

*Fighting for our rights, fighting for our future*

## Community Care Committee

The [CCC \(committee on community care\)](#) is a multi-branch of practice group that considers and reports on changes, trends and policy in community care. CCC's role is to connect the dots between branches of our medical practice - and the joins between primary, secondary, and social care. We monitor policy and trends, pinpoint unmet care needs, and promote new and novel approaches. We draw on the expertise of our diverse membership such as GPs, specialists in elderly medicine and palliative care, psychiatry, doctors in training and those working in public health and community medicine to inform and advise the BMA.

The COVID-19 pandemic continued to have long-lasting impacts on the health and social care system, with community care services having suffered disproportionately. CCC has continued to bring to the fore these issues within the BMA by drawing on the experiences and insights of our members. This year, CCC supported the [BMA's response to the Government's announcement that all healthcare staff in England must be fully vaccinated](#) by April 2022 and highlighted that priority for vaccination should be given to care home staff and residents that are at high risk. As we emerged from the pandemic, the CCC also continued to argue for adequate and appropriate Personal Protection Equipment (PPE) to be accessible to all healthcare staff working in community settings, and for sympathetic visiting by family and relatives to be allowed in care homes.

### CCC workstreams

This session, the CCC continued to work towards its two priorities previously identified on advance care planning (ACP) and care homes. The two multi-disciplinary working groups that were piloted last year continued into this session, as they provided a valuable way of working for CCC. The working groups allowed CCC to draw on the experience of doctors working in diverse healthcare settings as well as patient representatives to progress its work.

## Future proofing social care

CCC was pleased to announce the publication of its [CCC Social Care report](#) developed by the BMA CCC care homes working group which emphasizes the need for real reforms to the social care system in England. The report outlines the underlying problems that have led to the current situation and discusses the consequences of these problems on staffing, individuals in need of social care support, and clinical practice.

As part of the underlying problems, we highlight the chronic underfunding of the local government, and we argue that the means- tested provision of care deepens inequalities. In addition, the poor work and pay conditions for the social care workforce exacerbates staff shortages. This creates the perfect storm with a growing unmet need felt the most by those with the greatest needs for social care, which in turn adds extra pressures on an already overstretched NHS. CCC argues that the solutions which have been proposed by the Government are insufficient to tackle the scale of these problems and that additional reform is needed to ensure that the social care system can meet the growing care needs of the population in England. To improve the social care system in the long term, we propose that the Government must:

1. Increase long term funding
2. Provide free personal care at the point of need
3. Ensure social care workers are paid the Real Living Wage as a minimum
4. Introduce a standard work contract and improved training opportunities for social care staff.

## Universal principles of advance care planning (ACP)

At the outset, the CCC advance care planning working group agreed that a patient centered approach is key to delivering comprehensive, continuous care for ACP. Furthermore, participating in the decision-making process surrounding one's care and planning for one's future can be an empowering act for patients. Through its discussions, the group explored this session what a gold standard for ACP should look like- from the patient expectations, to starting the conversations with the loved ones, the role of practitioners and medical professionals involved in these processes, and ultimately supporting and honoring the outcomes of the planning conversations.

The ACP working group worked closely with the BMA's medical ethics team and BMA's Patient Liaison Group (PLG) to feed into the developments of the Ministerial Oversight Group on DNACPR (do not attempt cardiopulmonary resuscitation) work. Ultimately, we were pleased to see that our recommendations were incorporated in the new '[Universal principles for advance care planning](#)' created by NHS England and jointly published by 28 organisations, including the BMA. The final recommendations for universal principles for advance care planning are:

1. The person is central to developing and agreeing their advance care plan including deciding who else should be involved in the process
2. The person has personalized conversations about their future care focused on what matters to them and their needs
3. The person agrees the outcomes of their advance care planning conversation through a shared decision- making process in partnership with relevant professionals

4. The person has a shareable advance care plan which records what matters to them, and their preferences and decisions about future care and treatment.
5. The person has the opportunity, and is encouraged, to review and revise their advance care plan
6. Anyone involved in advance care planning is able to speak up if they feel that these universal principles are not being followed

You can read more about the work of ACP working group also in our [blog](#).

## **Input into pan-BMA work**

Over the session, CCC also had representation at the regular COVID-19 strategy meetings, the Health and Social Care Bill Working Group, the BMA's COVID Inquiry group, the BMA Wellbeing and Mental Health Group and also working closely with the BMA Council and other committees including the PLG. The committee has also inputted on various pan-BMA policy consultations responses, including but not limited to the new Code of Practice for the Mental Capacity Act for England and Wales, COVID review reports, BMA's report on the use of the private sector in delivering NHS-funded care and Guidance on how to deal with discrimination from patients.

This year, CCC also participated in this association campaign for mental health awareness week along with the Board of Science. You can read more about our deputy chair's blog [here](#).

## **Looking forward**

The future of community care holds promises as we move forward. For the next session, the CCC will continue to lobby for social care reform as highlighted in our recent report. We will also continue to engage with the rest of the association to feed in our members' experiences to better shape BMA's position and key asks for social care. Furthermore, we will continue to build further links and relationships with other BMA teams and committees such as the Patient Liaison Group in order to maximise our impact within the association.

If you want to know more about CCC's work, please get in touch with us at [info.ccc@bma.org.uk](mailto:info.ccc@bma.org.uk)

**Dr Anil Jain,**  
**Community Care Committee Chair**

[www.bma.org.uk/what-we-do/committees/committee-on-community-care/committee-on-community-care](http://www.bma.org.uk/what-we-do/committees/committee-on-community-care/committee-on-community-care)