

Health & Social Care News

National Pensioners Convention

Health & Social Care Working Party

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THE NHS, THE PEOPLE & THE POWER

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

NPC ANNUAL CONVENTION

Where: Imperial Hotel, Blackpool

When: 3rd & 4th September 2024

Tickets: £15 for 2-day event;
£10 for 1-day event

Come and join us and enjoy the Blackpool Illuminations too!

The NHS will be one of the most important issues in the coming weeks. This is an opportunity to demand the kind of NHS we want and deserve after decades of privatisation and cuts to services.

There is a desperate need to change the narrative around the NHS and social care. Yes, we need better budgets for both these services, but these alone will not achieve a return to the NHS we really want. A whole raft of policies need reviewed and potentially thrown into the bin. Because it is not the NHS that has failed, it is the policies of those in power.

Every time there is a change of government, there is a 'reform the NHS' agenda which quite frankly wastes even more money. The NPC suspects that removing the NHS and social care from the political agenda would give stability and growth in the right direction, but that will not happen any time soon.

The NPC policy of a National Care Service free at the point of need would begin to deal with the unacceptable lack of access to even basic care needs. It requires to be fully funded, publicly run and accountable and to give care workers the respect they deserve by having their own Professional Body and pay structure. Our policy demands parity of illness, so that no one has to pay exorbitant care costs just because their condition doesn't meet someone else's criteria.

To be effective, the National Care Service must work alongside the NHS. So what will that require?

- Publicly funded - end privately funded services;
- A workforce that is respected and valued;
- Decent pay and conditions;
- A recruitment and retention strategy that enables staffing levels to reach optimum numbers;
- Investment in the infrastructure of hospitals and delivering new, modern buildings for staff to work from;
- Restore Public Health to pre-pandemic levels and enable them to re-build the nation's health.

Tackling health inequalities will only happen with new policy initiatives that put people first. If you believe in an NHS that is for everyone, use your people power!!

End of Life Care in the Four Nations of the United Kingdom

A report on 'End of Life Care: How well do services measure up?' has been drawn up and is available on NPC's website. If you would like a paper copy, please contact the office.

The World Health Organisation has been urging Governments to develop strategies, plans and services for Palliative (or End of Life Care). Of the Four Nations of the UK, England, Scotland and Wales have strategies and plans in place. Northern Ireland lacks a strategy for this phase of life although there are plans, and there are calls for the now up and running Northern Irish Assembly to develop one. The strategies and plans of all Four Nations are very good, and outline the kinds of services one would hope for at this time for accessible, well-organised, sensitive, person-centred care based on dying people's needs and wishes, with good and accessible bereavement support for relatives and friends, but how well are those services working in practice?

End of Life Care is a complex area of work which draws on a patchwork of services. End of Life and Palliative Care services may be provided in the home, in a care home, hospital or hospice. It may be led by a GP or a hospital Consultant. In the home it may involve Social Care; Community Healthcare Services or District Nursing; hospital or hospice staff. It may include Counselling, Physiotherapy, Occupational Therapies which are used to identify and provide equipment to help with tasks, and advise on ways of making tasks possible or easier, and Complementary Therapies which can help to alleviate symptoms.

NPC's report which runs to 58 pages, draws on a wide range of publications by organisations whose work covers or includes this field as well as articles and some books, examines those strategies, policies and guidance and how well services are working and finds evidence of good practice, but also of extensive shortcomings in the services which make up provision to support people at this stage. While hospices and hospital palliative care services have a very good reputation, there is evidence of problems with all aspects of all other types of service including hospital provision albeit with some patches of good practice across all Four Nations of the UK.

Problems cited include: poor co-ordination of services at local level; shortages of facilities and staff affecting all types of service; difficulties with

access to services when they are needed particularly outside normal working hours; problems with prescribing; a need for much more staff training, e.g. to recognise when a person is dying and on the approach to working with dying patients, on cultural sensitivity, LGBTQ+ and trans awareness; on facilitating Patient Choice rather than taking over decision-making; bereavement services which are often not available; the need for wider consultation with residents on services at local level rather than just using the voluntary sector as proxies and for much more on-line and off-line information for the public about these services; and other issue.

Very little headway has been made in addressing equality issues for: people from Black, Asian, Minority Ethnic, Traveller and Romany Gypsy communities; trans and LGBTQ+ people; people with learning disabilities; and people with dementia as it is not generally recognised that the End of Life phase may last for a number of years for people with this condition; and homeless people many of whom die on the streets or in temporary accommodation.

