

July 2016

PSNC Briefing 038/16: Update on the Health and Care Landscape

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. It builds on the Health & Care Review articles which are published on the PSNC website every week.

Shingles immunisation programme 2016/17

Public Health England (PHE) has published a [letter](#), providing more information about the fourth year of the shingles immunisation programme. It details when patients can be offered the vaccine against shingles and for which age groups.

PHE is [reminding](#) those aged 79 years to get vaccinated against shingles before their 80th birthday, if they have previously declined a shingles vaccination offer. PHE is also calling for people to check if their parents or grandparents are eligible for the vaccine, and have yet to take it up, as it could be their last chance to get vaccinated. Once a patient reaches their 80th birthday they will no longer be eligible for the vaccination due to the reducing efficacy of the vaccine as age increases.

Health matters: improving the prevention and diagnosis of bowel cancer

PHE has released the latest edition of the Health matters series, [Health matters: improving the prevention and diagnosis of bowel cancer](#).

This edition focusses on bowel cancer and covers the scale of the problem, prevention, early detection and the NHS Bowel Cancer Screening Programme including how to increase the uptake of bowel cancer screening. There is also a section on how to improve the prevention and detection of bowel cancer.

Physical activity and lifestyle announced as a clinical priority by the RCGP

The Royal College of General Practitioners (RCGP) has [announced](#) that it will be making physical activity and lifestyle a clinical priority for the next three years.

The aim is to support primary care professionals with managing their patients' physical health by providing evidence based information relating to diet, physical inactivity, smoking, alcohol consumption and psychosocial factors. The aim is to ultimately reduce long-term pressure on the health service.

Statistics on alcohol, England, 2016

The Health & Social Care Information Centre (HSCIC) – now known as NHS Digital – has published a [statistical report](#) on alcohol use in England.

It covers six topics related to alcohol use: hospital admissions; deaths; prescriptions; drinking behaviours among adults; drinking behaviour among children; and expenditure and affordability. Each section provides an overview of the key findings on these topics, as well as providing links to sources of further information and relevant documents.

Key facts from the HSCIC (now known as NHS Digital) report include:

- in 2014/15 there were 1.1 million estimated admissions where an alcohol-related disease, injury or condition was the primary reason for admission or a secondary diagnosis. This is 3% more than 2013/14. Men accounted for nearly two-thirds of the admissions;
- in 2014, there were 6,831 deaths which were related to the consumption of alcohol. This is an increase of 13% on 2004;
- 196,000 prescription items were dispensed in England in 2015. This is nearly double the level 10 years ago;
- 9 million people in Great Britain report drinking alcohol in the previous week. This equates to 58% of the population; and
- in 2014, 38% of secondary school pupils had ever drunk alcohol, the lowest proportion since the survey began when it was 62%.

Five big issues for health and social care after the Brexit vote

The King's Fund has published an [article](#) highlighting a number of important issues which may emerge following the Brexit vote, which will need to be resolved. Some issues identified relate to staffing, accessing treatment here and abroad, regulation, cross-border cooperation and funding and finance.

PHE bulletin: June 2016

PHE has published its [bulletin](#) for June 2016. Highlights include:

- Health matters: improving the prevention and diagnosis of bowel cancer;
- PHE response to the British Journal of Sports Medicine on Eatwell Guide;
- annual flu plan and letter 2016/2017; and
- health and travel advice for the Olympics.

Supporting integration through new roles and working across boundaries

NHS Employers and the Local Government Association (LGA) have commissioned The King's Fund to publish a [report](#) looking at the evidence on new roles and ways of delivering integrated health and social care by 'boundary spanning' organisation workforce.

The work aimed to identify examples of new roles being developed and an understanding of the evidence to support these roles, including impact, features of success and key challenges.

This report is based on the findings of a literature review and is structured around four main areas. These are:

- examples of practice in which boundary-spanning roles have been documented;
- the impact and outcomes of these new or extended roles;
- the challenges and barriers to developing boundary-spanning roles; and
- the factors that can support boundary-spanning and facilitate the workforce to deliver integrated care.

Key facts from the report include:

- there is a lack of evidence on the cost-effectiveness of new roles and the extent to which they improve patient outcomes;
- there are a number of ways in which integrated care is being delivered without the explicit need for new boundary-spanning roles; and

- engaging staff from the outset and building on the existing skills of the workforce can overcome cultural barriers between professionals and organisations to develop integrated ways of working.

The NHS if...

The King's Fund has published a [collection of essays](#) that explore hypothetical scenarios and their impact on health and care services. There are three categories: the NHS and society, medicine data and technology, and how the NHS works.

