

October 2016

## PSNC Briefing 065/16: 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.

### New TB report shows continuing decline in cases in England

Public Health England (PHE) has published the annual [report](#) on tuberculosis (TB) from the UK enhanced TB surveillance systems. The report presents new TB epidemiological data to the end of 2015 and provides an update on local and national trends.

The data shows that there has been an annual decrease in the incidence of TB in England over the past four years; cases are down to 10.5 per 100,000 in 2015, a reduction of one third since a peak of 15.6 cases per 100,000 in 2011. It appears, however, that cases with social risk factors, such as homelessness or drug and alcohol misuse, have not declined but the proportion has slightly increased by 2% in the past year.

### Promotional materials for GP online services

NHS England has produced and published two [toolkits](#) designed to promote GP online services. There is a pack for GP surgeries and one for Clinical Commissioning Groups (CCGs), Commissioning Support Units and NHS Trusts.

The toolkits contain materials and templates which can be tailored to suit different practices. Services that are promoted include ordering of repeat prescriptions, booking appointments and viewing GP records.

### Tailored care needed for people with more than one complex health condition

The National Institute for Health and Care Excellence (NICE) has published a new [guideline](#) which sets out how to provide patient-centred care to those with complex health conditions.

It covers medicines optimisation for adults with multimorbidities by reducing treatment burden and unplanned care.

The guidance includes recommendations on:

- taking account of multimorbidity in tailoring an approach to care;
- how to identify people who may benefit;
- how to assess frailty;
- principles of an approach to care that takes account of multimorbidity; and
- delivering the approach to care.

The guidance is aimed at healthcare professionals and people with multimorbidities, their families and carers.

## NICE issues first of its kind guidance on harmful sexual behaviour

NICE has published new [guidance](#) on the management of children and young people who display harmful sexual behaviour.

The guidance is aimed at a wide range of multi-sector professionals, including social workers, neighbourhood and community support police officers, schools, primary care and sexual health and drug and alcohol services. It can also be used by people who exhibit harmful sexual health behaviour, their families and other members of the public.

The guideline includes recommendations on:

- risk assessment for children and young people referred to harmful sexual behaviour services;
- engaging with families and carers before an intervention begins; and
- developing and managing a care plan for children and young people displaying harmful sexual behaviour.

## Childhood obesity plan: PHE's role in implementation

PHE has published a [policy paper](#) outlining how it will achieve its allocated parts of the Government's [childhood obesity plan](#). Two of PHE's main contributions will be the sugar reduction programme and reviewing the nutrient profile model which categorises the nutritional value of food.

PHE will, in autumn 2016, begin implementing specific targets in relation to the overall actions indicated in the childhood obesity plan. PHE will also start a full programme of engagement with the 'eating out of home' sector – those that provide food that is bought and consumed out of the home – as this sector now accounts for a large proportion of the food that people consume.

From 2017, PHE will work towards reducing total calories in a range of product categories across all sectors.

## CVD: getting serious about prevention

PHE has published a [document](#) which aims to highlight the impact of cardiovascular disease (CVD) and provide a summary of the role of PHE's work in tackling the disease.

PHE's role, as outlined in the document, is to:

- review the evidence for what works in CVD prevention;
- develop evidence-based programmes that address the risk factors for CVD;
- work with partners to implement and evaluate effective programmes;
- advocate effective prevention policies to improve population health; and
- work to tackle inequalities linked to CVD.

The document is aimed at clinicians, local authorities (LAs) service commissioners and the third sector.

## Increase in the number of people dying with dementia

PHE has published [data reports](#), produced by the Dementia Intelligence Network in collaboration with the National End of Life Care Intelligence Network, which examine the deaths of people recorded with dementia between 2012 and 2014.

The reports aim to address the following questions:

- Are there changes in dementia deaths over time?
- Who are the people who die with dementia?

- Where do people with dementia die?
- What do people with dementia die of?

Data suggests that people are more likely to die with dementia at a younger age if they live in more deprived areas. It shows that people who have dementia are more likely to die in hospitals and care homes, and not in hospices or end of life care settings.

Professor Julia Verne, Head of Clinical Epidemiology, at PHE, said: “We hope that these products can be used to help the NHS and its partners to commission and deliver high quality end of life care in a way that makes the most efficient use of resources and responds to the wishes of dying people and their families.”

