

Health News

National Pensioners Convention : Health Working Party

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Issue 2, 2014

Person-Centred Services in Action

The Health Working Party is interested in discovering the latest work going on around the care of people living with dementia, what works and what does not, so we talked to a local service in the North West of England, which is delivering a more person-centred service than the traditional model. We would like to hear about your local services too. Are they delivering a dignified, person-centred approach, allowing people with dementia to retain a sense of self-worth, and of being in charge, as far as possible, of their own lives, or do they

retain the old model in which people have to fit in with the service deliverers, are given little stimulation, and spend the last days of their lives sitting around in a semi-circle in an atmosphere resembling a dentist's waiting room?

When inspecting care homes, this was the model which seemed to prevail, even in the better homes. But studies show it is worst for those people suffering from dementia and also for older people, even if applied by caring and well trained staff. Unfortunately this model applies all too

frequently, not only to people with dementia, but to the wider care home population. **Bridge House** looks like a family home, there are activities all through the day, but people are free to ask for whatever they want to do, or just sit and chat. Above all, everyone was happy, fulfilled, empowered and animated on the day visited (unannounced).

Bridge House community hub in Little Sutton is a day centre & home care service specialising in delivering dementia care for people in Ellesmere Port and the surrounding area. This micro service is able to offer a truly personal service which can respond more effectively to the needs of the clients by working with a small number of



people thus having the ability to pick up on the sometimes subtle changes in their emotional needs. For example noticing someone's anxiety levels & taking them to a quiet area for a session of guided relaxation.

The centre operates six days a week offering real flexibility to families. Championing reminiscence therapy and other meaningful activities throughout each session, in a warm homely environment we work with clients individually to stimulate their body & mind. The centre can cater for people at short notice and sessions can be flexible to suit people's needs. The service is completely independent and is not connected to a care home facility; it is perfect for people with early & middle stage

dementia. The aim of the service is to improve the quality of life for clients and provide rest periods for carers enabling people to live independently for longer in their own homes.

The centre is also committed to supporting carers offering advice & signposting on when necessary.

“We believe in bringing communities & families together & organise events throughout the year which can be enjoyed by all the family”.

Registered manager Joanne has recently joined the government backed campaign as a volunteer to help recruit a million Dementia friends by 2015 with the task of raising awareness into how communities can positively support people to ‘live well’ with Dementia.

Affiliated by the Alzheimer’s society we can offer sessions through the “Dementia Friends” Programme to raise awareness of how small changes can make a difference. The revived centre has already received positive feedback from those who use it and their families, with one carer

summing up what it means to them:



“It’s my mum’s happy place with her friends. She loves everyone at Bridge House. It’s our lifeline; a place where mum is happy and well cared for; a home away from home.”

If you or anyone you know is affected by Dementia & you would like to find out more about what is on offer in Bridge House please contact the NPC Health Working Party for more information.

This article and photographs reproduced by kind permission of staff and the community of Bridge House.

‘A People’s Practice’

In February it was reported in local newspapers that Scotswood GP Practice in Newcastle with 1,550 patients was to close within 6 weeks!!

The practice is currently run by Primary Care North East and has an excellent reputation. It deals with more cases of virtually every chronic condition in patients than any other practices in Newcastle and indeed in the whole of England.

The contract was about to end and Primary Care North East contacted NHS England to see what was proposed for the future. It turned out that NHS England were offering a substantially less financially viable contract for the practice based on low patient numbers and value for money. This wasn’t acceptable to Primary Care North East and they subsequently made the decision not to continue with the contract without any further consultation.

The practice operates in an area of regeneration after the loss of so many heavy industrial and manufacturing jobs. The potential to increase the number of patients during (and after)

regeneration work is high, but clearly not quick enough for either NHS England or the provider.

So, through public meetings, the involvement of local Councillors, MPs, Healthwatch Newcastle and the City Council, the fight to save the practice got under way.

It transpired that the decision to close the Scotswood surgery had not been notified to the Scrutiny Committee, which is a clear breach of procedure.

The resulting uproar from a community that respects and trusts its doctors and really needs the practice has resulted in a temporary solution being put in place for the next ten months. However, the Scrutiny Committee has also put in place a task force of three members to examine the whole situation and find out why, given that the end date of the contract was known, discussions for a possible succession were not started in good time and why the needs of the people appear to have been overlooked.

The aim is to find a more permanent solution that leaves the practice open with the existing staff in place. The question arises as to whether this may be the first of many such events and what NHS England may learn to prevent similar problems.

