

MANIFESTO - OUR VIEWS ON THE FUTURE OF THE NHS

1) Principles

- a) The NHS should remain free at the point of delivery.
- b) The NHS should aim to provide good, comprehensive local services for every community.
- c) The dignity of older people should be respected at all times by NHS and social care staff.
- d) The NHS should take steps to ensure that older people and their families have the confidence that they will be treated with respect and treated equally to younger people, in prioritising care and in all care settings.
- e) The NHS needs to focus on targets related to productivity and outcomes, towards justifying current and future funding investment.
- f) Older people should be involved in assessing health services and in planning changes and developments. The Fellowship has branches throughout the UK and welcome dialogue with their local health services about future health care provision.
- g) Patients should feel involved in their care plans and have the opportunity to influence options for treatment/care.
- h) The NHS should tackle inequalities in health more rigorously, in the interests of improving outcomes. Easily accessible community clinics offering family planning, stop smoking clinics, keep fit classes, dietary advice etc are particularly needed in socially deprived communities.
- i) There should be no “post code lottery” for drug availability, application of innovations and new technologies in health care. These should be equally available to all, including older people. This need not stifle local commissioners’ judgements about appropriate health care provision.

2) Structure

NHS staff are alienated against any further structural changes in the NHS. Healthcare workers and managers do not wish their energies to be diverted away from the delivery of health care and to running their local services efficiently and effectively, and first and foremost “looking after their patients”

3) Funding

Whilst there has been an unprecedented growth in resources over the last five years, with an annual increase of 7.4% in real terms, 43% of the investment has gone on pay and price inflation, in particular the three national contracts-Consultants, General Practitioners and Agenda for Change. We should now aim to be one of the European leaders in health care investment, but this should be coupled with measuring health outcomes and being able to demonstrate significant benefits. This is currently not the case.

4) Staffing

The NHS should prize, support and develop their staff – their most important asset. This should include offering training opportunities towards reaching their full potential and developing staff throughout their working lives. The commitment should be maintained for staff preparing for retirement particularly as the NHS Pensions Scheme supports longer working lives and a flexible approach to retirement. The NHS Retirement Fellowship can support retiring staff to lead fulfilling lives and retaining their links to the NHS

5) Improving Quality of Health Care

a) Nursing Care Standards

There is a need for a “root and branch” review of Nursing Care Standards. Whilst there is much of value in modern nursing (the gains from increased specialisation), the profession appears to have loosened their grip on delivering some of the basics of nursing care, associated with supervision of meals (it is a scandal that older people in hospital have suffered from malnourishment), supervision of patient personal hygiene (washing, toileting, exercise), supervision of clinical area cleanliness. (Increases in cross infection are probably associated with the ward sister no longer managing the ward/department cleaning service as part of their team, and cleaning tasks being organised in wider zones of the premises to achieve economies

of scale- this has proved to be a false economy with worrying outbreaks of c difficile and MRSA). There is a need to get back to a more holistic view of patient's nursing needs.

b) Team Management

There needs to be more of a focus on Team Management and leadership at the level of patient contact, as the process by which effective health care is delivered. Higher management need to give "shop floor" teams scope, financial support, and encouragement to manage their own affairs within the framework of organisation wide plans and policies. In this way, the talents, skills, experience, and intimate knowledge that people have of their workplace can be better applied to ensure that wards and clinical departments flourish. There are management training needs for clinicians and other professionals if the potential is to be fully realised.

c) Long Term Care

Funding reforms are needed for long term care so that it is based on the principles of adequacy, fairness, security, clarity, and flexibility and provides good quality care and support to those who need it. Personal care and support choices should not be restricted because of age or to ensure fast discharge from hospital. People should be able to lead healthy independent lives with adequate funding for low level preventative services and to feel that they and their families are in control of their long term care plans. Most older people live in trepidation of losing their independence and needing to go into residential care or a nursing home. The experience of most is of very mixed standards of care. Higher inspectorate standards and expectations are needed with more training for carers in communication with the elderly, understanding and delivering their care needs, and training related to mental health needs of older people.

d) Innovation in Clinical Practice

The NHS should target key areas for improvement in health care, towards the NHS being "world leaders" in innovative clinical practice. This should be through targeted investment to encourage innovative practice and research into areas such as cancer care; Alzheimer's disease, health education projects and palliative care for a range of terminal illnesses.

e) Make Clinical Practice a Key Management Focus

Clinicians must be supported by senior management if the right climate is to be created to achieve innovation in clinical practice and the earlier uptake of best clinical practice. This will involve constructive dialogue on a day to day basis between clinicians and managers, and at Board level so that the quality of patient care is always a priority at policy level.

f) Integrate Care of the Elderly with other Acute Specialties

Care of the Elderly should be integrated into services provided by all other acute specialties. Specialists in the care of the elderly should be team players with their specialist colleagues in other clinical fields, providing joint ward rounds and care plans. Older people generally dislike being cared for in environments separate from younger patients.

g) Care Pathways

In the same way that NICE guidance helps to facilitate the dissemination of good clinical practice throughout the NHS, similarly the development of "Care Pathways" is advocated to establish the best multi-disciplinary use and inter-linking of clinical resources at each phase of care towards achieving effective patient outcomes.

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