponentially. The gain will go to the few. Indications are that most councils will not be able to fill the gaps.

Stephen Dorrell (former Conservative Health Secretary), now Chair of the NHS said: '*We are talking about a cash shortage that is threatening the stability not just of local government, but of the NHS. It comes when people find they can't have access to care homes, so they end up in A&E and GP surgeries. They can't be properly discharged from hospital when they are fit and ready to go.'*

Lord David Lipsey said: '*There's a danger that poor people in poor areas will end up without care, living a squalid life. There could be areas left with no care'.*

More of us, but less support: statistics indicate that between 2010 and 2014, the number of older people receiving home care fell by 31.7%, day care places plummeted by 66.9%, spending on home care dropped by 19.4%, while the number receiving meals-on-wheels fell by 30%.

STPs are designed to close hospitals, more beds will be lost, along with all the services that hospital provided, including maternity and A&E. In practice care in the community means the sick, disabled and elderly will be bedridden in their own homes, without access to expert healthcare and treatments, but hidden from the public gaze. Instead there will be a few Centres of Excellence. The rationale is that you might do better in a specialist hospital if you have, say, a stroke. As a general rule this has not been proved, there IS no evidence it is the case.

The other rationale is "care in the community is where people want to be". Faced with realities people very frequently change their minds. They want to be near the experts, with access to the latest technologies and treatments. Communities only provide part of the jigsaw that keeps our elderly fit, and socially engaged, and our younger people working – or just alive. A decent service would have the specialist and general hospitals we need, sufficient beds so that people were not waiting for admission for many hours, and sometimes dying in the process, and operations were not cancelled or rationed and a good, well-funded care sector.

A crisis under wraps? in a leaked memo to the Daily Telegraph, instructions were sent by NHS England and regulator NHS improvement banning managers from declaring 'black alerts' – the highest level when hospital services are unable to cope with demand. In fact, the levels of bed occupancy rates in hospitals are the most crowded they have ever been ahead of winter. There are babies in A&E lying sick on floors and on chairs, we have older people dying. So much for transparency. Things can only get worse.

We know it is about reducing spending in the NHS, and we know councils are struggling. Will the STPs fix this? Not if experience is anything to go by. Northern Ireland has an integrated system and is well down the road. This is what happens in practice:

When it became apparent that the Northern Ireland Health Budget was increasing so quickly that it would soon become unsustainable (it already takes up half of the Northern Ireland Block grant from Westminster) John Compton produced a report "Transforming Your Care (TYC)" which proposed changes to the care system in an attempt to keep people (mostly the elderly) out of hospital. The main problem with this was that it required £80m pump priming which was supposed to come from the hospital budget and of course that did not happen — so far some £27m in extra funding was allocated to the care budget. Meanwhile the changes have been progressing without the proper funding and it is argued that the elderly are being unfairly targeted and that changes are not having Equality Impact Assessments (EQIAs) carried out in defiance of the Section 75 of the Equality Legislation (Northern Ireland Act 1998).

In essence, patients and the frail vulnerable are suffering, and badly, it has been impossible to take money from one badly underfunded system to give to another, and to enable this strategy to continue, laws are actually being broken.

Some STP leads in England have admitted openly that "the financial component is a strong driver" to their STP so have made the financial aspects the first area of consideration. There is a concern that this is taking priority over clinical and patient need. This is simply not the response of a civilised country, which was doing so much better not so long ago, and can still afford to do so. If Uzbekistan can, we can!!

We need transparency, accountability, and the input of the professionals and the public. We need honest answers to our questions, properly evidenced, not another repetition of magic thinking. We do not need the kind of consultations where the results are already decided, and our responses are ignored.

The state of social care now is the future for the NHS under the STPs, and the same smokescreens and mirrors are being used to persuade us all that things will somehow be better.

In Issue 6 of our working party newsletter published in December 2016, pages 2 & 3 give the critical questions that we should all be asking our footprint leads, CCGs, MPs and local Councillors. Some Healthwatch Boards are challenging local plans, but a great many are not. Healthwatch is there to ensure that public opinion is listened to on issues of changes to health services or access to those services. We all need to be pushing for openness and transparency about the real reason for STPs.

The latest initiative by NHS bosses in Yorkshire - "Guerilla Marketing' an established, low-cost approach through social media to reaching people of all ages in ways that encourage and facilitate participation.

The plan is to use this tactic – costing £10K - to persuade people in Yorkshire that what they are doing is good for them. The Humber, Coast and Vale (HCV) Sustainability and Transformation Plan which covers Beverley, Grimsby, Hull, Scarborough and York contains a staggering £420 million of cuts to NHS services that serve a population of 1.4 million people.

The fact this STP wants to spend £10,000 of taxpayers' money on what is bizarrely described as 'guerilla marketing' to direct public opinion is an indication of the pressure to get STPs implemented.

Finally, we should all be aware that there is no funding to support the infrastructure of local plans, nor for its implementation. The cost has to come from existing resources – resources that are already critically under-funded and subject to reduction year on year.

#OUR NHS MARCH

On 4th March, a huge demonstration in defence of our NHS and Social Care Services is taking place in London. The NPC has signed up as a supporter and we are asking for all NPC members attending the march to meet at NHS England, 105 Victoria Street (next to House of Fraser) between 12.30-1pm so that we can have a large contingent behind our banner. Local banners welcome of course – the more the better. The nearest tube station is St James's Park/Victoria. We are also encouraging members to dress as skeletons (further information from National Office).

A rally will take place in Parliament Square and Dot Gibson, General Secretary, will be speaking.