Health & Social Care News

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

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Introducing the members of the newly formed 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.

Diary Dates:

- United Nations International Day of Older People – 1st October 2015
- NPC Lobby of Parliament – 4th November 2015
- National Dignity Action Day – 1st February 2016

Care Cap Delayed until 2020

Cuts to social care funding are estimated at £3.5 billion over the last five years. Over one million older people no longer receive the care they need due to rationing by local councils.

Pressure for the delay has come in the main from Local Authorities arguing that without additional funding, they would not be able to administer the system.

The proposed cap on care costs was due to come into force in April 2016. For those with property or assets worth more than £118,000, the cap was supposed to limit the amount they would pay towards their social care to £72,000. However, individuals would still have to pay the £12,000 annual accommodation costs. The amounts paid that actually count towards the cap would be those the local council would pay if they were buying the care – not the amount self-funders pay.

With the delay, those with assets of more than £23,250 will now continue to fund all their care costs in full.

A recent survey by the BBC showed that none of the leading private insurance companies had any plans to provide products helping people to save for their care costs.

The UK Home Care Association has said they will be unable to afford to pay their care staff the proposed higher minimum wage of £9 an hour due in 2020.

None of the main political parties appear to have an answer to the crisis in social care. The NPC will be lobbying MPs on 4 November to call for a new National Health and Care Service funded through general taxation.

In the meantime, the Working Party would like to hear your stories and experiences of NHS and social care services.

Dementia Friendly Cinema

The Tyneside Cinema in Newcastle upon Tyne has started fortnightly daytime film screenings of some of the world's most beloved musicals for people with dementia and their carers and families.

Trained staff will be on hand to assist if needed. Films are screened with the lights up a little and the sound down a touch in the beautiful Classic auditorium.

Tyneside Cinema is working with a number of specialist partners to bring dementia friendly screening to everyone.

Tickets are £4.50 (carers free)

The Relatives and Residents Association (R&RA)

The Relatives and Residents Association speaks up and speaks out on behalf of older people in care homes. It is the only national charity for older people providing a daily Helpline which concentrates entirely on residential care for this age group.

A wide range of people need help with the complexities of the current care system – what to pay, whether to pay, eligibility or otherwise for NHS supported care, what they have a right to expect or complain about. Well-meaning (and often conflicting) advice and information from advocacy groups, GPs, Consultants and others means that R&RA needs to correct unhelpful information.

R&RA have produced fact sheets on what to look for in a care home and on people's rights in care. Acting as a 'listening ear' is important to families and individuals. The population of care homes is becoming much older and frailer. A significant percentage of care home residents have no kith or kin or anyone in regular contact (something like 40,000 individuals).

NPC will be working with R&RA through the Health & Social Care Working Party, so watch out for more articles. In the meantime, please contact: www.relres.org

Helpline: 0207 359 8136
Office: 0207 359 8184
1 The Ivories, 6-18 Northampton Street,
London, N1 2HY

The People's Healthwatch

A new Health and Social Care Watchdog for Bracknell

A new Watchdog for Bracknell was launched on the 16th October 2014 at Coopers Hill Centre. The People's Healthwatch is a separate body to the Healthwatch commissioned by Bracknell Forest Council. It will be independent, democratic and non-party political.

Its aims will be as follows:

- Defend the NHS from privatisation and fragmentation. Work with other local community groups, health unions, patients and NHS staff.
- Campaign for openness, transparency and oppose any conflict of interest in local health services.
- Provide support, signposting and advice to local residents.
- Work with the official Healthwatch and other health bodies.

Our activities will include the following:

1. Monitoring of local NHS bodies, including, Clinical Commissioning Groups, Health and Wellbeing Board and Bracknell Forest Council Health Overview and Scrutiny Panel. We will attend and report on the activities of these and other bodies.
2. Provide a Signposting and advice service for patients, including championing the rights of individuals.
3. Collaborate with other local community groups such as Heath Advisory Group, Save Heatherwood Hospital, Defend our Community Services and others.
4. Campaign where necessary in defence of the NHS and against privatisation and fragmentation of the NHS.
5. Involve the local community in our work; be open, transparent and democratic in all of our activities. Elect a committee and officers at our launch meeting on the 16th October, hold AGM`s and be accountable to the local community.

A simple survey was produced to find out how much local people know about the bodies making decisions on their behalf.

If other regions are interested in setting up their own People's Healthwatch, please contact the Health & Social Care Working Party at National Office.

Fit for the Future?

Health and Care System Transformation Programme
by Mary Cooke

Cambridgeshire and Peterborough health system was identified as one of eleven 'Challenged Health Economies' in 2014.

