

# Health News

National Pensioners Convention : Health Working Party

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## 300 Miles for the NHS



*The 300-milers and thousands of supporters march through London to Trafalgar Square*

On 16 August the darlomums marched out of the car park next to Jarrow Town Hall on their way to London. The People's March for the NHS had begun.

They were to visit 23 towns in the three weeks it would take them to march the 300 or so miles between Jarrow and London, taking the same route as the 1936 Jarrow Marchers, as far as modern roads would allow.

The darlomums are ordinary working mothers from the North East (Darlington), and yet they are also extraordinary. They have confidence, passion and a no-nonsense approach to the politicians who, without any permission to do so, are systematically dismantling our NHS.

Along the route, the marchers were well looked after, taken to the hearts of local people and in some cases, local politicians all swelling the number of marchers through particular towns. Local campaign groups with their banners and placards made sure the message was a single one – 'Hands off our NHS'

999callforNHS is not about Party Politics – their aim is to save the NHS from the greed of private companies who wish to sacrifice one of the greatest institutions of our country. Our Health Service is the envy of the world, it belongs to the people – it is not for sale.

An army of volunteers gave up their time to co-ordinate events in each of the towns visited, walking the routes and making sure everything was in place.

Rehana Azam GMB Organiser and co-founder of the People's March for the NHS said: *'Thousands of local folk with the will to fight for our NHS have joined us across the 23 towns and cities covering 300 miles over three weeks. The People's March offered thousands of people a voice - a voice that is united in a shared concern about what is happening to our NHS. Young, old joined the march all with a story to share about the NHS.'*

*'One of the lasting memories of the march will be Pinderfield Hospital. We wanted to hold a rally on the hospital grounds but were refused by management. So we decided to hold a silent protest and marched through the hospital grounds in our hundreds with our flags. Patients and staff filled every window of the hospital as they waved at the People's March as it silently passed through their grounds.'*

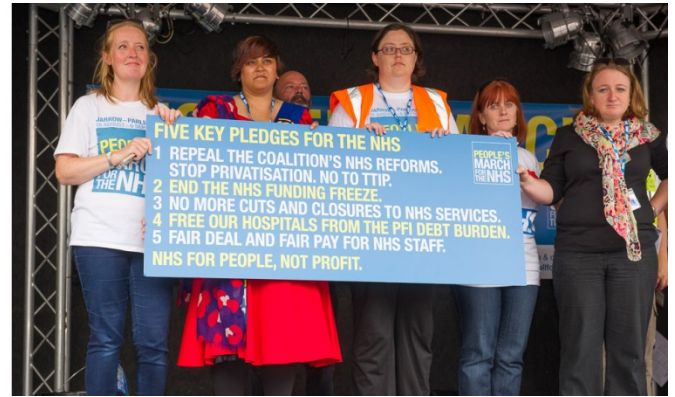
Three weeks later, with blisters, aches and pains in places they never knew they had, the 300-milers walked triumphantly into Red Lion Square in London. Such an emotional moment and one that will not be forgotten.

Along the route to Trafalgar Square, members of the public cheered or joined in with the march for a while. The atmosphere was amazing and when we arrived at Trafalgar Square, we were greeted by thousands more.



15-20,000 people welcome the marchers at Trafalgar Square

People do care about the NHS, but our work is far from done.



*'We have the NHS pledges that now need to become a reality and we all have a responsibility to level with the politicians who voted to destroy our NHS'* said Rehana.

There are millions of people who have no idea what life would be like without our NHS because they have always known it to be there.

Without our NHS, our health and well-being will be at a premium cost – a cost most of us cannot afford. Only the wealthy will be able to pay.

Nye Bevan's principle that private companies have no place in the NHS came well before the modern-day rush for profit, but he was so right. We have seen services disappear, be relocated out of the reach of patients who need them, and a lack of care and concern for those paying the bill – the taxpayer.

The darlomums and their 300-milers, along with all those who joined them en-route are now part of history. Whatever comes next, the NPC will be there to support them. We owe it to the future generations not to allow them to take our NHS.

