Comisiwn Bevan Commission

Engaging with the Public – a conversation on sustaining a prudent approach to health and care

A report on 2 Public Sessions held by the Bevan Commission

978-1-912334-12-4

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1. Introduction

The Bevan Commission recently organised two public events (one on North Wales on 2nd July and the second in Cardiff on 17th July 2019). The events are part of the Commission's on-going commitment to meaningful engagement and the co-production principle in its work:

The aim of the sessions were to inform members of the public on some matters relating to prudent health and care and to try to get a better understanding of how people felt about contributing their ideas and discussing health and care matters relating to responsibility, funding and priorities. The objectives were as follows:

1. update and inform members of the public on prudent healthcare;
2. engage members of the public in their ideas on how we might best achieve the principles;
3. listen to their views on health and social care services and suggestions for improvement;
4. gain feedback on the suggestions for future funding options and sustainability solutions;.

2. Session Format

The Bevan Commission invited existing Bevan Advocates (who were also asked to advertise the event amongst their social circle as an open invite to attend. Twenty three members of the public attended the Bangor event and ten the Cardiff session. Participants were provided with a briefing paper (Appendix i) that gave some useful background on health and social care funding issues. At the event, there was a general discussion on health and care issues that individuals had experienced and then a series of questions were posed relating to the options for funding health and social care including where any money raised would best be directed (Questions - Appendix ii). The public then selected their response to each question and the headline results are shown in Section 5 whilst Appendix iii provides the detailed write up.

3. Key Ideas/solutions and feedback

At both meetings there was a general frustration with the inability of services to undertake basic (but essential) functions that create problems for users of those services.

Examples were given of poor communication – to patients and between clinicians about patient care, undue difficulty of accessing primary care, unnecessary follow up appointments (often involving considerable travel for the patient), inappropriate admission to hospital and subsequent delayed discharge for the terminally ill and insensitive bureaucratic procedures (for example in relation to accessing translation services).

None of the examples identified were felt to be due to an unreasonably high expectation of the service to be provided nor particularly linked to funding. The issues were around the failure to do basic things well… and as a result more cost and delay was incurred.

Those present at the sessions were not demanding that the NHS provides lots more services. There was a realisation that services operate under pressure but two common observations were' they don't help themselves the way they do things' and 'they are making access harder, not easier-regardless of the problem'.

The public are a ready and often willing source of innovative ideas to improve things however those present felt that too often the NHS viewed such feedback as threatening and patients who expressed a view about services as 'troublemakers'

These findings might be summarised as five core messages that need to be proactively addressed:

1. **improve communication both with patients and between clinicians and services;**
2. **improve access to primary care;**
3. **give due consideration to the time and convenience of patients rather than what is convenient to the service;**
4. **focus on what matters to patients as they move towards end of life (which is rarely to be admitted to an acute ward);**
5. **the NHS to regard those who raise issues about current services as allies in the improvement journey and not as 'troublemakers';**

4. Sustainable Funding Solutions

An exercise was carried to understand the funding challenges and to determine the willingness of those present to provide extra funding for health/social care. To provide some context, a series of short background briefings were provided on current funding in Wales, service pressures, social care means testing etc. (Appendix i.)

Although the numbers attending the two sessions was too small to create any kind of statistical significance, the quality of the debate around funding issues was good and there was a high interest and level of engagement on the issue.

The results are shown in Section 5. The public were asked to vote on each question during the course of the afternoon following each briefing.

