



December 2013

## PSNC Briefing 113/13: 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.

### More pressure on nurse numbers

The Health Service Journal has obtained data from the Nursing and Midwifery Council which shows a large rise in the number of nurses opting not to practise, with 5,422 leaving the profession in 2012-13. This is a 26% increase since 2009-10 when 4,293 nurses voluntarily opted out of nursing. The loss of nurses in the last 12 months would more than fill the 3,700 posts NHS organisations are hoping to recruit to in 2013-14.

Meanwhile, the number of nurses retiring has soared by 128% from 1,891 in 2009-10 to 4,309 in 2012-13. The number of nurses leaving the register overall during the same period increased by 7.5% from 21,949 in 2009-10 to 23,952 in 2012-13. In recent weeks around 40 hospital trusts have said that they have recently recruited nurses from overseas and this approach will need to continue next year.

### Review of the 'friends and family' test

The Health Service Journal has reported that NHS England is reviewing the future use of the 'friends and family test'. NHS England has said that it is committed to use of the test for some purposes, emphasising that it should be used within organisations for rapid patient feedback. The review follows widespread discussion about the value of the test within hospital circles, particularly whether its results are appropriate for patients to use to compare different hospitals.

### NAPC to become primary care provider network of the NHS Confederation

In late November the National Association of Primary Care (NAPC) announced that it will join the NHS Confederation as its primary care provider network. The move will take place over a transition period up to April 2015 when the NAPC will be fully integrated into the Confederation as one of its networks. NAPC will retain its name, and its leadership are committed to remaining involved and taking forward the work of the Association. The agreement will have no effect on NHS Clinical Commissioners, which represents clinical commissioning groups. NAPC and NHS Confederation were founding partners in NHS Clinical Commissioners, along with the NHS Alliance, and will continue to both support its growth and seek close links with it into the future.

### Fall in the number of young people being treated by substance misuse services

According to the latest annual statistics released by Public Health England (PHE), 20,032 under-18s received help for alcohol or drug problems during 2012-13, compared with 20,688 in 2011-2012. This reflects the overall decline in alcohol and drug use by young people over recent years.

Cannabis remains the drug for which young people are most likely to seek help. During 2012-13, 13,581 young people sought help from specialist services with cannabis as their main problem drug. Alcohol was the main problem in 4,704 cases; this was down from 5,884 cases in 2011-12. The number of young people with heroin or

cocaine as their main problem drug fell to historic lows. However, these declining numbers were countered by increases in the figures for amphetamines (including 'legal highs') and the club drugs mephedrone and ecstasy.

The national statistics and trends are analysed in the report [Substance Misuse among Young People in England 2012 to 2013](#).

## PHE's National General Practice Profiles updated

PHE's National General Practice Profiles draw together a wide range of information to give an overview of the health needs and priorities for each GP practice in England. The profiles have been refreshed with 2012-13 data, including the latest Quality and Outcomes Framework (QOF) data, which were released at the end of October.

The profiles help clinical commissioning groups (CCGs) and local authorities set commissioning priorities and allow individual practices to compare themselves against others. In total, there are around 250 indicators in the profiles, covering more than 99% of practices in England. The data can be viewed and used in a number of different ways:

- a summary page showing the population pyramid for a selected practice area and giving key information about numbers of people registered, overall QOF score, ethnicity and deprivation;
- spine charts showing the difference in health between the practice area and the England average, including for a number of clinical domains such as cardiovascular disease, diabetes and respiratory disease;
- new trend charts showing changes in each practice area over the four years since the profiles began;
- new smoking prevalence indicators derived from the GP Patient Survey;
- benchmarking against CCG, deprivation decile and practice peer group;
- scatter plots allowing the user to explore the relationship between different indicators.

The National General Practice Profiles and supporting documentation are available from [the Fingertips site](#). The profiles and over 100 other PHE data and analytical tools can also be accessed through [PHE's Data and knowledge gateway](#).

## Data across NHS services made easily available to patients

Data about hospital and GP services, CCG outcomes and local authority health information is now available in easily-navigable, interactive format on the [NHS Choices website](#).

Most of the 201 datasets were previously available on the NHS Choices site, apart from 40 indicators about GP practice standards and performance, used by the NHS to assess variation among practices. This is part of NHS England's concerted efforts to have greater transparency in all NHS work. The organisation anticipates that in the future all data collected across the NHS will be available to patients.

## CCGs push to commission primary care services

Last year NHS Clinical Commissioners (NHSCC), the independent membership organisation for CCGs, announced that it would be conducting a locally-led appraisal of how NHS England is working. NHSCC commissioned Ipsos MORI to conduct a survey of CCG leads across England and the survey report was published in early December. The subsequent [report](#) provides a review of the relationships between CCGs and NHS England at a relatively early stage in the development of the organisations. Published alongside the report, is [an open letter from NHSCC sent to Sir Malcolm Grant, Chair of NHS England](#), setting out what NHSCC believes to be the priority areas for NHS England to focus on.