## Heart Age Tool updated with new interventions and advice

A recently-published study, funded by the British Heart Foundation (BHF), has shown that 79% of people over the age of 30 have a heart age older than their chronological age, making them more likely to experience cardiac problems.

Additionally, the study showed that a significant number of the public were unaware of their own cardiovascular risk factors; 79% of people did not know what their cholesterol levels were and almost 50% did not know or input their blood pressure.

BHF, PHE and NHS Choices are [calling](#) for people to use an updated innovative [online tool](#) to find out their cardiovascular risk.

## People with mental health problems still face stigma

NHS Confederation has [highlighted](#) the findings of a new report from the National Centre for Social Research (NatCen)'s British Social Attitudes survey, which was commissioned by PHE.

The report presents findings on the results of questions which were asked as part of a survey about mental health and wellbeing. It explored two main themes: knowledge and awareness about mental wellbeing; and stigma associated with mental health problems.

Key findings include:

- most people are confident they know what it means to have good mental wellbeing. People are aware of different factors that impact on their mental wellbeing and the things they can do to improve it;
- perceptions of workplace prejudice have improved over time, but the view that someone with a mental health problem would be just as likely to be promoted as anyone else is still only held by a minority; and
- there are varying levels of acceptance of those with mental health problems, and perceptions of prejudice towards people with these conditions are still widespread.

## Progress into the implementation of the England Cancer Strategy: One year on

The All-Party Parliamentary Group on Cancer (APPGC) has published an [inquiry report](#) which examines the progress made by the Independent Cancer Taskforce to implement its [cancer strategy for England for 2015-2020](#) one year post-publication.

Key recommendations made in the report include:

- the APPGC calls on the Government to clearly set out in a progress report by the end of 2016, what funding will be made available for the England Cancer Strategy every year over the next four years to deliver recommendations for all parts of the cancer pathway;
- the APPGC calls on the Government, with NHS England, to respond to this inquiry report and set out how they will address the concerns of the cancer community; and
- the APPGC calls on the Cancer Transformation Board and the National Cancer Advisory Group to set out how it will collaborate with organisations who have an expertise and interest in cancer.

## Welfare services fail to meet population's needs

The British Medical Association (BMA) has published a report, [Growing older in the UK](#), which highlights some of the key issues facing the population as it grows older. It also outlines the links between patients' social circumstances that can influence the quality of life in later years.

Key recommendations made in the report include:

- action to tackle the social isolation of older people using 'social prescribing', a means of doctors referring patients to non-medical and community services, such as councils' housing departments;
- an effort to improve the diagnosis and under-treatment of older people with mental health problems;
- better identification and support of informal carers, the family and friends whose needs are often neglected; and
- an emphasis on valuing the ways older people can continue to contribute positively to society.

## 10 ways for NHS providers to find savings and make cost improvements

NHS Improvement has published a [briefing](#) aimed at NHS providers on 10 ways they can look for financial savings.

The opportunities for NHS providers to save are split into two areas: 'actions that can be quickly delivered' and longer term 'different ways of working and service transformation'.

Ideas for savings range across different areas of operation such as procurement, agency and locum spend and using staff better.

## NHS England launches frameworks to increase integration of health and care services and improve the lives of care home residents

NHS England has [published](#) new framework documents describing two different vanguard models and the key aspects that make them work.

The frameworks demonstrate how the new models can improve primary care, improve access, focus on ill health prevention and control costs. The two frameworks are:

1. the integrated primary and acute care systems (PACS) framework – this outlines the next steps required to set up the model by setting out three contractual options; and
2. the enhanced health care homes model – this lays out a vision for providing integrated primary, community and secondary social care to residents of care and nursing homes through the use of different services.

Samantha Jones, Director – New Care Models Programme said: "Practical implementation of care redesign is now well under way across 50 areas of England. Learning about what has and hasn't worked in these Vanguard means we can now set out for the rest of the NHS with greater precision what needs to happen in order to get concrete results – improving the quality of care, preventing ill-health and saving money."

## Key considerations of Brexit implications on the NHS

The NHS European Office has [published](#) a new guide that outlines six possible implications that Britain's exit from the European Union (EU) may have on the NHS. The report also poses a series of questions that must be considered to secure the future of the NHS.