Evidence is cited for large shortfalls in funding to local authorities which provide Social Care and to Integrated Care Systems which commission health services at local level in England and in the block grants to the devolved Governments in Scotland, Wales and Northern Ireland who fund health and social care provision in their nations, and hospices which are charitable organisations reported an estimated joint deficit of over £100 million for 2023-24.

All Four Nations have massive levels of staff vacancies across all types of service, and hospices are also affected by severe staff shortages.

The report calls on the UK Government in collaboration with the Governments of the devolved nations to hold a review of these services as a matter of urgency, and make recommendations to address the problems which have been identified.

Christine Sanders, H&SC Working Party

SALIVA TESTS MAY HELP DIAGNOSE PROSTATE CANCER

An at-home saliva test could identify genetic factors which make men more likely to develop the disease better than the current blood test. The study was carried out by the Institute of Cancer Research, London, and The Royal Marsden NHS Foundation Trust.

The UK does not have a national screening programme for prostate cancer and a simple saliva test could help catch the disease early on. Prostate cancer claims around 12,000 lives a year.

Prof Caroline Moore who specialises in the detection and minimally invasive treatment of prostate cancer, explains what happens to the samples.

"DNA is extracted from that saliva and analysed to look for a combination of genetic variations that are linked to prostate cancer."

The latest study involved more than 6,000 European men aged 55-69, an age bracket where the risk of developing prostate cancer is increased.

The researchers then used blood and saliva tests on a smaller group of those men who were found to have genetic variations in their DNA indicating a higher likelihood of developing the disease.

Preliminary results from the research show the saliva test produced fewer false positives and picked up a higher proportion of aggressive cancers.

Currently, men who wish to be tested for prostate cancer need to speak to their GP and have a blood test, which measures the level of prostate-specific antigen (PSA) in their blood.

We know the PSA test doesn't find all of the cancers," Prof Moore said, adding the men in the study had done the test, but showed normal PSA levels.

Institute of Cancer Research chief executive Prof Kristian Helin said the standard blood test "can cause men to go through unnecessary treatments and, more worryingly, it's missing men who do have cancer".

Without a National screening programme on the horizon, simply using this method to collect saliva that brings better results from testing, is potentially a life-saver.

Trials still need to take place, but hopefully we will soon see saliva testing the norm.

PLANNING FOR THE END OF LIFE

Alongside the End of Life Report, the NPC has produced some guidelines to assist our members and their families.

This has been drawn up with input by the National Bereavement Service for NPC members on Planning for the End of Life. We recommend that you have a look at it as it will help your family and friends to have this organised beforehand.

It covers:

- Drawing up a list of contacts who need to be informed
- Wills and will writing services
- Lasting Powers of Attorney which give authority to someone who you trust to make decisions about your property and finances and/or health and social care which you need to be used if you reach the point when you cannot make those decisions yourself, and how to go about drawing this up
- Living wills and Advance Decisions which are advance decisions about medical treatments which you may wish to refuse
- Advance statements about your likes and dislikes regarding diet, clothes, music, etc.
- Health and Social Care Services: the advice is to have information to hand about these services in case you reach a point when they are needed
- Bereavement Services and organisations which provide this
- Burial, Cremation and Funerals with some information about services, and an indication of the amount these may cost (although charges may change)
- Benefits which may be available at this time to help cover costs
- A list of what a relative will need to do when a death has occurred

This paper is available on the NPC's website. Printed copies on request.

With grateful thanks to Christine and the





IF YOU PAY FOR YOUR ENERGY BY DIRECT DEBIT AND YOU ARE IN CREDIT, YOU CAN CLAIM BACK FROM YOUR ENERGY SUPPLIER. READ ON ...

The NPC has joined 38 Degrees, Warm This Winter and a large coalition of fuel poverty campaign organisations to inform customers of their right to claim back credit from their energy supplier. In some cases, the credit has been building up because the energy company has increased direct debit payments too high, or customers have cut back on energy, or a combination of both. Currently UK energy suppliers are sitting on over £3bn worth of customer credit, with nearly a third of UK households (32%) in credit to their energy supplier all year – with 38% of this figure living in low income households.

The Warm This Winter campaign has called on people to join in the Big Energy Credit Claim Back now, because early summer is the ideal time to reset energy bill direct debit payments for the year ahead. The campaign makes clear that customers should not cancel their direct debits as this could lead to higher unit costs being imposed on households. Nor should you take out all of the credit you have built up – leave some to cover the introduction of the next cap on energy.

Whilst energy suppliers have your money, they gain bank interest on it. In 2023 the combined bank interest earned on customer credit balances was at least £159billion!

By claiming back your credit, you can claw back some much-needed cash whilst sending a clear message to energy companies. But this crisis needs proper government action too and this should be

a wake-up call to all political parties: from cheaper rates for those struggling the most to a proper plan to tackle energy debt. Customers shouldn't be left to take on the energy industry by themselves.

