In the news: Stephen Hawking warns about the future of the NHS

Last Saturday Professor Stephen Hawking delivered a speech at a conference at the Royal Society of Medicine about his experiences within the NHS and his fears about its future.

Professor Hawking said, “I have had a lot of experience of the NHS and the care I received has enabled me to live my life as I want and to contribute to major advances in our understanding of the universe.”

Despite his positive experiences, he warned that the NHS was moving towards what he called a ‘US-style insurance system’ saying, “The more profit is extracted from the system, the more private monopolies grow and the more expensive healthcare becomes. The NHS must be preserved from commercial interests and protected from those who want to privatise it,”

He also attacked Jeremy Hunt over his plan for a seven-day NHS. He accused the Secretary of State for Health of a failure to show ‘proper due diligence’ to whether there would be enough staff to work weekends and quoted from a letter he put his name to last year that suggested Mr Hunt ‘cherry-picked’ research to support his case. Jeremy Hunt has since responded to Professor Hawking’s speech accusing him of spreading ‘pernicious’ falsehoods.

As well as Professor Hawking’s speech, the conference had a number of interactive debates and presentations about the NHS and its future and was attended by health care professionals, policymakers and other key stakeholders in health and social care.

Our chair of trustees, Liz McAnulty, spoke about the patient’s perspective on the state of the NHS on a panel which included: Dr Ruth Allen, Chief Executive, British Association of Social Workers; Dr Rachel Clarke, junior doctor campaigner and author; and Dr Sarah Wollaston, Conservative MP and Chair of the Health Select Committee.
In response to Stephen Hawking's warning about the threat of privatisation to the NHS, the King's Fund has assessed whether the NHS is currently being privatised. They suggest that though there is evidence the number of contracts awarded to private providers has increased, there is little evidence of a significant privatisation of NHS services.

Though changes in data definitions make it difficult to precisely measure changes in the amount spent on private or non-NHS organisations, the King's Fund suggests that there has been a small incremental rise in spending on private provision over the past 15 years. They also found evidence that after the Health and Social Care Act 2012 extended market-based approaches, emphasising competition and patient choice as ways of improving health care, a large number of contracts were awarded to private providers. They were, however, clear that this did not result in a significant increase in spending on the private sector.

They also point out that private contracts in certain areas had been around for a long time, noting that services including dentistry, optical care and pharmacy have been provided by the private sector for many years and most GP practices are private partnerships.

They do highlight that recently there have been more controversial examples of private contracts. This includes the decision to tender for a £1.2 billion contract in Staffordshire to deliver end-of-life and cancer care. However, after widespread criticism, and after a lengthy delay, the cancer element of this contract was dropped and last July it was announced that the remaining part of the contract would also be dropped.

Overall the King's fund state, "Provided that patients receive care that it is timely and free at the point of use, our view is that the provider of a service is less important than the quality and efficiency of the care they deliver. More positively, the NHS can benefit from partnerships and joint ventures with the private sector to deliver some clinical and non-clinical services."

Get involved: Recruitment to the Quality Standard Advisory Committee for intermediate care including reablement

Readers may be interested in an opportunity to work with NICE's Quality Standards Advisory Committee:

We are looking for experts on intermediate care including reablement to join our Quality Standards Advisory Committee (QSAC) to develop a quality standard on intermediate care including reablement. We need lay members people using services, family members and carers, and members of the public and community or voluntary sector in the following roles:

Lay member

Information on the post is available on the NICE website, please follow this link for details.
The deadline for applications is Monday 18th September at 17.00.

What are NICE quality standards?

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.

NICE quality standards are derived from high quality guidance such as that from NICE or other sources accredited by NICE. Quality standards are developed independently by NICE, in collaboration with healthcare professionals and public health and social care practitioners, their partners and service users. Information on priority areas, people’s experience of using services, safety issues, equality and cost impact are also considered during the development process.

NICE quality standards enable:

- Health professionals and public health and social care practitioners to make decisions about care based on the latest evidence and best practice.
- People receiving health and social care services, their families and carers and the public to find information about the quality of services and care they should expect from their health and social care provider.
- Service providers to quickly and easily examine the performance of their organisation and assess improvement in standards of care they provide.
- Commissioners to be confident that the services they are purchasing are high quality and cost effective and focused on driving up quality.

If you have any queries please contact piprecruitment@nice.org.uk

From the helpline

This week we received a call concerning mental health services. The caller had recently had a care review and felt that the current care plan was not helping her. As a result of this, the mental health team decided to stop the care that she had been receiving. However, neither the caller or her family were involved in the decision and she felt that she was not listened to when she tried to raise her concerns.

She then raised a formal complaint, but was dissatisfied with the response so took the complaint to the Parliamentary and Healthcare Service Ombudsman. They informed her to get in touch with her MP, a procedure she found very stressful to follow.

As the caller had an advocate, we were able to advise her to ask the advocate to get in touch with the MP on her behalf, even if the advocate felt that she is capable of raising the concerns by herself.

The caller also said they were feeling very vulnerable and were currently home without their family. We informed her that we would report this to her local safeguarding team and she agreed. We then got in touch with the out-of-hours safeguarding team at her local authority, who advised us to get in touch with the local mental health crisis team. We were able to contact the crisis team and the other relevant health services in order to offer the caller support.

If you would like to receive free and impartial help and advice on a wide range of health and social care issues, please do not hesitate to contact our helpline on (020) 8423 9999 or email us at helpline@patients-association.com

In the news: PHSO admits it can do more

The new head of the Parliamentary and Health Service Ombudsman (PHSO) has admitted the regulator struggles to relate to complaining patients and families, but has pledged to bring ‘rigour and consistency’ to its work.

Rob Behrens took over as Ombudsman in April after Dame Julie Mellor and her deputy Mick Martin were forced to resign. He has promised to invest in staff training to “professionalise” the service and accepted that the Ombudsman often took too long to close cases.

The Patients Association has a long track record of highlighting failures in PHSO investigations, and have found
Mr Behrens’ approach since coming into post, including his recent comments, reassuring. We hope that the extensive changes being brought about within PHSO will succeed in creating the service that patients need and deserve, and will continue to watch developments with interest.

Donate

We rely on the generosity of the public to help us continue delivering the support so desperately needed by so many. Please pass on the word to your friends and family and if you would like to make a donation then please click the link below. Thank you for your continued support.

What our team is reading this week

Lessons from Canterbury: Five reasons for hope

What we learned about the Primary Care Home model

Four in ten adults fail to manage even one brisk 10 minute walk a month

Report highlights failings of home care services in England

Portsmouth hospital ‘fed patients pills in ice cream’

About Us

The Patients Association’s mission is to listen to patients and to speak up for change.

Our vision is for health and social care services that provide high quality and safe care, where patients and their carers are valued as expert partners and recognised as individuals. And for a health system that is compassionate, accessible and inclusive for everyone that seeks to improve and innovate.

Likewise, we want to see a culture where transparency thrives, patients, their families, carers and staff are empowered to raise concerns and make complaints to contribute to a better and safer healthcare system. We believe this should be an accountable system where this feedback is valued and acted upon.

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