Health & Social Care News

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

Walkden House, 10 Melton Street, London, NW1 2EJ
020 7383 0388 info@npcuk.org www.ncpcuk.org

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Your Health & Social Care Working Party:

Mary Cooke

Clive Evers

Jean Hardiman-Smith (Chair)

Claude James

Shirley Murgraff

Terry Pearce

Trevor Peel

Pat Prendergast

Pat Roche

Elaine Smith

Dot Gibson (Gen. Sec)

Jan Shortt (Vice President)

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

Websites:

- www.dropnhsdebt.org.uk
- www.nhscampaign.org
- www.opendemocracy.net

Dates for your diary:

4 November 2015, 1 till 3 p.m. Lobby of Parliament, Committee Room 14, House of Commons

LAMPAG CONSULTATIVE HEALTH CONFERENCE

'Better Care, Better Health'

At a Lobby of Parliament organised by NPC in 2001, members of LAMPAG (Lambeth Pensioners Action Group) met with Kate Hoey, MP and discussed the findings of a social care campaign organised by the NPC which revealed:

- That members needing home care had been asked to stand by their open front door to report to the care worker if a parking attendant was checking his/her car. The car was needed as the care worker didn't get paid for the journey between calls.
- That a blind member had not heard the care worker mopping up the soapy water from the kitchen floor. When she asked the sheltered housing manager to check this before she ventured into the kitchen, she found that this was in fact the case. It could have led to an injury if she has slipped over.
- That bleach had been used on the lavatory seat but not wiped off and the member had experienced 'burning' when she used the toilet.
- That Nigerian 'care' agencies were supplying students needing jobs to pay for their tuition fees as care workers and they were untrained and generally not interested.
- That one of the problems was that our members and the care workers could not understand each other and so there was a lack of communication.

These issues were raised, plus the problems arising from discharge from hospital when there was nobody at home or any care worker provided. Kate Hoey suggested that LAMPAG had a meeting with Patricia Moberly, the Chair of Guy's and St. Thomas' Hospital Trust about having a joint LAMPAG/Hospital Conference so that such issues could be raised and discussed. Patricia was really pleased, brought the Chief Executive on board and so the first Advisory Conference was held.

The first one was a campaigning conference with a representative of Lambeth Council there as well and the Chief Nurse and others from

the hospital. After that LAMPAG had a combination of campaigning issues and specialist speakers on a variety health issues.

On one occasion the chief nurse turned up in "civvies" and members were disconcerted – they needed to see a nurse in nurse's uniform! Patricia Moberly agreed and made sure to make this point to nurses speaking at subsequent conferences. (This seems like a small point, but it is really important to take older people's sensibilities into account when organising things.)

The one failure was when the group tried to get a speaker on the hospital transport. The Chief Executive gave the impression that there would be a speaker but would not give the name and then on the day there was no speaker, and the Chief Executive told the group that the subject was too difficult to handle i.e. the hospital transport system was a complete mess! (which is why the group wanted it to be on the agenda!). In the event, the group had two speakers from Transport for London and they knew nothing about the problems of hospital transport so the meeting had to discuss the importance of the bus pass.

When Dot Gibson became London Regional Secretary, she tried to get such conferences in other parts of London and the group managed to get one in Southwark (King's College Hospital) and in Camden (The Royal Free Hospital) but they ended up being only one-off events and were never continued.

Later when Dot became General Secretary, she raised the possibility of having health conferences with hospitals at a Regional Secretaries' meeting but this was not taken up in any other regions. Despite this, the LAMPAG Health Conference has become an important annual event in the LAMPAG calendar. I succeeded Dot, as Chair of LAMPAG and continued the tradition of the annual LAMPAG Consultative Health Conference. We recently held the 14th Consultative Health Conference in June 2015.

The Health Conference is hosted by St Guy's and St Thomas' NHS Foundation Trust and held in the prestigious Governors' Hall and organised by LAMPAG. The conference is both a health and consultative conference. Participants have the opportunity to be addressed on health topics by experts who treat these medical conditions on a daily basis. Health topics for discussion are taken from feedback from previous conferences and from those of interest and concern put forward by members many of whom have been in /out patients at the hospital. They also have a chance to be addressed by a panel from Guys and St Thomas' Foundation Trust. The panel is made up of the Chairman of the Trust, the Chief Executive, the Chief Nurse and the Group Director of Operations.

We also invite our local MPs, Local Authority councillors and the Mayor of Lambeth to the conference.