NHSCC say the results show that at a local level CCGs and NHS England Area Teams are working together well and are cooperating to get things right. There are clear indications of good working partnerships but it is not yet consistent and it is vital that across NHS England they work hard to bring up all Area Teams to the standard of the best.

The report also suggests that the commissioning system is fractured in its construction and this is leading to silo commissioning and behaviours. It suggests that the solution to this has to be joining things up with CCGs at the

centre of this process rather than NHS England.

The report says CCG leads did not feel there was a shared vision with NHS England for what they were trying to achieve for primary care. CCG leads emphasised the structure of primary care commissioning as a significant challenge that needs to be overcome. There was a feeling among CCG leads that roles, responsibilities and accountabilities are not always clear at present. Some CCG leads said that CCGs are currently driving forward primary care rather than NHS England, and that commissioning should in the future sit with CCGs. CCGs are frustrated by the lack of progress with restructuring primary care and are keen to be allowed to take a more proactive role in the commissioning of primary care. In the letter to NHS England, NHSCC urged the organisation to consider how CCGs could have a greater role in the commissioning of primary care services.

### **New NHS England CEO will bring a ‘change of direction’**

In an interview with the Health Service Journal, Sir Malcolm Grant, Chairman of NHS England, has said that the health service is entering a “transformational” next phase with the arrival of the new chief executive, Simon Stevens, in 2014 heralding a “change of direction”. These shifts should include a dramatic change to the “notion” of patients, who will “become providers [and] co-producers of healthcare”, he said.

In the interview with HSJ, Sir Malcolm also noted a number of messages coming out of NHS England’s Call to Action, including the need to focus more resources on prevention, including tackling poor outcomes linked to inequality and ensuring parity of esteem for mental health services. He also highlighted the model of contracting single services to provide all primary, secondary and social care for a defined, “segmented patient population” in an area, such as the frail elderly.

### **Foundation Trusts eyeing up primary care**

The Health Service Journal has reported that two large hospital trusts are considering expansion of their services to encompass primary care. The Trusts, University Hospital Birmingham and Newcastle Upon Tyne Hospitals FT, both plan to take over primary care providers in their area. In Birmingham approaches by two large GP practices, that wished to talk about merging with the hospital, had prompted the consideration of a move into primary care. In Newcastle, the FT already runs a small number of GP practices, through a joint venture with GPs set up in 2008.

### **CQC reveals new approach to inspecting and regulating GP practices**

In early December the Care Quality Commission set out its [new approach to inspecting GP practices and out-of-hours services](#). The new approach, which will commence in April 2014, will include:

- Better, more systematic use of people’s views and experiences, including suggestions and complaints;
- New expert inspection teams including trained inspectors, clinical input led by GPs and nurses, practice managers and GP Registrars;
- A rolling programme of inspections carried out systematically in each CCG area across England;
- Inspections of GP out-of-hours services to be incorporated into CCG area programmes;
- A focus on how general practice is provided to key patient groups, including vulnerable older people and mothers, babies and children;
- Tougher action in response to unacceptable care, including where necessary closing down unsafe practices;
- Ratings of all practices to help drive improvement and support people’s choice of surgery;
- Better use of data and analysis to help CQC to identify risk and target their efforts;
- Clear standards and guidance to underpin the five key questions CQC ask of services: are they safe, effective, caring, responsive and well-led? and
- Close collaborative working CCGs and Area Teams to avoid duplication of activity.

Since April 2013 CQC has completed 1,000 practice inspections. These have shown that many people receive good quality care from their GP; however they also highlighted areas of concern and some examples of very poor care, with 34% failing at least one of the required standards, and in nine practices there were very serious failings that could potentially affect thousands of people.

CQC's inspections to date have identified concerns about how some practices manage medicines; for example, finding emergency drugs being out of date or stored on the floor, and a lack of temperature checks of vaccine fridges. Some practices were visibly dirty, had dirty cleaning equipment with no cleaning schedules, and staff had no knowledge of infection control guidance.

Practices were not always doing the necessary employment checks on staff who may have access to sensitive patient information and be in contact with vulnerable people. Inspectors found some practices were not putting staff through the correct clearances or making sure staff had appropriate training and access to qualifications.

Although the general levels of care was viewed by patients to be good, issues around access to surgeries were routinely highlighted, with some patients at one practice saying that it could take weeks to get an appointment.

As with other services inspected by CQC, GP services will be given ratings. CQC will begin to give ratings from October 2014 and all practices will be rated by April 2016.

## NHS England sets out plan for seven-day services across the NHS

In mid-December, NHS England's National Medical Director Sir Bruce Keogh set out a plan to drive seven day services across the NHS over the next three years, starting with urgent care services and supporting diagnostics.

