VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Doctors should campaign for adult social care reform

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Social care is in crisis, with no road map to salvation in sight. Last week I wrote about the decades of government inertia in delivering credible, long term solutions to social care funding and provision. At the start of a new five year parliament we hear further vague promises of cross party talks and commitments from the prime minister of a “solution within 12 months.” But, amid competing policy priorities, further drift and fudge are real dangers.¹

Yesterday’s budget was hugely disappointing in its lack of funding for social care. It will do nothing to help relieve pressures at a local level or to help push forward new proposals to solve the social care crisis. I believe that doctors and the membership organisations that represent us need to speak out and lobby hard in support of our social care and local government colleagues. Why?

Firstly, the number of people admitted to hospital avoidably or stranded for weeks in acute beds owing to a lack of capacity in social care is huge.² This is bad for our patients, who become distressed and put in harm’s way. It also takes a chunk of already scarce bed capacity out of commission through delayed transfers, or patients taking up beds in emergency departments when home based solutions might have been more suitable.

Secondly, especially in hospital, we deal first hand with the distress and frustration of patients and their families and carers, suddenly hit with life changing decisions about care and support, perplexed by their encounters with a confusing system, and concerned about the financial implications. Doctors aren’t social care professionals, but we often find ourselves dealing with the brunt of these concerns but not able to solve them—at least, not quickly—in turn leading to our own moral distress and feelings of helplessness.

Thirdly, the vast majority of personal care and support is already provided by unpaid carers—usually spouses and adult children. An estimated six million people in the UK are carers, and around 1.5 million are over 65 themselves. The yearly *State of Caring UK* report³ shows how little support many of them receive for

this vital role, which makes a huge economic contribution and helps further relieve pressures on the NHS. But these unpaid carers often have health problems of their own, physical and mental. As medics, we should care deeply about this—those carers may themselves end up needing medical care.

Finally, adult social care goes beyond providing long term personal or residential care for older people with frailty or dementia or for younger disabled people. When social care isn’t surviving on meagre rations, when it isn’t just fighting an overwhelming tide of demand, it aims to help maximise individuals’ independence, autonomy, and control. It improves their quality of life and lets them participate in local communities.⁴ It should be integral to prevention, rehabilitation, and helping people to live with long term physical and mental health problems, addiction, poor housing, or homelessness, as well as tackling inequalities of health and access to care.

If we get social care right, or at least better than the current confusion and crisis, it will be a win/win/win for our patients, their families, the systems and services we work in, the communities we live in, and our own workplace wellbeing and job satisfaction.

Perhaps it isn’t a question of why would we speak out, but why wouldn’t we?

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Oliver D. David Oliver: Social care—back to an uncertain future. *BMJ* 2020;368:m76110.1136/bmj.m761.
- 2 Oliver D. David Oliver: Guidance tools won’t solve long hospital stays. *BMJ* 2019;367:j5870. 10.1136/bmj.j5870 31597635
- 3 Carers UK. State of caring survey. <https://www.carersuk.org/news-and-campaigns/state-of-caring-survey-2020>.
- 4 Bottery S. What’s your problem, social care? The eight key areas for reform. King’s Fund. 5 Nov 2019. <https://www.kingsfund.org.uk/publications/whats-your-problem-social-care>.

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