

Health & Social Care News

National Pensioners Convention

Health & Social Care Working Party

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

- Fit for the Future – NHS ten-year plan.
- We would like to hear your experiences of the NHS App; difficulties using it, or the fact you have not got access to one.
- Next Steps consultation. All national and regional affiliates have received the consultation document. Let us know if you have not seen it.

Closing date 31 October

NHS APPS – WHAT THEY ARE AND WHAT YOU NEED TO KNOW

There are big changes in the NHS and how we are to use NHS services. There are major developments with computer-based systems used by the NHS which offer patients information, access to our health records and contact with services using Apps. Apps are programmes each designed and used for a specific function (for example Microsoft Word, and Amazon for online shopping). The aim is that we should all use them.

Nation-wide Apps: Each UK Nation has or is developing its own system-wide health App. England has the NHS App for people to contact services and get information. Wales' is called the NHS Wales App and it is still undergoing development. Northern Ireland's is called MyCare, although there have been reports of difficulties with access to services and GP record integration. Scotland's healthcare App is currently being rolled out, and it is called the 'Digital Front Door'.

The NHS App is straight forward to use, although there may be difficulty with access to it. There are plans to develop this App to make it the gateway to NHS healthcare, for management of appointments, ordering repeat prescriptions, to get information and advice, and for a single record for each patient (although some hospitals are currently using their own Apps instead). The idea is that it will help patients manage their own conditions, give us easier contact with services, and greater control over our healthcare. They are introducing various additions to it such as MyChoices to help people find services. HealthStore includes more Apps which can be used to monitor various aspects of health and manage conditions

Hospitals' Apps: In addition to these system-wide Apps, many hospitals are developing Apps for particular medical conditions to help contact between staff and patients, and to support patients with managing those conditions. So there is a confusing range and variety of Apps across all Four UK Nations. Like a lot of other people, I and other family members have experienced difficulties with: obtaining access codes, having to transfer session links from one device to another, with a confusing range of different formats, navigating through Apps to find what we needed, and forms designed only for people of working age which did not include retired people.

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Medical staff had no control over the digital systems and said that they had problems with them too. Patients needing to have the skills to sort out their own problems with Apps is asking a lot.

Apps used by GP practices: GP practices are also developing Apps, particularly for patients to fill in forms about their symptoms for staff to decide whether to give them an appointment through their triage systems. There have been reports of misdiagnoses and missed conditions because of misunderstandings by staff or limitations in the information provided by patients in the forms.

The British Medical Association (BMA) and the Health Services Safety Investigations Body (HSSIB) have made various recommendations to deal with this issue which include: that practices should always ensure that face-to-face and telephone consultations are available, not just digital; exclusion of vulnerable groups from digital-only triage; as well as recommending risk assessments and transparent reporting of incidents.

Older people and computer systems: These on-line systems and NHS Apps are recent developments, and so while some older people are confident using computer systems many lack experience of them. Some people have difficulty affording the costs. Many healthcare Apps are not designed with the needs of older people in mind e.g. with large enough font size and clear pathways through the material in them. The level and pace of these changes can be daunting.

Issues and Recommendations: Apps do give clear benefits such as easier access to services and information, perhaps with communication when that option is also included, and to the future possibility of all of each patient's health records in one place, there are also significant issues which need addressing.

There is a need for system-wide management at national level in each Nation to work towards resilient, user-friendly systems which take account of the needs of people who are not yet able to use these digital systems, and of those people who will never choose to or be able to use them.

Overall management of the change from analogue to digital in each nation should include:

- **National-level management** to vet digital developments and manage the pace of change
- **Promotion of digital inclusion:** programmes to support access to equipment, setup, updates, and digital literacy training
- **Digital Support Roles:** more Digital Care Co-ordinators in GP practices and in hospitals to assist patients with on-line systems
- **Standardisation of formats of Apps** to be used across healthcare settings with allowance for medical and digital developments and local variations
- **Accessibility Features:** Apps should include large-print options and clear navigation to meet the needs of as many users as possible.
- **Confidentiality of patient data:** improved transparency with usage of personal patient data with on-line and off-line user consent systems for each usage.
- **Alternative and back-up systems:** maintain traditional systems as backups in case of system outages and for patients who cannot or choose not to use digital services.