The scenarios are written by staff from The King's Fund and external experts, and aim to stimulate thoughts, discussions and debates about possible future scenarios. The scenarios will be published on the King's Fund website throughout 2016. In each essay, the author gives their informed but personal view of a possible future.

The first essays published cover various subjects around the theme of the NHS and society: what if assisted dying were legalised, what if the NHS were to go carbon neutral and what if there were community services for older people 24/7?

DH directorate structure reorganisation

The Department of Health (DH) has [reorganised](#) its directorate to include a single new community care directorate made up of four new directorates. It will replace the separate directorates for digital, technology, local government and social care and came into effect on 1st July 2016.

The changes are part of DH's cost cutting drive aimed at reducing running costs by 30% by 2020 and losing up to 700 posts.

The four new directorates and their responsibilities within DH are:

- Global and public health – health protection; population health; EU and international work and health and work unit;
- Community care – social care; disability; community, mental health and seven day services; medicines and pharmacy; digital and data; technology and chief social worker;
- Acute care and workforce – acute care and quality; workforce; efficiency and productivity; communications; and
- Finance and group operations – finance; strategy and oversight; HR; DH transformation; commercial, procurement and property.

E.coli investigation continues

PHE is [continuing to investigate](#) an E. coli outbreak, with the South West of England particularly affected. So far, 109 cases of the strain, E. coli O157, have been identified (as of 4th July 2016).

PHE has been working to establish the cause and found that in several cases, people have eaten mixed salad leaves prior to feeling unwell. PHE is therefore reminding the public to maintain good hand and food hygiene practices at all times.

Sugar and Public Health

The Parliamentary Office of Science and Technology has published a [briefing](#) which summarises the health risks associated with eating a diet high in sugar.

The report provides background information on the effects of sugar on health, discusses public health sugar reduction policies, the Public Health Responsibility Deal, as well as other policy approaches. It also considers the evidence on taxing sugar-sweetened drinks and includes industry responses to the proposed tax.

Local initiatives to reduce sugar consumption across England are also featured in the report.

Over 55 million patients in England to benefit from online GP record

NHS England has [announced](#) that currently, over 95% of GP practices are set up to offer online access to GP records including test results, diagnoses, referrals, immunisations, procedures and medications history. This is a 92% increase of GP practices from January 2016.

Patients in England will be able to view test results as they come in and keep track of them on their smartphones.

Figures for March 2016 show that 8.5 million patients have signed up to book appointments online with 1.4 million appointments booked or cancelled during March, an increase of over 100% from April 2015.

Patients as partners

The King's Fund has [published](#) a briefing which aims to underpin what is required to help build collaborative relationships among health and care professionals, service users, carers and communities.

The authors share their collective learning in this report, as well as five practical ways to develop collaborative relationships among NHS, patient and community partners.

Some examples of collaboration illustrated in the paper include:

- a patient working with a consultant cardiologist to re-design local cardiac services;
- a local Healthwatch representative working with the clinical director of a Clinical Commissioning Group (CCG) to develop new models of care in one of the [vanguards](#); and
- a chair of a local disability group working with a clinical manager to improve neuro-rehab services.

Junk food advertising impact on children – Cancer Research UK's report

A new [report](#) published by Cancer Research UK has looked at the impact of junk food advertising on children's eating habits and dietary choices.

Researchers talked to children aged between 8 and 12 years old at six schools. Each group was shown two TV adverts for junk food, followed by a discussion.

Most children said they had asked their parents for things they had seen on TV, particularly new junk food products, flavours or eye catching pack designs.

New STI figures show continued increases among gay men

PHE has [published](#) its latest figures for sexually transmitted infections (STIs) in England, which show that there were 434,456 cases reported in 2015.

Among these, 54,275 cases were among gay, bisexual or other men who have sex with men; a 10% increase from 2014.

The data also show that chlamydia was the most commonly diagnosed STI, making up 46% of diagnoses, followed by genital warts.

Although the diagnoses of chlamydia and genital warts have fallen compared to 2014, there has been an increase in the cases of gonorrhoea and syphilis.

Dr Gwenda Hughes, Head of STI Surveillance at PHE said: "We need to do more to raise awareness about STIs and how they can be prevented, especially the effectiveness of using condoms. We recommend that anyone having sex

with a new or casual partner uses condoms and tests regularly for HIV and STIs. It is also vital to ensure there is easy access to STI testing and treatment services that meet the needs of local populations.”

NHS finances outside the EU

The Health Foundation has published a [briefing](#) exploring the implications of the UK leaving the European Union (EU).

The authors build on the work of the National Institute of Economic and Social Research and the Institute for Fiscal Studies and concluded that there are significant risks to NHS funding. The report states that if the UK leaves the EU, by 2019/20 the NHS budget could be £2.8 billion less than currently planned.