Some of the questions posed are:

- How can we ensure the NHS budget is not negatively impacted in the event of an economic slowdown?
- How can we reduce uncertainty for EU staff currently employed by the NHS and ensure sustainable workforce supply and standards of care are maintained post Brexit?
- How can we ensure NHS patients continue to receive safe and seamless healthcare when they travel across borders for holidays, studies or to live abroad?

## NHSCC launch new report to support CCGs in making difficult decisions

NHS Clinical Commissioners (NHSCC) has published [Making difficult decisions](#), a document that intends to support CCGs when faced with difficult decisions about prioritisation of resources and changes to local services.

The document, which was produced in collaboration with the University of Birmingham, provides CCGs with information on how they can successfully gain confidence of the public, patients, local politicians and other key stakeholders when making changes. It draws on both academic research and practical insight from commissioners, patient groups and NHS England.

The top tips featured in the report are:

- identify opportunities for improvement and safe and cost-effective change in service provision;
- plan the change management process carefully in advance;
- base decision-making on robust data where available;
- manage stakeholder perceptions through active engagement, consultation and nurturing trustworthy relationships;
- recognise that local community, clinician and political support is vital, and engage these interests early; and
- develop an integrated communication and engagement strategy from the start.

## Political maladministration to blame for unsafe hospital discharges, says Committee

The Public Administration and Constitutional Affairs Committee (PACAC) has [published](#) an inquiry report which looks at the work carried out by the Parliamentary and Health Service Ombudsman on inappropriate patient discharge.

The PACAC report found that inappropriate discharge of patients are not isolated incidents; they appear to occur frequently and can cause distress for patients, their carers and relatives.

The report highlights that despite excellent discharge practice guidelines being available, the extent to which they are implemented is variable across the country. Various barriers to implementation are also acknowledged such as pressures on resources and capacity. The PACAC calls on health and social care leaders to ensure they operate environments in which patient care is a priority.

## Survey shows one in three adults with common mental disorders report using treatment services

NHS Digital has [published](#) the results of the Survey of Mental Health and Wellbeing which provides statistics on the prevalence of treated and untreated psychiatric conditions in adults aged 16 years and over in England.

The survey was carried out for NHS Digital by NatCen in collaboration with the University of Leicester. Key statistics from the report include:

- overall, around one in six adults (17%) surveyed in England met the criteria for a common mental disorder (CMD) in 2014;
- women were more likely than men to have reported CMD symptoms; and
- medication was the most common form of mental health treatment for all conditions assessed within the survey and was reported as being taken by 10% of all people interviewed.

The report also contains information on other disorders such as post-traumatic stress disorder, bipolar disorder and the occurrence of suicidal thoughts. Other facts include:

- positive screening for bipolar disorder was more common in younger age-groups. 3% of 16 to 24 year olds screened positive compared with less than 1% of those aged 65 to 74;
- a fifth of adults (21%) reported that they had thought of taking their own life at some point; and
- over a third (38%) of people surveyed with severe CMD symptoms reported a chronic physical condition, compared with a quarter (25%) of those with no or few symptoms of CMD.

### **Lack of community services to support carers is piling pressure on NHS emergency care**

Carers UK has published a report, [Pressure Points: carers and the NHS](#) which looks at the role of carers in reducing emergency admissions and delayed transfers of care from hospital.

The report features responses from carers who used 999 or A&E services in the previous year and their reasons for doing so. They were also asked about whether they thought the admission could have been prevented and how supported they felt during the discharge process.

Key facts from the report include:

- significant numbers of carers are taking the person they care for to A&E because of a lack of access to other community health and social care services;
- carers are not being consulted about the discharge process, or only being consulted at the last minute;
- whilst delays around discharge are often due to a lack of social care packages, not involving carers is resulting in the discharge process being poorly managed and timed; and
- when carers are consulted about the discharge process they are more likely to say that they feel they have a choice about caring for the person they look after and that the discharge timing was just right.

### **NHS England announces major boost for general practice**

NHS England has unveiled plans to boost funding to support general practice cope with increasing pressure and demand.

A nationwide, £19.5 million [NHS GP Health service](#) will be introduced in January 2017, aimed at improving access to mental health support for GPs and trainee GPs while the [Induction and Refresher scheme](#) will be updated to speed up the time it takes for GPs to return to practice in England.

NHS England's latest planning guidance further detailed recurrent funding to improve and increase capacity in general practice, totalling £138 million by 2017/18 and increasing to £258 million by 2018/19.