The plan is included in a report on the findings of his Forum on NHS Services, Seven Days a Week, set up in February this year. The Forum points to significant variation in outcomes for patients admitted to hospitals at the weekend across the NHS in England – a problem affecting most healthcare systems around the world. This is seen in mortality rates, patient experience, the length of hospital stays and readmission rates.

Causes include variable staffing levels in hospitals at the weekend; fewer decisions makers of consultant level and experience being available; a lack of consistent support services such as diagnostics and a lack of community and primary care services that could prevent some unnecessary admissions and support timely discharge.

Sir Bruce sets out ten new clinical standards (see the [NHS England Board paper](#)) that describe the standard of urgent and emergency care all patients should expect seven days a week, each supported by clinical evidence and developed in partnership with the Academy of Medical Royal Colleges. They describe, for example, how quickly people admitted to hospital should be assessed by a consultant, the diagnostic and scientific services that should always be available, and the process for handovers between clinical teams.

Sir Bruce recommends the standards be adopted by the end of the 2016/17 financial year. To do this in a way that is financially and clinically sustainable, NHS providers and commissioners should explore new ways of working – in networks, collaboratives, and federations – that consider distribution of services between organisations.

## NHS England publishes Planning Guidance for Commissioners

In late December NHS England published a new framework within which commissioners will need to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable high quality care.

[Everyone Counts: Planning for Patients 2014/15 to 2018/19](#) describes NHS England's ambition for the years ahead and its ongoing commitment to focus on better outcomes for patients. It describes the vision for transformed, integrated and more convenient services, set within the context of significant financial challenge. More details on the planning guidance will be contained in a PSNC Briefing to be published shortly.

## New funding formula for local health commissioning

In late December the NHS England Board agreed a new funding formula for local health commissioning based on more accurate, detailed data and including a deprivation measure specifically aimed at tackling health inequalities.

Under the new formula, all CCGs will receive a funding increase matching inflation in the next two years (2014/15 and 2015/16), with the most underfunded areas, and those with fast-growing populations, receiving even more. The CCG funding allocations, which were published later in the week, are aligned with the new NHS planning guidance for commissioners (see above) and 10% of the total available funding will be based on a deprivation indicator to reflect unmet need, enabling them to tackle the impact of health inequalities.

Funding for NHS commissioners will rise from £96bn to £100bn over the next two years.

### Lung cancer survival rates improving

A new analysis from PHE's National Cancer Intelligence Network (NCIN) shows that the one year survival for lung cancer has improved significantly, but that incidence for women continues to rise.

Between 1990 and 2011, almost 720,000 people were diagnosed with lung cancer in England. During this time, the number of male lung cancer diagnoses declined, whereas the number of female lung cancer diagnoses increased. The sharp decrease in the incidence of male lung cancer over the past 2 decades reflects the decline in smoking prevalence among men. However, due to the rise in women who took up smoking after World War II, the incidence among women continues to increase.

Professor Kevin Fenton, Director of Health and Wellbeing at Public Health England noted that smoking is one of the main causes of lung cancer, and survival, whilst improving, is very poor. This report shows that less than a third (30%) of people diagnosed with lung cancer in 2010 will survive the first year, and whilst we do not know yet how many of these will still be alive at 5 years, it is not likely to be greater than 10 or 11%.

### GPs invited to bid for funding to improve access

In late December NHS England invited GP practices to apply for part of a £50m 'Challenge Fund' to pilot improvements in access to appointments for up to half a million patients.

At least nine pilots will be set up with at least one in each region of England to support the spread of innovation. The pilots will explore a number of ways to extend access to GP services to better meet local patient needs, including:

- Longer opening hours, such as extended weekday opening (e.g. 8am to 8pm) and opening on Saturdays and Sundays;
- Greater flexibility about how people access general practice, for instance the option to visit a number of GP surgery sites in their area;
- Greater use of technology to provide alternatives to face to face consultations, e.g. via phone, email, webcam and instant messaging;
- Greater use of patient online services including online systems of patient registration;
- Greater use of telecare and healthy living apps to help people manage their health without having to visit their GP surgery as often;
- Flexible access through emails, Skype and phone consultations; and
- Easier online registration and choice of practice.

Professor Sir Bruce Keogh, National Medical Director at NHS England, recently said that for genuine seven day treatment and care to be possible within the NHS, improvements across primary and community services need to be made. These pilots are a key part of that work which will help the system identify the most cost effective ways in which primary care can support seven day working. The experience of the pilots will inform Sir Bruce's stated ambition of bringing forward proposals in the autumn 2014 on how to secure fully integrated seven day services covering primary, community and social care, as well as hospitals.

If you have any queries on this PSNC Briefing or you require more information, please contact [Alastair Buxton, Head of NHS Services](#).