Health & Social Care News

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

Unit 2.4, 225-229 Seven Sisters Road, London, N4 2DA
020 7837 6622 info@npcuk.org www.ncpcuk.org

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Members of the Health & Social Care Working Party:

Brian Albutt

Martin Gallagher

Jean Hardiman Smith

Rowena Myles

Gilda Peterson

Pat Roche

Christine Sanders

Joyce Still

Mary Whitby

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

In this issue:

- Government actions on health and social care.
- Age Discrimination
- NHS England – what does it do?
- How to Complain
- Northern Ireland – cuts in health care
- Review of PAa and AAs
- Multiple Sclerosis new treatment
- Dementia – biggest cause of deaths
- Update on energy

Will this government lift health and social care off their knees?

This winter the NHS is breaking all the wrong records. The maintenance backlog for vital repairs to crumbling and leaking hospitals has reached almost £14bn. Last year attendances at A &E hit 2.4m. An unprecedented half a million people who had already spent many hours in A and E had to wait over 12 hours for a bed, that's up 23 fold since 2019! Ambulances queuing to hand over patients are missing 100,000 emergency calls per month and the number of people who are stuck in hospital largely for want of social care or community health services has risen to one in eight.

The Royal College of Nursing's report in January[1] shone a devastating headlight on what 'corridor care' looks like with people wetting themselves on trolleys because they couldn't attract help from harried staff, patients and relatives unable to have private space together at the end of life, some people dying unnoticed and understandable anger and frustration spilling out on to staff. Not surprisingly many nurses feel exhausted, demoralised, upset, even traumatised. The RCN notes that the numbers of UK-educated nursing staff leaving the register in England within five years rose a staggering 67% between 2021 and 2024 [2]. As for patients, The Royal College of Emergency Medicine estimated that that in 2023, 300 deaths per week were associated with long waits in A&E [3] and the situation is only getting worse.

So what, we might ask, is the Government doing about it? They are "consulting" on a ten-year plan for the NHS and continuing a long Government tradition of kicking the social care can down the road by setting up yet another Commission, due to make its final report in 2028.

However, much of the Government's direction of travel can be gleaned from what is happening now.

In the last budget they allocated £3.2bn over two years for hospital repairs but this will barely patch the leaking roofs or stop sewage spills. They have decided that only nine of the planned 40 new hospitals or wings, which are mainly those in serious danger of collapse owing to being built with reinforced, autoclaved aerated concrete (RAAC), will receive funding this decade.

Wes Streeting has pressed hospitals to get any disused beds into action but a bed is much more than a stick of furniture, it needs staff to be of use and applications to nursing courses are falling [4].

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The Government have announced plans to get waiting lists down by 3 million in the next 4 years but are planning to achieve this almost entirely by outsourcing to the private sector. Any illusion that this is just a temporary fix is challenged by the fact that the NHS is offering long term contracts which will enable what is a small private sector (with 9,000 beds compared to the NHS's 160,000) to build capacity and is also promising private companies more integration in planning services. In essence they are funding expansion in the private sector rather than the NHS. This not only drains a proportion of public spend into private profits but gradually hollows out NHS services, as private health firms rely almost 100% on poaching NHS staff and cream off relatively simple operations, while still passing back to the NHS 6,000 patients per year who develop complications.

It is not quite what we bargained for from Labour. They argue that they can't address the huge shortfalls in health and care until they can stimulate growth but this is bang opposite to Bevan's argument in 1948 that the country needed a healthy population to create economic growth [5]. What's more economic growth is not a holy grail. It drags in its wake life threatening global heating, exacerbates inequalities, damages social cohesion and increases mental distress.

The government should follow its own prescription of prevention rather than treatment and address the deep inequalities which feed both mental and physical ill health, while making sure that free, accessible, universal health care is there for all of us and generations to come as and when we need it.

