

February 2017

PSNC Briefing 015/17: 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.

‘Chaotic’ recovery of NHS costs is adding to pressure on finances, says report

The House of Commons Committee of Public Accounts has published a [report](#) about the recovery of NHS costs from overseas visitors and the progress made by the Department of Health (DH) and NHS England since the launch of the overseas visitor and migrant cost recovery programme in 2014.

The report says that DH and NHS England are still a long way from achieving the target of recovering up to £500 million a year by 2017/18. Although the amount charged to overseas visitors has increased since launching the programme, this progress is more as a result of changes in the charging rules rather than from trusts implementing existing rules more effectively.

According to the report, more needs to be done to promote public confidence that the money due to the NHS is being recovered to ensure a fair system to taxpayers.

The Committee’s conclusions in the report include:

- that the Committee is not confident that DH is taking effective action to recover more of the costs of treating overseas visitors;
- progress in increasing the amounts recovered, particularly for patients from other European Economic Areas & Switzerland countries is hampered because the NHS is not effectively identifying chargeable patients;
- the extent of unexplained variation between trusts, both in the amounts they charge and the debts they recover, suggests that some hospital trusts have scope to make substantial improvement;
- while the statutory responsibility to identify and charge overseas patients lies with trusts, other parts of the health system also have an important role and are not yet doing enough to support cost recovery; and
- GPs could do more to help the NHS increase the amounts recovered for treating chargeable overseas patients.

COPD: Who cares when it matters most? – outcomes report 2014

The Royal College of Physicians has published a [report](#) relating to the outcomes of patients included in a clinical audit of chronic obstructive pulmonary disease (COPD) exacerbations in England. The report presents the full data analysis, key findings and recommendations.

The reports are based on data extracted from the Office of National Statistics and Hospital Episode Statistics, and relate to patients whose index admission with COPD exacerbation occurred during the audit period (February–April 2014) in England.

The report includes a set of recommendations for commissioners and for primary and secondary care providers.

Key facts from the report include:

- inpatient mortality has reduced historically (7.9% 2003, 7.8% 2008, 4.3% 2014);
- for those patients discharged alive, mortality was 2.8% within 30 days of admission and 8% within 90 days of admission;
- mortality within 90 days of admission was higher for patients who were admitted on a Saturday/Sunday, and over the extended Easter weekend (which fell during the audit period), than for those admitted on weekdays; and
- for patients discharged alive, longer lengths of stay were related to increased mortality within both 30 days (9.9%) and 90 days (22.6%) of admission.

Inquiry into key issues and priorities for local tobacco control

The All Party Parliamentary Group on Smoking and Health has published a report, [Burning Injustice – reducing tobacco driven harm and inequality](#), which provides recommendations to the Government, local authorities (LA) and NHS England to consider as measures to reduce smoking prevalence.

The recommendations include:

- the Government should renew its commitment to reducing smoking prevalence by publishing the latest tobacco control plan for England without further delay;
- funding to LAs for public health services should be protected with LAs held to account for improving outcomes;
- if a LA's budget position makes it impractical to fund a comprehensive stop smoking service, it should consider how to reconfigure the service so that it provides an effective, well publicised and free, specialist service to the most vulnerable groups of smokers, including pregnant women, people with mental health conditions, and patients referred by hospitals; and
- Clinical Commissioning Groups (CCGs) should commit to improving their joint working with LAs and should recognise the importance of their preventive role in relation to smoking.

Obesity costs less than half as much as the government claims, says report

The Institute of Economic Affairs has published a report, [Obesity and the Public Purse](#), which focusses on Government spending on obesity.

The report states that the net cost of obesity to taxpayers is only 0.3% of total Government spending, considerably less than the most commonly reported estimate by other sources.

The report finds that an ageing population carries the highest costs of treatment, as older people frequently require lengthy and expensive treatments for chronic conditions or full time care.

PHE launches Act FAST stroke campaign again

Public Health England (PHE) has [re-launched](#) its Act FAST campaign to remind people of the main symptoms of stroke and the importance of dialling 999 immediately if they notice any single one of the symptoms in themselves or others.