Participants get to hear about developments, programmes and initiatives and changes at the hospital to improve and raise standards of patient and staff experiences. More importantly participants have an opportunity to raise issues and ask questions regarding health care delivery in general in the hospital and in the community in a safe environment and to share personal experiences.

The conference is also a forum for raising current health issues and campaigns, for debating issues around ensuring high quality patient and social care, protecting our health services, defending the NHS and for empowering older people to become involved in local issues around health, social care and wellbeing. We invite speakers to address the meeting on these various topics and areas and provide a space for people to debate in a safe and supportive environment. The conference is also a source of information on self-care, of access to support in the community and of maximising health and well-being.

The Health Conference attracts older people from across South London and has gained the reputation of being well known for its success in bringing together medical experts, hospital managers, staff and the public they serve on a daily basis.

We hope that our success in holding the conferences over the years and our reputation will become a catalyst for and inspiration to other pensioners' organisations to work with their hospitals to emulate the idea of such a conference.

Ellen Lebethe, Chair, LAMPAG

Closure of Blood Manufacturing Services

In August, the NHS Blood and Transfusion (NHSBT) Board made it publicly known that two blood manufacturing sites (Sheffield and Newcastle) were to close, leaving only three sites remaining. Around 38 full time equivalent jobs (approx.100 staff) will be lost in Yorkshire and The Humber and the North East of England.

MPs in both areas were contacted and a letter signed by 25 of them sent to Jeremy Hunt raising concerns about the job losses and the large swathe of the North and North Midlands being left extremely vulnerable and unable to cope with major incidents. A reply from Mr. Hunt is awaited.

How Come We Didn't Know?

Marion Macalpine's photographic exhibition 'How Come We Didn't Know?' is about the corporate take-over of the NHS. It is available to borrow by any group who would like to publicise how we are losing our NHS and to campaign for us to keep it.

In the last year, it has been exhibited across the country, in main public libraries, community centres, even a church. It works best when it can be displayed for 3 days or more, and has often been launched alongside a public meeting with speakers from organisations like Keep Our NHS Public.

It includes over twenty photographs and brief information highlighting some of the major corporations involved in privatisation of the NHS. It explores the diverse forms that privatisation takes, including PFI contracts; private health companies masquerading as NHS including many GP clinics and diagnostic centres; private hospitals which cherry-pick 'low risk' patients; lucrative contracts for highly specialist treatment; healthcare corporations with a history of fraud or tax avoidance; scandalously poor care practice that is no barrier to winning new contracts; private corporations driving government policy and involved in negotiations such as the EU-US Transatlantic Trade and Investment Partnership (TTIP). The exhibition also highlights some critical links between politicians at all levels and private healthcare corporations.

If you are interested in using the exhibition to support your local campaign, contact Marion Macalpine on marion.macalpine@gmail.com
Exhibition online at: http://www.hackneykeepournhspublic.org/exhibition-how-come-we-didnt-know.html

DEMENTIA

All of us have friends or relatives suffering from some form of dementia.

Though it is more prevalent in older people, it is not an inevitable consequence of ageing and some people get the disease, for that is what it is, while they are still of working age, while others remain free from it even at the age of 100 plus. If we do not get the illness ourselves, those of us close to the person suffering from the condition are unavoidably drawn in to the need to give support and care that can sometimes endure for years.

Last year dementia awareness week took place at the end of May, and the subject received extra attention in the media. It is anticipated that 34 million could be suffering within the next 10 years.

I suppose I had become increasingly aware of it as more friends and people I had worked alongside developed symptoms. To get more background, I attended a Patient Education Event on dementia for people in the Bracknell and Ascot CCG Area. It was held at Easthampstead Baptist Church. I also visited the Memory Clinic in the Bridgewell Centre and had an instructive tour with members of the team.

We were told, for example, that only half of the people with dementia are diagnosed, so awareness of the signs of dementia is important.

Re-printed by kind permission of **Alan Edgar**, *Bracknell District NPC*

Friends and relatives might be the first to suspect the onset of the disease in its early stages. In the discussion, people spoke of a loved one who would not accept that they had a problem, and refused to seek expert help. Some of the audience told of GPs who would not accept a patient had dementia, even when it was quite clear to the relatives. A number of carers struggled with the patient's and the professional's resistance, and then wondered who to turn to for help. Many in the audience expressed their sense of helplessness. I was concerned to note how many of those at the event spoke of the loneliness of caring, particularly when the patient cannot communicate meaningfully.

Governments pay lip-service to supporting mental health facilities, yet at the same time reduce spending on mental health. Functions are put out to tender and the lowest bids accepted, which tends to mean lower standards. Care homes fail and close, creating a shortage, while others are sub-standard.