The Clinical Commissioning Group (CCG) – the body that plans, organises and buys most healthcare and providers of local hospital and community healthcare services are working together in a Concordat for the benefit of the whole local healthcare system. Peterborough City Council and Cambridgeshire County Council are also part of the programme, as are local Healthwatch organisations.

The aim is to shape healthcare for the future with a 5 Year Forward View put forward by NHS England in October 2014. *(NPC members will be aware that Mr. Simon Stevens, Chief Executive of NHS England was previously employed in a senior role for a large American Healthcare Company).*

Alongside NHS England are auditors Price Waterhouse Cooper (PwC). This Company also audit both the hospital and council, and were involved in the PFI project for the hospital. The NHS Trust Development Authority is now a partner of Monitor and they with NHS England are monitoring the situation.

The CCG is focussing on Children & Maternity Services; Mental Health Services; Care delivered through GP Surgeries; Planned care (both in hospital and the community) and Emergency and Urgent Care. It will also take account of the improvements expected to take place in Older People's Services by those Trusts who are under contract by the CCG to deliver innovative, integrated care.

So, how does it work? Prevention, self-care and instruction appear to be the order of the day with the CCG. Classes are prepared to educate the public in disease and self-management – at a cost to the public. Voluntary services and Apprenticeships also play a part here.

There are multi-professional teams in the community. All assessments and costings are scrutinised by PwC. A scheme has developed whereby patients discharged from hospital are visited daily by Red Cross volunteers for a 6-week period, then training on re-ablement process and then self-care. There is also to be improved End of Life care and training.

Consultation is ongoing, but how much influence that consultation might have remains to be seen. Suffice to say many questions are being asked – not least on where the funding comes from, the problems caused by the use of agency staff, charities being at the fore and everything now being directed to 'outcomes.'

GPs are retiring in high numbers. We have systems in place for consultation over the phone and only in person if the GP thinks necessary. Waiting for a phone call back from the surgery while you are in a line of calls can be so frustrating and not everyone is happy with this situation.

'I was a District Nurse in the early 1960s and much of what is planned today is similar to then. But, at that time we had excellent dental and medical services for schools, district clinics and very good employer's health care in the workplace. Training in the community was much improved when we moved to the NHS.'

Hospital Discharges

At a lunch time meeting at the Pensioners' Parliament in Blackpool, Jean Hardiman-Smith gave a presentation on the impact of inappropriate discharges from hospital. The information contained in the presentation is really important for NPC members as they campaign for local services to be retained and properly run.

A briefing based on the presentation is now available to everyone. If you haven't seen a copy, get in touch with your Regional Secretary or NPC Head Office.

'A Labourer is Worthy of His Hire' Apprenticeships and Traineeships

There is a difference between Apprenticeships and Traineeships.

A Traineeship is for those between 16 and 24 who want to move into an Apprenticeship or a job and lasts up to a maximum of 6 months. It may be unpaid – the employer has discretion – and is not subject to minimum wage legislation.

An Apprenticeship is for those of school-leaving age. It is a job with training – earn as you learn – with National qualifications at the end of 1-5 years. The wage is £2.73 per hour for 16-18, due to rise in October 2015 to £3.30. It is not clear whether the living wage of £7.20 per hour will apply to this age-group of apprentices. The average weekly wage for older apprentices is £200.

On the face of it, these opportunities for young people are to be welcomed, but there are things that are not quite right and have been criticised by the media and others.

For example:

- In the summer budget the Chancellor placed a levy on large businesses to help fund apprenticeships.
- The CBI criticised the key flaw in the government plan highlighting skill shortages in Science, Engineering and Technology as a barrier to recovery.
- Some companies who pass off poor training courses and providers who do not pass on funding.

Apprenticeships are in the Building Trade, Business Administration, Childcare, Customer Service, the NHS, Social Care, Dental Nursing, Finance, Healthcare Support Services, IT, and Hospitality and Catering.

Health budgets get ever-tighter and we do not wish to see trainees and apprentices exploited and put at risk.

Abdominal Aortic Aneurysm

Information sent for sharing via an NPC member

An abdominal aortic aneurysm (AAA) is a swelling of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.

The abdominal aorta is the largest blood vessel in the body and is usually around 2cm wide (roughly the width of a garden hose). However, it can swell to over 5.5cm – what doctors class as a large AAA.

Large aneurysms are rare, but can be very serious. The bulging occurs when the wall of the aorta

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weakens. It is not known exactly what causes the aortic wall to weaken, although increasing age and being male are known to be the biggest risk factors. There are other risk factors you can do something about, including smoking and having high blood pressure and cholesterol level. Having a family history of aortic aneurysms also means that you have an increased risk of developing one yourself.