Weight management economic assessment tool

The PHE Obesity website has designed a [tool](#) to help public health professionals and commissioners assess economic impact of interventions by comparing their costs against potential costs savings.

The first version of the tool, published in April 2014, calculated costs and direct savings to the health service arising from weight management interventions.

This updated tool also estimates the saving in local authority funded community based social care costs and the economic benefit of additional employment that may arise as a result of weight management interventions.

Prescriptions dispensed in the community, statistics for England

HSCIC (now known as NHS Digital) has [published](#) prescription figure changes and trends for England between 2005 and 2015.

Key facts from the bulletin include:

- 1,083.6 million prescription items were dispensed overall in 2015, a 1.8% increase (19.1 million items) on the previous year and a 50.4% increase (363.4 million items) since 2005;
- the total net ingredient cost (NIC) of prescriptions dispensed in 2015 increased to £9.3 billion, from £8.9 billion in 2014, an increase of 4.7% (£414 million). This is a 16.8% increase (£1,330 million) on 2005, when the total cost was £7.9 billion; and
- in 2015 the leading British National Formulary (BNF) section in terms of NIC, for the ninth year in succession, is BNF 6.1 Drugs used in diabetes.

HSCIC (now known as NHS Digital) has also [highlighted](#) that of all the BNF therapeutic areas, the greatest increase in prescription items in 2015 was for antidepressant medicines. In 2015, there were 61 million antidepressant items prescribed; 3.9 million more than in 2014. The NIC of antidepressants increased from 2014 by £19.7 million to £284 million. This means that in 2015, antidepressants cost the NHS £780,000 per day.

Jeremy Hunt updates Parliament on junior doctors' contract

The health secretary Jeremy Hunt has made a [statement](#) to the House of Commons outlining his intention to introduce the new junior doctors' contract from August 2016, which British Medical Association members voted to reject. Doctors will transition to the new terms on a phased basis from October 2016.

E-cigarettes: developing public health consensus

PHE, together with a number of organisations including Act on Smoking and Health, Cancer Research UK and the Faculty of Public Health, has published a [joint statement](#) on e-cigarettes. The organisations state that e-cigarettes are significantly less harmful than smoking, and there is no circumstance in which it is better to continue smoking.

There is also a commitment made to provide up-to-date information on the emerging evidence on e-cigarettes and ensuring to provide clear, consistent messages for the public and health professionals.

Changes to cervical cancer screening

PHE has [announced](#) that it will be changing the process of how cervical screening is conducted to enable more accurate testing.

Currently, cervical screening samples are first examined for abnormal cells with the human papilloma virus (HPV) test taking place if the examination seems abnormal.

After a successful pilot programme and a recommendation by the UK National Screening Committee, samples will be tested for HPV first.

According to Cancer Research UK, the new testing process could prevent around 600 cancers a year.

Statistics on smoking

The House of Commons Library has published a [briefing](#), which provides a summary on smoking among adults in Great Britain and children in England and Scotland.

It covers various topics such as: smoking in adults; smoking while pregnant; e-cigarettes; smoking among young people; stopping smoking; deaths from smoking and hospital admissions due to smoking.

Key facts from the report include:

- nearly two fifths of adults who have ever smoked regularly started smoking before they were 16, and 95% started before the age of 25;
- in England, 3% of school children aged 11-15 smoked at least once a week and in Scotland 2% of 13 year olds and 9% of 15 year olds did so; and
- in 2015 an estimated 2.2 million people in Great Britain were e-cigarette users.

Review of health and care data security and consent

Two independent reviews have been published, which were commissioned by DH, on data security in the health and care system in England and a new consent/opt-out model for data sharing.

The Care Quality Commission (CQC) has published a [review](#) on data security in the NHS, and Dame Fiona Caldicott, the National Data Guardian for health and care has [reviewed](#) data security, opt-outs and consent.

Dame Fiona's review found that broadly, the public does not trust the NHS with confidential data and has proposed 10 security standards to be applied in every health and care organisation that handles personal confidential information.

The review also recommended that the Government consider the future of the care.data programme, as the consent and opt-out model planned for care.data did not go far enough.

In light of the CQC report, NHS England has [decided](#) to close the care.data programme; work will now be undertaken by the National Information Board, in close collaboration with the primary care community, to retain public confidence and improve care.

Nationwide drive to make outpatient services digital

NHS Improvement has launched an [initiative](#) to increase the number of patients accessing digital outpatient services through their phones, laptops or tablets.

The Digital Outpatients programme is designed to help NHS providers break down the barriers of digital uptake and deliver solutions by working with patients and clinicians. The programme will also look at ways to share best practice and promote the spread of digital solutions from one provider to others. This will include working with NHS digital and the National Information Board to improve technology and the use of data in healthcare.