*'Darlomums want to thank the National Pensioner's Convention who have supported the People's March for the NHS from the beginning. Thanks also to the NPC members who joined the People's March and supported us'*

### **FIVE KEY PLEDGES FOR THE NHS:**

- 1. REPEAL THE COALITION'S NHS REFORMS, STOP PRIVATISATION, NO TO TTIP**
- 2. END THE NHS FUNDING FREEZE**
- 3. NO MORE CUTS AND CLOSURES TO NHS SERVICES**
- 4. FREE OUR HOSPITALS FROM THE PFI DEBT BURDEN**
- 5. FAIR DEAL AND FAIR PAY FOR NHS STAFF**

# Rise in Care Home Fees

## The gap between care home costs and pensioners' income grows

The latest figures on the cost of care home fees shows that these outstrip pensioner income by 54% with the greatest rise in fees in the south east.

The annual fee for a room in a care home now costs between £28,666 and £32,760 depending on where you live. Overall, annual fees rose by an average of £299 in the last year – 54% more than the income gained by pensioners over the same period. The biggest increase came in the south east at 2.2% - twice the average for the country as a whole.

London is the second most expensive place for care homes, with average fees reaching £31,564 per year, closely followed by the south west at £31,512.

More and more older people are taking on a greater share of the burden of funding social care, either through being pushed out of the system because of changing eligibility rules or because of higher fees and charges. Many see selling their homes as the only answer to funding their much needed care.

Cuts to Local Authority and NHS budgets are false economy. It means more elderly people needlessly end up in hospital or care homes. Not only is it a burden on an NHS system starved of funding, it is not always the best option for the individual.

Nearly one third of older people with care needs do not receive crucial help (*Daily Telegraph, 14 August 2014*). New research from Age UK reveals that 870,000 older people between the ages of 65 and 89 now have unmet needs for social care – people who have difficulty in carrying out essential activities of daily life and do not receive any help from care workers or from family, friends or neighbours and who are left to struggle alone.

Despite the rising need for support, the amount spent on social care services for older people has fallen nationally by £1.2 billion. Access to publicly funded social care is more restricted than ever and in most local authority areas it is only currently available for those whose needs are assessed as being 'substantial' or 'critical'.

The situation (if not reversed by meaningful injections of funding and an overall strategy that puts people first), will mean more isolation and a less healthy and dignified old age for millions of older people.

*Editorial note: The NPC Pensioners' Manifesto for 2015 includes a National Health and Care Service which is free at the point of use and funded through taxation.*

### PENSIONERS' MANIFESTO 2015

- A basic state pension for all, set above the poverty level of £175 a week
- Increases in pensions to be linked to the best of RPI, CPI earnings or 2.5%
- Universal pensioner benefits (bus pass, winter fuel allowance, free TV licences for the over 75s and free prescriptions) to be maintained without means-testing
- A National Health and Care Services which is free at the point of use and funded through taxation
- A legally binding Dignity Code to improve the quality and standards of care for older people

### HOW THE HEALTH WORKING PARTY WORKS FOR YOU

Many NPC members have been in contact with us to ask for information on how to engage with organisations like Healthwatch, the Clinical Commissioning Groups and other areas where patient participation is not always welcomed.

We thought this and other issues that affect our members merit more than a small scrunched up article in our newsletter.

So we will produce **Information Sheets** as a way of focusing on particular issues and see if you feel they are a better means of communicating. It will take us a little while to research and put together, so look out for them coming your way over the next month or so.



# Privatisation is destroying all that is Precious about the NHS

WESTERN MORNING NEWS 16 August 2014

**Profit motives are driving the government's public health care policies, says Ellen Hawley who believes we need to open our eyes to what is happening to this 'national treasure'**

Having spent most of my life in the United States, I am in awe of the NHS, and I'm worried witless about what's happening to it.

The government tells us that by reorganising and dividing and privatising the NHS they'll give us choice and better care. But that's not what's happening. When they privatised Cornwall's out-of-hours care, it didn't give us choice; it gave us Serco, whose service was called 'substandard' by the parliamentary accounts committee. Three cheers for better service.

What happens when you break up an integrated system, such as the NHS used to be, and introduce profit into health care? You create perverse incentives. Entire systems will be structured around what pays, not what works best for the patient. Once profit comes into medicine, no organisation's decisions will be made without giving thought to it.

Let me tell you how that works in the United States.

My partner used to work as a family therapist for a US health maintenance organisation – one of those for-profit giants that dominate US medical care and that are anxious to enter what they charmingly call the UK market.