## CVD prevention optimal value pathway

NHS England has published a CVD prevention pathway, produced by NHS RightCare. NHS RightCare is a programme committed to reduce unwarranted variation to improve people's health and outcomes and reduce inequalities.

The [CVD prevention pathway](#) is the first in a series of evidence-based pathways on different conditions. Pathways are being developed in collaboration with NHS England's National Clinical Directors, PHE, Royal Colleges and other stakeholders.

The aim is to provide local health economies with:

- a high-level overarching national case for change;
- a best practice pathway for individual conditions; and
- best practice case studies for elements of the pathway demonstrating what to change, how to change and a scale of improvement.

## New cancer ratings published

NHS England has [published](#) ratings in the CCG Improvement and Assessment Framework which provides an overview of how well different areas of the country are diagnosing and treating cancer and supporting patients.

The overall rating for cancer is based on four indicators or metrics; early diagnosis, one-year survival, 62 day waits after referral, and overall patient experience.

Cancer Alliances will also be set up which aim to bring together local leaders to drive improvement in cancer outcomes by reducing variation and promoting the sharing of best practice.

## Health in all policies: a manual for local government

The Local Government Association (LGA) has published [Health in All Policies – a manual for local government](#) which introduces a new approach, Health in All Policies (HiAP). It brings together the arguments for a HiAP approach with practical suggestions for development at the local level.

The HiAP is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. The goal of the HiAP approach is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process.

The manual covers barriers to HiAP approaches, working together across sectors, engaging stakeholders and structures to support implementation.

## State of Care report published by CQC

The Care Quality Commission (CQC) has published their annual overview of health and social care in England in their [State of Care](#) report.

The overall conclusion is that despite increasing challenges, good care is being delivered but there is concern about whether these levels of good care can be sustained. There has also been evidence of deterioration in quality of services with some providers unable to shift from their given 'requires improvement' rating.

Key facts from the CQC report are:

- 83% of the GP practices inspected were rated as good and 4% as outstanding;

- 51% of the core services provided by NHS acute hospital trusts inspected were rated as good and 5% as outstanding;
- around three-quarters (74%) of people agreed that local NHS services in general were good;
- almost two-thirds of people (62%) receiving adult social care services paid for by their LA said they were extremely or very satisfied with their care and support; and
- almost half of those services that were re-inspected following a rating of requires improvement did not change their rating. In 8% of cases, the quality of care deteriorated so much that it was subsequently rated as inadequate.

## More than 4 million children to be offered flu vaccination

NHS England and PHE have launched the [Stay Well This Winter](#) campaign to help children and the vulnerable stay well over the winter months.

The campaign aims to ensure that individuals who are at high risk of preventable emergency admissions to hospital are aware of and motivated, where possible, to take actions to avoid admissions over the winter period.

It is underpinned by the flu vaccination programme in England, which has now been extended for children in school year 3, offering more than 4 million children protection against flu – around 600,000 more than last year. Please note the childhood flu immunisation programme is not applicable to the community pharmacy Flu Vaccination Service.

As well as protecting against flu, the campaign will encourage those in at risk groups to prepare for winter, with advice on how to manage common illnesses and avoid preventable hospital admissions.

## Hepatitis C in the UK

PHE has [published](#) the annual report for hepatitis C in the UK, accompanied by a slide set and an infographic briefing.

The report covers various topics including adequate harm reduction, increasing the proportion of diagnosed people, reducing associated morbidity and mortality, as well as reducing the rate of new infections.

## HEE mandate 2016 to 2017

The Department of Health (DH) has published Health Education England (HEE)'s [mandate](#) for 2016 to 2017 stating its priorities relating to:

- workforce planning;
- health education; and
- training and development.

The seven objectives outlined in the report are:

1. to develop the workforce to improve out of hospital care;
2. to create the safest, highest quality health and care services;
3. to deliver value for money;
4. preventing ill health and supporting people to live healthier lives;
5. supporting research, innovation and growth;
6. building the workforce for the future; and
7. improving services through the use of digital technology, information and transparency.

## Understanding patient flow in hospitals

The Nuffield Trust has published a [report](#) looking at hospital trusts and analyses how bed use and patient flow change throughout the day, drawing on information from the Hospital Episode Statistics which tracks admissions and discharges.