Meanwhile we need to do all we can to insist that Labour invest in the NHS not private companies, join up with other organisations to press the Government to get on with setting up a National Care, Support and Independent Living Service without further delay (28TOO LATE!), robustly challenge the blaming of migrants, disabled and older people and actively resist all measures which increase impoverishment and exclusion.

Gilda Petersen, H&SC WP

1. https://www.rcn.org.uk/Professional-Development/publications/rcn-frontline-of-the-uk-corridor-care-crisis-uk-pub-011-944
2. https://www.rcn.org.uk/news-and-events/Press-Releases/huge-increase-in-nurses-quitting-early-in-perfect-storm-for-patient-care#:
3. https://rcem.ac.uk/almost-300-deaths-a-week-in-2023-associated-with-long-ae-waits-despite-uec-recovery-plan/
4. https://www.theguardian.com/society/2024/oct/28/numbers-studying-nursing-down-sharply-england-rcn
5. https://99-percent.org/wp-content/uploads/2023/06/NHS-report-for-print.pdf

NB for more detail, see the article by Dr. John Puntis, co-chair of Keep Our NHS Public at https://keepournhspublic.com/starmer-wrong-to-think-privatisation-best-prescription-for-ailing-nhs/

AGE DISCRIMINATION NOT TAKEN SERIOUSLY

The Women & Equalities Select Committee have published their report into their inquiry into the rights of older people.

The NPC submitted a comprehensive response to their consultation on the barriers created by government policy and actions and living in an ageist society.

The report shows that despite strong evidence of real harms to individuals and society of widespread age discrimination, the UK's equalities framework omits a focus on demographic change and ageing.

It goes on to highlight that some groups of older people are at high risk of digital exclusion from a wide range of essential services and activities, including aspects of healthcare, local authority services and benefits, and banking. It is a considerable failure of government that the UK's digital inclusion strategy has not been updated in over a decade.

Discrimination law and the Public Sector Equality Duty (PSED) are failing older people. Their protections are inadequate and rarely enforced.

Recommendations include:

- Government to examine the roles of the Commissioners for Older People in Wales and Northern Ireland with a view to considering one in England.
- Digital Inclusion Strategy - a detailed focus on the needs of digitally excluded older people, including a plan for funding locally delivered digital skills provision and promoting best practice in the public and private sectors in maintaining offline alternatives to digital for as long as needs remain, and a focus on broadband connectivity in rural and coastal areas.
- Upgrading the media code of practice on advertising and TV and radio stereotyping of older people.

There are many more recommendations in the report, available on the NPC website or contact the office for a copy.

WHAT DOES NHS ENGLAND DO?

The latest government statement on the abolition of NHS England has shocked almost everyone. With many jobs at risk and funding for the NHS still to be sorted in the summer, it is a radical step.

NHS England is the administrative body that manages how the health services are run across the country. Primarily made up of managers and officials (not doctors and nurses). It is funded by the government to deliver priorities; e.g. cutting waiting times or improving cancer survival rates.

It funnels the money into different parts of the health service and works out how to juggle resources to bring about the changes the government wants.

In 2012, the Conservative government gave NHS England more independence as they said it would prevent politicians from interfering in how front line services are run. However, others say that this change made it harder to carry our reform or improvements.

NHS England is also responsible for overseeing training and collecting data as well as managing GP services.

This change only affects England as there are separate organisations in Scotland, Wales and Northern Ireland.

Whilst it is claimed that this change will not affect our access to the NHS, there is still a lot we do not know.

It is estimated that abolishing NHS England will save £500 million a year and the Prime Minister has said this will go into front line services. It remains to be seen if this is so as it has been said the change will take 2 years.

NHS England is the biggest quango in the world. Quangos are funded by the taxpayer but not directly controlled by central government. They do things on behalf of the government but are not directly controlled by Ministers.

We will need to keep in mind the promise of more funding to front line staff and maybe we might see some recruitment of GPs and other much needed health professionals. It is easy to justify abolishing something with the promise of better funding for the NHS – it is another to actually implement it.

