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PSNC Briefing 042/16: 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.

Prescribing for Diabetes, England – 2005/06 to 2015/16

NHS Digital, formerly known as Health & Social Care Information Centre (HSCIC), has published a [report](#) showcasing figures relating to the cost of treating diabetes each year.

Key facts from the report are:

- the net ingredient cost of drugs for diabetes has increased by £88 million in 2015/16. This brings the annual primary care prescribing spend for this class of drugs to £956.7 million, or £2.6 million per day;
- this makes up almost 10.6% of the total cost of all prescribing in primary care in England. Over the last decade, this has almost doubled;
- the average percentage of all GP-registered patients, aged 17 and over, in England, being treated for diabetes has increased from 5.3% in 2009/10 to 6.4% in 2014/15. This means in 2014/15 there were 2.9 million adults in England receiving treatment for diabetes; and
- prescribed insulin cost the NHS £343.7 million, whilst prescribed diagnostic and monitoring devices cost the NHS £186.6 million.

More than 170,000 people are alive despite being diagnosed with cancer more than 25 years ago

Macmillan Cancer Support and Public Health England (PHE)'s National Cancer Registration and Analysis Service have published a report, which shows that more than 170,000 people are living in the UK as cancer survivors, having been diagnosed in the 1970s and 1980s.

The report, [Cancer: Then and Now](#) compares the diagnosis, treatment and care of cancer then, to the experiences of recent times. The report shows that on average, people are twice as likely to survive at least 10 years after being diagnosed with cancer than they were in the 1970s.

The report also highlights the fact that not all cancer survivors have a good quality of life, and the aftermath of their diagnosis is likely to have a life-long effect. Around 625,000 people living in the UK are estimated to be facing poor health or disability after treatment for cancer. Additionally, it emphasises that the number of people living with cancer in the UK is set to grow from 2.5 million to 4 million by 2030 and they are likely to need support with the long-term effects of cancer.

The General Practice Development Programme

NHS England has launched a three-year [national development programme](#), to help reduce pressure and increase resources in general practice. It will help GP practices to manage workload differently, freeing up time and improving patient care.

The programme will provide tailored support for practices to implement 10 high impact actions to release time for care.

The range of support from this programme includes:

- releasing GP time for care;
- building capability for improvement;
- training for reception and clerical staff;
- practice manager development; and
- online consultation systems.

NHS England offers Trusts over £100 million funding to set up centres of global digital excellence

NHS England has [offered](#) 26 of the most digitally advanced trusts the opportunity to apply for over £100 million worth of funding to invest in digital infrastructure and specialist training.

The trusts, who can win up to £10 million each, will need to demonstrate their potential to become centres of global digital excellence and will lead the way for implementing better information technology, delivering benefits for patients and sharing learning and resources with other local organisations.

Between 10-16 trusts will be selected to become centres of global digital excellence. The centres will be announced at the NHS Health and Care Innovation Expo event in September where IT expert Professor Bob Wachter will outline recommendations to galvanise use of technology in the NHS following a review of how good IT is currently working across the health service.

Integrating health and social care

The Parliamentary Office of Science and Technology has published a [briefing](#) outlining what integration between health and social care is, examples of integration and policies enabling it to take place. It also examines challenges of achieving integration and assesses the effectiveness of approaches.

Key facts from the report are:

- co-ordinating resources or pooling budgets between health and social care services can enable joint working;
- the three key challenges to integration are: data sharing, incentives and targets and workforce practices;
- the dominant rationale for integrated health and social care is twofold: improving efficiency and value for money, and improving users' experience, health and wellbeing; and
- measures of effectiveness of integration include measures relating to organisation and infrastructure (non-elective admissions and delayed transfers of care), as well as person-centred (user experience, health and wellbeing).

Feeling the crunch: NHS finances to 2020

The Nuffield Trust has published a [report](#) which outlines what action NHS England could take in order to close the funding gap and find the £22 billion of savings, identified by the [NHS Five Year Forward View \(5YFV\)](#), in order to balance its books.

The report models how much care the NHS can afford to provide over the next four and a half years given its budget, which was set in 2015's Spending Review.

Key points raised in the report are:

- NHS England will struggle to meet the requirement, set by the 5YFV, to save £22 billion by 2020;
- if most of the funds are used to plug the deficit, there will be little money for the transformative service change that is required to modernise and reshape NHS services for long-term financial sustainability;
- a sustainable balance can only be brought into the system by 2020/21 if NHS commissioners also manage to curb the rate at which NHS activity is growing by a third; and
- if commissioners fail in their attempts to reduce the rate at which demand is growing, or if additional funding cannot be secured, the NHS will face some unpalatable decisions in order to curb the growth in activity and bring the books into balance. These could include extending waiting times for treatment, raising the threshold at which patients become eligible for treatment, cutting some services altogether, or closing whole sites or hospitals.