Research from the previous stroke campaign shows that nearly a quarter of people wait to call an ambulance because they wrongly believe they need to see two or more symptoms of stroke to confirm its presence, or feeling reluctant to call an ambulance for others without permission.

The main stroke symptoms are:

- **Face** – has their face fallen on one side? Can they smile?
- **Arms** – can they raise both their arms and keep them there?
- **Speech** – is their speech slurred?
- **Time** – to call 999 if you see any single one of these signs.

The progress of health and social care integration

The National Audit Office has published a [report](#) which analyses the progress that DH, the Department for Communities and Local Government and NHS England have made towards integrating health and social care services.

The report covers the case for integrating health and social care systems, progress with national initiatives, including the first year of implementation of the [Better Care Fund](#) (BCF), and the Departments' plans for increased integration.

Key findings include:

- nearly 20 years of initiatives to join up health and social care by successive governments has not led to system-wide integrated services;
- the Departments have not yet established a robust evidence base to show that integration leads to better outcomes for patients;
- nationally, the BCF did not achieve its principal financial or service targets over 2015/16, its first year;
- NHS England's ambition to save £900 million through introducing new care models may be optimistic; and
- NHS England is diverting resources away from long-term transformation to plug short-term financial gaps.

NHS England, Government and BMA agree new GP contract for 2017/18

NHS England, the Government and the British Medical Association (BMA) General Practitioners Committee have agreed on [changes to the general practice contract](#) in England for 2017/18 with an investment of approximately £238.7 million.

The changes include:

- an increase in the payment for the Learning Disabilities Health Check Scheme;
- practices will use an appropriate tool to identify patients aged 65 and over who are living with moderate and severe frailty. For those patients identified as living with severe frailty, the practice will deliver a clinical review providing an annual medication review and where clinically appropriate discuss whether the patient has fallen in the last 12 months and provide any other clinically relevant interventions; and
- prisoners will be able to register with a practice before they leave prison.

Non-contractual changes include:

- an increased uptake of electronic repeat prescriptions to 25% with reference to co-ordination with community pharmacy;
- continued uptake of electronic repeat dispensing with reference to CCG use of medicines management and co-ordination with community pharmacy; and
- better sharing of data and patient records as local level, between practices and between primary and secondary care.

Emerging evidence on the NHS Health Check: findings and recommendations

PHE has published a new [briefing](#) showcasing the findings of a report by the NHS Health Check Expert Scientific and Clinical Advisory Panel on emerging evidence of the NHS Health Check and recommendations for practice and research. The report is based on an evidence synthesis completed by the University of Cambridge and RAND Europe.

The evidence synthesis sought to answer the six questions below:

1. Who is and who is not having an NHS Health Check?
2. What are the factors that increase take-up among the population and sub-groups?
3. Why do people not take up an offer of an NHS Health Check?
4. How is primary care managing people identified as being at risk of CVD or with abnormal risk factor results?
5. What are patients' experiences of having an NHS Health Check?
6. What is the effect of the NHS Health Check on disease detection, changing behaviours, referrals to local risk management services, reductions in individual risk factor prevalence, reducing CVD risk and on statin and antihypertensive prescribing?

Recommendations for actions relate to NHS Health Check coverage, take-up, patients' perspectives, professionals' perspectives, the programme's impact and research.

The briefing refers to qualitative research that indicates that being able to access a check at a convenient time and in a familiar location can increase people's willingness to take up the offer of a check. In particular, it seems that some people consider pharmacies, community settings or workplaces as being more convenient to access than general practice. Others, however, report anxieties about the competence of staff, privacy and confidentiality of having an NHS Health Check in these locations.

Preventing falls in older people through conversation

The National Institute for Health and Care Excellence (NICE) has [updated](#) their quality standard on reducing falls in older people.

The new additions cover identifying people at risk of falling, multifactorial risk assessment for older people at risk of falling and multifactorial intervention. NICE is calling for people aged 65 years and over to be regularly asked questions about whether they have fallen over in the last year or feel unsteady on their feet.

Professor Gillian Leng, deputy chief executive at NICE, said: "Asking older people about falls on a regular basis will identify those who are most at risk. Through this simple intervention, those people can then be referred to the right health care professional or service to stop them falling in the future."