Key facts from the report include:

- peak bed occupancy normally occurs around 8am, after overnight admissions and before patient discharge starts;
- peak flow is when the most patients are being moved in and out of beds. It normally occurs in the late afternoon, as emergency arrivals and elective discharges peak;
- when queues build up, work-around solutions such as ‘boarding’ patients on wards or providing care in the emergency department or assessment areas are used, often increasing delays; and
- a number of ongoing trends have resulted in more pressure on bed space, and the current system is not well calibrated to see when and how constrained space has the most serious implications for patient flow.

It also looks at possible solutions to address the lack of bed space which include managers focussing on the minority of long-stay patients who account for a majority of bed use.

Other possible suggested solutions include:

- reduce the volume of patients by redesigning assessment, diagnosis and short-stay care;
- reduce the time spent in hospital by redesigning rehabilitation and discharge processes; and
- improve control systems to provide real-time workflow information to improve both individual patient care, system management and support process improvement.

## Emerging innovations in governance and organisational form

The King’s Fund has published a [report](#) that looks at two [vanguards’](#) approaches to contracting, governance and other organisational infrastructure. The report focusses on two types of vanguards, multispecialty community provider vanguards and integrated primary and acute care systems vanguards, at five sites across England.

Key messages include:

- while the initial focus was on the new care models, commissioners in many of the vanguards are now considering how to contract for the new systems, including which streams of funding to bring together within a whole population budget and which services to commission within a single contract;
- there is considerable interest in bringing together the budgets for core primary care services with other services, but it seems unlikely that many GPs will contemplate giving up their core General Medical Services/Personal Medical Services contracts for new, unproven contractual arrangements in the immediate future; and
- while some of the vanguards are still using informal partnerships to take forward their plans, commissioners and providers in many areas are putting in place more formal governance arrangements – in some cases describing the new arrangements as integrated care organisations or accountable care organisations or systems.

## Annual UK cancer cases will increase to half a million in less than 20 years, says Cancer Research UK

Cancer Research UK has published the results of a [research study](#) it conducted which states that half a million people will be diagnosed with cancer each year in the UK by 2035 if current trends continue.

By 2035, it is predicted that nearly 244,000 cases of cancer will be diagnosed in women and more than 270,000 in men – up from around 173,000 and around 179,000 today. Breast and prostate cancers are expected to be the most common types of cancers in women and men respectively in 2035.

The research highlights that it is critical for NHS cancer services to be radically upgraded to reduce the impact of the disease over the next few decades.

### **1.7 million children started secondary school overweight or obese in last decade**

According to [calculations](#) by Cancer Research UK, during the last decade, nearly 1.7 million children started secondary school overweight or obese in England.

Alison Cox, Cancer Research UK's director of prevention, said: "We must give children the best chance for a healthy future. Measures like the sugary drinks tax can make a difference and the Government must press ahead with this vital measure.

But there is no silver bullet and more action is needed. The Government has already recognised the influence of junk food marketing on children's health by banning junk food advertising during children's programmes – it's time to close the loop hole during family viewing time."

### **EXASOL research discovers that type 2 diabetes prescriptions have risen by one third in five years**

EXASOL, an analytic database, has released an [in-depth analysis](#) of type 2 diabetes medication prescribing in England.

EXASOL analysed data released from NHS Digital and sourced from the NHS Business Services Authority. The data captures every GP prescription dispensed at all pharmacies across England and runs for 6 years from August 2010 through to July 2016.

The research findings include:

- over the past five years, the number of prescriptions of type 2 diabetes medication has risen by one third (33%);
- in 2011, there were 26 million prescriptions – this rose to 35 million prescriptions in 2015;
- in the first six months of 2016 the number of prescriptions of type 2 diabetes medications was already up by more than 8% compared to the same period the year before; and
- at the beginning of 2016, 3.5 million adults were believed to be diagnosed with type 2 diabetes in the UK – current trends of prescribing indicate England will have 5 million people diagnosed with type 2 diabetes in 2020, five years sooner than previously reported.

EXASOL found large variations in prescribing across England:

- the London district of Newham has the highest prescribing rates in the country, over double the national average. London boroughs have three of highest prescribing districts (Newham, Tower Hamlets, Harrow); and
- Lincolnshire has two of the top three highest prescribing rates (East Lindsey, South Holland).

### **Is mental health crisis care in crisis?**

NHS Confederation has published a [briefing](#) by the Mental Health Network about the pressures facing mental health crisis services. The briefing states that although the Government has pledged further investment and formed clear

policy direction, funding has not reached the front line of care and significant challenges still remain to meet demand, calling it a national scandal.