With dementia there is an obvious need for the care aspect to be strengthened. The overlap between treatment and long term care is a central issue that has to be addressed urgently and nationally. The NPC held a very useful one-day conference in London last year and the keeps the topic on its agendas.

The Relatives & Residents Association
Your Rights in a Care Home

For Quality of Life for
Older People in Care

Going into a care home feels like entering another world which has its own conventions and of course, its own governing legislation and guidance. So, however, friendly and warm, it can still be difficult for residents and their relatives and friends to know what it's going to be like and what they have a right to expect.

Despite all the rhetoric, it is not like living in your own home. Most people now going into care homes are in their 80s and 90s, with more than 70% having some form of dementia, often with other disabilities and illnesses. As a result, they need skilled help and support with their personal care and activities of daily life from care workers.

As a resident - or as a relative or friend - you need to know what care providers must do to ensure that residents' rights are protected when receiving personal care and living in a care home. This summary contains some of the most important rights under the current regulations[i] as approved by Parliament. The numbers in brackets refer to the Regulation number. These Regulations are all mandatory, this means that providers **must** comply with them. They are not optional 'extras'.

NB. The term "provider" also means the manager throughout.

Registration is Essential for All Providers and Managers

1. All providers and their managers must be registered by the regulator: the Care Quality Commission (CQC). To run a care home without being registered is unlawful. The CQC is also responsible for inspecting all care homes.
2. The home must be run by a provider or a nominated person who must be of good character. This must be "a fit and proper person" and have the necessary qualifications, skills and experience. The manager in charge of the home must meet the same standards of fitness.
   [Part 3 Regulation *4, 5, 7]*

Abuse

3. You must be kept safe from any risk of abuse, ill-treatment or neglect or degrading or improper treatment. This includes having systems to prevent and investigate any allegation or evidence of abuse. *[Regulation 13]*
4. Abuse includes sexual, physical and psychological abuse as well as theft and neglect.
5. You must be protected from the threat or use of force, deprivation or restriction of liberty, restraint or control. *[Regulation 13 (6,7)]*

Assessment and Care Plan

6. You must get a proper assessment of your needs and a care plan that meets them. *[Regulation 9 (3)]*
7. Your safety and welfare must be ensured by the provider. Your care must also reflect best practice and avoid discrimination. *[Regulation 9 (1)]*

Choices, Communication, Dignity and Privacy

8. You must be treated with consideration, dignity and respect which protects your independence and privacy and enables you to make choices without discrimination due to your age, culture, disability, language, race, religion, sex or sexual orientation *[Regulation 10 (1,2)]*

Cleanliness of Premises and Infection Control

9. The home must be a safe and clean environment where you are protected from infection. *[Regulation 12 (1)(2)].* Premises must be suitable and secure. *(Regulation 15 (a)-(e)]*

Complaints, Listening and Responding

10. Your home must have a system to identify, receive and record, handle and respond effectively to complaints procedures. The home must ensure that complaints are investigated and take steps to resolve them *[Regulation 16 (1) (2)*

Consent

11. Your home must get your consent to your care and treatment and where you are unable to do this, they must ensure that they receive professional expert support to interpret what your consent would have been. [Regulation 11]

Equipment

12. All equipment used by the service provider must be clean, secure, suitable and properly maintained. [*Regulation 15 (a)-(e)]*

Feedback

13. The provider must seek and act on feedback to continually evaluate and improve their practice and the service. [Regulation (17(2) (e) (f)

Food and Drink

14. Your reasonable requirements and preferences must be met which meets your needs and cultural and religious requirements. You must also receive suitable and nutritious food and drink also provide support to eat or drink if needed*. [Regulation 9 (i),14 (1)(4))]*

Medicines

15. There must be proper and safe management of medicines, and they must be also be provided safely and in sufficient quantities to ensure safety and meet your needs. *.[Regulation 12]*

Protecting the Resident

16. You must be protected from inappropriate or unsafe care. *[Regulation 13 (1) a]*
17. Your welfare and safety must be ensured by the provider who must see that your care reflects best practice and meets your needs and avoids unlawful discrimination. *[Regulation 9 (3) (a)-(i)]*
18. The provider must be open and honest about any incident affecting the resident which could result in moderate, severe or prolonged harm*. [Regulation 20]*
19. The provider must display the rating given by the inspectorate, Care Quality Commission (CQC).