The impact of poverty in the UK on healthcare costs

The Joseph Rowntree Foundation has published a report, [Counting the cost of UK poverty](#), which outlines the potential savings that could be made if poverty was reduced and the long-term consequences of poverty to society and the Treasury.

Key facts from the report include:

- £21.8 billion of acute healthcare costs, £7.1 billion of primary care costs, and £1.6 billion of public health costs are directly attributable to increasing levels of poverty;
- healthcare accounts for the largest portion of additional public spending associated with poverty, at around £29 billion per year;
- there is a growing weight of evidence that healthcare utilisation and costs are strongly related to poverty, both as presently experienced and as a legacy from past experiences of poverty; and
- the greater incidence of ill-health among people on low incomes places additional demands on the health service.

Supporting learning to integrate services and improve outcomes

The Institute for Government has published a [briefing paper](#) that provides an overview of public services integration by identifying the main barriers that affect integration, and how they can be overcome. It also provides clarity on how people involved in integrating public services on a local level can share their experiences to enable others to learn from them.

The five main barriers identified are:

1. short-term policy and funding cycles can restrict the ability of local actors to invest in the long-term partnerships needed to meet local, citizen needs;
2. misaligned geographies and the patchwork of commissioning, funding and regulatory processes can make it difficult for local actors to design services around a 'whole person';
3. cultural differences between professions and organisations can discourage collaboration on the ground;
4. barriers to data sharing can make joint working between distinct teams or organisations practically difficult; and
5. limited sharing of 'what works' in different circumstances can mean that lessons from effective models and practices are rarely built on.

Different approaches to integration have been featured as case studies, which provide more details about their methods and the impact they have had on supporting learning around public service reforms.

New care models update

A new edition of the new care models [bulletin](#) has been published which provides updates on all matters relating to new models of care. It shares latest news and publications, as well as a media round up and details of upcoming events.

Key highlights include:

- Stockport Together launches scheme to improve efficiency and patient experience;
- new telehealth link reducing travel for patient in Morecambe Bay; and
- recovery at home initiative in Sunderland.

Levels of stress among primary care staff described as ‘worrying’

The mental health charity, Mind, has published [research findings](#) relating to stress levels in primary care staff. The research was in the form of a poll, conducted online in June 2016 over a two-week period and was available to staff working in primary care. Over 1,000 staff members took part including GPs, practice nurses, practice managers and their colleagues.

Key facts from the research include:

- 43% said that workplace stress has led them to resign or consider resigning from their jobs;
- 21% said it has led them to develop a mental health problem;
- 8% say that workplace stress has led to suicidal thoughts; and
- 17% also said that stress has led to them taking medication for a mental health problem.

The research also looked at the impact of primary care staffs’ stress on their physical health, and what their mechanisms for coping were. Finally, it asked them about disclosing their stress levels in the workplace and what their barriers were.

Public health skills and knowledge framework

PHE has published a revised [framework](#) which sets out the generic activities and functions undertaken by the public health workforce. It also sets out functional areas in which individuals, teams and organisations operate, to deliver on public health outcomes.

The framework, which is accompanied by a user guide, includes:

- a set of high level functions carried out by the public health workforce;
- a ‘frame of reference’ for public health ethics to support decision making;
- a mapping of functions against related national occupational standards from a range of sector skills councils; and
- an outline of the underpinning disciplines and bodies of knowledge that are essential for effective public health practice.

With endorsement from across the public health system, it aims to ensure that the public health workforce continues to develop the skills and competences needed both now and in future.

New dementia evidence toolkit

A new [dementia framework](#) has been launched aimed at commissioners, care providers, people working in health and social care as well as people with dementia and their families. It provides easy access to scientific evidence on dementia care and treatment on a publicly available platform.

The toolkit contains two resources:

1. a database which contains studies on interventions relating to dementia; and
2. summaries of research findings of the main care and treatment interventions. Each summary looks at what the intervention is, why it is important, whether it works or not, how much it costs and if it is cost-effective.

It is hoped that the toolkit will be used by those planning services and treatments for dementia to help them make informed decisions about their evidence and costs.