A healthier life for all

The Health Foundation and the All-Party Parliamentary Health Group have jointly published a [collection of essays](#) looking at various health challenges in the UK, intervention policies to change behaviour, regulation and health, and the economic case for preventing ill health.

The paper calls on the Government to deliver health improvements in all aspects of life: where people live, learn, work and play to ensure social and economic prosperity.

It concludes by proposing policy changes to address the wider determinants of health, to tackle poor health and reduce pressure on the NHS.

The Care Act – one year on

Carers Trust has conducted a [review](#) to gain insight on the extent of the difference The Care Act 2014 has made to the lives of unpaid carers in England.

A survey was conducted as part of the review, which sought the views of unpaid carers and health and social care professionals on how well they thought the new Act was working.

The review received more than 800 responses, including evidence from oral hearings from carers, carers group and health and care providers.

Key points identified in the review are:

- only 21% of respondents felt that things had changed as a result of The Care Act 2014;
- 65% of carers who responded said they had not had an assessment, while 4% didn't know whether or not they'd had an assessment;
- 31% had received an assessment and described the quality as good; and
- only 5% of respondents were non-white, suggesting that the Act was failing to be implemented in black and minority ethnic groups.

Key recommendations from the panel were made, which include:

- NHS Trust providers and GP practices should review their policies to ensure that their organisations are carer-friendly, in order for carers to be identified, involved and consulted, particularly when the person they care for is being discharged from hospital;
- the Care Act support programme should continue supporting councils with resources and training to ensure its full implementation of the Care Act for carers; and
- that national and local government, together with the NHS, should urgently invest in the support needed to ensure that the new legal rights for carers are being introduced in all areas.

The right staff, with the right skills, in the right place at the right time

The National Quality Board, which comprises several organisations including CQC, NHS England and DH, has released a [report](#) looking at safe, sustainable and productive staffing. It serves as a resource to provide advice and support to help NHS providers and commissioners develop, support and retain a workforce with the right skills, values and behaviours.

Patient survey shows increasing positivity about their GP surgery

The [GP Patient Survey 2016](#) has been analysed and has received over 800,000 responses from people across the country, sharing their experiences of healthcare services provided by GP surgeries. Respondents were asked about access to GP surgeries, making appointments, the quality of care received from GPs and practice nurses, satisfaction with opening hours and out-of-hours NHS services.

Key facts from the survey include:

- 85% of patients reported good overall experience of their GP surgery;
- 70% of patients find it easy to get through to their practice by phone;
- 76% of patients are satisfied with their practices' opening hours; and
- 95% of patients say they have confidence and trust in their GP.

Areas for improvements identified include fewer patients reporting that they are able to see their preferred GP and a reduction in the number of patients with one or more long-standing health conditions saying they had enough support from local services or organisations.

Roll-out of person-centred care tool to be led by 37 sites

NHS England has [announced](#) it will be granting 1.8 million people access to the Patient Activation Measure (PAM) tool as part of the developing Self Care Support programme; NHS organisations and their partners were invited to apply to use the tool in their areas.

The tool is envisioned to spread across England to help improve care and health outcomes for patients. There are 37 areas which successfully secured free access to the PAM tool, which include a number of new care model vanguards and sites working as part of the Integrated Personal Commissioning Programme.

Anu Singh, Director for Patient and Public Participation and Insight at NHS England, said: "We know that many patients want to be equal partners in their own care – supported to manage their conditions and keep themselves well, and empowered to make decisions about the services they do need. The Patient Activation Measure helps to break down the traditional divide between patient and professional which has prevented this in the past, while ensuring that those who need the most support receive it."

Deficits in the NHS 2016

The King's Fund has published a [briefing](#) which draws on data from their quarterly monitoring reports, secondary research and interviews with health care leaders. It considers commissioner and provider finances and provides an overview of factors contributing to the NHS deficit. Strategies to restore financial balance are explored, as well as their implications for the NHS in the immediate and long-term future.

Clinical commissioning – GPs in charge?

A [briefing](#) has been published by The King's Fund based on approaches to planning and designing services. The report suggests that clinically led approaches are more likely to be innovative and effective. The report also considers the progress made by CCGs in implementing clinically led models and opportunities for further improvements.

Key facts from the briefing include:

- CCGs have faced significant challenges in embedding clinical involvement in commissioning and have developed a range of strategies to overcome these;
- CCGs identified three national barriers that are inhibiting effective clinical involvement: lack of autonomy to take decisions that meet local needs; budget and resource constraints; lack of support for tough prioritisation decisions; and
- there are clear steps that NHS England and DH need to take to build on what CCGs have learnt, address the continuing barriers and embed clinical involvement in planning decisions across the NHS.