All households are struggling and if you can get a little bit of your money back, that may enable you to pay another bill or spend a little extra on other necessities.

To claim back your credit, sign up on https://act.38degrees.org.uk/act/big-energy-claim-sign-up?utm_source=email&utm_medium=email&utm_campaign=blast45351&submit=true.

REMEMBER – DON'T CANCEL YOUR DIRECT DEBIT OR TAKE ALL OF YOUR CREDIT BACK AS THIS COULD MEAN HIGHER CHARGES FOR YOU ON YOUR NEXT BILLS

Please note, this campaign link closes on 28 June, but you can still claim your credit back from your supplier by writing, emailing or telephoning them direct and asking for a sum to be given back to you.

MARTHA'S LAW

Merope Mills campaigned for '**Martha's rule**'

after her daughter, Martha, died from sepsis in 2021. An inquest found the 13-year-old could have survived with better care.

Martha's rule, allows seriously ill patients and their families easy access to a second opinion if their condition worsens.

Hospitals with critical care teams were invited to apply to be included in the first phase of the roll-out of Martha's rule.

Three hospitals in Sussex and six in Kent will introduce Martha's rule by March 2025. They are:

Sussex

- Conquest Hospital, St Leonards
- Eastbourne District General Hospital
- Royal Sussex County Hospital, Brighton

Kent

- Medway Maritime Hospital
- William Harvey Hospital, Ashford
- Queen Elizabeth the Queen Mother Hospital, Margate
- Darent Valley Hospital
- The Tunbridge Wells Hospital
- Maidstone Hospital

Professor Sir Stephen Powis, national medical director of NHS England, admitted that some hospitals will need “additional resources” to accommodate Martha’s rule.

We trust those resources will be made available and that all hospitals will eventually sign up to Martha’s Law as a way of saving lives and family heartache.

SOCIAL CARE IN A NUTSHELL

Social care is not free at the point of use. Anyone who requests publicly funded social care must undergo a needs assessment and a means test, and only those with the highest needs and the lowest financial assets are likely to receive support. Anyone with assets of more than £23,250 must pay for all social care themselves. Below this threshold, contributions are made by the person needing care and the government on a sliding scale. If the individuals requesting care have long-term complex health needs, the NHS may also contribute to funding.

In 2022/23, there were more than two million requests for adult social care support. Demand for care is growing, driven by changes in demographics. Demand from working-age adults, in particular, has increased by 22% since 2015/16 – partly due to the increase in the number of adults with disabilities as more people with severe disabilities survive childhood. There are also more older people and until recently, life expectancy had been increasing.

In 2022/23, total expenditure by local government on adult social care was £28 billion. The majority of this money was spent in two areas: learning disability support for working-age adults, and physical support for older adults. Most of this expenditure goes on long-term care, which is ongoing service or support with the aim of maintaining quality of life. The remaining expenditure is spent on short-term care, which aims to maximise independence and reduce the need for ongoing support.

There is significant unmet need for social care. Nuffield Trust estimated that fewer than half of older people with care needs were receiving support (including support from unpaid carers). Cuts to local authority budgets have meant that funding has failed to keep pace with demographic pressures. Currently, nearly one-third of requests for local government funding result in no support. Unmet need puts pressure on the five million self-identified unpaid carers in England and Wales (a figure that may be a huge underestimate – research from Carers UK found that there could be as many as 10.6 million unpaid carers in the UK) to provide support for their families and friends, and demand is unlikely to be met without significant funding increases.

For individuals not eligible for full public funding, the total costs across the person’s lifetime will vary depending on their level of need. The government estimates that one in seven adults aged 65 face lifetime care costs of more than £100,000. Even within the publicly funded sector, service user contributions to social care have been increasing. This is due to restrictions on public funding and the increasing costs of care. In 2022/23, those eligible for publicly funded care contributed £3.5 billion towards their own care (note, this figure does not include people who have to fund their social care privately).

Government action to address the pressures on social care has largely been rolled back. A White Paper published in December 2021 announced reforms to address the ‘catastrophic’ care costs that some individuals face in their lifetime. But in the November 2022 Autumn Statement, the government announced that some of these reforms would be postponed until October 2025.

Although there was no additional money for local government in the 2023 Autumn Statement, in January 2024 the government announced an additional £600 million for local authorities in 2024/25, of which £500 million was for children’s and adults’ social care. Nonetheless, in February 2024, the cross-party House of Commons Levelling Up, Housing and Communities Committee noted that ‘local authorities are increasingly reporting concerns about their

financial positions and their ability to maintain delivery of their services' and said that 'the Government must act now if local authorities are to survive the severe crisis and financial distress that they face'.