NICE seeks to support new mothers with mental health problems

NICE has [suggested](#) that new mothers should be asked about their mental health at the routine six-week postnatal appointment to identify those at risk of mental health problems and to help vulnerable people get the correct diagnosis and support.

Some common symptoms such as changes to appetite or sleeping patterns, could be symptoms of mental health problems but are masked by what is considered as normal for pregnant and postnatal women.

This suggestion, among others, are being consulted on as part of NICE's draft indicator menu.

What's behind delayed transfers of care?

The Nuffield Trust has published a [briefing](#) exploring delayed transfers of care and provides some thoughts on solutions to prevent them.

The briefing also includes two charts which show how the number of delayed days across the NHS by organisation has grown since December 2010 and the percentage change in days transfers of care delayed by cause from 2010/11 to 2015/16.

Key facts include:

- between 2011/12 and 2014/15, the number of bed days used by patients who were delayed grew by 60%;
- NHS England had remained responsible for the majority of delayed transfers of care cases over time, but the proportion for which social care are responsible has grown by 84% since December 2010; and
- the most significant change since November 2010 has been an increase in the number of days delayed due to patients waiting for a care package to be available either at home (172% increase) or in a nursing home (110%).

New MedRegs blog

The Medicines and Healthcare products Regulatory Agency (MHRA) has launched a new [official blog](#) which provides insight into developing and submitting applications to the MHRA for marketing authorisations and clinical trial authorisations.

Topics to be covered are:

- submissions – how to get them right first time;
- behind the scenes – find out more about how the regulator works; and
- key issues – the inside track on emerging issues for the regulation of medicines.

Working with faith groups to promote health and wellbeing

The Local Government Association has [published](#) a briefing which suggests how LAs can work with faith groups to positively impact the health of their members and wider communities.

The briefing covers how faith groups can improve health outcomes and tackle health inequality, barriers to collaboration and suggestions for how effective partnerships and activity can be established.

Some of the main ways in which faith groups can have a positive impact on health and wellbeing include:

- support for ethnic groups who face health inequalities or are at greater risk of developing specific health problems;
- social action to improve the lives of people who face problems such as poverty or homelessness; and
- articulating the health needs of their communities.

The briefing features case studies of different areas who have had some success in engaging with faith groups.

Alcohol-related deaths in the UK: registered in 2015

The Office for National Statistics has released a [statistical bulletin](#) highlighting the number of deaths caused by diseases known to be related to alcohol consumption.

Key points in the bulletin include:

- in 2015, there were 8,758 alcohol-related deaths in the UK, an age-standardised rate of 14.2 deaths per 100,000 population;
- for the UK as a whole, alcohol-related death rates have not changed in recent years, but the rate in 2015 is still higher than that observed in 1994;
- the majority of alcohol-related deaths (65%) in the UK in 2015 were among males; and

- for both males and females, rates of alcohol-related death were highest in those aged 55 to 64 years in 2015.

Analysis: NHS performance statistics up to and including December 2016

NHS Confederation has published a [briefing](#) that provides an overview of the key findings from the latest set of NHS performance data and some relevant points of comparison.

Key facts include:

- A&E attendances in the first nine months of 2016/17 are 4% higher in major (type 1) units and 3.8% higher overall compared to same period in 2015/16;
- trolley waits are 65% higher to date in 2016/17 compared to the same period in 2015/16. There were more trolley waits longer than 12 hours in the third quarter of 2016/17 alone than the whole of any previous year;
- the proportion of delayed days that are deemed to be the responsibility of social care organisations has increased from 26.2% to 33.9% between April-December 2013 and April-December 2016; and
- the number of people waiting more than six weeks for a diagnostic test is 19.5% lower than in December 2015.

Wellbeing research by Age UK

Age UK has published a report, [Summary of Age UK's Index of Wellbeing in Later Life](#), which focusses on how well older people in the UK are doing. The report is part of a programme of work by Age UK to gain an understanding of where and why older people are not doing well and to set out practical ways to improve their lives. It will also be used by local Age UK services to target their support work more effectively.