Politicians must be honest with the public about the NHS

In a [briefing](#), the King's Fund is calling on the Government to review its priorities for the NHS and be honest with the public about what the health service can deliver with its budget. It also suggests reviewing key waiting times targets and revisiting the commitment to deliver seven-day services if the Government wishes to restore financial balance in the NHS as a priority.

The report also shows that for the first time in NHS history, the deficit was recorded at £1.85 billion; a three-fold increase from the previous year.

Staffing matters; funding counts

The Health Foundation has published a [report](#) examining the profile and features of the NHS workforce in England, focussing particularly on general practice and nursing.

The report concludes that the greatest threats to the delivery of the [NHS Five Year Forward View \(5YFV\)](#) are funding constraints and workforce strategies.

Poor delivery of diabetes findings in diabetes UK report

Diabetes UK has published [State of the Nation 2016: Time to take control of diabetes \(England\)](#), a report which looks at evidence from recent national diabetes audit reports covering care processes and treatment targets, inpatient care, pregnancy and foot care. It sets out its recommendations for NHS England, local commissioners, GPs and other NHS providers to improve care for people with diabetes.

Key facts from the report are:

- it is currently estimated that the NHS spends about £10 billion on diabetes every year. This is 10% of the NHS budget;
- a quarter of people with diabetes do not meet recommended blood pressure targets – increasing their risk of complications; and
- every week over 135 leg, foot or toe amputations are carried out on people with diabetes, but around 80% of these could be prevented.

Building bridges, breaking barriers

The CQC has published a [report](#) looking at how well care for older people is integrated across health and social care, as well as the impact on older people who use services and their families and carers.

Various evidence sources were used to write the review, such as site visits and conversations with older people and their carers about their experiences and perceived barriers preventing efficient, integrated care.

Some findings from the review include:

- there were still many organisational barriers that made it difficult for services to identify older people who were at risk of deterioration or an unplanned emergency admission to hospital;
- there were examples of joint working in delivering health and social care, but these were often inconsistent, short-term and reliant on partial or temporary funding and goodwill between different providers. They were not a mainstream part of the way in which services were planned or delivered around older people; and
- the lack of connection between services often resulted in older people and their families or carers needing to take responsibility for navigating complex local services.

The review also includes CQC's recommendations on how to improve integrated care and experiences of older people and their carers and/or families.

New DH ministers announced

DH has [announced](#) that three new ministers have been appointed to join their team, which has meant a change in responsibilities.

The new appointments and their roles are as follows:

- Philip Dunne joins as Minister of State for Health. His responsibilities include all aspects of hospital care, NHS performance and operations, the workforce, patient safety and maternity care;
- Nicola Blackwood is the Parliamentary Under Secretary of State for Public Health and Innovation. She will lead on public health and health protection, technology, innovation and data; and
- David Mowat is the Parliamentary Under Secretary of State for Community Health and Care which includes adult social care, carers, community services, cancer, dementia, learning disabilities and all elements of primary care (including dentistry and pharmacy).

Jeremy Hunt will remain in his role as Secretary of State for Health and Lord Prior remains as the Parliamentary Under Secretary of State for Health.

New advice issued on vitamin D supplementation

The Scientific Advisory Committee on Nutrition (SACN) has reviewed and published [evidence](#) on vitamin D and health. The recommendations are:

- a reference nutrient intake (RNI) of 10 micrograms of vitamin D per day, throughout the year, for everyone in the general population aged 4 years and older;
- an RNI of 10 micrograms of vitamin D per day for pregnant and lactating women and population groups at increased risk of vitamin D deficiency;
- a 'safe intake' of 8.5 to 10 micrograms per day for all infants from birth to 1 year of age; and
- a 'safe intake' of 10 micrograms per day for children aged 1 to 4 years.

In light of this, PHE has [advised](#) the Government to follow the recommendations of the SACN.

Measles vaccination advice for young adults

PHE has issued [advice](#) to young adults, to ensure they have received two doses of the Measles Mumps and Rubella (MMR) vaccine, as measles cases continue to be confirmed in teenagers and young adults across England.

NHS 111's National Advisor calls for more collaboration

Dr Helen Thomas, NHS England's National Medical Advisor for Integrated Urgent Care, has in a [video](#) called for greater collaboration between NHS 111, Out of Hours and Out of Hospital services as part of the new vision of Integrated Urgent Care Hubs.

She says the new hubs will reduce the need for clinicians to make complex decisions in isolation and reduce inappropriate referrals from NHS 111 to primary care or A&E.