Wes Streeting has already made it known that he believes the answer to the crisis in the NHS and social care is more involvement by the private sector. The NPC has challenged him on this statement and also the delay in dealing with social care services until the delivery of a commission report in 2028.

We have lost count of how many of these reports sit on dusty shelves in the basement of parliament. None of them have made the slightest improvement for those in need of care.

HOW DO I MAKE A COMPLAINT?

Many of our members have cause to complain about not being able to get an appointment or appropriate treatment. Everyone has the right to complain and all GPs and hospitals should have a proper procedure to enable you to raise your concerns.

However, sometimes the process can only be done online, or it is complicated, or when you do complain, nothing actually gets put right.

Christine Sanders, a longstanding member of the Health & Social Care Working Party has written a briefing which she hopes will help members get through some of the red tape.

We will be sending this briefing out with this edition of our newsletter and we hope you will be able to find something that helps you get to the right place or person if you need to complain.

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NORTHERN IRELAND CUTS IN HEALTHCARE

The draft budget for Northern Ireland has been described as unworkable by the Northern Ireland Confederation for Health & Social Care (NICON).

It says the kind of savings expected and an increase in demand for health and social care services could mean a loss of 10,000 jobs.

Achieving the level of savings (£400 million) requires high impact cuts on a scale not previously seen and will prove catastrophic to front line services.

Even though there may be funds to tackle waiting lists, if funding is taken from other areas of healthcare, it will mean services like domiciliary care will suffer.

Additional costs facing the Department include £65million to meet the National Living Wage increase, £36million to cover employer NICs increase, and £150million to cover a 2.8% pay rise recommended to the UK pay review body.

Whichever way it goes, one thing is almost certain, services will struggle and patients suffer.

REVIEW OF PHYSICIAN AND ANAESTHESIA ASSOCIATES

The government review of physician (PA) and anaesthesia (AA) Associates in response to concerns raised by doctors and patients closes on 30 March. It will take evidence from those in the roles and those who work with them. The outcome is expected later in the year.

There are currently 3,500 PAs in England and 160 AAs. The British Medical Association (BMA) has commented that there is a lack of evidence to suggest that these roles are safe.

PAs can work in GP surgeries and hospitals. They are not authorised to prescribe medication, but can order certain scans, take medical histories and conduct physical examinations.

Professor Greenhaugh who is leading research into the roles commented that not one single study had looked at whether PAs or AAs in the NHS are safe. The only research that had been done focused on settings where associates were seeing very low risk patients and included only a handful of PAs.

Coroners reports suggest that major changes are needed in the way PAs and AAs are being deployed. These reports are formal legal reports that are issued to prevent future deaths. PAs hit the headlines over recent times over a spate of patient deaths linked to misdiagnosis.

The Chair of the BMA has contacted NHS England saying that it is imperative that actions are taken immediately to prevent more harm. These must include a national scope of practice until the review is complete. It is wholly unacceptable to follow the current course of inaction relying on evidence that cannot be provided and has been shown not to exist. It is deeply concerning that concerns raised by doctors, patients and an increasing number of coroners is being ignored.

Both PAs and AAs are graduates (usually with a health or life science degree) who undertake two years postgraduate training. However, in the US although this varies per student, it generally takes six to seven years for a student to become a PA (four years to earn a bachelor's degree and three years to complete a PA program). For some students who work outside of school or attend school part time, it can take eight to ten years.

Clearly, our PAs are less well trained than those in the US and worryingly, there are reports of them being passed off as doctors, even during operations. Patients have been misled and misdiagnosed.

It seems we may even be going to import foreign trained PAs. Poaching them from the countries that trained them. However much they might be needed there, is, of course, cheaper than educating and training up a well-rounded and well-trained doctor.

There are reports of PAs being passed off as doctors and anaesthetists, in cases where junior doctors are considered (after around 7 years intensive training) not yet trained enough to be allowed to undertake procedures. Yet PAs are seen fit to take up those roles.

