



“It’s about retaining personal dignity and choice”

Positioning statements

As the UK's leading care home operator, BUPA has more than 17,000 beds in 249 homes. More than 70 percent of our residents are funded by the NHS or their Local Authority and about 25 percent of residents receive care for dementia or other specialist conditions.

The statements on the following pages represent BUPA's position on the key issues currently affecting care for older people in the UK. They have been issued in May 2002 and will be updated when significant changes occur in any of these areas.

1 The value of the care home sector

- The long term care sector plays an integral role in the provision of health and care in the UK, relieving the pressure on NHS acute services by providing expert care to more than half a million people who require it.
- Of more than half a million care beds in the UK, nearly 200,000 are for nursing care compared with the 140,000 beds in NHS hospitals. It is therefore essential that this capacity is maintained in order to prevent bed blocking in the NHS, as it allows patients to move out of a hospital bed when they no longer need acute care. Any significant reduction in care beds will inevitably have a major impact on the functioning of the health service.
- As the Secretary of State has himself recognised (in a parliamentary answer on 26 February 2002) there is in his words "... a relationship between capacity available outside and inside the hospital". He highlighted the need for increased government investment to ensure that there is enough capacity in care homes to enable the timely discharges from hospital and thus prevent bed blocking.
- We are fully in agreement with the conclusion of the Wanless Report that "health and social care are inextricably linked". On delayed discharges specifically it concludes, "effective integration between health and social care, supported by the right financial incentives, is the key to tackling such delays". We look forward to seeing the introduction of such financial incentives which Wanless suggests "... are required to sustain a viable nursing and social care home market".
- Unless Local Authority funding matches the substantial rise in the real costs of providing long term care, the worrying trend of care home closures will continue. This is not a threat, but recognition that it is neither fair nor sustainable to expect self-funded residents to subsidise inadequate Local Authority fees.

2 Investment in the care home sector

- The independent sector has invested more than £13 billion in establishing 430,000 places in care homes across the UK, more than 80 percent of those available for long term care.
- BUPA has invested more than £600 million in creating quality care homes and invests over £12 million in maintaining these homes every year to ensure that older people continue to receive the high quality of care that they deserve.

3 Care at home

- 90 percent of the people who need care are already cared for in their own home.
- A small proportion of the older people receiving residential care in care homes could be looked after in their own, purpose-built accommodation, if both the investment were available to provide this more expensive alternative, and the additional staff were available to provide their care.
- The vast majority of those receiving nursing care in a care home could not be looked after satisfactorily at home because of the level and regularity of personal and medical care that they need.
- For the vast majority of care home residents it would either be impossible, or much more expensive, to provide the care they need at home.

4 Local Authority funding

- BUPA believes that the levels of funding provided for long term care by Local Authorities are inadequate to deliver quality care and to satisfy increasing regulatory demands.
- Funding of care by Local Authorities has fallen in real terms for each of the last five years.
- As recognised by the Secretary of State for Health, the recent low levels of annual increases in Local Authority funding have led directly to the high levels of care home closures. In Mr Milburn's own words "nursing home fees and fees paid by Local Authorities to care homes have not risen markedly for years".
- In the latest year, the number of beds in care homes has fallen by more than 10,000, or nearly two percent, as a direct consequence of under-funding.
- The fees paid to care homes by Local Authorities have consistently failed to keep pace with the increasing costs of providing quality care and particularly of employing good staff.

- The fee increases paid to BUPA by Local Authorities have averaged less than two and a half percent per year in a period when our costs, particularly of staff, have been increasing more than twice as quickly. This has resulted in levels of financial return in the sector which make it very difficult to secure finance.

5 Paying for quality

- BUPA believes that care quality should be properly assessed and that higher quality should be rewarded with higher fees.
- There is currently no incentive from most Local Authorities for a home to deliver care quality above the minimum standard.
- BUPA fully supports the principle of better fees for better care, services and facilities.
- Relatives of residents whose care is funded by the Local Authority should not be discouraged from making a financial contribution towards better care in a home of the resident's choice. To discourage this is a limitation on choice.
- BUPA applauds the recent initiative by the Association of Directors of Social Services, the Local Government and the independent sector to work together in assessing the true costs of providing care. We anticipate that this will propose an additional £50-70 per week for each resident funded by the Local Authority. Only then will providers feel secure in investing in new facilities and capacity for the future.

6 Level playing field

- Local Authorities are paying fees up to 40 percent higher to place residents in their own homes than they are prepared to pay to independent homes of significantly higher quality.
- More than 55,000 beds are still being provided by Local Authorities themselves, though many are in poor quality homes which should be closed.

7 RNCC (England only)

- BUPA welcomes the government's contribution to the costs of nursing care in care homes but
 - (a) believes that it could be administered far more efficiently
 - (b) it is being administered in an unnecessarily bureaucratic manner
 - (c) insists that it is covering only some of the true cost of nursing care
- BUPA has proposed a much simpler system based on a single level of payment paid directly to the individual, so that the resident is given maximum choice.

