

Meeting expectations on long term care?

"It's pretty simple the type of country I want. It's a country where our children are proud and happy to grow up in. I don't want them brought up in a country where the only way pensioners can get long term care is by selling their home." - Tony Blair's first party conference speech as Prime Minister.

From the outset Tony Blair has been aware of the strong public concern over long term care. Cautious to avoid specific promises the government spent its early years reassuring the public. Then, by rejecting the main recommendation of its own Royal Commission into long term care, it made its first big policy move. A line was drawn dividing care; into nursing care, that would be state funded and personal care, that would be means tested.

Currently at least **150,000 older and disabled people continue to pay for aspects of their long term care**. Often these are people with moderate incomes. The government's own figures show that 61% of people, judged too rich for state help, had incomes of less than £200 per week.

The current system is confusing and unfair. Even after the government subsidised nursing care, many people have been left with inadequate funding. Typical bills of £300 a week for personal care and accommodation mean that many people, contrary to Mr Blair's vision, are still forced to sell their homes to meet care bills.

Some commentators have seen opposition to the government's approach as bleating from the middle classes. The reality is that typical care home costs of £25,000 can rapidly wipe-out savings over the average 3 year stay. Only the well healed can afford to pay, but most of those facing charges are of moderate means and the cost of care is an unjustly large burden, out of proportion with their income or savings.



Who are we?

An alliance of NHS staff and the public that campaigns for a comprehensive and adequately funded NHS.

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Meanwhile in Scotland the Parliament decided to provide substantial state support for personal care costs. The scheme has been in place for over a year and has proved successful despite initial delays in assessing cases. The Scottish approach highlights the inequity of the situation in the rest of the UK, and dents the argument that free personal care is unaffordable.

South of the border the rules seem arbitrary and unfair. Joe and Jenny were neighbours, both lived alone until they became ill. Joe was diagnosed with a brain tumour and Jenny with Alzheimers. Joe was admitted to hospital, treated and received total care from the nursing staff. Whilst Jenny, who is in a nursing home, has to pay for help with eating and going to the toilet, even though she needs it because of her medical condition. Joe received similar care in hospital for free.

Similar discrimination is experienced by people who have had strokes, are disabled or have forms of dementia. Most need help with eating, getting dressed or taking medication, but have to pay for this support even though the nursing profession regards it as healthcare. The same care has traditionally been free inside NHS hospitals.

As care homes close and hospitals abandon long term care, more of us are receiving care at home. This is part of the government's aim to reduce the pressure on acute hospitals. But in receiving home care many people discover that NHS funding rarely follows. Much of the care that is free in hospital, is charged for in community settings.

"There is considerable evolution going on. Things that in the past only happened in hospital are now being delivered by home care - things like cardiac rehabilitation, intravenous antibiotics and chemotherapy." - Bill McClimont, UK Home Care Association.

We will all have to take responsibility for more of our own care costs in future. The investment in new intermediate care beds - as a bridge between hospital and home, is sold to us as an increase in the facilities of the NHS. But it masks a clear intention to ask patients to pay for part of the service. Patients with pneumonia or getting over a hip operation could end up paying for their personal care after only 2 weeks in intermediate care.

It is too late for many older people to build-up savings, or insure against care costs, a significant cause of resentment. But the medical cards of the younger generation are clearly marked with the message – *don't assume the state will pay.*

This has its own political significance. Young people are now expected to save for long term care in addition to meeting the cost of their education, pension and housing. More people are beginning to question this growing burden.

How do we answer the government's case?

"free personal care is too expensive"

The cost of free personal care has been estimated at about £1billion. This is around 0.1% of current GDP. It is therefore affordable. It ranks as a top priority with the public. In a MORI poll 80% of people agreed that it should be free and long term care topped a BBC poll about which NHS issues are of greatest concern.

"The government is investing in home care instead."

Providing adequate health and social services, to help people stay independent in their own homes, is essential. But many of these services are means tested and force people with moderate income to pay for them. Free personal care would enable everyone to have access to the care that they need regardless of their ability to pay.

"of those in care homes get help with personal care costs from public funds."

Many of these people will still pay substantial amounts towards their personal care costs. Around 100,000 people in care homes pay for all their personal care costs. Not counted are the people paying for personal care in their own homes, estimates put this figure between 50-100,000 people.

"Free personal care would not increase the level of services"

Introducing free personal care free would bring services to whole range of people who cannot currently get them. One million people spend 50 hours a week or more caring for a friend or relative. Many of these people suffer their own health problems as a result of taking on this work. With 5 million carers nationally the health costs are considerable. Free personal care could not replace carers, but would give substantial support and a chance for respite.

The government is turning its back on a power lobby.

1 in 4 people will need long term care in their lifetime and over 20 million people have a relative in a care home.

61% of those paying all care costs have incomes below £200 per week - Dept of Work and Pensions 2002

For the UK there is no "demographic timebomb" as far as long-term care is concerned and as a result of this, the costs of care will be affordable - The Royal Commission on Long Term Care 1999

"our alternative approaches - such as intermediate care, offer better value."

As a half way house between hospital and home intermediate care offers recovery time from illness and operations. The problem is that unlike hospital care it is not always free. Patients with pneumonia or recovering from hip operations could well be charged for care after only two weeks in an intermediate care bed.

"free personal care primarily helps middle class people protect their homes for inheritance"

Far from effecting only the middle class the current arrangements ask those with a modest amount of capital to commit it all to long term care costs. Currently if you have over £19500 worth of capital you will pay all of your personal care costs. An average stay in a care homes costs £25000 a year. The commission's report concluded state that 44% had capital of £60,000, which would be completely wiped out if they required long term care. The heaviest burden is being paid by those with moderate levels of capital.

2 more good reasons for free long term care

Share the burden of long term care

The question of charging for personal and social care boils down to principle. How does a rich nation such as the UK want to treat its older and its disabled people and those with chronic disease? Should its citizens be collectively responsible or individually liable for the risks and costs of ill-health and disability? The Wanless report concluded that healthcare free at the point of use, paid for through progressive taxation was both efficient and fair, the government accepted this view.

The quality of care is being affected

A function known as case management, essentially the monitoring of the overall health needs of a patient by a nurse, has been removed. Home care is delivered by home care assistants. Their work should be managed by qualified nurses. But often because a number of agencies are providing this care an over view of a patient's needs can be lost.

For more information about the Right to Care campaign - a coalition of bodies campaigning for free longterm care write to: Paul Evans, NHS Support Federation, Community Base, 113 Queens Road, BN1 3XG or email paul@nhscampaign.org