PAs are linked to Agenda for Change grades in the NHS. Grade 7 commands a salary of £52,000 plus. However, most are paid at a lower rate, depending where they are working and the funding available.

Why is such a counter intuitive measure happening? Worryingly it appears to be a part of a manufactured crisis, restructuring it along the lines of the American model, where only profitability is the bottom line.

We no longer have a National Health Service in England, but a mish mash of ICSs, in whose gift it is to bestow these lucrative contracts, and in the end cheaper and less well trained is better for a money grabbing bottom line. PAs are much more easily replaced if they object than doctors.

The race to deskill, to replace people with machines, and dehumanise patients as data, and leaky data at that, means that patients with complex conditions, including many older people, will be ill served. The new systems are neither staff, nor patient friendly.

These are questions we need to ask of our MPs to see how aware they are of the issue:

How many PAs are there in your constituency?

Are they being used appropriately?

With thanks to Merseyside Pensioners Association for their campaign on PAs

Jean Hardiman Smith, Chair, Health & Social Care Working Party.

MULTIPLE SCLEROSIS PILL

Thousands of patients with Multiple Sclerosis (MS) will soon be offered a 'take home' pill to help manage their conditions. This will enable them to spend less time visiting hospital for injections or infusions.

The pill (Cladribine) can help those patients who suffer the active relapsing-remitting version of the condition as well as those with more severe, highly active MS.

The NHS is the first healthcare system in Europe to roll out the treatment. The National Institute for Care Excellence (NICE) will be issuing guidance for England in April. Access in Wales and Northern Ireland is likely to follow and Scotland is also considering it.

There are more than 150,000 people living with MS in the UK – a condition that affects the brain and spinal cord. Although it cannot currently be cured, treatment can slow it down and ease symptoms.

The drug is given in two treatment courses, 12 months apart. The list price is around £2,000 per tablet but it is not clear hour much the NHS is paying as it can negotiate discounts with drug companies.

Over the first 3 years, it is estimated that about 2,000 patients could be offered the treatment.

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100s OF PHARMACIES COULD CLOSE

The National Pharmacy Association has warned that 10-15% of community pharmacies could disappear without an uplift in funding, The NPA is also asking the government to release he findings of it economic review.

One village in Surrey has lost two out of its three pharmacies. The remaining pharmacy said that 90% of its income comes from NHS contractual funding which pays for the delivery of services but this had been cut by 30-40% over the last decade.

Patients who are reliant on their local pharmacy for access to their medication – whether that be by visiting the pharmacy or having it delivered will be left with nothing if this last community access closes.

NPA also reflected on the increase to employer NICs as another reason why their pharmacies are struggling.

A spokesperson for the Department of Health & Social Care said that community pharmacies play a vital role in our healthcare system and are key to plans to make healthcare fit for the future.

That being so, perhaps they will release their findings from the review and replace the lost funding so that communities can receive a vital service,

DEMENTIA IS UK'S LEADING CAUSE OF DEATH FOR 2nd YEAR

Data from the Office for National Statistics (ONS) confirms that dementia and Alzheimer's disease continues to be the top leading cause of death in England and Wales in 2023. Of all deaths registered 11.6% had an underlying cause of dementia and Alzheimer's.

According to the Alzheimer's Society, one in three people born in the UK today will be diagnosed with dementia in their lifetime. This highlights the scale of the problem, which has been described as the UK's biggest health and social care crisis.

With the number of people affected by dementia growing year by year, charities such as Dementia UK have been campaigning for the Government to deliver change. They've proposed practical steps that should be taken that can make a real difference. These include:

1. relieving the burden of care costs that push families to breaking point by making sure the NHS continuing healthcare funding process recognises the unique needs of dementia
2. ensuring the 70,800 people living with young onset dementia in the UK (where symptoms develop under the age of 65) can routinely access age-appropriate support and are included in diagnosis targets
3. strengthening overstretched primary care to ensure that no one faces a dementia diagnosis alone and everyone receives the follow-up they are entitled to
4. transforming hospital experiences for people living with dementia whilst saving the NHS money.