When she followed the cases of adolescents who had been referred to for-profit hospitals, she noticed that they got miraculously better when their benefits – the coverage their insurance entitled them to – ran out. If it covered 90 days of in-patient treatment, they needed 90 days. Or maybe 89. If it covered 30, they were ready for discharge in 30. People who worked in the system referred to it as a benefit-ectomy.

It's not that everyone who worked in for-profit medicine was corrupt. Most of them were good people, stretched to the breaking point by a system whose top priority was neither medicine nor patient welfare. But they could only do what was allowed and if the system said 'discharge', they discharged. If it said 'hospitalise', even if the patient might have been better off treated at home,

they recommended hospitalisation.

Because my partner worked for the organisation that was paying the bills, her job was to throw her weight against hospitalisation whenever possible and minimising hospitalisation was often in the patient's best interests. But not always. When you work in a system, it's hard to step outside it and look at an individual case objectively – even compassionately.

This kind of pressure leads to organisations playing 'pass the patient' with cases that will cost them money, and 'capture the patient' with lucrative ones. And don't think that for-profit corporations aren't doing that here. They leave the NHS to pick up the unprofitable cases, and it's called cherry-picking.

Treatment becomes a by-product. Often it is excellent, but often it is not. Patients fall between the cracks while the medical systems that are supposed to treat them argue over whose responsibility they are. And that's people with insurance. People without it would be lucky to have such problems.

I'm not saying that a 100 per cent US-style system will be imposed here tomorrow, but the NHS is in danger.

Bits and pieces are being contracted out to private corporations and we're told this will improve service and save money. But too often the public ends up with poorer service. In the *Western Morning News* (August 7), I read a headline about 'repeated failings of privatised patient transport'. How many similar headlines have we seen?

Does any of this save money? It's hard to say, since the public don't have the right to see the contracts involved. They're governed by commercial confidentiality, which is particularly outrageous when public money is being spent. What I do know is that bidding for contracts is in itself an expensive process, and that if a private corporation wins a contract it may push a public entity out of existence, so that if it provides inadequate service there may no longer be a

public entity to return to.

Now Serco is withdrawing from its contract early, saying that 'delivering out-of-hours care does not fit with our future health care strategy'. But the GP-led out-of-hours group that Serco replaced can't step back in seamlessly because it no longer exists.

I also know that for-profit corporations need to make a profit and that the money going to profits comes from the money that would otherwise be spent on providing health care. How can any system that has to pay dividends to its investors be expected to cost less? Take a look at the privatised railways. Are they delivering a better

*Editorial note: Ellen Hawley chairs Keep Our NHS Public, Cornwall.*

## Other interesting bits .....

### CARE.DATA-NEXT STEPS

NHS England is considering proposals to expand its care.data extraction scheme to include 'sensitive' patient information despite saying these conditions would be excluded. The discussion of this proposal appeared in the minutes of NHS England's care.data advisory committee meeting on 18 July 2014.

'Sensitive' data includes diagnosis of HIV/AIDS; sexually transmitted infections; abortions; IVF treatment; criminal records; abuse and potentially other areas. Collection and use of this data could impact on an individual's life and family. It could also affect the trust between patient and GP and lead to a patient withholding information of the kind listed.

There will be a consultation process – it is not clear what form that will take or when it will happen. As with previous care.data proposals, commentators are suggesting differing opinions. The HWP will monitor closely and provide updates as necessary.

In the meantime, if you are in the least bit concerned regarding 'sensitive' data that may be part of your medical records, consult your GP.

Whilst the HWP understand the benefits to be gained by collecting data, we remain concerned about the safety of that information and patient confidentiality issues.

Petition: 38 degrees petition to get coalition to commit to increase NHS funding at:  
<https://secure.38degrees.org.uk/page/s/david-cameron-nick-clegg-commit-to-increase-nhs-funding#petition>

New NHS Reinstatement Bill proposals by Prof. Allyson Pollock – deadline for amendments 15 December 2014  
<https://www.opendemocracy.net>

service or costing the consumer less? This is dangerous ground we are treading on.

