

**PE1710/B**

Petitioner submission of 6 September 2019

This is a response to a number of points brought up by the Scottish Government in response to Petition PE1710 which was sent to the Scottish Parliament to express concern about the gradual closure both of Council Care Homes and Community Hospitals throughout Scotland.

These closures as well as those which may well be in the pipeline pose significant problems for the successful care of both older people and those with major disabilities, as well as those in need of interim care. These closures run counter to the policy document produced in 2006; *Developing Community Hospitals: A Strategy for Scotland*. This document emphasized the important role played by Community Hospitals throughout Scotland.

Central to a solution to this problem there needs to be a recognition on the part of the Scottish Government and NHS Scotland that there is a significant need to retain Council Care Homes as well as NHS Community hospitals. Simon Stevens on his appointment as Chief Executive of the NHS in England stated in the *Daily Telegraph* that more use should be made of smaller Community and Cottage hospitals.

Currently across Scotland much emphasis has been placed on Homely Care and Care in the Home as a solution to the growing health needs of the elderly and long-term sick.

Unfortunately, the Integrated Services (established by the Public Bodies (Joint Working) Scotland Act 2014) cannot deliver the necessary care in order for people with major health issues to live in safety and decency at home.

There is not sufficient funding or resources to provide the necessary services. The net result of the inability to react to the problems faced both by the elderly and long-term sick is that there is bed blocking in the main hospitals. This is particularly severe during winter epidemics.

There are difficulties in bringing medical services to a patient's home. This is the case with NHS Lanarkshire. For example, this month, September 2019 it does not appear to be possible to have a medical team come to a person's home if they live south of the village of Law. The evidence for this comes from the husband of a patient who lives in Lanark; this service was needed but could not be provided for anybody living in Clydesdale. This area, more than any other, needs such a service because it is largely rural.

General Care at home which involves the visits of carers and other staff is underfunded and understaffed. People who require more attention can only expect two daily visits by carers on average. These visits last for 15 minutes each time. Even these visits are proving difficult for Councils to fund. The overspend in South Lanarkshire on Social Care Integration was £1 million in the year ending March 2017.

The lack of time for visits by professional carers puts more of a burden onto the unpaid carers. Unfortunately, the degree of care needed includes dealing with toilet visits on a regular basis and sometimes having to deal with soiled garments. When situations like this arise, it is very difficult for the unpaid carer. Where there are cottage hospitals, these problems can be dealt with effectively. Recently there has been recognition of the role of the unpaid carers by the Scottish Government but the underlying stress experienced by these people needs more than just recognition. They do need more help.

The situation of having just brief visits is replicated across the country. I have spoken to people from Dundee, Aberdeen, the Borders and the Highlands. The effect of closures of cottage hospitals and care homes has been devastating. In North Lanarkshire from the information that I have received, there is only one Council run Care Home.

Vulnerable patients are left to cope with isolation and loneliness and family members, themselves often elderly, are left to struggle with little or no support.

It is not only the patients that are suffering. The morale of the underpaid Care Workers, who are expected to deliver services, is not good. Travelling expenses have been cut and there is expectation that care workers can fly around from one job to another. Often, they are in a difficult position as the time to deliver the service is insufficient.

The situation for private sector care workers is worse as they are only paid when they get to the patient and they are not given travelling expenses in many cases.

Sometimes as a result of the scenarios previously described, carers are unable to meet their trying schedules and thus do not do not turn up on some occasions. This is really difficult for the relatives who depend upon the carers turning up.

Given the problems with the Care Sector, it is far too early to consider altering Care Homes and Community hospitals at this stage. The strategy may be there, but the provision of adequate finances and staffing is not. There seems to be more concentration on saving money than looking after people. At a public meeting in the Memorial Hall in Lanark 2015 after the closure of the Lockhart Hospital, it was clearly stated that NHS Lanarkshire needed to save £35 million pounds.

The response concerning the role of the community hospitals is recognised but how far are the proposed changes for the better? Given the problems alluded to already, precipitate action is a matter for concern.

In Clydesdale there has been not only a problem with proper provision of Care in the Community but there are the ongoing difficulties posed by bed blocking. From time to time this has been quite severe, especially in Wishaw General. This is in no one's interests in terms of individual patient recuperation and management of hospital flows.

Closure of Community/cottage hospitals needs some thought about the alternative and credible alternatives. In the case of the Lockhart Hospital, the staff and patients

were given one week's notice, although it is recognised that this was done on safety grounds. Surely this cannot amount to proper strategic planning.

The situation in the Highlands with the closure of small hospitals has been really difficult for some communities given that the distances that patients have to go are great and this presents elderly people with major transport difficulties.

The Care Home Question is of great importance. I notice that there is an emphasis placed on the continuing growth of dementia as a problem. This is precisely why more Care Homes are needed to look after people suffering from Dementia as in its later stages it is not possible to look after people in the home. Furthermore, dementia services have been cut, as they were by the Carlisle Medical Centre in 2015.

Care homes also are an important place for frail old people especially those with no relatives nearby or living by themselves. More emphasis is put on the staying at home option, but a well-run care home provides the social interaction that elderly people need.

Councils throughout Scotland need to find Care Homes places for the Elderly and the long-term sick. This is a costly option for cash strapped Councils especially if they have to place people in private care homes. This does make for difficulties especially for those without the resources to afford private care.

There is therefore an overwhelming need to retain Council run Care Homes. They provide an excellent service. Indeed, a Which report of January 2018 rated the Care Homes in South Lanarkshire as the best in the whole of Scotland, including the Private Care homes. Cottage hospitals also have their place.

In conclusion the need for change is recognised with the advances being made in medicine and the desire of some to remain in their own homes as long as possible and indeed pass away there with palliative care if needed. However, there will be always the need both for Community Hospitals and Care Homes and that is why both facilities need to be available. Their role is pivotal in the context of providing decent Health Care across Scotland.