Comment, 2 July 2020 www.spr4cornwall.net

A new health and care system – but where are the voices of care homes and patients?

(Published as a letter to the editor in *The Cornishman*, 2 July 2020)

On June 18th *The Cornishman* hit the streets with an article of mine* pointing out that bulletins on the Embrace Care project, set up to improve the NHS's care for older people, had been suspended in March to allow work to concentrate on dealing with the Covid-19 pandemic, and that the public had heard nothing since.

Lo and behold! Within 12 hours, a brand new Embrace Care bulletin was being circulated. We learn that, under the pressure of Covid-19 and facilitated by a shower of cash in March from central government, a whole new health and care system has been developing.

The new system for Cornwall is based on fourteen primary care networks (PCNs), comprising groups of GP practices. These are at the centre of neighbourhood teams, made up of GPs and practice staff plus clinical pharmacists, community and district nurses, community geriatricians, dementia workers, and allied health professionals such as physiotherapists and podiatrists, along with social care staff and people from the voluntary sector.

The PCNs are themselves grouped into three Integrated Care Areas, and there is a Community Coordination Centre in each of them 'to coordinate community based resources'.

There is also a new Single Electronic Referral System (SERS), long overdue, which enables all referrals for community health and care services including bedded care to be prioritised and allocated by a single team, led by staff from Cornwall Partnership Foundation Trust, NHS Kernow and Cornwall Council. It's not apparent whether the Royal Cornwall Hospitals Trust, with its responsibilities for our acute hospitals, is involved.

Another new development is the Discharge to Assess Bed Bureau, set up to coordinate all bedded care across the county. 'Led by experienced health and care colleagues they have been able to ensure that, wherever possible, people referred for bedded care could go home if it was the best outcome for them. This has allowed for more appropriate rehabilitation-oriented use of fewer community hospital beds'. This sounds like a justification for reducing the number of such beds.

Mostly these developments are encouraging to see. For the moment enthusiasm and money are available, which will lubricate power-sharing between the NHS and local government. We have to hope this continues.

Missing, though, are two voices: the voice of care homes and the voice of patients.

We have seen in the Covid-19 pandemic how, 'to protect the NHS', patients carrying the virus were moved out of acute hospitals into unprotected care homes. Many elderly and frail residents have died. Care homes complained but they weren't heeded.

And despite the good intentions behind the Embrace Care project, the ethos of the 'deferential patient' persists. Patients are expected to be grateful for the care they get. They have no say in planning, although many are savvy consumers.

The remodellers must find new ways of involving the fragmented care home sector and the public in the design and running of the health and care system. Putting a single representative on a committee doesn't cut the mustard these days.

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* Has the Embrace Care project been made use of for political purposes? Cornwall's frail older folk deserve better, 18 June 2020
https://spr4cornwall.net/has-the-embrace-care-project-been-made-use-of-for-political-purposes-cornwalls-frail-older-folk-deserve-better/
(If necessary, this web page can be viewed by pasting the link into your browser.)