A new relationship with people and communities

The People and Communities Board, chaired by National Voices, has written a [report](#) to the Chief Executive of NHS England that recommends a set of 'high impact actions' for accelerating the implementation of person and community-centred approaches to health and care as part of the [NHS Five Year Forward View](#) (5YFV).

The Board is one of the seven governance boards established to implement the NHS 5YFV and is responsible for ensuring the health and care system fully engages people in their health, care and wellbeing.

The recommendations include:

- supporting a small number of super demonstrator sites willing to develop person- and community-centred approaches at scale; and
- clarifying the key success factors for social prescribing, including how to make it systematic.

The human cost of waiting for cancer treatment

Macmillan Cancer Support has published a report, [Warning Signs](#), highlighting the difficulties faced by cancer patients while waiting for their treatment to start. The report warns that patients waiting for treatment face significant impacts on their mental and physical wellbeing.

Key facts identified in the report:

- one in eight (13%) people recently diagnosed with cancer in England say their general health got worse while they waited for their treatment to start;
- 8% of people report their existing cancer symptoms got worse or that they developed new symptoms whilst they waited, which could equate to almost 25,000 people a year; and
- 64% of people reported experiencing depression, anxiety or fear while waiting for treatment to start.

The report seeks to outline the challenges faced by the health service in England and to transform cancer services to meet increasing demand.

No such thing as retirement for older carers, says new Carers Trust report

The Carers Trust has published a new report, [Retirement on Hold](#), which highlights some challenges faced by retired, unpaid carers who have to look after sick or disabled partners or adult children whilst dealing with their own age-related conditions.

The report has found that many older carers are not prepared for caring and struggle to navigate the social care system. This has led to some of them becoming exhausted, frustrated and sick themselves due to the burden of caring.

Key facts include:

- over half of older carers attending focus groups set up by Carers Trust had at least one health condition themselves, such as high blood pressure, arthritis and heart problems;
- some carers carried on caring even though they no longer had feelings for the person they cared for. While some felt they were made to feel guilty if they were no longer willing or able to care and were judged harshly by relatives and some professionals; and
- some carers were using their own money to finance personal care services or respite breaks without realising the person they care for should be assessed for the cost.

Obesity in mental health secure units

PHE and the University of Sheffield have published a [systematic review](#) of the evidence around the prevalence and impact of obesity in secure settings and effective interventions. It is intended to for commissioners and providers of adult mental health secure settings.

Saving STPs: achieving meaningful health and social care reform

Reform has published a [report](#) on [Sustainability and Transformation Plans](#) (STPs) outlining the main barriers to implementing STPs successfully and the changes required to be made for the plans to succeed. The report is based on semi-structured interviews with 12 individuals.

The main barriers identified are:

- **Insufficient engagement and support:** Interviewees report that, in some STPs, the involvement of LAs has been minimal, and surveys reveal that a majority of clinicians have not heard of the plans, and citizens are yet to be involved. As a result, interviewees fear that local politicians may not support plans for significant redesign of services when they are presented.
- **An inconsistent vision:** Interviewees reported that the messages from NHS England and NHS Improvement were inconsistent. NHS England is focused on the NHS 5YFV as a whole and NHS Improvement is more focussed on achievement of financial balance in the short term.
- **Lack of executive authority:** Interviewees consistently argued that it is difficult for STPs to draw up plans across their areas because they have no executive authority. STPs are also uncertain whether they are allowed to integrate local services, given the need to maintain competition under current legislation.

The recommendations are:

- STPs should design their own local health outcomes for which every organisation in the STP is accountable;
- STPs should take a 'one-system, one-budget' approach. NHS, social care and public health budgets should be merged across the STP and commissioned by a single body;

- commissioners need to regularly evaluate whether providers are delivering on outcomes. Where these are consistently not delivered, services should be decommissioned and broken up to allow smaller providers to bid. Contracts should come up for renewal at regular intervals;
- NHS Improvement should publish guidance clarifying how current legislation surrounding competition applies in the context of STPs; and
- STP footprints should have elected leaders who are held to account by the public.

