Objections are being raised to the building of large scale nursing homes in Scotland. The 'super homes' will be more economical than smaller units because legislation allows for savings on nursing cover.

Fear over large homes

By Pat Healy

Suspensions that commercial companies are building large scale which save money on nursing cover have been fuelled by the building of several 120-bed nursing homes in Edinburgh.

Lothian Health Board will be considering this month an application to register one of two 120-bed units currently under construction by Takare, the biggest private nursing home builder in the UK.

The board has already approved another 120-bed home since its own working group last year recommended a limit of 60 beds in a single unit. The working group's interim report advocated that accommodation should be designed to allow residents to live and be cared for in small groupings: ideally eight to ten', with a maximum of 20. The limits were not accepted by the board following legal advice that they would not be enforceable.

Objections to returning to large institutions, this time in the private sector, were raised at a meeting last year to launch a draft health and social work strategy for elderly people in Lothian, at which clinical nurse specialist Ria Tocher represented the Royal College of Nursing. The meeting was told that a limit of 60 beds was desirable, but not economically viable given public spending restraints.

The designs used by Takare are H-shape or star-shaped units, with 30-bedded 'wings' where the residents live. The central area contains the administration block and joint facilities serving the whole home, such as dining rooms.

By Dina Leifer

When surgical sister Michele Silavant agreed to speak to a private pensions adviser, she thought she was doing the most sensible thing for her future.

Almost eight years later, Ms Silavant, aged 34, is fighting to recover at least £18,000 she believes she lost because she was wrongly advised to opt out of the NHS pension scheme.

Ms Silavant is one of the hundreds of nurses and other employees believed to have been given incorrect advice by pensions advisers in the late 1980s. A court decision last week means they can now sue the companies which gave them the advice.

The cases stem from a change of the law in 1988, which meant employees were free to opt out of occupational pension schemes and take out a personal pension in the late '80s have now won the backing of the law to take legal action against pension firms.

Nurse's joy at pensions win

Ms Silavant agreed to meet the representative, and was persuaded to take out her own pension plan with the company, which is now known as GAN.

'Having very little knowledge of pensions, I went with her decision because I thought if I wanted to move jobs my pension could move with me,' she said.

Almost six years later, a report by consultants KPMG Peat Marwick to the financial watchdog the Securities and Investments Board (SIB) said a considerable number of employees had been given bad advice about transferring to a private pension scheme.

Ms Silavant transferred back to the NHS pension fund. Staff who dealt with her case told her she had lost £18,000 over the six years she had opted out of the scheme.

'I wrote to General Portfolio but I was not getting anywhere. They told me they were waiting for guidelines from the SIB,' Ms Silavant said.

After about a year of trying to resolve the matter herself, Ms Silavant took her case to Bristol solicitors Ringrose Wharton & Co, who are handling several similar cases for the Royal College of Nursing and the GMB union.

As an RCN member, Ms Silavant is getting financial help from the college to pay her legal costs.

She was one of six cases discussed in the Bristol mercantile court last week. Five major life companies, GAN, Prudential, Hill Samuel, TSB and Irish Life attempted to delay people in Ms Silavant's situation taking legal action.

The companies said the legal action should not go ahead until the industry's own review of the affair had finished. But the unions argued the review relied on life companies investigating themselves.

Judge Raymond Jack QC rejected the companies' applications, which means Ms Silavant and hundreds of other nurses can choose legal action to settle their claims.

Ms Silavant's case could take several months to resolve, but she is glad she decided to pursue it.

'It was very frustrating for the first year. But I've kept going because I've had the backing and advice of other people,' she said.
Does the size of nursing homes affect the quality of care?

The 1984 Registered Homes Act requires 24-hour cover by a nurse or doctor on site. To have one nurse per site would not flout the law, which refers to units rather than homes, but might not follow either the Act’s intentions or local standards. At least one proposal to build a larger home in England was rejected last year after concerns were raised by local RCN activists that only one qualified nurse would be employed.

The problem with large homes was that there was a danger that they would be too impersonal, Gillian Dally, director of the Centre for Policy on Ageing, told Nursing Standard. The centre is currently revising their publication, Home Life, which is accepted as providing basic guidelines for Pearson’s situation. If she has suffered a loss as a result of being advised to opt out should be adequately compensated.

‘We have never had a complaint from a resident or relative that they don’t like the size of the home,’ he said. ‘It is important that the customers have the choice. If an individual family coming into the home doesn’t like the size, they are perfectly free to go somewhere else.’

Although John Horam is new to the post of junior health minister, having represented all of the three parties he is certainly not wet behind the ears.

Speaking from experience

**BY BILL DOULT**

No-one can accuse recently appointed junior health minister John Horam of lacking experience. For a start he has sat in the Commons representing three different parties. He has been a Fleet Street journalist and an international consultant and now he has a ministerial portfolio which stretches over 30 different areas of responsibility.

He first entered Parliament in 1970 as a Labour MP for Gateshead. At the time he was regarded as highly untypical of the normal North East MP. He was a junior transport minister in the last Labour government, but became increasingly disenchanted with his party as it swung left in opposition.

In 1981, he defected to the SDP which led to him losing his Labour stronghold seat two years later. It was another eight years before he returned to Westminster — as a Conservative member for Orpington in Kent.

Ten months ago, he was appointed as junior public service minister and thus became the only MP to have sat in the private nursing and residential homes.

‘Numbers and size per se do not rule out the right approach,’ she said. ‘But there is a danger that in practice that may happen when factors like value for money and so on come into play rather than the quality of care and the personal approach.’

Takare’s managing director, Hamilton Anstead, said he was angered by allegations that the company’s homes were impersonal and institutionalised. ‘I’ve been in 10-bedded nursing homes that are institutionalised, where everyone stands to attention when matron comes in,’ he said.

His company’s units consist of four to five 30 bed units supported by an administration block, with senior nurses in charge of each unit. ‘The real problem is that there is a serious shortage of qualified nurses across the UK and there is a generally poor level of pay in the sector,’ he said.

‘We have never had a complaint from a resident or relative that they don’t like the size of the home,’ he said. ‘It is important that the customers have the choice. If an individual family coming into the home doesn’t like the size, they are perfectly free to go somewhere else.’

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