The key messages drawn from participants in this exercise were as follows:

1. **An appreciation that funding would always be finite, that there were practical limits to what monies could be raised by taxation and other levies, and that choices had to meet between competing priorities;**
2. **They wanted a greater assurance that existing funding was being spent appropriately and efficiently before committing to additional funding;**
3. **They generally felt funding social care was a higher priority than the NHS;**
4. **The majority were prepared to pay some more tax – but the caveat above applied and it was recognised the problems facing both health and social care couldn't be solved just through increased funding.**
5. **There was limited (19%) support for a rise in tax above 2p in the pound and 36% only supported a 1p rise.**

5. Headline results

	Bangor	Cardiff	Total
Would you be prepared to pay more tax?			
Yes	16	2	18
No	3	3	6
Unsure	4	4	8

	Bangor	Cardiff	Total
How much more?			
1p	4	5	9
2p	7	5	12
3p	5	0	5
4p	0	0	0
More	0	0	0

	Bangor	Cardiff	Total
If it requires 2p rise in tax to provide free social care do you think Wales should do this?			
Yes	10	7	17
No	3	3	6
Unsure	5	0	5

6. Conclusions and next steps

The purpose of the two sessions was not to generate a statistically meaningful set of responses but to test out how prepared members of the public were to engage in a discussion on trade-offs between competing priorities – including those between funding health and social care.

The commission also wanted to test how readily people would link discussion on priorities with a willingness (or not) to pay more for those services through taxation.

Whilst taking into account that the people who attended would (almost by definition) be more likely to be interested in the issues, nevertheless the level of engagement at both sessions was extremely high. In contrast to the views that the public will just demand better services with no regard to cost (or who will actually pay for them)

There was a good understanding that:

- Resources were finite
- There was an imbalance between NHS and social care funding
- The answer wasn't necessarily to spend more money (although there was a general willingness to pay some more through tax to do so if the benefits were clear enough)

It is important to note that in the discussion about services people felt that current funding wasn't always being used well, with considerable inefficiencies being observed and that dissatisfaction often related to failures in basic processes and poor communication. Tackling these issues does not necessarily require more funding but can if fact potentially save money.

There needs to be more open discussions with the public about these issues. This provides engagement and ownership of what everyone agrees are complex issues.

Next Steps

The Bevan Commission will continue to explore how the public can be more involved in designing and influencing the services it receives. There is often considerable nervousness from politicians, healthcare management and clinicians about directly engaging the public in such discussions. These two small events may help to reassure them that the public will be more receptive to agreeing the necessity of 'trade offs' between competing benefits than was previously thought and they will make those choices.

Appendix i: Briefing Paper: How do we fund Health and Social Care in Wales?

NHS care is free but social care is means-tested. Whether you will receive social care is also subject to a 'needs' assessment. Due to financial pressures facing local authorities, that threshold has been raised and less people are now receiving social care despite the aging population.

Charging and Means Testing: Residential and Non- Residential Care

The detail is complex but in summary:
For **non-residential care** your house is **excluded** from your assets. Non-residential care covers carers who come into your home, equipment and adaptations to the home, meals on wheels, other non-residential services such day centres and respite. If you have savings **above £24,000,** you can be charged **up to a maximum of £90 a week.**

For **residential care** your house is **included** under your assets (but typically if you have a partner living in the house only half the value of the house is assumed to be your asset).If your total assets **exceed £40,000** you will be expected to pay all the costs.

If you move into a nursing home (rather than a residential care home), the NHS is responsible for meeting the costs of any care provided by the registered nurse on site.

Although people do not have to make any contribution towards care home fees if their assets are below **£40,000,** they will still be expected to contribute from their day to day income – for example State Pension, or occupational/private pension (though not any earnings from employment). After doing so, they will be able to keep a small amount of money for spending on personal items that are not part of their care and support package – this is known as the **'minimum income amount'.**

Spend per head, per year on Social Care varies across the UK:

Wales	£414
England	£310
Scotland	£445

Scotland has free personal care for non –residential services and pays up to £169 week towards residential care.

Health and Social Care spend in Wales for 2019/20 will be **£8.118 billion.**

Total Welsh Government budget is £16.399 billion so Health & Social Care is already **almost 50%** of all spend.

On current population projections, Wales will need to be spending at least an additional **£129 million** by 2020-21 to bring per person spend on local authority social services for over-65s back to **2009-10 levels.**

However, demand (and costs) will continue to increase due to an estimated **119%** increase in people **over 85 by 2035.**

If Wales wants to eliminate, or even reduce, means testing for social care it will need to find significant extra monies to do so. There are many other calls for extra spending. There will always be more things we could spend money on than there is income to do so which leads to 2 questions:

1. **Do we want to increase government expenditure?**
2. **What should any additional monies be spent on?**

The Welsh Government now has the power to raise additional monies – for example through increasing income tax rates.