AAAs are most common in men aged over 65 and this is why all men are invited for a screening test when they turn 65. The test involves a simple ultrasound scan, which takes 10-15 minutes. The screening test is an ultrasound scan which allows the size of your abdominal aorta to be measured on a monitor.

Women and men under 65 are not invited for screening. Men over 65 who have not previously been screened can request a test by contacting their local AAA screening service direct.

In most cases an AAA causes no noticeable symptoms. However, if it becomes large, some people may develop a pain or pulsating feeling in their abdomen or persistent back pain.

Because AAAs usually cause no symptoms they tend to be diagnosed either as a result of screening or during a routine examination.

If a large AAA is detected before it ruptures, most people will be advised to have treatment to prevent rupturing. This is usually done with surgery to replace the weakened section of the blood vessel with a piece of synthetic tubing. If surgery is not advisable, or if you decide not to have it, there are a number of non-surgical treatments that can reduce the risk of an aneurysm rupturing. They include medications to lower your cholesterol and blood pressure and quitting smoking. You will also have the size of your aneurysm checked regularly with ultrasound scanning.

Anyone who feels they may have an increased risk of having an AAA should talk to their GP.

Some facts on AAAs:

- *If a large aneurysm bursts, it causes huge internal bleeding and is usually fatal.*
- *More than 1 in 50 deaths in men over 65 are caused by ruptures with a total of 6,000 deaths in England and Wales each year.*
- *The most common symptom of a ruptured aortic aneurysm is sudden and severe pain in the abdomen.*
- *If you suspect that you or someone else has had a ruptured aneurysm, call for an ambulance immediately.*
- *Remember, contact your GP if you are concerned in any way about the possibility of having an AAA, regardless of age or gender.*

We hope this has been useful and informative.

End of Life Care & Dying

Resume of a talk given by Baroness Llora Finlay at the AGM of the Psychological Society on Assisted Dying (with thanks to Jean Hardiman-Smith)

Baroness Finlay speaks with passion about real people and their experiences of life, care and dying, including her own mother who lived another four happy years after she wanted to opt for assisted dying.

When people feel well they would not usually think about doing anything that would hasten their death, but when they are feeling extremely ill, sometimes believing they are close to dying and thinking that nothing can make them better, then it might be tempting to think that assisted dying would be a way of ending the pain and suffering.

At this point it matters a great deal what healthcare professionals, families, carers and friends do to support the individual. If someone feels they are a burden to their family, the family does not take the time to care, or the professionals do not explain just what they can achieve with good palliative care, then that individual may well be persuaded that assisted dying is the best option for them.

The Baroness gave another example of someone she refused to assist to die at their request 25 years ago because he thought he was 3 months from death. He is still alive and bringing up his children after the death of his wife.

She spoke about the physical and emotional stress of dying, and how the emotional impacted on the physical. If the pain is uncontrollable, the professional has not listened enough – with the whole of their eyes, ears, attention and heart. It is important people know who to contact 24/7 and are cared for as they wish in a place of their choice – remembering wishes change.

This is not asking for euthanasia.

Factors that influence people's thoughts on assisted dying are the fear of financial costs of care; fear of being a burden; fear of pain and suffering; fluctuating desires for death; carer fatigue. Families and friends are not always as loving as they should be, and the Baroness said she had sadly seen many examples in her long career of older people being persuaded into doing things by those who stood to profit from their deaths.

Everyone in healthcare needs skills around caring for the dying – as everybody dies. Understanding the use of anti-emetics, morphine etc. is crucial and such medication should be available to the dying 24/7. Good palliative care prolongs life (11.6 months versus 8.9 months without palliative care). Diagnosis errors are found to be around 5% at post mortems. Prognosis – even less than 6 months is notoriously inaccurate, even in the last 48 hours 3% will improve.

In assisted deaths, 30% have been found to have a cognitive impairment; 1 in 6 have been found to have chemo brain (i.e. not thinking clearly) and these are people that had passed the tests to qualify for assisted suicide. These figures do not include the number of people turned down. 1 in 3 of assisted suicides are depressed.

Assisted dying is not as easy as it's made out. In Oregon, one person took 104 hours to die in agony, 6 people have woken up again, and in Holland, one person took 7 days to die. The number of assisted deaths in Oregon has increased 6 times and the Dutch data shows that it is rising too. 1 in 30 of all Dutch deaths are now via assisted dying. It has become normalised and routinized.

The current buzz phrase is the over medicalisation of dying, but the Baroness said this was not what she was hearing. People overwhelmingly were more afraid they would be given up on too soon. She added that it was OK to stop interventions when they were clearly not achieving any good – and sometimes people improve when this is done.

Change the law and you change the relationship between clinicians and dying patients. Would you want to be treated by a clinician who sees assisted dying as a part of their routine, despite the inaccuracy of a diagnosis of death – is that good enough for you, your mum, dad or anyone in your family?