Key points from the briefing are:

- there are occasions when there are no routine acute mental health assessment beds available across the country;
- there are further concerns that the sustainability element of [Sustainability and Transformation Plans](#) (STPs) funding has largely been apportioned to the acute sector;
- people with a mental health problem are three times more likely to attend A&E with peak hours for mental health presentations to A&E are between 11pm and 7am; and
- suicide by service users under community crisis teams is increasing.

### Treasury urged to ring-fence funding for transformation

NHS Confederation has [called](#) on the Treasury to guarantee that additional funding reserved for 2017 will be ring-fenced for transforming services. Such a move would see investment in STPs and support the drive to transform services and distinguish between investing in the [NHS Five Year Forward View](#) (5YFV) and sustaining current services.

NHS confederation is also calling for other measures, such as:

- enabling resources to be available for one-off investment in buildings and equipment from next year;
- bringing NHS and social care funding in line by carrying forward money already committed and releasing £1.5 billion of [Better Care Fund](#) money immediately; and
- stopping cuts to public health and deliver adequate investment in prevention for the next four years.

### Changes in children's BMI between 2006/7 and 2014/15

PHE has published a [report](#) which is the seventh in a series of annual reports that use the National Child Measurement Programme (NCMP) data to examine changes in children's body mass index (BMI).

The report looks at trends of obesity, overweight, excess weight and underweight prevalence since 2006/7. Differences between socioeconomic and ethnic groups are also examined to determine whether health inequalities are widening or closing.

Key messages from the report are:

- the trends in obesity in Year 6 boys and girls continue to show year-on-year increases but the rates of increase are slowing down compared with data to 2013/14;
- obese children living in more deprived areas are on average heavier, given their height, than obese children in less deprived areas;
- obesity prevalence in children living in the 10% most deprived areas of the country is more than double that of children living in the least deprived 10% of areas; and
- obesity and excess weight prevalence in Black Caribbean Reception boys are now showing significant annual declines, as is overweight prevalence in White British Reception boys. The upward trend in obesity prevalence in Indian Year 6 boys has become significant.

### Mental health services are failing older people

Age UK has published a new report on the current availability of mental health services for the ageing population.

The report, [Hidden in plain sight – older people’s mental health](#) highlights that:

- currently 3 million people in the UK over the age of 60 are living with depression;
- this figure is set to rise to 4.3 million in the next 15 years due to the growing number of older people in our society; and
- the NHS is not providing those in later life with mental health problems with sufficient treatment options, such as talking therapies and integrated care plans.

Key recommendations from the report are:

- local health and care commissioners should fully understand the prevalence of common mental health conditions among the over 65s in their areas;
- each CCG and LA should consider appointing ‘older people’s mental health champions’; and
- all services should be appropriately funded and equipped to deliver fully integrated care that addresses mental and physical health and comorbidity.

## Patients to get faster access to the most cost effective treatments under proposed changes to NICE process

[NICE](#) and [NHS England](#) have published joint proposals whereby appraisals for technology that offer exceptional value for money can take place via a newly introduced ‘fast track’ option.

The ‘fast track’ process would see final guidance by NICE published immediately after the treatment receives its licence. NHS England will then fund technologies recommended by NICE through the ‘fast track’ process within 30 days after NICE publishes its final guidance, rather than the current 90 days.

A new ‘budget impact threshold’ of £20 million per year is also being proposed as a way of better managing the introduction of those treatments that are deemed cost effective, but have a very high cost.

Sir Andrew Dillon, NICE Chief Executive, said: “The pace and scale of innovation in the NHS require NICE and NHS England to collaborate closely to ensure patients are benefiting from faster access to the most cost effective treatments.

By further streamlining our processes we will ensure treatments that clearly offer exceptional value for money will be available to the patients who need them faster than ever before.”

## Safer maternity care

DH has published the [safer maternity care action plan](#), which outlines the national ambition to halve the rates of stillbirths, neonatal deaths and brain injuries that occur during or shortly after birth, by 2030.

The action plan introduces new measures, such as:

- an £8 million maternity safety training fund to support trusts to drive improvements in maternity safety;
- the launch of ‘[Our Chance](#)’ campaign, targeted towards pregnant women and their families to raise awareness of the symptoms that can lead to stillbirth; and
- maternity ratings for CCGs across England will be published to benchmark local areas, help identify those areas needing improvement and examples of the best practice.