Advice for Patients and Carers: Patients and Carers are encouraged to tell healthcare providers about your ability and willingness to use on-line systems and Apps.

There are programmes to help people to get online.

Age UK runs programmes which include: a Digital Champion Programme with people who provide one-to-one support and IT drop-in sessions, and schemes to loan tablets (small, portable computers) to people. Information is at <https://www.ageuk.org.uk/our-impact/programmes/digital-skills/> Age UK operates in all Four Nations of the UK, with local branches throughout the UK.

AbilityNet provides free help with technology for elderly and disabled people in all Four UK Nations. They offer home visits by volunteers who have been vetted, and affordable training. Their web address is www.abilitynet.org.uk Email address: enquiries@abilitynet.org.uk and their telephone number is 0300 180 0028.

As the NHS continues its digital transformation, the focus must shift from simply building systems to ensuring they serve all users effectively—especially those at risk of being left behind.

Christine Sanders, Health & Social Care Working Party
With grateful thanks to Maureen Childs and Violet Rook, Digital Working Party

PHYSICIAN ASSOCIATES REVIEW

An independent review of Physician Associates (PAs) and Anaesthesia Associates (AAs) who assist doctors in GP surgeries and hospitals should be known as 'Assistants.'

It also recommends that PAs and AAs wear standardised clothing and badges to distinguish them from doctors and should only see patients in limited circumstances.

The review author said that a clear vision was largely missing in 2000 when the posts were introduced and that there was no notional plan for how the new roles would fit into existing teams.

Where capacity was limited in local services, gaps in medical posts were sometimes covered by PAs without taking into account their more limited training or ensuring that supervisors had the necessary understanding of the roles, time and skills required to provide appropriate oversight.

Safety concerns were raised about making a diagnosis and deciding on initial treatment. It is here that the risk of missing an unusual disease or condition is highest.

We hope that now the review outcomes have been agreed by the government, that we will see an improvement for patients, PAs and AAs alike.

MAJOR HEALTH CARE FIRM ON BRINK

NRS Healthcare which works with the NHS and around 40 councils in England and Northern Ireland is expected to run out of much needed cash to remain in business.

The government said it was working with local authorities to minimise potential disruption and find alternative supplies.

NRS which employs about 1,500 people across the UK and based in Leicestershire, finds and supplies a wide range of equipment from wheel-chairs and hoists to hospital beds and pendants which monitor falls. It also maintains and repairs equipment.

Many of its services are in the South East of England, particularly in London. It is estimated that 60-70% of the orders made are for equipment to support someone being discharged from hospital – the majority being urgent same-day or next-day requests.

NRS has begun transferring services to other providers and are working with local authorities to preserve provision and jobs.

AIR POLLUTION - RISK TO DEMENTIA

Long term exposure to outdoor air pollution, including car exhaust emissions can be linked to an increased risk of dementia.

A large scale study was undertaken by the Medical Research Council (MRC) Epidemiology Unit and University of Cambridge.

Researchers said there was an urgent need for interventions to combat air pollution.

An analysis of 51 studies and data from more than 29 million people discovered links between dementia and three types of pollutant.

Previous studies have highlighted pollutants as a potential risk factor for dementia, but the strength of evidence had been varied.

This study looked at more than 29 million people who had been exposed to air pollutants for at least one year.

Preventing dementia is not just the responsibility of healthcare. This study strengthens the case that urban planning, transport policy and environmental regulation all have a significant role to play.

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MENTAL HEALTH CHARITY CLOSES

A mental health charity in Aberdeen is closing with immediate effect.