Twenty new innovative projects are selected to improve the quality of health care

The Health Foundation has [published](#) details of the 20 new projects which were selected to be part of the fourth round of the Health Foundation's £1.5 million innovation programme, Innovating for Improvement.

Innovating for Improvement aims to improve health care delivery and/or the way people manage their own health care by testing and developing innovative ideas and approaches and putting them into practice. Organisations include hospices, hospitals, GP practices, NHS 111 and a community pharmacy.

The projects will be developing their ideas with clinical teams, putting them into practice and gathering data on how they have improved health and care quality.

Health matters: getting every adult active every day

PHE has published [Health matters: getting every adult active every day](#), a professional resource document outlining the potential benefits of physical activity and how to achieve higher physical activity levels nationwide.

The resource covers: recommendations on physical activity levels; the benefits of physical activity; physical activity and health inequalities; and how population physical activity can be increased.

Spending Review does not meet funding commitment for NHS's vision

The House of Commons Health Committee has published a [report](#) which outlines various issues related to the Spending Review and health and social care.

The report covers:

- the current state of health and social care finances;
- the impact of the Spending Review on health and social care finances; and
- the Spending Review and Government aspirations for the future of the NHS.

The report concludes that the [new models of care](#) and the measures to achieve demand reduction which are crucial to the achievement of the NHS 5YFV vision are not being embedded across the whole system. There is concern about the failure to plan for the consequences if the current plan for savings is not achieved.

NHS initiative to get people online reduces demand for front line services

A new [report](#) by the Tinder Foundation outlines the findings of the [Widening Digital Participation programme](#), which began in 2013 as a joint initiative with NHS England.

The aim of the programme was to help people improve their digital health skills, particularly those who were digitally excluded and at risk of poor health, to allow them to take charge of their own health.

Key findings from the report include:

- 221,941 people have been trained to use digital health resources and tools over three years;

- 59% of respondents feel more confident using online tools to manage their health;
- 65% of respondents feel more informed about their health; and
- 51% of learners have used the internet to explore ways to improve mental health and wellbeing.

The programme has also had an impact on front line services, for example:

- 54% of learners in need of non-urgent medical advice would now go to the internet first, rather than their GP, to look at sites such as NHS Choices;
- 21% of learners made fewer calls or visits to their GP;
- 10% of learners made fewer calls to NHS 111; and
- 6% of learners made fewer visits to A&E.

This behaviour change is estimated to have saved the NHS £6 million in avoided GP and A&E visits in 12 months.

Implementing the Five Year Forward View for Mental Health

NHS England has published [Implementing the Five Year Forward View for Mental Health](#), which outlines the main changes to take place over the coming years as recommended by the Mental Health Taskforce to improve care. The report provides an overview of what changes service users and the public can expect relating to NHS staff, organisations and other aspects of the mental health system.

The report discusses the new funding pledged in [The Five Year Forward View for Mental Health](#), workforce requirements and how data, payments and other system levels will support transparency.

Four areas which will see immediate action as a result of this plan include:

- investment of £72 million over two years to better integrate physical and mental health services;
- clear plans for how £365 million allocated for specialist perinatal mental health services over the next five years will help 30,000 more women per year;
- a £12 million roll-out over the next two years of [Liaison and Diversion services](#), for people who may have mental health needs and find themselves in the court system or police services. Services will be available across the whole country by 2020; and
- a new pilot with investment of £1.8 million initially directed at six pilot sites testing new approaches to delivering mental health care.

Transfer of some hospital outpatient services to general practice is effective, but costs are unclear

The National Institute for Health Research has published the [findings](#) of a review suggesting that transferring some hospital outpatient services to general practice is beneficial and popular among patients. However, economic evaluations suggest that this strategy may not always be cheaper and the costs are unclear.

This review aimed to inform NHS policy and practice on how to improve hospital outpatient services. It follows a prior 2006 review which found that transferring care from hospital clinics to general practice, and improving general practice referral behaviour, made outpatient services more efficient and effective.

Key findings include:

- minor surgery can be safe and effective in general practice, if the person performing the surgery is skilled and trained;
- follow-up can be carried out effectively in general practice as an alternative to hospital outpatients, providing practitioners have adequate training and support;

- if GPs have specialist support available, such as advice by email or phone, it may help to reduce outpatient referrals; and
- shared care between specialist and community care teams can be effective, particularly in mental health, but there is limited evidence on cost-effectiveness.

More cycling and walking; less driving, needed for our health and economy, says new FPH report

The UK's Faculty of Public Health has published a report, which calls for a major shift away from cars and encourages walking, cycling and public transport instead (otherwise known as active travel).