## Nursing associate pilot sites announced

Eleven partnership sites will be trialling a new nursing associate role with over 1,000 nursing associates, as [announced](#) by HEE.

Training for the new role will start in December, which aims to provide quality hands on patient care and support to nurses and support staff.

## The NHS partners with Twitter to help shed light on what it means to work or be a patient in the NHS

NHS England has partnered with Twitter as part of a [new pilot](#) where NHS patients or staff members will each week take control of the account (@NHS) to share their thoughts and opinions and engage in conversations with anyone on Twitter.

The three-month pilot will help ensure that fascinating NHS experiences are shared far and wide and is hoped to lift the lid on the NHS through the people on its frontline.

Jane Cummings, Chief Nursing Officer for England, said: “The NHS is a complex institution that touches all our lives but often we only read about it in headlines on the front page of a newspaper. This is a fantastic opportunity for our much valued patients and NHS staff to hold a magnifying glass up to the system, so we can learn from their experiences, as we continue with our ambition to improve the way that care is delivered.”

## Local wellbeing, local growth: adopting HiAP

PHE has published a [resource](#) on HiAP - a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors, policy and service areas, and addressing the wider determinants of health.

As well as providing an overview document, there are also details of practical examples of implementation from the UK and around the world.

A slideset is also available which contains infographics on six topics to illustrate how the HiAP approach can be implemented in practice; the six areas are:

1. insecure employment;
2. mental health;
3. obesity;
4. appropriate housing;
5. giving every child the best start in life; and
6. public spaces and green areas.

Infographics on six topics are presented to illustrate how HiAP approach can be implemented in practice, articulating the scale of the issue, why it matters and what local government can do to contribute to local wellbeing and growth.

It aims to support local government staff to understand how to improve health through its multiple functions, programmes, service areas and partnership working. It is also aimed at other staff from multiple departments, services and policy areas across local government.

## Harnessing social action to support older people

The Nuffield Trust has [published](#) a report to present the findings of evaluations of seven social action projects it was commissioned to conduct.

The projects across England were funded by the Reducing Winter Pressures Fund led by the Cabinet Office, NHS England, Monitor, NHS Trust Development authority and the Association of Directors of Adult Social Services.

Worth £2 million, the services aimed to alleviate pressure on hospital services by supporting older people who had a deterioration in their health, for example, that might put them at risk of a hospital admission, or those in an A&E department or on a hospital ward who are uncertain about their ability to cope independently in their own home. Between them, the projects offered a wide range of services to older people – both direct (for example, help with shopping or providing transport) and indirect (linking with other services).

The Nuffield Trust used a mixed methods approach to evaluate the projects: semi-structured interviews with staff, volunteers and local stakeholders, in addition to an analysis of changes in hospital activity for the recipients of services.

The evaluation resulted in a mixed set of findings. Whilst it was evident that services made an impact by providing practical help, reassurance and connection with other services, the hospital activity analysis did not suggest that these schemes reduced hospital admissions or hospital care costs following the referral of patients to them. It did, however, show how voluntary sector projects can effectively work with some of the most pressured parts of the NHS.

## Green Space and Health

The Parliamentary Office of Science and Technology (POST) has [published](#) a briefing that summarises the evidence for physical and mental health benefits from contact with nature, such as reducing rates of non-communicable diseases, and the challenges for urban green spaces.

Key points in the briefing include:

- physical and mental illnesses associated with sedentary urban lifestyles are an increasing economic and social cost;
- areas with more accessible green space are associated with better mental and physical health;
- the risk of mortality caused by CVD is lower in residential areas that have higher levels of ‘greenness’; and
- there is evidence that exposure to nature could be used as part of the treatment for some conditions.

## GP practices to benefit from new surgeries and upgraded clinics across England

NHS England has [announced](#) its latest plans to support GPs and primary care to sustain and expand services. The plans include the allocation of NHS England’s Estates and Technology Transformation Fund, a multi-million pound investment that will see technology boosted in GP premises to improve and expand out of hospital care for patients.

Secondly, psychological therapies in primary care for patients with long term conditions (LTCs), including diabetes or COPD, will see their first stage of delivery. An extra 3,000 mental health therapists in GP will be funded, and over £11 million in 2016/17 and over £24 million in 2017/18 will be awarded to CCGs to improve mental health care for patients with LTCs through 22 different psychological therapies schemes.