The toolkit was developed as part of the [MODEM \(Modelling the Outcome and Cost Impacts of Interventions for Dementia\) project](#), with additional funding from the Economic and Social Research Council (ESRC). The wider MODEM project is funded by both the ESRC and the National Institute for Health Research as part of their Improving Dementia Care initiative.

New electronic cigarettes briefing published

The Parliamentary Office of Science and Technology has published an updated [briefing](#), which summarises the latest information on the extent of use, safety and quality of e-cigarettes as well as their efficacy as smoking cessation tools.

The briefing covers background information on tobacco smoking and e-cigarette use, impact on consumers, wider social impacts and regulation of e-cigarettes.

Raising awareness of dementia in the African Caribbean community

Health Education England (HEE) has produced a new [film](#) to raise awareness amongst health and social care professionals of dementia in the African Caribbean community. *Finding Patience* has been developed in collaboration with experts in this field and follows the journey of a patient and her family as they come to terms with and seek help for her dementia.

It is hoped that the film will stimulate discussions and promote understanding of the cultural sensitivities that surround dementia which may result in reluctance of patients and families seeking help. It encourages health and care professionals to overcome barriers and reach out to this group of society who may be struggling in isolation.

Professor Lisa Bayliss-Pratt, Director of Nursing and Deputy Director of Education and Quality at HEE said: "Understanding cultural factors that can prevent people seeking help and advice is essential if we are to tackle health inequalities and improve rates of early diagnosis. 'Finding Patience' provides insight in to the experience of dementia within African Caribbean families, allowing health and social care workers to understand challenges that may be rooted in a person's cultural background and facilitating person centred care."

New dementia atlas launched

A new [interactive map](#) of England has been launched by the Government to showcase the quality of care of patients with dementia in each Clinical Commissioning Group (CCG) area.

The interactive data on the map correlates to different aspects of dementia care; the data shows how well each CCG measures up against the following key indicators:

- Preventing well;
- Diagnosing well;
- Supporting well;
- Living well; and
- Dying well.

The atlas reveals large variations in care across the indicators; for example, the percentage of patients whose care has been reviewed in the last 12 months is 84.27% in Aylesbury Vale CCG and 49.32% in Somerset CCG.

Public Health Outcomes Framework 2016 to 2019 published

PHE has published a [framework document](#) that sets out the technical specifications of each of the revised indicators in the [Public Health Outcomes Framework](#), also published by PHE.

The framework provides information on areas for ongoing work and improvement against indicators corresponding to the overarching outcomes, as well as indicators corresponding to the public health domains.

This document is intended for use by local authorities (LAs) when planning for or providing public health services.

PHE publishes report on syphilis

PHE has published a [report](#) on syphilis which shows that the rate of diagnosed infections in London is triple the national rate. In 2015, 56% of all cases in England were diagnosed in London.

Key facts from the report include:

- central London boroughs continue to have the highest numbers of cases;
- in 2015, London boroughs made up 18 out of the top 20 LAs in England with the highest rates of syphilis;
- in 2015, 2,406 syphilis cases were diagnosed in men who have sex with men (MSM) in London; and
- MSM accounted for 90% of syphilis cases in 2015.

The report also provides guidance on approaches to prevention, which includes tackling the underlying causes of transmission and raising awareness of the consequences of unsafe practices.

Structural changes to Local Education and Training Boards

HEE has made structural [changes](#) to its Local Education and Training Boards (LETBs). The decision was to move from 13 LETB areas to four new LETBs based in four regions.

The new LETBs will carry out the same functions as the previous 13, but on a larger footprint in order to support the NHS 5YFV, current [Sustainability and Transformation Plans \(STPs\)](#) development, as well as the Local Workforce Action Boards that HEE is leading.

MHRA launches campaign on fraudulent medicines

The Medicines and Healthcare products Regulatory Agency (MHRA) has launched a [campaign](#) on fake medicines aimed at young adults purchasing weight loss pills online. The MHRA seized over 240,000 doses of unlicensed slimming pills in 2015 and closed down over 2,000 unauthorised online retailers.

MHRA's research shows that 79% of the public are unaware of the problems surrounding fake medical products. To tackle this, eight [top tips](#) for buying medicines and medical devices were published by the MHRA to help keep the public informed about buying medicines online.

Government publishes Childhood obesity: a plan for action

The Government has published its [action plan](#) to tackle childhood obesity with the aim of significantly reducing England's rate of childhood obesity within the next 10 years. The plan involves creating long-term sustainable changes achieved through collaboration with schools, communities, families and individuals.

