

Health Matters

PHS Newsletter

Autumn/Winter 2010

More for your money



Read how Asaf Khan benefited from ground-breaking surgery on page 4.

By Paul Tonks, General Manager PHS

We're now offering you more for your money to make sure that you and your family stay healthy.

The Police Healthcare Scheme is always looking to improve its services and is pleased to announce a new package of benefits.

- **Six-week waiting period.** This rule has gone and members can now access treatment without having to wait, as long as it is authorised.
- **NHS cash benefit.** This is still available at £250 per night for those members who choose to have their treatment through the NHS.
- **Family membership.** A reduced rate costing from only £11 per month for members aged 18-21 still in full-time education.

We all know that the current economic climate is very difficult and the impact on us all is very real. PHS directors are very conscious that family budgets are also under scrutiny and therefore we are looking at anything that we can do to help. If you are struggling to pay your subscriptions, or facing early retirement because of Force efficiencies, give us a call to see if we can help.

We do tend to take our health for granted and when we don't have good health we want to get back to normal as quickly as possible. That is where membership of PHS is so beneficial because it kicks in straight away.

Inside this newsletter you will read about real members whose lives have been transformed as a result of their PHS membership. Knowing that the scheme is there if you do need it, with its simple but effective claims process, is very reassuring. We pride ourselves greatly on giving our members the best possible route back to full health.

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THE CONSULTANTS' CHOICE



I beat bowel cancer thanks to PHS

By DS David Cooper, in CID training at Tally Ho!

In November 2009 I was a fit 36-year-old Police Sergeant with 17 years active service. Given my age and fitness, I didn't expect to be diagnosed with bowel cancer.

My symptoms weren't diagnosed when I was referred to casualty via NHS Direct. I was discharged after 36 hours because I was deemed 'low risk' and put on a waiting list for a camera examination, which could have been months away. This would only have examined the lower part of my bowel.

Unconvinced about what the doctors had told me, I got a referral from my GP to the Birmingham Bowel Clinic at BMI The Priory Hospital in Birmingham. This was six days after my first symptoms. On day eight, I had a colonoscopy to examine the whole of my bowel and was diagnosed with a stage-two tumour in my upper colon. Four days later, I had surgery to remove the tumour, using a new keyhole technique. It was a complete success and my prognosis is excellent.

When you are diagnosed with cancer, you are faced with all sorts of emotions and fears. During this time, I received vital assistance from the PHS. Authorisation was prompt with no fuss or red tape. Medical scheme staff were sensitive, caring and yet professional.

I'm now facing tests to make sure that the cancer hasn't returned but I can face them with the reassurance that I have the support of an excellent healthcare scheme, which will provide me with the very best medical care possible.

Like many people, my wife and I questioned the benefits of the scheme against the deduction each month on my pay slip. We're so glad we saw it as a necessity else I might not be here today to tell my story.

Subscription increase

Subscriptions will increase from January 2011 by 2.5%. This increase is less than the annual police officer/staff pay award but is well below medical inflation, which continues to outstrip general inflationary rises.

Andy Nixon, Chairman of the Management Committee, said: "Each month the Scheme continues to outlay in excess of £500,000 in treatments and consultation. This still provides excellent value to members who access first class medical treatments and care from our providers. The Scheme continues to be managed prudently and professionally, which allows PHS to absorb the remaining inflationary costs. We are confident that our private health care standards will continue to be maintained."

For more information on the new rates go to www.policehealthcare.co.uk or contact the office on 0121 700 1110.

Tell us your story... If you would like to share your experience with other members, we'd be glad to hear from you. Drop us an email to info@policehealthcare.co.uk with a basic outline and we'll be in touch.

Thoughts on the future of the NHS

By Roz Payne, General Manager PHS

In July this year, the government published its new white papers for the NHS in England, entitled 'Equity and Excellence: Liberating the NHS'. The document sets out proposals for the next two or three years against a backdrop of £20 billion savings by 2014.

There will be a huge transitional cost for these arrangements, likely to run into billions. In late September the British Medical Association warned that "the radical shakeup of the NHS threatens its future, may not improve patient care and could lead to a two-tier health service". So much change within a short time period is bound to produce instability; you only have to look at what is happening in the West Midlands Police to see how wholesale change impacts on performance.

What is being proposed is a major restructuring in one of the biggest shake-ups in NHS history. The move will lead to the abolition of the ten strategic health authorities and the 152 Primary Care Trusts and create somewhere in the region of 500-600 local consortia of GP practices. It's only four years since the last major reshuffle.

The paper calls for all hospitals to become Foundation Trusts by 2013. They will cease to be part of the NHS;

a shift to any willing provider model of community provision is designed to encourage more social enterprise and private providers into the market. The removal of the private patient income gap will encourage Foundation Trust hospitals to push NHS patients to the back of the queue, particularly in a period of financial entrenchment. GPs will be encouraged to strip out activities that do not have an appreciable benefit - but who decides what these are and does this mean services are lost?

Patients in England and Wales will no longer be guaranteed a GP appointment within 48 hours. Targets relating to admission within 48 hours for medical emergencies and the 18-week wait for hospital treatment have also gone. In the world of public services we are very familiar with targets and the theory that what gets measured gets done is widely held. There is speculation that these targets will be replaced with other



measures such as the median wait for each of these areas but the worry is the complete chaos that will be created by moving from one system to another.

The NHS has also started cutting its workforce - the first sign of the huge squeeze to come on NHS staffing. Figures recently released by the NHS information centre show that, nationally, the number of first line medical practitioners fell by 5,000 (0.6% of the total work force) in just one month between March and April this year. However, as reported in the Financial Times recently, chief executives are privately saying that staff cuts up to 20% are likely over the next few years.

So what does all this mean for members of PHS?

PHS remains a discretionary scheme but still provides much more certainty about what is provided under our scheme than the predicted chaos over the next few years within the NHS. We've improved our benefits package, giving members more for their money and we're helping those who are struggling to pay subscriptions during this economic climate now that change has become the norm.



Asaf's ground-breaking surgery

Asaf Khan suffered a severe problem with both of his knees. They were so bad that as a young man he would have needed knee replacement surgery - a time-consuming and very painful process. Was there an alternative available?

Asaf had significant chondral damage to his patello femoral joint. So after seeing one of the leading orthopaedic consultants through PHS, it was agreed that he could undergo a new two-stage transplantation procedure for each knee.

The first stage meant harvesting the cartilage and sending it to a laboratory in Germany for growth purposes. 10,000 cells were grown in the lab for six weeks until they reached 10-12 million cells. After three weeks, Asaf was re-admitted and the cultured cartilage was surgically injected and replanted onto the patella with the aid of soft tissue from the tibia. The implanted cells then divided and integrated with the surrounding tissue and generated what is, most simply, described as 'new cartilage'.

Asaf, who is based at Nechells Police Station in Birmingham, said:

“The fact that PHS were willing and able to authorise such ground-breaking surgery means I haven't had to endure knee replacement surgery. By undergoing less invasive procedures, I'm now returning to fitness much more quickly.

I don't think I would have got this on the NHS - certainly not so quickly.”

For more information on any of the stories featured or to have your say, call us on 0121 700 1110 or email us at info@policehealthcare.co.uk