The report, [Local action to mitigate the health impact of cars](#), provides practical advice to help local authorities design towns and cities that encourage active travel.

New large-scale GP organisations are helping practices cope, but little sign so far of improvements in care

A new [report](#) by the Nuffield Trust shows that three quarters of English general practices have now joined large-scale GP organisations to help cope with rising pressures relating to longer hours and increasing services, whilst coping with financial and staff shortages.

The authors of the report suggest that limited progress has been made relating to expanding into new services and taking on a strategic role in redesigning care; policymakers and practitioners are urged to be realistic in their expectations.

Nuffield Trust Senior Fellow and GP Rebecca Rosen said: "It is important that political and NHS leaders don't let expectations of these new organisations run away from the reality. These are early days, but so far we see no sign that larger organisations are leading to better standards of care. Taking on new services is a major task and will take time. These groups will have to develop much further before they can take on the very complicated task of managing change across the health service."

Pharmacy Voice publishes Patient Safety Bulletin and incident reporting principles factsheet

Pharmacy Voice (PV) has published the third edition of their [Patient Safety Bulletin](#), which features responses from PV's safety culture survey conducted in December 2015. The bulletin also features patient safety incident reporting principles, which they are encouraging pharmacy teams to embed in their reporting and learning procedures. It is intended for these core principles to influence the development of the Royal Pharmaceutical Society's professional standards for error reporting.

NHS action to strengthen trusts' and CCGs' financial and operational performance for 2016/17

NHS England and NHS Improvement with support from DH and CQC have [issued](#) an action plan to dramatically cut the annual trust deficit and increase the direct accountability of trusts and CCGs to be resourceful with Parliamentary and Government budgets in 2016/17.

Key points from the plan are:

- to replace national fines with trust-specific incentives linked to agreed organisation-specific published performance improvement trajectories;
- introduce new intervention regimes of special measures which will be applied to both trusts and CCGs who are not meeting their financial commitments; and

- a two-year NHS planning and contracting round for 2017/18-2018/19, to be completed by December 2016, and linked to agreed [Sustainability and Transformation Plans \(STPs\)](#).

NHS England balanced its 2015/16 £102 billion budget and met key performance goals

NHS England's [Annual Report and Accounts](#), which have been laid before Parliament, show that the organisation met each of the financial duties placed on it by Parliament in 2015/16. It also shows that NHS England contributed £599 million underspend to help offset deficits elsewhere.

Commenting on NHS England's performance on the mandate set for it by the Government, Health Secretary Jeremy Hunt told Parliament: "My annual assessment welcomes the good progress that NHS England has made against many of its objectives including managing the commissioning system. Additionally, it has continued to deliver the specialised services and primary care commissioning systems and improved the operation and management of the NHS."

Obesity to cost councils half a billion

The LGA has [estimated](#) that since local authorities took over public health responsibility from the NHS in 2013, they have collectively spent £505 million on tackling obesity in adults and children. Councils are expected to spend £127 million on obesity in 2016/17, but they warn that funding cuts by the Government on their public health grants is affecting their ability to reduce obesity.

If current trends are not reversed, the overall cost to the economy of obesity and overweight conditions could increase from between £6 billion and £8 billion in 2015 to between £10 billion and £12 billion in 2030.

The LGA's Community Wellbeing Portfolio Holder, Councillor Izzi Seccombe, said: "Today's obese children will be tomorrow's obese adults, and with this comes a range of costly and debilitating major health conditions."

Lethal and illegal: London's air pollution crisis

The Institute for Public Policy Research has published a [report](#) on the air pollution crisis. The report issues findings that across the UK, as many as 40,000 deaths a year are attributed to outdoor pollution. The problem is particularly prevalent in London where in 2010, premature mortality was estimated to be up to 9,400. After smoking, air pollution is thought to be the most significant factor impacting on public health in London.

Key findings from the report also include:

- London is breaking legal and World Health Organization limits for nitrogen dioxide;
- most air pollution in London is caused by road transport, of which diesel vehicles are the most polluting; and
- it is likely that diesel cars will have to be completely phased out on London's roads over the next decade in order to reach compliance with safe and legal levels of air pollution.

The report also issues some recommendations based on new modelling undertaken by King's College London relating to changes to policy on a local, national and Europe-wide level.

Mapped: England's local economic growth leaders

NHS Confederation has [published](#) a new interactive map which plots STP footprints against local enterprise partnerships (LEPs) and combined authorities, where appropriate.

It enables STP leads to establish closer links with their respective leaders of growth, helping NHS organisations to bring in long-term external funding, exert more influence over strategic decision-making and improve services locally.

The [map](#) shows the name of any given STP, the LEP covered, combined authority name and the STP lead.