Raising taxes by 1p

It's estimated that a **1p increase** in all tax rates would raise **£240m.**

Current tax rates (single person):

Up to £12,500	0%
£12,501 to £50,000	20%
£50,001 to £150,000	40%
£150001 +	45%

What would a 1p increase in tax rates cost taxpayers?

Annual Earnings	Increase in monthly cost	Increase in annual cost
£20,000	£6.25	£75
£30,000	£14.60	£175
£40,000	£22.91	£275
£50,000	£31.25	£375

How could £240m be spent?

- Employ an additional 7,700 Band 5 qualified nurses (mid-scale £26,000+ on costs)
- Employ an additional 2,000 Consultants
- A £3000 pay rise to all NHS staff
- A £4058 pay rise to all social care staff
- A £8160 pay rise to all NHS nurses
- Treat everyone waiting more than 26 weeks on a waiting list (costs £118m and leaves £122m for other things)
- Clear Health Board 2018/19 deficits (£97million - Betsi was £41.2m of this. Leaves £113m for other things)
- Provide free non-residential care (£96m (leaves £144m for other things)

Raising taxes by 2p

To provide free social care in Wales probably requires **2p rise** in income tax. Note: That requirement would rise over time as demand grows

What would a 2p increase in tax rates cost taxpayers?

Annual Earnings	Increase in monthly cost	Increase in annual cost
£20,000	£12.50	£150
£30,000	£29.20	£350
£40,000	£45.82	£550
£50,000	£62.50	£750

The cost of providing a **free** non-residential social care (as in Scotland) has been estimated at £96million.

Providing a cost estimate for **ALL** social care is difficult. A recent paper estimated total private finding into social care in the UK at **£7billion.**

The Welsh population is around 5% of total UK population so current private funding would be around **£350m.**

It may be less than this given the lower average income level of Wales but it illustrates that it carries a significant cost and would probably require a **2p rise** in income tax across the board with further rises as the numbers of elderly increase.

Raising taxes even more...

Pressures on publicly funded adult social care in Wales are projected to rise by around 4.1% a year.

In 2014/15, Wales spent **£1.2 billion** on social care. Funding these pressures would require the budget to almost double to **£2.3billion** by 2030/31.

£1 billion is about equivalent to a 4p rise in income tax...

Appendix ii. Questions asked at Public Panels

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Question 1

Would you be prepared to pay more tax?

- Yes
- No
- Unsure

Question 2

How much more would you be prepared to pay?

- 1p more (£30k income= £14.60 a month)
- 2p more (£30k income= £29.20 a month)
- 3p more (£30k income = £43.80 a month
- 4p more (£30k income= £58.40 a month)
- I would pay more than this

Note: A 1p increase in tax would equal circa £240m.

Question 3

How might £240m be spent?

- Employ an additional 7,700 nurses
- Employ an additional 2,000 Consultants
- A £3000 pay rise to all NHS staff
- A £4058 pay rise to all social care staff
- A £8160 pay rise to all NHS nurses
- Treat everyone waiting more than 26 weeks on a waiting list (leaving £122m for other things)
- Clear Health Board 2018/19 deficits (£97million - Betsi was £41.2m of this. Leaving £122m for other things)
- Provide free non-residential care (£96m (leaves £144m for other things)
- None of the above

Question 4

To provide free social care (currently) in Wales probably requires a 2p rise in income tax. For someone on £30,000 a year, that's about £29.20 a month more tax

Do you think Wales should do this?

- Yes
- No
- Unsure

Question 5 (revisit of question 1)

Having gone through this process today would you be prepared to pay more tax?