The plan is comprised of 13 points of action; key actions include:

- introducing a soft drinks industry levy;
- taking out 20% of sugar in products;
- supporting innovation to help businesses to make their products healthier;
- helping all children to enjoy an hour of physical activity every day;
- creating a new healthy rating scheme for primary schools; and
- clearer food labelling.

The plan will be monitored and progress will be assessed with further action to be taken if necessary.

Soft drinks industry levy consultation launched

The Government has launched a [consultation](#) which seeks the view of the public on how the proposals for the Soft Drinks Industry Levy will be designed and implemented.

To provide some background information, a [web-feature](#) was published to address some of the main questions people may have about the levy, such as what the tax will be on, whether consumers will pay any of the tax and what the money raised through the tax will be spent on.

NICE calls for wider distribution of condoms

The National Institute for Health and Care Excellence (NICE) has in its new draft guidance [urged](#) local councils to increase the availability and distribution of condoms in order to tackle the problem of rising sexually transmitted infections.

The guidelines recommend condoms to be distributed free of charge to MSM and certain high risk groups, as well as selling condoms to adults at cost price to widen their accessibility and use.

Christine Carson, programme director of the Centre for Guidelines at NICE, says: “If commissioners can work together to increase condom availability and use amongst high-risk groups we could significantly reduce the rates of STIs.”

Latest statistics on NHS stop smoking services in England published by NHS Digital

NHS Digital has published its latest [data](#) on NHS Stop Smoking Services from April 2015 to March 2016. It provides information on the number of people setting quit dates and how many have successfully stopped smoking at the four-week follow up appointment and compares this to previous years.

The statistics can be viewed at a national, regional and LA level and are accompanied by an interactive chart that allows comparisons of regional and LA data to be made against national data.

Key statistics include:

- the number of people setting a quit date through NHS Stop Smoking Services in 2015/16 fell for the fourth consecutive year to 382,500. This represents a decrease of 15% on 2014/15 and 37% on 2005/06;
- the number of people who successfully quit (self-reported) also fell for the fourth consecutive year to 195,170. This was a decrease of 15% on 2014/15 although the success quit rate remained similar at 51%;
- 71% of successful quitters (self-reported) had their results confirmed by carbon monoxide verification in 2015/16. This is an increase of 2% from 2014/15.

IPPR publish Devo-health: What & why?

The Institute for Public Policy Research (IPPR) has published a [briefing](#) which sets out the context for IPPR's research on devo-health, as well as their initial hypotheses on devo-health which are tested in their programme of research.

Key facts from the report include:

- local mayors should be given clearly defined roles in the NHS and the centre to allow local leaders to have more control and enable local communities to hold them to account;
- devo-health has the potential to drive improvements in health from both within and outside of the NHS, and in social determinants of health through the creation of place-based public services; and
- the potential benefits of devo-health do not imply that every area in the UK should take on powers over the NHS, but rather that it should be considered as one option in looking to drive reform going forward.

The NHS should employ more young people say NHS Confederation

NHS Confederation has published a [web-feature](#) which includes evidence-based resources on why the NHS needs to employ more young people. The resources explain the cultural and financial benefits and provides real case studies of NHS organisations that have employed more young people and are already seeing positive results.

NHS health check quarterly statistics published

PHE has published an updated [NHS Health Check bulletin](#) for the last quarter (April-June 2016). The data is compared to that of 2016/17 and a 5-year cumulative period from 2013-18.

LGA briefing on healthier food procurement

The Local Government Association (LGA) has issued a [briefing](#) featuring local initiatives implemented across the country to combat obesity. The document features case studies on the different ways that councils have encouraged people to eat a healthier diet. Examples of such include:

- Blackpool Council's public health team has drawn up good practice guidelines to encourage the healthier stocking of the town's vending machines. The standards were drawn up 18 months ago and have started to be used by the three council-run leisure centres;
- vending machines offering healthier snacks and local products, which donate to charity and use recycled material, have been installed in the leisure centres run by New Forest District Council;
- the public health team in Bolton has been working with the local NHS trust for a number of years to ensure healthier food and snacks are available;
- West Sussex County Council has sought to take a lead on healthy eating by making a whole range of food and drinks services healthier and encouraging those using the services to make healthier choices;
- Buckinghamshire and Surrey Trading Standards has been running its Eat Out Eat Well scheme for the past seven years. It has been used to encourage local businesses to adopt healthier practices, such as grilling instead of frying and substituting high fat products for lower fat alternatives; and
- Norfolk County Council has been reformulating recipes to make school foods healthier.