Multispecialty community provider framework published

Place-based partnerships who wish to replicate the successful work of the 14 multispecialty community provider (MCP) vanguards can now do so as outlined in a [new framework](#).

The NHS England framework is intended to be used by commissioners and providers when establishing their own programmes. They can be adapted for local community needs.

MCP vanguards aim to move specialist care out of hospitals and into the community to provide more joined-up care.

Calls to give the NHS its devolution revolution

Localis, a think tank, has published a [report](#) which suggests that local NHS and local government leaders should have total devolved control over their entire local health budget, and that they should raise and control more NHS funding. The report argues that negotiating health devolution deals with the Government will empower local leaders to drive integration, transformation and financial sustainability in their local health and care economies.

The report includes a survey of over 100 key NHS and local government stakeholders, which finds that 78% of respondents said devolving control of the total local health budget would make a positive difference to making their local health and care economy better, integrated and more sustainable over the course of this parliament.

MPs call on Government to address delays in discharging older patients

The Committee of Public Accounts has [called](#) for new solutions to tackle the problem of delays in discharging patients from hospitals. The report argues that delays in discharge are having ill effects on older people's health, increasing the amount of care they may need after leaving hospital, and impacting the financial sustainability of the NHS and local Government.

It also suggests that DH, NHS England and NHS Improvement have failed to address the long-standing barriers to information sharing between health and social care sectors with huge variation across the country.

NICE guidance can reduce delays in hospital discharge

In light of the report by the Committee of Public Accounts (see above), the National Institute for Health and Care Excellence (NICE) has [urged](#) hospitals and local authorities to increase their efforts to discharge patients appropriately and reduce delays following the criticism.

Clinicians are reminded that there is guidance available from NICE, but it needs to be implemented across the country in order for the problem to be tackled.

NHS England takes action to ease pressures on general practice and provide joined-up care

NHS England has [announced](#) new plans that it will be implementing to help GP practices face the rising costs of negligence claims as well as introducing new models of care to create more joined-up services.

The plans, which follow the publication of [The General Practice Forward View](#), include:

- releasing the first £16 million of the new £40 million [Practice Resilience Programme](#), to help struggling practices across the country;
- the first phase of the three-year, £30 million [general practice development programme](#), which will give every practice in the country the opportunity to receive training and development support; and
- new funding to fully offset the rising cost of [GP indemnity](#), and wider plans to reform indemnity arrangements.

In order to target the support closely to those practices that need it the most, the funding will be managed by local NHS England teams.

Patients to wait more than one week to see GP by 2020

The RCGP has published a new [analysis](#) which shows the number of patients who will have to wait more than a week to see their GP will increase by more than 28 million from 2015/16, to 98 million in 2020/21, unless the Government increases support for general practice. The data also shows that unless action is taken, patients may be unable to get an appointment with their GP at all on 2 million occasions by 2020/21.

According to the figures, last year, patients did not seek healthcare elsewhere after being unable to get a GP appointment on 9.4 million occasions.

If this situation does not improve, patients will fail to secure any healthcare at all, having been unable to see their GP for their condition, on a total of 46.8 million occasions between now and the end of 2020/21.

In response, the RCGP is calling on the Government to urgently increase investment and expand general practice staff numbers as outlined in the NHS 5YFV to ensure patient safety.

Hospital admissions for poisoning by illicit drugs up by more than 50% in a decade

HSCIC (now known as NHS Digital) has published [figures](#) showing a rise of 57% in hospital admissions as a result of poisoning by illicit drug use, from 2004/5 to 2014/15.

The local authority with the highest rate of admissions was Liverpool, and the lowest rate was Wokingham. Deaths related to drug misuse are at their highest level since comparable records began in 1993. In 2014, there were 2,250 deaths related to the misuse of illicit drugs. This was an increase of 15% on 2013. Men accounted for 72% of these deaths and women, 28%.

Key facts from the HSCIC (now known as NHS Digital) report also show:

- in 2014, 15% of secondary school pupils, aged 11 to 15, had ever taken drugs;
- cannabis is the drug that 11 to 15 year olds were more likely to have taken; and
- in 2015/16 around 1 in 12 of adults aged 16 to 59 reported taking an illicit drug in the last year.

New films showcase leading Type 2 diabetes programmes in US and England

The USA and England have [joined forces](#) to tackle the growing burden of Type 2 diabetes. A professor from the UK and a doctor from the USA have participated in Medscape interviews to help healthcare professionals across both countries, who have a combined 90 million people on track to develop Type 2 diabetes, understand more about the resources available for their patients and how patients can reduce their risk of developing the condition.

Please note, Medscape log-in is required to watch the interviews.

If you have queries on this PSNC Briefing or you require more information please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).