If something similar has happened (is happening) in your area, please let the HWP know.

Transatlantic Trade & Investment Partnership Update

The UK parliamentary Committee currently overseeing the Transatlantic Trade and Investment Partnership between the EU and the US is the Cross-Party Committee for Trade chaired by John Healey MP. It is important for us all that what he says is an accurate and up to date reflection of what is happening in the negotiations, taking the viewpoint and interests of the ordinary people of the UK into account, and that he is not simply regurgitating the views of corporate lobbyists, whether or not those are in the best interests of the public and of the future of Europe, including the UK.

We want to give a couple of contrasting statements for your information and for you to better understand the complex nature of what is happening and the potential impact on jobs, economy, environment and benefits to the population:

John Healey – 14 March 2014

To reject TTIP based on the experience of past free trade agreements was premature. If you step back and take a view at this point it is too early to be certain and therefore there is a choice of two stances. You can say that based on our experiences of trade deals in the past, this can only be a bad thing' he said. But he went on to say 'the trade deal between the US and Europe was unprecedented because it was the first time there had been a free trade deal between two fairly equal partners'. He said green groups had rejected EU and US promises that no environmental standards would be downgraded. Rather than rejecting the economic benefits the deal could deliver, he said, he felt it was important to ensure the parties honoured these commitments'. Healey also said that he did not support the inclusion of investor state dispute settlements. He said the mechanisms, which so concern green groups, were unnecessary when the legal framework of both regions was already developed enough to cope with trade disputes.

Christopher Johnston: academic from a very influential US Think Tank - 11 March 2014

While the TPP (the Trans Pacific Partnership) would encourage increased economic interaction with many of the most vibrant economies in the world, the Transatlantic Investment Partnership (or TTIP) would focus American trade policy towards Europe – not so vibrant. The population of the European Union is forecast to decline with increasing speed over the next five decades, and economic growth remains generally not good. The Asia-Pacific already accounts for 60% of global GDP and 50% of international trade. The region is expected to record more than 5% growth this year and next.

Extensive negotiation towards a free trade agreement with Europe offers little economic incentive to the United States above the status quo. The reduction of already low average tariffs (approx. 3 percent) would probably not stimulate positive trade growth with Europe sufficient to offset that continent's negative economic and demographic direction
<http://thediplomat.com/2014/03/trans-pacific-partnership-time-for-some-american-hustle/>

We asked some experts for their opinions:

Glyn Moody: Technology writer, journalist, speaker:

He(Healey) says: 'The potential benefits mean these negotiations should be supported, but scrutinised very carefully.' But the fact is the potential benefits are extremely small, possibly zero.

It is claimed that economic growth (GDP) will be increased by 0.5% a year by 2027. The European Commission fails to note that even under the most favourable circumstances, TTIP will produce 0.05% extra GDP a year on average –not 0.5%.

Claiming that TTIP 'could boost growth by 0.5% of GDP' without explaining that this is the cumulative, not annual figure, is a serious misrepresentation.

In other words, the basic assumption that the potential benefits are worth it – or even large – is just not true. No evidence has been presented that TTIP is worth it.

Jan Savage: Campaigner:

Regarding John Healey's statement 'The potential benefits mean these negotiations should be supported, but scrutinised very carefully.'

Mr. Healey seems to have forgotten that the negotiations are being conducted in secret and so they cannot be scrutinised carefully.

Dr. Lucy Reynolds:

Looking at the rejection by Green groups of EU/US promises that no environmental standards would be downgraded. The EU = businesses based in the EU. It does not mean the EU countries.

There is no reason to suppose EU-based businesses are any more benign than their US counterparts. Both are primarily interested in the benefits of the treaty in creating new rights for them and correspondingly reducing the rights of the population.

Professor David Margolies

I think it's important to say that the notions of benefits are entirely speculative. The experience of previous agreements, particularly NAFTA on which much of TTIP is modelled, has been that the results for the general population have been negative, resulting in job losses rather than job creation and enormous damage to the agricultural system of Mexico (cheap imports of GM corn, making local agriculture financially unsustainable and putting at risk the vast diversity of Mexico's corn production). At the same time, Investor State Dispute Settlements (ISDS) has had a severe chilling effect on Canadian legislation in support of environment.