Briefing on progress and challenges in the transformation of children and young people's mental health care published

The Education Policy Institute's Commission on children and young people's mental health has published a [research report](#) to update on progress made by [Future in mind](#), a strategy published by the coalition government.

The report explores the progress that has been made in the first year of the strategy, as well as the risks and barriers facing it.

This research project analysed and judged local transformation plans developed in line with the vision of *Future in mind* on five measures: transparency; involvement of children and young people; level of ambition; early intervention; and governance.

MHRA issues updated guidance on using health apps and medical devices

MHRA has issued [updated guidance](#) to help identify which health apps are classified as medical devices, and how to ensure they comply with regulations.

The guidance is aimed at app users to help identify whether the app is a medical device and if it is safe and works well. It is also aimed at software and app developers to help identify if their product is a medical device and make them aware of the regulatory procedures involved to obtain a CE mark which indicates acceptable safety standards and performance.

PHE publishes a summary of Government dietary recommendations

PHE has published [dietary recommendations](#) for food energy and nutrients for males and females aged 1-18 years and over 19 years of age, based on recommendations from the Committee on Medical Aspects of Food Policy and the Scientific Advisory Committee on Nutrition.

The recommendations cover food energy, macronutrients, salt, dietary fibre, vitamins and minerals and are categorised by age group and gender.

STPS explained

The King's Fund has published a [feature](#) on their website which aims to answer common questions relating to STPs.

It starts by providing background information on STPs; what they are, the proposed scope and timelines for developing STPs. It then reflects on what STPs mean for the NHS and the main associated challenges faced by organisations developing STPs. Benefits of STPs for local populations are also discussed, and finally, the next steps for STPs.

Joint report makes recommendations for meeting increased demand for emergency care services

The Royal College of Emergency Medicine (RCEM) and the Royal College of Nursing (RCN) have published a [joint report](#) which outlines key suggested changes required to reduce pressures on emergency care services.

A summit was held between the RCEM and RCN to work together to develop key recommendations to tackle some of the problems facing the emergency care sector.

The three key changes required are:

1. better education and training for staff as well as an effective workforce planning strategy;
2. emergency departments becoming part of A&E hubs where patients have access to a range of staff including GPs, pharmacists, specially trained nurses and geriatricians; and
3. a new culture of collaboration where professionals within the wider hospital system work more closely together to support patients.

President of the RCEM, Dr Clifford Mann said: "The need for an effective strategy to increase the nursing and medical workforce to meet the demands on the emergency care service is now urgent. Exhortations for hospitals simply to increase the number of emergency physicians and nurses working in A&E are doomed to fail when there simply aren't enough doctors and emergency nurses to go round. The recommendations from the crisis summit are fundamental to providing effective patient care and must be implemented."

Alcohol consumption: advice on low risk drinking published

The Department of Health (DH) has published [guidance](#) from the UK Chief Medical Officers on alcohol consumption following the Government [consultation](#) to the public on how to keep health risks from drinking alcohol as low as possible. The guidance has also been tested through market research to ensure the advice is as clear and useable as possible.

The guidelines cover:

- weekly drinking guideline;
- single occasion drinking episodes; and
- pregnancy and drinking.

Smoking related diseases: Government action briefing published

A House of Lords Library [briefing](#) has been published which outlines what further action the Government is taking to reduce the incidence of smoking-related diseases.

Government policies such as the tobacco control strategy and standardised packaging are discussed, as well as smoking cessation aids and 'reduced harm' products.

Government announces successful bids to £15 million mental health fund

DH has [announced](#) that it will be funding the creation of new places of safety and refurbishing existing places to prevent hundreds of people experiencing a mental health crisis, who have committed no crime, from being locked up in police cells each year due to the lack of mental health services available to them. There will be a total of 41 projects with a total budget of £15 million.

The first wave of bids, totalling £6.1 million, have been awarded to 15 NHS trusts and partnership organisations covering 11 police force areas. They have been focused where use of police cells as a place of safety has previously been amongst the highest in the country.

NHS England announces new programme to help more new or expectant mothers with serious mental illness

NHS England has [announced](#) that a £5 million perinatal community services development fund has been set up as the first step to provide care and support to women who are either pregnant or in their postnatal period with a mental illness. The fund aims to close the gap in the availability of high quality care, respond to crises, decrease risks to mothers and babies and offer after-care following an inpatient stay in a mother and baby unit.

Overall, £365 million has been allocated for specialist perinatal mental health services over the next five years to enable 30,000 more women to access care and treatment by 2021.

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