- There has been a great deal of confusion surrounding the implementation of this policy, as each Health Authority has adopted different procedures for making payments to the home and has used extra nurses, its scarcest resource, to carry out the assessments.
- All payments made to BUPA towards the costs of nursing care are credited in full, directly to the customer.
- BUPA insists that care home operators should not retain any of the payment made by the government towards the costs of nursing care, but should pass all of it on to the customer.
- There have been unacceptable delays in paying the monies due since this policy was introduced last October. Our residents are rightly asking what's happened to the money they are owed and it is essential that this backlog be cleared as a matter of urgency.
- It is vital that a common RNCC contract, which is fair to all parties, is introduced before this system is extended to Local Authority funded residents, in order to avoid a repetition of this confusion.

8 Care standards

- BUPA applauds the introduction of clear quality standards into care homes with which, in almost every case, it already complies but
 - (a) there was very little consultation in setting these standards
 - (b) there is little evidence that the limited consultation that did take place has been heeded
 - (c) the issuing of many of the communications solely on the internet is unreasonable for many small operators
 - (d) they have, in the short term, undoubtedly contributed to a dangerous reduction in the number of beds available
- Outcomes of care depend on standards of health service support to care home residents but there is a disturbing lack of consistency, and at worst discrimination, in providing medical care, public health support and the supply of aids and equipment.

9 Care home capacity

- Any apparent over-capacity in the care home sector has, in fact, been caused by the continued registration of beds in double or even triple rooms which are no longer acceptable or usable.
- Well over 90 percent of usable beds are now occupied across the UK, resulting in significant shortages of supply in some parts of the country.

10 Intermediate care

- One of the key roles for the care home sector, within an integrated health and care system, is to provide intermediate care for people who no longer need to be in hospital but are not yet well enough to go home.
- Purchasers of care have been slow to commission beds for intermediate care and very little of the £900 million set aside for this in the NHS plan has yet been used to create effective partnerships.
- BUPA Care Homes is keen to provide intermediate care beds but there seems to be a lack of confidence among purchasers to enter into the length of contract necessary for us to justify such major investment.
- The NHS seems focussed on short term issues, such as getting through each winter, rather than on investing in capacity to provide longer term solutions.
- With little spare capacity in the sector, purchasers will need to enter into long term contracts in order to get new facilities built and BUPA is keen to develop partnerships in order to achieve this.
- BUPA is already providing intermediate care in a number of homes, where there were still sufficient beds available, but will need to build new facilities based on long term contracts to provide the levels of capacity needed by most commissioners.
- Government needs to clarify whether or not business rates will be applicable to care homes which provide intermediate care.
- Commissioning for intermediate care should take account of the additional costs resulting from a high turnover of patients and the enhanced services required to deliver improved outcomes.

11 Staffing issues

- BUPA is keen to encourage NVQs and other specialist training for carers.
- BUPA believes that the skill mix required within care homes needs to be reviewed to allow fewer, better trained nurses supported by more qualified and better paid carers. It is hoped that the rigid staffing notices set by current registration officers will be reviewed by the NCSC as a matter of urgency.

- BUPA Care Homes invests heavily in staff training and has committed to spending an additional £3 million on training over the next three years.
- BUPA Care Services is one of the largest employers in the UK to be accredited as an Investor In People, reflecting our commitment to our most precious asset.

12 Specialist care

- BUPA is committed to providing specialist care for conditions like dementia, but the funding for dementia nursing care is almost always inadequate to cover the extra costs involved.
- BUPA believes that dementia nursing care requires highly specialist skills and that it is a scandal that so little premium is available from most purchasers to pay for it.

13 Consistency

- The care home sector continues to suffer a complete lack of consistency in assessment, funding and contracting between the various Local Authorities and NHS bodies which purchase care.
- BUPA is working with the Association of Directors of Social Services and the Independent Healthcare Association to bring the same consistency to assessing, purchasing and paying for care as the government is now introducing to the regulation of care homes.
- Each Local Authority and Health Authority has its own payment terms and its own form of contract, leading to hugely complex administrative systems for all but the purely local operator. We need a single, fair, national contract, agreeable to all parties, with fees based on inputs and with fee reviews based on real cost changes.

14 Provision of NHS services

- The Department of Health has repeatedly indicated that care home residents remain NHS patients, with continuing rights to primary and secondary care. It is an important responsibility of PCTs to provide this and of discharging hospitals to ensure continuity of care. BUPA Care Homes recognises the heavy workload involved but is not currently commissioned to provide this care.
- Payment for medical care of residents is contrary to the NSF for Older People and inconsistent with the principle of health funding enshrined in the RNCC.
- Standards of medical practice set by the GMC and NHS responsibilities for medical care of care home residents are clear. Failure to provide adequate and continuous care is a matter for regulation by the GMC and the NHS, ultimately through the Health Ombudsman.

BUPA's vision

“Taking care of the
lives in our hands”

BUPA's values

Caring	in the way we look after the best interests of our residents and staff
Respectful	of individuality, privacy and dignity of each person
Accountable	for the quality, efficiency and value of our services
Dedicated	to training and developing our staff and to providing excellent care to our residents
Ethical	in handling the responsibilities with which we are entrusted
Enabling	our residents to be as well, as independent and as happy as they can be

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