The 'harmonisation' proposed in TTIP will inevitably be less a balancing of regulatory measures than a nullification of EU measures to protect the population - e.g. the EU's use of the precautionary principle (that a product or process must be shown to be safe to be acceptable) will be subject to crippling conditions to match the US view that products and processes must be considered safe until the regulatory agency **proves** them to be harmful). Problems with endocrine modifiers and nanotechnology, recognised in the EU, are not seen as problematic by US agencies. Even if we don't lose out entirely in regard to regulation, a reduction of safety standards cannot be considered trivial, especially in new areas like nanotechnology that have the potential to effect serious harm to the population.

What does this mean for the NHS?

The NHS is probably the biggest prize in the UK for multinationals. It is being harmonised, via national legislation like Clause 119 (making it easier to close and privatise successful hospitals against local wishes), along with other European national healthcare systems, to fit a nationalised/privatised model that will suit their interests. The taxpayers take the risk, while the companies take the profits.

The Deregulation Bill also contains a clause putting profit above all other interests regarding regulations and laws. The National Pensioners Convention Health Working Party holds a list of politicians who have an interest in private healthcare companies, and who are still allowed to vote on legislation in which they have a vested interest, unlike Local Authority Councillors.

There was a debacle around Clause 119, when Paul Burstow gave hope to 38 Degrees by initially saying he would support an amendment which met their concerns, only to announce he had won sufficient concessions, (38 degrees feel he did not actually get any meaningful concessions), and to vote against that amendment. It is rumoured George Osborne was drafted in to head off any coalition revolt. Paul Burstow now has a new job chairing a committee of MPs and Lords which will look at the guidance on how the legislation will be used in future.

It seems that if we are to save the NHS we need to carefully watch the actions taken, the laws and regulations proposed, act if we feel they are detrimental, and even then judge purely by results. Words and promises are becoming less trustworthy in the current political climate.

The Truth of a Lie

The Government is planning, after a pause of around 6 months, to remove our private medical records from our GPs surgeries. This action will be undertaken by a French company, Atos. We have been told repeatedly that our healthcare records will still be confidential and anonymous. We have also been assured that they will be used for the sort of purposes that most of us would be comfortable with, such as research, which we believe will benefit us all, and to ensure that our doctors order the right services for our areas, but would that be the case? A leaflet was sent out in January to every patient. An unofficial survey showed that even though we had alerted the people we spoke to, a mere 50% spotted it in their junk mail. Many more people will not even have known it was on the way. It is assumed that people will opt in, unless they say otherwise. The leaflet did not contain a form to opt out, and simply advised people to talk to their doctors, some of whom were little better informed than the general public. There has also been no clarification around the difference between this set of records, which will not be used for your healthcare needs as a patient, and a previous data gathering exercise, which enabled hospitals and doctors to share your records to treat you if you took ill in the UK. *{The NPC circulated a briefing paper 'Patient Health Records' in February clarifying the summary record and care.data collections}* As it stands, once opted in, there seems to be no mechanism to opt out again.

We have been promised that the data will not be shared with just anyone, so does it matter? Firstly, the government will not simply hand the data, free of charge, to laboratories undertaking medical research where it might be useful and even lifesaving. This is not about public benefit, in that sense. There is a price list for your confidential and personal healthcare data. On that price list, dated for 2013/14, there are columns for 'unidentifiable data'. There is also a column for a "product" entitled "Bespoke extract" – containing personal confidential data". It is "reassuringly" expensive. *{http://hscic.gov.uk/media/12443/data-linkage-service-charges-2013-2014-updated/pdf/dles_service_charge_2013_14_V10_050913.pdf}*

Couple this with an article from a US magazine dated 11/12/2013 under the heading "Feds Praise Open Data Health Cloud Launch" *{<http://www.informationweek.com/healthcare/electronic-health-records/feds-praise-open-data-health->*

cloud-launch/d/d-id/1112224?} and the picture becomes somewhat clearer but there are more questions than answers.

50 million people from England, parts of Scotland and Wales have had their medical data uploaded in a partnership between a US company called MedRed and our very own British Telecom. The Federal Government was full of praise for the brave step our government, and Israel's, alone in the entire world, took in "liberating" this data. US laws would not allow them to do the same to their citizens. The data includes our clinical and demographic records. What is meant by demographic isn't spelled out, but generally includes things like age, location, disabilities, gender, employment status etc. In addition, our National Insurance Numbers and Postcodes are certainly being included in the latest upload. BT and MedRed potentially could sell this data to whoever will pay – and to make things worse, breaking anonymity is not illegal in the US.