Mental Health Aberdeen (MHA) has operated for 75 years providing mental health counselling and services in schools and community projects.

The charity stated that funding had been reduced or withdrawn and rising operational costs (including a significant increase in National Insurance Contributions) led to the closure.

MHA faced the stark reality of being asked to do more with less and called on funders, decision makers and government to recognise the need for more investment in mental health services.

A number of charities warned the government last year that they had 'nowhere to cut' and that operations were in jeopardy.

Government support for charities that is supposed to soften the blow is clearly too little too late.

It is a pattern that NPC are seeing across the board with even those larger companies feeling the rising costs of employment and service charges.

The prices at which medications are being sold to the NHS are already rising.

This is not a new phenomenon. There have been recent changes to the rules surrounding intellectual property, and to patent regulations. This is known as IPR (International Property Rights). This has been a central part of trade deals since 1995, when the agreement on Trade Related Aspects of Intellectual property was introduced - TRIPS. This agreement granted the original Company an exclusive licence for 20 years. It allowed companies to push up prices by stifling competition and delaying the introduction of generics. This is bad news for the NHS, and for patients. It is also detrimental to the interests of US patients and the public, and people

worldwide, but of great benefit to commercial interests. The latest incarnation, Comprehensive and Progressive (TPP) extends this monopoly beyond 20 years and allows almost indefinite ways round further extensions. (TPP/TPP/TPP).

These rules are driving up costs. Worldwide, and looking at only one condition, Tuberculosis (TB), 1.1 million people died of TB in 2016 simply due to the high costs of treatment (190,000 per patient). As for the NHS, our medication spends rose by 10.9%, even though 7 out of the top 20 medications were developed with public money.

These entities are not subject to UK laws and can sue for 20 years for loss of potential (so not even real) profits. No contract is needed. You can see how this would render

renationalisation, as the NHS now stands, a problematic issue.

A judgement against our nation would result in less money for public services. There is no appeal!!!!

A Trump deal would involve the US being given access to our health data to be held on US platforms, manipulated, mined and sold back to us for a profit. I would also worry about insurance implications for us and our families in the medium to longer term.

NHS is now covered by trade deals, whether we explicitly say so or not. Public services are only excluded if they are not provided on a commercial basis, or in competition with other suppliers, but by far the most care which is covered by the NHS is available from the private sector for a fee.

CARE AFTER COVID

The inquiry into the COVID-19 impact is continuing to hear evidence in regard to social care. This part of the inquiry focuses on the experiences of nurses and care staff during the pandemic.

Outcomes of the inquiry include highlighting that social care was treated like the 'poor relative' compared to the NHS.

Concerns were also raised about the lack of adequate PPE and the use of makeshift items like bed sheets and bin bags.

The number of registered nurses being recruited into adult social care is improving, there are persistent worries about the overall stability of the workforce. The government has a new initiative to get more student nurses into the social care field.

Care services are facing significant financial challenges with some areas reporting large funding gaps and the need to make further savings.

Coupled with concerns around low wages in the sector, there is the issue of high turn overs of staff and attracting new talent.

3 MILLION PATIENTS WAITING FOR TREATMENT

Previously unseen data from NHS England shows that nearly 3 million patients (48%) awaiting care have not had either their first appointment with a specialist or a diagnostic test since being referred by a GP.

The Patients Association described the situation as 'an invisible waiting list crisis'.

It raises doubts about Keir Starmer's repeated pledge that 92% of patients will be treated within 18 weeks of referral by 2029. The target has not been hit since 2015.

Data further shows that a third of the 3 million unseen patients (1 million people) have already waited more than 18 weeks without receiving any care.

Until now the debate around the NHS backlog has focused on the number of treatments patients are due to receive and how many are waiting – currently 7.36 million and 6.23 million respectively.

It means that 3 million people are trapped in an invisible waiting list crisis, stuck without basic diagnostic tests of first appointment whilst their conditions worsen.