The NPC policy is for a National Care Service, funded by general taxation, free at the point of need.

'Goodbye Cinderella' launched in 2020 has seen many organisations come up with a range of proposals for a National Care Service – none of which tackle the lifetime cost of care for those who do not benefit from financial help.

Informal carers suffer financial hardship and many are in poor health. Carer's Allowance is the main carer's benefit and is £76.75 per week (2023/24) for a minimum of 35 hours. It is the lowest benefit of its kind.

Unpaid carers in England and Wales contribute a staggering £445 million to the economy every day – that's £162 billion per year. The value of unpaid care is equivalent to a second NHS in England and Wales, which in 2020/21 received an estimated £164 billion in funding.

And yet, when you retire and access your state pension, if it is more than the Carer's Allowance, then you lose it. This is unacceptable – the need for care is still there, someone has to do the task of caring and its value must be recognised.

The NPC policy is for older carers to retain their Carer's Allowance alongside their state pension. Yes, it may mean a small amount of tax to be paid, but the overall benefit financially can only help those who give their time caring for others.

GP'S VOTE NO TO NEW CONTRACT

GP's in England have voted overwhelmingly to reject contract changes that are being imposed on them by NHS England and the government from April this year.

The changes include a baseline funding uplift of just 1.9% for general practices – well below inflation. Many practices will struggle to remain viable over the next 6-12 months, risking closure.

The share of NHS spending in England on primary medical care is planned to fall to

8.4% which is the lowest share of spending in 8 years.

Changes in the contract also include incentives which would push practices further away from traditional GP-led care and access to GP and practice nurse appointments.

The number of fully qualified GP's has fallen by 2,000 in the last decade and 1,300 practices have closed.

NORTH WEST LONDON

Plans by North West London Integrated Care Board (ICB) to force a re-organisation would exclude GP's from almost all provision of 'same day' GP care for over 2 million people.

With no consultation with either GP's or patients it is clear that the ICB will try and push this re-organisation through to the detriment of staff and patients in North West London.

Patients are not being given information and therefore have no say in their care.

JUNIOR DOCTORS STRIKE

Junior doctors in England have announced new strike dates as the government has still made no credible offer that meets their demands for a roadmap to restore pay lost over the last 15 years.

The BMA's junior doctor's committee announced further strike action. This will involve a full walkout by junior doctors beginning at 7am 27th June 2024 and ending 7am 2nd July.

The Co-Chairs of the BMA Junior Doctors Committee said: "When we entered mediation with Government we did so under the impression that it would soon be making an offer. Clearly no offer is now forthcoming. Junior doctors are fed up and out of patience.

It is finally time to make a concrete commitment to restore doctors' pay. If such a public commitment is made that is acceptable to the BMA's junior doctor's committee, then no strikes need go ahead."

NEW WORKPLACE ASSESSMENTS

Under the government's back to work plan, £2.5 billion of funding is to be allocated to employment support schemes with the aim

of getting over 1 million people with long-term health conditions or disabilities, as well as those who are long-term unemployed, back into work.

As part of these plans, the government is planning to implement tougher sanctions for people who are judged to not be taking appropriate steps to secure work. The proposed punitive measures include suspending benefit claims altogether and stopping access to free medical prescriptions and legal aid.

Alongside this, the government intends to make significant changes to the work capability assessment, which is used to decide whether or not someone is fit for work. These changes would take effect from 2025 and could result in over 370,000 people receiving less benefit.

Apart from the plan lacking a clear strategy around disability equality, threatening sanctions has a harmful impact on the mental health of those affected.

The government's new plan would extend the role of commercial companies in working with benefit claimants to assess their needs. However, the use of private providers often fails to produce accurate and timely assessment of needs. The staff hired by these companies often schedule only short appointments with claimants they have never met before; may not even have specialist knowledge of the claimant's disability.

The new plan also fails to address the ongoing systemic barriers that disabled people face in finding and retaining work. Research shows disabled people earn less and are more likely to be unemployed. When in work, they experience inflexible or discriminatory workplace attitudes, lack of reasonable adjustments and inaccessible transport. Joseph Rowntree Foundation shows that households with a disabled person are more likely to be in poverty and are disproportionately impacted by the cost-of-living crisis.

It is estimated that households with at least one disabled adult or child require an extra £975 per month to maintain the same standard of living as households without a disability. This is often linked to extra costs for energy, transport and equipment. The back to work plan risks making finances

even tighter with stricter conditions and sanctions.

What is needed is a programme that tackles disablist policies, increasing disability benefits to reflect the true cost of living, stop sanctioning people and engage in genuine consultation with all those affected.