I have joined Keep Our NHS Public, Cornwall, which was formed recently and is campaigning against the privatisation of the NHS, for adequate health care funding and for the repeal of the Bill that began these disastrous reforms. We can be found at: [keepournhspubliccornwall.com](http://keepournhspubliccornwall.com) or reached at: [konp.cornwall@yahoo.com.uk](mailto:konp.cornwall@yahoo.com.uk). I hope you will join us.

The National Health Service is not without its problems, but privatisation will destroy what's best about it. It is a national treasure, and it needs our help. Now.

*This article kindly supplied by NPC member Mr. Charles Hadley*

### WHEN A SIMPLE CHILL CAN DAMAGE YOUR HEARING FOR GOOD

We all get colds and chills from time to time and can suffer that 'blocked-up' feeling. In some cases, we can lose the hearing in one or both ears. However, it can be more serious than temporary hearing loss as a complication of a cold- it can actually turn out to be sensorineural hearing loss.

Sensorineural hearing loss can be caused by damage to the hair cells in the cochlea (inner ear) or to the hearing nerve, or both. It is usually because a cold virus has travelled to the inner ear causing swelling, compression and damaging the nerves. It needs speedy treatment to reduce inflammation.

A simple way for a GP to establish whether someone has sensorineural hearing loss is to use a tuning fork.

A GP may dismiss sudden hearing loss as another form of deafness, known as conductive hearing loss usually caused by a blockage such as a build-up of excess ear wax or fluid from an ear infection. Unlike sensorineural hearing loss, it may clear spontaneously or be treatable through medication.

An NPC member brought this issue to our attention and wanted others to be aware of the difference between sensorineural hearing loss and other conditions that may affect hearing. She also wanted others to be informed about simple testing so the right diagnosis can be made and appropriate treatment given.

With many of our readers feeling that they are often not being taken seriously by the medical profession, we hope this short article will give you the confidence to ensure you are listened to.

## Put Patients First

The NPC is backing a new campaign from the Royal College of GPs, which aims to secure more funding for general practice.

Under the heading *Put Patients First*, this campaign highlights that just 8.39% of the UK NHS budget was spent on general practice in 2011/12, compared to around 10.33% in 2004/5.

The fall in funding has come at a time when demand is growing, and as a result the standard of care being offered to patients can be compromised, waiting times are increasing and there is greater pressure on hospitals.

More than 26million people in England had to wait or a week or more to see or speak to their GP last year and 80% of doctors now say they have insufficient resources to provide high-quality patient care.

The campaign is therefore calling for investment in general practice to be increased to 11% of the NHS budget by 2017.

*For more info: [www.rcgp.org.uk](http://www.rcgp.org.uk).*

## LOBBY OF PARLIAMENT

Wednesday 5 November 2014

12.00 noon Old Palace Yard (opposite House of Lords)  
1-3pm Rally/Lobby, Committee Room 14, House of Commons  
Speakers invited from main political parties

NPC will be launching the Pensioners' Manifesto. This is an opportunity to tell your MP about the concerns you have as a pensioner and ask for their support.

If you would like to know more about the Rally/Lobby, then please contact NPC offices on: 0207 383 0388 or go to: [www.npcuk.org](http://www.npcuk.org)

### NORTH STAFFORDSHIRE PENSIONERS' CONVENTION TAKES ON LOCAL CCG

Recently, the North Staffordshire Clinical Commissioning Group (CCG) consulted on a proposal to withdraw NHS funded hearing aids from adults with mild to moderate hearing loss.

71% of people over 70 years of age have hearing loss, the vast majority of which have mild or moderate impairment. Left untreated or ignored, it impacts adversely on a person's ability to communicate, interact with others, be socially active, avoid mental health problems and other health conditions.

Tackling hearing loss and the aftercare of those needing hearing aids or other treatment is a national priority, so the CCG's proposal fell short of fulfilling that obligation to the local community who are already affected and those who could be in the future.

Members of the North Staffordshire Pensioners Convention went along to their Council meeting at which the CCG was to present its proposals. After the presentation, members of the Convention successfully made very detailed and specific counter arguments with the result that Councillors in attendance voted against the proposal – although one voted in favour and one abstained.

Congratulations to Celia and her colleagues in North Staffordshire for their overwhelming victory against something that was wrong in the first place, that now cannot be implemented, meaning that over 37,000 adults in the area can continue to enjoy a much needed service.

*If you have an issue you think the HWP should know about,  
please get in touch with us via the National Office.*