- Yes
- No
- Unsure

Appendix iii: Funding session responses

Appendix iii: Funding session responses

Bangor N= 24

Would you be prepared to pay more tax?	Yes	16
	No	3
	Unsure	4
How much more would you be prepared to pay?	1p	4
	2p	7
	3p	5
	4p	0
	More	0
	Not until there's a review and less wastage	1
How could £240m be spent?	7,700 nurses	1
	2,000 Consultants	1
	A £3000 pay rise to NHS staff	0
	£4058 pay rise to social care	1
	£8160 pay rise to NHS nurses	1
	Treat everyone on waiting list	2
	Clear Health Board deficits	0
	Free non-residential care	6
	None of the above	7
To provide free social care in Wales probably requires a 2p rise in income tax. For someone on £30,000 a year, that's about £29.20 a month more tax. Do you think Wales should do this?	Yes	10
	No	3
	Unsure	5
Would you be prepared to pay more tax?	Yes	15
	No	3
	Unsure	5

Further comments from funding session

- If people are paying into the tax coffers elsewhere then retiring in Wales,that money paid should follow them from England into Wales.
- People who look after their elderly relatives should get a tax relief
- Would like a tax rebate for all of us unpaid carers
- Keeping people healthier will result in less time in care
- Get some of the directors to take a pay cut
- Should be based on a percentage of salary with a rising threshold for upper earners
- It should be means tested – inheritance is not a human right!
- High rates of income tax are fine, sure, but maybe there's a discount if you commit to volunteering in health and social care third sector.
- We need to call is something other than income tax. Call it and only use it for health and social care. E.g. the health and wellbeing bond/ the future health and care bond/ personal health and care bond
- Something like this causes more societal diversion not a healthy society
- Throwing more money at things does not solve problems – an upward spiral has to stop

What would you spend £240m on?

- Develop community wellbeing hubs
- Integrate services
- Provide financial support to third sector organisations that pick up the slack for the NHS
- Preventative care
- Free nursing care
- Fix current problems first before throwing more money
- Save money by having less admin executives
- Support to keep people out of hospital
- Preventative resources and in the community aspects of life to facilitate access to all aspects of life. Long-term support and access to guidance post-operation/ diagnosis.
- Preventative services
- Prevention
- The improving of knowledge with regards to the modern chronic disease medicine model. 50-80% of all chronic diseases are preventable/ reversible.
- Public health initiatives to support and educate people to live well
- Public health
- Reduce the need for NHS facilities and save money every year
- Advocacy on wards
- Access to advocacy and advice and social support
- Specialist practitioners
- Invest in more medical, health and social care training places and schools across Wales. Funded by Welsh Government so long as participants sign a contract to work in Wales in that capacity for at least 5 years afterwards.
- Specialist training centre for NHS
- Equality means that the cost of care be free for all

Experiences/ Comments

- Recognition that a healthcare environment can be a scary place
- Several incorrect referrals with no clear pathway
- We are often not believed by healthcare professionals
- Unless you've experienced it yourself, how do you know what it's like?
- The receptionist helps me more than the GP
- Why do older people have their TV licence paid for – what about younger people unable to leave their homes?
- Everything is now labelled as anxiety
- The system prevents referrals
- Nobody knows who is making the decisions
- Staff are not trained well enough to deliver on the Social Services and Well-being (Wales) Act 2014
- Lack of dentists
- Dementia – creating a high demand on hospitals but not the best place for them – likely to increase dependency, sickness and infection
- Better services in front door would reduce demand on hospitals
- Demand is increasing with an ageing population
- The separation of health and social care makes the problem worse
- The system is geared to sending people to hospital regardless of what they want or need
- Public health it not joined up – for example schools reducing PE when childhood obesity is on the rise and 20% of year 6 pupils are obese
- National programme not good at sharing information e.g. not being able to share data with hospitals in England
- Access to GP is a major problem
- Welsh education system not as good so not attractive to bring families to Wales.
- No centres of excellence in social care for professionals to advance their careers

Comments on Prudent Healthcare

- Who decides greatest need?
- Those with the greatest need are often those least capable of making noise
- There appears to be too much emphasis on saving money not getting the best value
- The third sector can't cope with the demands put on them by the increasing reliance on social prescribing – not enough funds available to deliver – we are causing harm