‘Borrowed time’ to save social care system from collapse

Age UK has published a report highlighting the challenges faced by older people who are struggling to find care and support to meet their needs.

The report, [The Health and Care of Older People in England 2017](#), discusses the health and care needs of our ageing population, the state of health and social care, carers and the care market, and the impact on older people.

Key facts include:

- by their late 80s, more than one in three people have difficulties undertaking five or more tasks of daily living unaided and between a quarter and a half of the 85+ age group are frail, which explains why it is people in this oldest cohort who are most likely to need health services and care support;
- this year Age UK’s analysis shows there are now nearly 1.2 million people aged 65+ who don’t receive the help they need with essential daily living activities;
- 96% of older people who fund their own care home placement paid more than LAs did for the same type of room in the same home; and
- the numbers of older people attending A&E have increased significantly in the last five years.

Healthy lives for people in the UK

The Health Foundation has published a [report](#) to introduce its healthy lives strategy which aims to change conversations around health, promote national policies to support opportunities for healthy lives and support local action to address variations in people’s opportunities for healthy lives.

The report’s main focus is that the factors which have the greatest influences on people’s health and wellbeing are outside of healthcare and include education, employment, housing and community.

Eight key themes are outlined in the report, which underpin the strategy:

1. adopting a social determinants of health approach;
2. taking a systems approach;
3. seeing health as an asset;
4. working across sectors;
5. using the principles of co-creation;
6. shifting habits and norms;
7. building the evidence base; and
8. mobilising wider resource.

NHS cancer treatment target in England missed for third consecutive year

Cancer Research UK has issued an [article](#) which states that the 62-day waiting time target for cancer patients has been missed again for the third year running.

According to [NHS England figures](#) for the last three months of 2016, only 82.2% of patients were treated within the timeframe; the NHS England target is that 85% of patients start treatment within 62 days.

NHS Wi-Fi launched in GP surgeries

In the [first step](#) towards roll out across the entire NHS estate, NHS Wi-Fi is to be installed in 991 early adopter general practices across England by 31st March 2017 and patients will be able to access the internet free of charge in their GP's waiting room, via their smart phone or tablet. More than five million patients will be able to access free to use Wi-Fi in early adopter sites.

General practices which are not early adopter sites will receive their new Wi-Fi services from April 2017 onwards, with hospitals and secondary care following in 2018.

All users will see the same landing page when they log on to use the Wi-fi, including national and local messages as well as important links.

GP patients now being referred to more appropriate services thanks to new online tool

NHS Digital has designed a new [online tool](#) which allows GPs to make faster and more accurate referrals to secondary care. The tool improves a GP's view of information so they are able to see the referral criteria in an easier way before referring a patient. The service is expected to reduce the number of patients inappropriately referred, as well as a reduction in administration for staff and lower costs.

Delivering STPs

The King's Fund has published a new report, [Delivering Sustainability and Transformation Plans](#), which examines the viability of the 44 STPs developed by local NHS leaders and calls on the Government to recognise the need to provide additional resources to support their implementation.

The report looks at how NHS care has been transformed since 1948, what the main proposals in STPs are, the opportunities and challenges in implementing the plans and what needs to be done now to move forward. A summarised extract from the report, addressing the opportunities and challenges in implementing STPs has also been published on the [King's Fund](#) website.

Breast cancer screening coverage sees first increase in five years

NHS Digital has published [new figures](#) relating to breast cancer screening coverage in England. The data shows that screening rates have increased for the first time in five years; at March 31st 2016, 75.5% of women aged 53 to 70 who were eligible for breast cancer screening had a test with a recorded result within the last three years. This is up slightly from 75.4% at the same point in 2015, but the first increase in coverage since a peak of 77.2% in 2011.

Uptake of routine invitations for breast cancer screening for eligible women has also increased for the first time in five years from 71.3% in 2014/15 to 72.1% in 2015/16.