Records

20. All records relating to your care and treatment must be accurate, complete and up to date and kept securely. *[Regulation 17 (2) (a)-(f)]*

Respecting and Involving Service Users

21. You must have your dignity, privacy and independence respected and your views, experiences and choices considered in all decisions about your care and treatment. *[Regulation 17(2) (e]]*

Staffing

22. The provider must ensure that there are enough suitably qualified, skilled and experienced staff at all times to care for you. They must also be of good character, competent to carry out their work and properly trained and supervised. *[Regulation 18 (1) (2)]*

iStatutory Instrument 2014 2936 which came into force on 1st April 2015 called: NATIONAL HEALTH SERVICE, ENGLAND SOCIAL CARE, ENGLAND PUBLIC HEALTH, ENGLAND The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

NB: The regulations which are no longer included required the provider:

- to specifically tell residents about the complaints procedures
- to plan for and have emergency procedures in place
- to give residents a choice of food

Additional Information:
If you receive funding under NHS Continuing Care Funding or from your local council, you are also covered by the Human Rights Act.

Need Help or Advice? If you would like to find out more about these regulations and how they affect you or your relative please contact **R&RA's Helpline** on **0207 359 8136** or **info@relres.org**

Other stuff …….

Daily Telegraph: Study by the Health and Social Care Information Centre (HSCIC) reveals that more than 40,000 frail elderly or disabled people in the care system are not getting enough food and drink. It also found that 6 out of 10 people who asked their Local Council for social care support last year were effectively turned away.
The study showed that 'bed-blocking' in NHS hospitals because of lack of social care rose 16% in a year as Local Councils struggle to cope with the ageing population while funding is being cut.

Daily Telegraph: Royal College of Nursing (RCN) reports that their survey found that 31% of 4,000 nurses polled are seeking a new job. 82% had worked when unwell and 59% said they were too busy to provide the level of care they would like. RCN Head of Employment Relations said: 'Nursing staff are being placed in intolerable situations; working themselves sick and still not feeling that they have been able to deliver the care they would like.'

The Financial Times: Assura has raised £300million to build more GP surgeries. Assura owns 300 medical centres with GPs paying rent and the NHS reimbursing them for rises linked to inflation and GDP.

The Kings Fund: An interesting blog by Richard Humphries, Assistant Director, Policy 'We need to talk about social care providers'. More than 12,000 independent organisations from corporate chains to small family-run businesses, charities and social enterprises provide social care. Less than 10% of social care is provided by councils or NHS, so when a social care provider hits the financial rocks, bankruptcy is the more likely scenario.
Our health and social care system is highly dependent on residential care and nursing homes and nearly 500,000 people rely on home care services. The consequences of failure are huge for individuals, families, staff and indeed the NHS and social care system as a whole.
The amount local councils can afford to pay has fallen by almost 5% in real terms and an average annual increase of 2.5% is needed simply to keep up with inflation.
One of the pressures on costs (particularly for nursing home providers) is the shortage of qualified nurses and the higher spending on agency staff. Last year the Care Quality Commission (CQC) found that 1 in 5 nursing homes did not have enough staff on duty to ensure residents received good, safe care.
The warning signs are clear – 56% of Directors of Adult Social Care report that providers are facing financial difficulties now. Three of the country's top five home care providers are planning to pull out of publicly funded home care or have already done so. Many more have handed uneconomic contracts back to local councils. Homes are charging higher rates for people who pay for their own care –anything up to 40% more in some cases in order to compensate for the lower fees paid by local councils.
There are two fundamental issues. The more obvious being the failure of successive governments to address the now chronic underfunding of the public social care system, but a deeper problem is the failure to think through the consequences of shifting the bulk of our care provision to a private business model.
The prospects for people with care needs worsen. www.kingsfund.org.uk/blog

Action on Hearing Loss: Despite clear evidence of the benefits of hearing aids, North Staffordshire CCG has implemented restricted access to NHS hearing aids. Five more CCGs across the country are considering the same/similar proposals. A new report due out in November 'Hearing Matters' is a key tool to argue against cuts. Meantime, please send any changes to NHS hearing services in your area to: campaigns@hearingloss.org.uk

Health & Social Care Working Party
Tell Us Your Story Project

The Health & Social Care Working Party needs the help of NPC members with part of its work programme to collect and collate stories about the best, the worst or anything in between on the changing NHS and crisis in social care.

Regional Secretaries have kindly agreed to assist us with this work and you will soon be receiving an invitation from us to take part.

The changes to NHS and social care services are different across the country, but we need to prove the post code lottery, the denial of care to people in need and the impact on families/communities. Your stories will be the most important part of our project. Watch out for further information.