Prudent Ideas

- A patient charter for NHS Wales – your rights and responsibilities
- Get people involved in the design of services
- Consider how to engage 'house-bound' people and involve them in discussions and committees
- Involve clients in setting up facilities before going ahead
- Redesign services by listening to people
- Use patient stories to model change
- Get patients involved in writing care pathways
- Increase the responsibility for the NHS to understand your condition
- Disability access support – consideration for anxiety and communication challenges
- All patient records should be online and accessible – as a patient right
- Access to medical records after diagnosis
- Patients to be the custodians of their own records and share with whichever
- Improve feedback mechanisms in hospitals – feedback forms
- Involve healthcare students more – use their skills
- Have real lived experiences as part of medical education – not just positive stories
- Deliver unconscious bias training for healthcare professionals

- Have a general medical qualification covering a broad range of services
- Improve the sharing of best practice
- Tackle out of date clinical practices to ensure staff can work to the top of their licence
- Promote the use of practice nurses e.g. for triage or diagnosis
- Triage – frequency of attendances: someone who rarely visits GP likely to be genuine – have a flag system
- More multi-specialist approach within primary care e.g. MSK
- Have a list/directory for NHS services and key contacts
- CPD with non medical people – third sector and patient involvement
- More joined up – GP clusters and social care, third sector
- Have care facilitators who can help 'buddy' patients – empowering them to manage their own health, organise appointments and attend them for support
- Have first aid facilitators in communities
- Have a third sector representative in GP surgeries to help people e.g. community navigators
- Social prescribers in GP surgeries
- Exercise on prescription – database of facilities to refer on at the end of the programmes
- Community hubs to bring people together
- Spend less on the secondary sector, more on primary care and social care
- LAKE model – picture based model of delivering information for patients
- Increase funding for drop-in centres which can help a situation from becoming critical
- Better services for people in crisis
- Make better use of volunteers to help deliver services e.g. 24 hour drop in centres
- More funding for third sector voluntary groups
- Third sector representation
- Engaging with health and social care third sector
- Centres of excellence in social care for professionals to advance their careers to attract world class skills into Wales
- Address destructive lifestyle choices – work with schools
- Improve access to services that keep you well – walking groups, yoga
- Engage with youth and community groups
- Helping people to manage their own care more proactively: ' phone me if you need advice' rather than see you again in 3 months time
- Online consultations where appropriate
- Promote which apps are available
- Lifestyle management 0 board games/ apps/
- A basic health and wellbeing education for all
- Work together to improve public health
- Communities can improve their health together
- Work with groups and individuals to express themselves in a way they feel comfortable with
- Empower people to have confidence to challenge outdated views: 'doctor knows best'
- Bring non healthcare professionals into community to ask questions in a comfortable/ non-formal way
- Encourage more social research
- Bring back common sense!
- Lead by example to create resilient communities
- NHS support initially then EPP model – start small then grow and develop
- Reframe conversations with patients: "what can you do to improve your health"
- Triage in the waiting rooms – e.g. when to see a pharmacist to free up time for those who really need to see a GP
- Cut GP red tape to attract more GPs

Funding session responses - Cardiff Event 17th July 2019
N= 20

Would you be prepared to pay more tax?	Yes	2
	No	3
	Unsure	4
How much more would you be prepared to pay?	1p	5
	2p	5
	3p	0
	4p	0
	More	0
How could £240m be spent?	7,700 nurses	0
	2,000 Consultants	0
	A £3000 pay rise to NHS staff	0
	£4058 pay rise to social care	0
	£8160 pay rise to NHS nurses	0
	Treat everyone on waiting list	0
	Clear Health Board deficits	0
	Free non-residential care	9
	None of the above	1
To provide free social care in Wales probably requires a 2p rise in income tax. For someone on £30,000 a year, that's about £29.20 a month more tax. Do you think Wales should do this?	Yes	7
	No	3
	Unsure	0
Would you be prepared to pay more tax?	Yes	4
	No	4
	Unsure	1

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