£886 million year-to-date deficit for providers

NHS Confederation has published [figures](#) relating to NHS operational and financial performances. The NHS provider sector has reported an £886 million year-to-date deficit while NHS Improvement has predicted an end-of-year deficit of £873 million.

key facts include:

- A&E performance dropped to 86.74% of patients seen within four hours, compared to 90.65% in the same quarter last year and against a 95% target for the sector;
- number of patients attending a major A&E requiring admitted care reached approximately 1.06 million, a rise of 3.5% compared to the same quarter last year; and
- ambulance services continue to fail the Red 1, Red 2 and 19 minutes response-time targets with performance of 67.13%, 61.57% and 89.38% respectively.

LAs need to work together with nightclubs and gyms to prevent drug misuse

A new [guideline](#) from NICE has stated that LAs should work with gyms, nightclubs and festivals to display posters and participate in social media campaigns to target people who use drugs, or are at risk of using drugs, to highlight the risks of drug misuse. Additionally, sexual health services and supported accommodation for homeless people should also make information available to raise awareness of support services available and how to access online tools to assess their own drug use.

HIV: London annual data spotlight

PHE has published a [briefing](#) focussing on HIV epidemiology in London during 2015.

Key facts about London residents include:

- 11% of Londoners living with HIV remain undiagnosed (estimated 4,420 people);
- the new diagnosis rate for London residents aged 15 years or older (35 per 100,000) was above that of England in 2015 (12 per 100,000);
- Black Africans represented 23% of all newly diagnosed London residents in 2015 (compared to 23% in 2014 and 42% in 2006); and
- a large proportion of people with HIV are diagnosed late in London (34% from 2013 to 2015, compared to 40% in England).

The Health and Care of Older People in England

Age UK has published a [report](#) which aims to highlight how health and care systems are working for older people in England. The report covers the health and care needs of our ageing population, the state of social care and the state of healthcare.

Key facts include:

- there are huge socio-economic differences in disability free life expectancy at age 65 – a five-fold difference between people in the poorest and most affluent areas;
- by 2020/21 public spending on social care would need to increase by a minimum of £1.65 billion, to a total of £9.99 billion, in order to manage the impact of demographic and unit cost pressures alone;
- there are now over two million carers aged 65 and over, 417,000 of whom are aged 80 and over; and
- the overall number of hospital inpatient episodes has risen significantly in recent years as well, up by 8.9% from 14.9 million a year in 2010/11 to 16.2 million in 2015/16.

NHS 111 sending increasing number of callers to A&E and ambulances

The Nuffield Trust has published a [report](#) stating that the NHS 111 service is sending an increasing number and proportion of people to A&E and the ambulance service, but the likelihood of doing so varies across the country.

Key facts include:

- the proportion of callers being dispatched from NHS 111 to emergency services over the last three years has risen. There has been a particular rise in the share of people who are passed to the ambulance service;
- the service overall seems to steer people away from emergency services. Patient surveys suggest as many as 8 million more people would have gone to A&E and the ambulance service over the last three years without NHS 111; and
- NHS 111 still answers the vast majority of calls within a minute, and few people hang up after having to hold for more than 30 seconds.

State of the health system – Beds in the NHS

The BMA has published [data](#) on how beds are used within the NHS to provide insight into the healthcare system.

The data shows:

- in the first week of January 2017, almost 75% of trusts in England had an occupancy rate of over 95% on at least one day of that week;
- in 2000 there were an average of 3.8 beds per 1,000 people. This had dropped to 2.4 beds by 2015;
- between 2006/07 and 2015/16 the number of overnight beds has decreased by over a fifth;
- since 2000/01 there has been a 44% decrease in the number of mental health beds; and
- between March and October 2016 an average of 726 mental health patients had been given out of area placements each month.

Adult Social Care Funding

The House of Commons Library has published a [briefing](#) which analyses recent policy and debate on the integration of NHS-provided healthcare and LA-provided social care.

The briefing covers adult health and social care integration in England, integration of budgets, organisational integration and devolution of health and social care integration.

There are a number of challenges faced by successive Governments identified in the briefing which include:

- different funding incentives for the NHS and LAs;
- different funding models – free at the point of use vs. means-tested;
- challenges integrating different workforce cultures;
- difficulties implementing effective information sharing;
- other Government policy priorities competing with the integration agenda; and
- the cost to NHS bodies and LAs of integrating services.

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