Change the law and you remove current protections from a majority to satisfy a vocal minority.

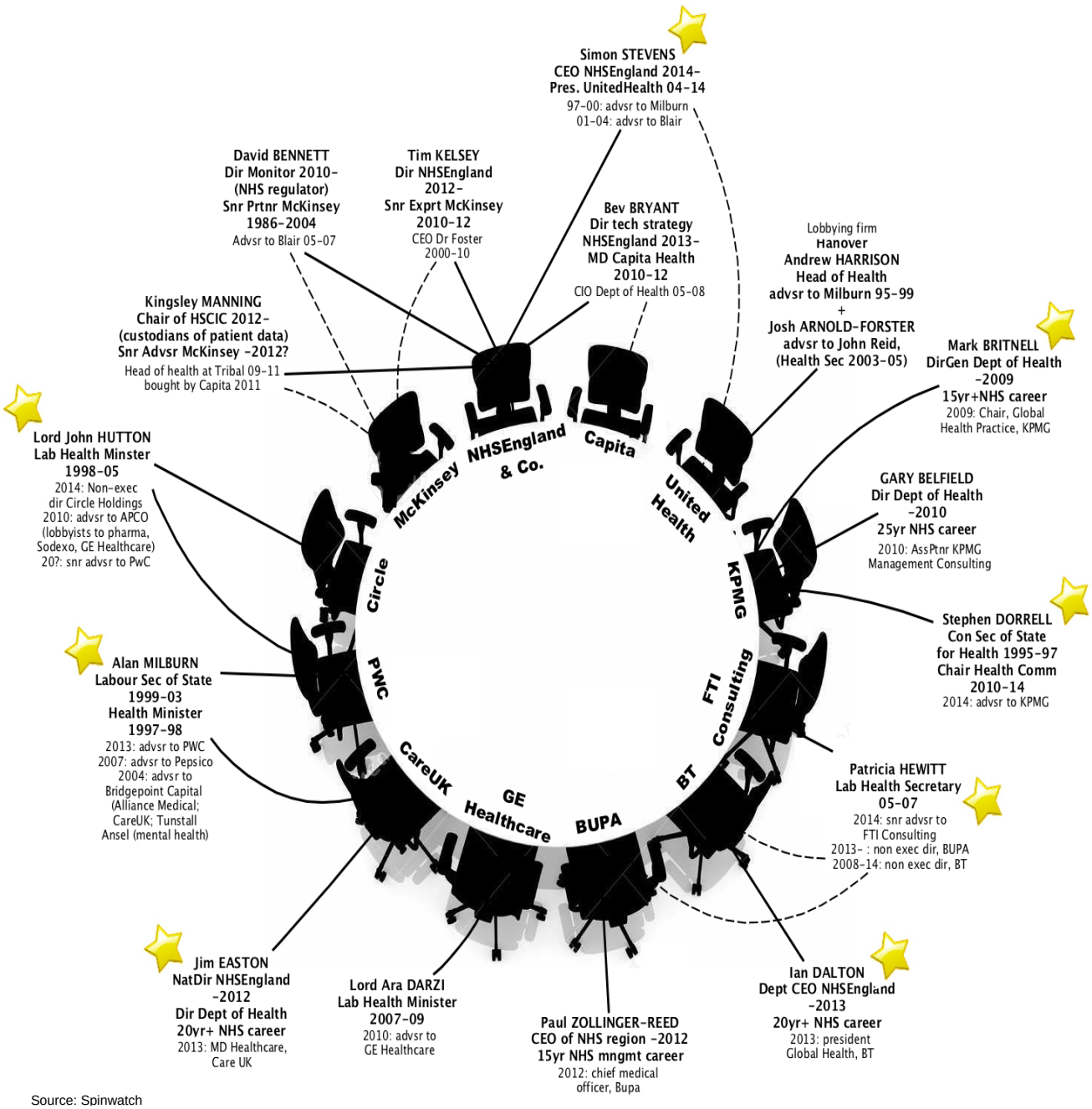
Editorial note: Dying is not something most of us want to think about – but it is inevitable at some point.

Assisted dying is a controversial issue and we thought we would start the debate within NPC, so please let us have your comments, thoughts and experiences so that we can continue to work on the issue of end of life care, what it should (should not) be.

NPC are currently looking at legislation to protect older people and we see this as one of the most crucial areas, particularly for those thousands of older people who have no one in the world to speak for them or make sure their wishes are followed.

Baroness Finlay is Professor of Palliative Medicine at Cardiff University School of Medicine and an Independent crossbench member of the House of Lords.

The Influence of Private Finance in the NHS



Source: Spinwatch