At least treatment will be free, so why worry? There is a very secretive trade treaty being negotiated between the US and the EU. One of its main supporters is the UK government, as it will benefit the financial sector. It is being promoted as delivering many more jobs, but that is not the experience of the average US citizen. With previous treaties they know it simply means outsourcing their domestic jobs to cheaper countries. Americans are beginning to rebel and a similar treaty covering the Pacific countries is currently stalled as anger mounts against it. In EU countries, steps have already been taken to "harmonise" us with the US market. This is being done by EU governments, including ours, passing new domestic laws and regulations. A new clause in the Deregulation Bill currently going through Parliament is poised to set in stone the pursuit of profit as the major driver for new regulations, not the needs of the British public. We are being assured this is a two way street, and that the US may have to harmonise up, where our standards are higher. Is this trade agreement for the benefit of multinationals, or for the public? Taking the history of similar trade treaties into account, it would seem that in reality this could mean harmonizing our working conditions, healthcare schemes and environmental protections down to lower US standards. On the few occasions where another country's standards are lower, Americans have found that this usually meant that their protections and regulations have been

downgraded to match the lower ones. The EU quango who are dealing with the treaty have stated that it will make us richer. They are talking potentially a few hundred pounds per family per year as an average, so many ordinary people may see nothing, or even see their standard of living lowered, and the figures themselves do not stack up anyway

The highest cause of bankruptcy in the US is insured Americans running out of cover for healthcare, or being denied further cover. There are, in addition, hundreds of thousands of avoidable deaths due to insurance running out as the maximum under that policy has been paid, or simply people not earning enough to make health insurance affordable at all. Many Americans feel hugely dissatisfied with a healthcare scheme which is the world's most costly, and yet has, overall, the worst outcomes in the developed world. Healthcare multinationals seem determined to export the US system to everywhere else they possibly can to ensure the continuation of their ever rising profits. They have turned their attention to the West, and are doing this via, among other things, the trade treaty with the EU, TTIP.

To square the circle, if you choose not to opt out, you will most likely find your healthcare data going to big Pharma, and the UK government will gain financially. The company concerned will, for example, use your data to target their medications. This does not mean that we will all benefit. In a recent case, which we are told is not untypical; a US family was reduced to pleading for help for a little 7 year old with a rare condition. They had been refused the medication needed to keep him alive and healthy by a big US

multinational, which demanded they pay up front for it. If the trajectory of privatisation is not halted, in order to get healthcare, you will need to be insured. In the US, a quarter or more of your income seems not unusual for the elderly or sick. That would be on top of taxes. Ordinary US citizens have not seen tax reductions. The insurers could simply pull the plug if they are not making a profit. If there are hereditary conditions in your family, you might not get insured at all. The big insurers too, would love to purchase all this "liberated" data, making us a softer target than the average American.

But surely our government will not allow this? If the EU/US Trade agreement goes through, all this will be set in stone. Multinationals could sue if we did not allow them to profit from the NHS. A clause allowing companies the right to sue for lost future profit is currently under consultation. However, once again there is a silence – so we are unsure whether or not the consultation is happening, or even if the results will be made public.

It may be inevitable that our taxes will increase to pay for a fragmented system, which at some point will break – economies of scale, and the lessons of the US show this clearly. We will be encouraged to top up with private insurance. Will insurance policies finally be the only option? - at which point, prices will soar. Estimates from academics put this timeframe as between 5 to 10 years.

The NHS is not the only battle people of conscience will have to fight around this Treaty, but we cannot give in.

NICE CONSULTATION

The National Institute for Health and Care Excellence has rejected government proposals that would see an assessment of the benefits a patient may have on society being taken into account when deciding whether to pay for new drugs.

The advisory body dismissed plans by ministers that would see patients who contribute to the economy being given priority.

NICE are running a 3-month public consultation process. NPC Health Working Party have been asked to monitor its progress, so if anyone is able to get involved with the consultation, or has concerns, please let us know.

Nationally, NPC will respond to the consultation.

Useful information we thought you might like:

- <http://chpi.gov.uk/wp-content/uploads/2014/02/At-what-cost-paying-the-price-for-the-market-in-the-English-NHS-by-Calum-Paton.pdf>
Analysis of the costs of the market in NHS. Calum Paton is Professor of Public Policy at Keele University. Interesting information on the different kinds of costs incurred.
- http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287442/LAC_DH_2014_1.pdf
Dept. of Health Circular to Local Authorities 'Social Care, Charging for Residential Accommodation' latest update.