In January, the dementia diagnosis rate target (that 66.7% of people living with dementia in England should have a diagnosis) has been removed from the NHS Operational Planning Guidance for 2025-6. This glaring omission is unacceptable and sends the message that dementia does not matter, and is not considered one of England's healthcare priorities.

It is extremely important to get an early diagnosis. A third of people living with dementia in the UK do not have a diagnosis, leaving them without access to care, support and treatment and putting them at greater risk of crisis. Early diagnosis can help reduce some of the huge costs and pressure dementia places on the NHS.

With the abolition of NHS England and the social care review kicked down the road until 2028, people with dementia will not get the care they so desperately need.

UPDATE ON ENERGY

The shock rise of 6.4% in energy costs from April this year is worrying many older people, those with disabilities and those on low income.

The NPC has submitted a response to Ofgem in the light of further increases, standing charges and the huge profits that energy suppliers are able to freely enjoy.

With huge prices increases after the COVID Crisis and Russia's invasion of Ukraine, the French government said that EDF was limited to making 4% profits. Ofgem said that UK energy companies could make 54% profits.

Since the COVID Crisis, energy companies have made £420 billion in profits, while passing on every possible business cost, including the cost of debt collection, on to energy bill payers. Taxing or limiting these huge profits has been tiny or non-existent.

We do not see that Ofgem is in any way working for older people and pensioners nor all other consumers. It is quite clear why there is a lack of trust in the Regulator and Ofgem itself. It must focus on protecting customers.

Ofgem's mandate must be to regulate the energy market and companies in the interest of consumers – which is the role it is supposed to have but not carrying out effectively. But Ofgem has responsibilities that belong in relevant government departments. Strategic planning and policy development and enactment are functions of the government and not the regulator.

Parliament should scrutinise reports, the performance of energy companies compared to their licences and how Ofgem is coping as a regulator. Currently, what the review document says it does and what happens in practice are two different things.

The loss of the winter fuel payment for around 10 million older people in a climate where energy prices are still over 60% of pre-COVID levels, the enormous profits of the energy suppliers (£420 billion) and the instability throughout the world, means every penny counts in a pensioner household.

We want to see all energy suppliers sign up to the Warm Homes Discount (WHD) scheme and for the DWP to automatically pay the discount without customers having to go through long drawn out applications.

The criteria for accessing WHD next winter is changing and this must be clearly listed so people understand if they are eligible.

We support our partners, Energy Action and Fuel Poverty Action in demanding Energy4All. This is a scheme whereby every household will get an amount of energy free according to their need.

At the moment, NPC is responding to a consultation on proposed changes to standing charges. To be frank, they will not save you one penny unless the base number of cheap (or free) units is substantially lifted. Standing charges are an easy way for energy suppliers to boost their profits.

The impact of the loss of the winter fuel payment for the majority of pensioners is hitting hard, particularly since we have seen some extremely cold weather across the country. Age UK have reported that many people over 65 have been living in cold homes for most or some of the time.

Skipping meals, cutting down or cutting out care packages are other areas where older people are trying to make ends meet.

It is shameful that we should be in this position when despite the 'big hole' in the economy, there is enough money to go round.

Taxing pensioners without even attempting to make those with inordinate wealth pay more (or even pay what the owe) shows a lack of understanding about the needs of ordinary people.

If you are struggling with energy bills or unable to buy the food you need to stay healthy, please let someone know.

Contact your local council – most will have a welfare section that can see if you are claiming all the benefits you are entitled to or can refer you to somewhere that will help.

For its part, the NPC will continue to challenge and campaign against decisions and actions by the government that impact adversely on older people.

We are supporting the 38 degrees petition:

https://act.38degrees.org.uk/act/energy-consultations-petition

Please take the time to sign if you can and also ask friends and family to do the same.

Everyone is struggling, debt is rising, but there is an alternative.