

South Woodham Ferrers Health & Social Care Group
Care of the Elderly Meeting on Monday 25 June 2018

Re: How do we look after the increasing number of frail and elderly people in SWF
From: Dr John ('Frail and Elderly') Cormack

I may not be able to get to the meeting tonight so I'll send a few notes (in haste) in case they are helpful.

The GP practices and people who are responsible for holding the purse strings for local NHS funding are aware of many of the problems faced by the frail and elderly, and both have done something to improve their lot.

The GPs are by and large aware of which of their patients fall into this category and we provide help and support where possible. One thing that patients benefit from here is that all the practices are fairly small and manageable - so we know our patients reasonably well. We are on first name terms with many of them – and there is much more continuity of care than you would get in the huge impersonal practices that are now so much a feature of the NHS.

We all hold meetings on a regular basis with those involved in the care of the frail and elderly – e.g. the community matron and district nurses, the representatives from social services, a representative from the Farley Hospice, John Peart who advises these patients on financial matters/benefits ... and others. Provide sends a secretary along who takes minutes and circulates them.

As ever here in SWF, funding is a factor. A very large chunk of the South Woodham Ferrers healthcare budget has been taken away by NHS England (see below for rough details) – but a small amount has been returned to the town and this has been earmarked for 'frailty'. The intention was that the practices should jointly employ a 'frailty nurse' who would visit patients in need on a regular basis - so as to give them help and support and alert us to any problems that might be brewing. No doubt there was also the hope that the number of admissions to hospital might thereby drop which would save the NHS money – but given that most people don't want to spend time in hospital if they can avoid it, we were happy to go along with that.

Although the practices all happily employ their own nurses, we found that employing a shared nurse was fraught with difficulties. We did manage to find one, however, but she only lasted a short time. (I think she found it rather 'bitty' being shared amongst the practices.) Since then we have been re-advertising without success. Most recently we have been using a pharmacist(s) with clinical training and experience. The amount of money that was put back into South Woodham for this purpose is, I think, roughly £43,486 per annum and I gather we currently also have about £14,070 leftover from last year. I am told that this is sufficient to fund the service for two days a week for the rest of 2018 - 19 (half a day a week for each

surgery.) If you want to quote these figures, please check their accuracy with the SWF practice managers first.

This may seem a large sum - but it is minuscule in comparison with the cuts in funding we have witnessed recently. (See below.)

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I think the GP surgeries have a pretty good idea of who needs help. If, however, it is felt that we need to be absolutely sure that what we are dealing with isn't just the tip of the iceberg, it might be possible to conduct a census which could well give a better idea of the total numbers involved and ensure that nobody has been missed.

A questionnaire could be put together and distributed inexpensively to every household - e.g. with Focus. I will put together a draft when time allows - which can be discussed and polished in due course

It would be better if the responses to this questionnaire were sent to the GP surgeries - (providing we have the capacity to handle this task) - given that we are trusted (on the whole) to maintain confidentiality. The practices could then combine the data (anonymously) so as to show what the situation is in SWF as a whole.

It may be that we would be allowed to use some of the 'frailty funding' in order to pay staff to carry out this task.

It is possible that, at a stage when we know the full extent of the problem, we could consider sharing the load. The GP surgeries tend to be the first port of call when a problem crops up but so much has been taken out of the SWF budget by NHS England, that there is a limit to what we can do (even when working harmoniously with other agencies.) It may be that, for example, there are times when we could benefit from cooperation with the voluntary sector (providing we had the patient's prior approval.)

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Cuts in funding to SWF:

As you all know, two of the general practices in South Woodham have been closed in recent years. The patients have been distributed (or have distributed themselves) between the remaining practices.

A freedom of information request showed (I'm told) that NHS England estimated it would save approximately £180,000 per annum as a result of closing The Practice (formerly known as The New Surgery). This may well be an under estimate given that we were previously told that the cost of running The New Surgery was at one

time double this amount (for a mere six month period.) Moreover I'm told it was not made clear whether or not the £180,000 figure included the rental payment for The Practice/The New Surgery. We were told in the past that the annual rental for The Surgery premises in the McCarthy and Stone building came to in excess of £100,000 per annum.

It seems likely that a similar sum was saved when the Clements House surgery was closed. We are aware that it received a generous budget from the NHS much of which was clawed back when the surgery was closed. It seems reasonable to estimate that something in the region of £180,000 per annum disappeared from the SWF healthcare budget for SWF when the Clements House surgery shut its doors for the last time.

In addition to all this the remaining surgeries have had to endure their own cuts – for example there was a cut in budget when one of the surgeries had to change from a PMS to a GMS contract (complicated to explain) ... and surgeries have also had to contend with a cut in the MPIG payment (which was designed to prevent surgeries from losing out when they changed from the old GP contract to the new GP contract.)

A very conservative estimate of what the 3 surgeries have lost/will lose in total as a result of these cuts is approximately £250,000 per annum. If you add to that £360,000 per annum (ie £180,000 x 2) you arrive at a figure of a little over £600,000 per annum. This, in other words, is very roughly, what we think has been taken out of the SWF healthcare budget during NHS England's tenure of office.

This is the latest in a series of events ... and bear in mind that SWF started in a very weak position. When Essex County Council decided on building a new town here it made no provision whatsoever for healthcare ... other than to commission an artist to draw a picture for the town's prospectus of a health centre that was never built. (The health clinic we have a present was built long after the event - and after a great deal of campaigning by the local residents). Since then the town has suffered because it is considered by the NHS to have a little need of NHS healthcare ... because we are all so young and fit - and because we are all so affluent. The 'Carr-Hill' formula on which payments to general practices are based reflects this dubious logic. Gill Hubbert (who is well known in SWF) has produced some excellent figures which show how the town fares in comparison to other parts of Mid Essex.

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As I say this has been put together with extreme haste ... it is intended to be no more than a discussion document.

That said there may be areas where the practices (which work well together) could also work in partnership with 'the town' to the benefit of all concerned.