Thirdly, a £5 million scheme will be launched to support GPs with indemnity costs for working in GP out of hours services and unscheduled care services including NHS 111 to boost services during the busy winter period.

## The social value difference in health and care commissioning

Social Enterprise UK (SEUK), the national body for social enterprise, has [published](#) a report by the DH funded, Health and Social Value Programme, which supports health and care commissioners to make the most of the public services. The report details the difference that social value can make in health and care commissioning, and shares learning for other commissioning authorities to make the most of social value.

SEUK has also put together a 12-step approach for commissioners looking to make the most of social value.

### Health matters: reducing the burden of tuberculosis

In the latest edition of *Health matters*, PHE has [published](#) a professional resource that outlines the actions that can be taken to further reduce the incidence of tuberculosis (TB) and associated health inequalities. It provides information on TB in England and calls to action for health professionals and LAs.

### New improvement fund for diabetes in England

NHS England has [announced](#) a £40 million national fund to improve the care of diabetes. The fund will be open for CCGs to bid for, to improve services in four priority areas which are:

1. improving the uptake of structured education;
2. improving the access to diabetes inpatient specialist nursing teams;
3. improving access to a multi-disciplinary foot team for people with diabetic foot diseases; and
4. improving the achievement of the NICE recommended treatment targets.

The bidding process is expected open imminently and to last until the end of the year.

### Mental illness recovery linked with deprivation, report finds

NHS Digital has published official statistics in its report, [Psychological Therapies: Annual Report on the use of IAPT services, 2015-16](#) which examines activity, waiting times and outcomes for the Improving Access to Psychological Therapies (IAPT) programme run by NHS England.

The report found a strong link between deprivation levels and the likelihood of recovering from anxiety and depression; 55% of patients from the least-deprived areas recovered, whereas only 35% of patients in the most deprived areas recovered.

Key facts from the report also include:

- in 2015/16, there were 1,399,088 new referrals;
- 953,522 referrals entered treatment; and
- 537,131 of those that entered treatment, finished a course of treatment.

### LGA: Let councils decide how sugar levy is spent

The LGA has [called](#) for councils to be given powers to administer the sugar levy on soft drinks and decide how and where it is spent, rather than for schools to receive the funding directly.

It argues that LAs are best placed to work with schools and communities to tackle childhood obesity, and this way, local public health teams can ensure the money is being invested where it is needed the most.

### Older people who pay their own way in care homes struggling to get a 'fair deal'

The new report from Age UK [Behind the headlines: 'Stuck in the middle – self funders in care homes'](#) looks at calls made to Age UK's information and advice line to highlight challenges that may be facing the older population with regards to accommodation.

Key facts from the report include:

- self-funders are still largely unprotected when it comes to being able to remain in their care home as they have no security of tenure;

- there are no specific measures to ensure fair contracts in care homes and older people who pay for their own care do not enjoy the protection of the Human Rights Act, whereas those whose care is organised by the State do;
- care home providers have been increasingly financially squeezed, above all by big cuts in public funding for social care that in turn are forcing LAs to drive down prices; and
- self-funders now on average pay between £603 and £827 a week depending on the area, compared to councils paying between £421 and £624 a week.

## Building a successful NHS workforce

The Federation of Specialist Hospitals has [published](#) a report on how the NHS can make the best use of staff to ensure they can deliver the care patients need. The report also features case studies that demonstrate clinical excellence.

Key facts from the report are:

- the Government should confirm the ability of European Union nationals to work in health and social care roles in the UK, including those in specialist hospitals;
- a national body should be given explicit responsibility for addressing existing staffing shortfalls, and it should work with local STP leaders and NHS providers, including specialist hospitals, to identify joint solutions to ongoing workforce challenges; and
- DH and its Arm's Length Bodies should explicitly consider the workforce implications of key policies, such as plans for a '7-day NHS' and the introduction of the apprenticeship levy, to ensure that providers can respond quickly and cost effectively to new policies and standards.

## The future of commissioning

NHS Clinical Commissioners, the independent membership organisation of CCGs, has [published](#) a paper setting out its vision for the future of clinical commissioning. The paper, which was informed by interviews with CCG leaders and others in the health and care sector, emphasises the role of local clinical commissioning into the future and outlines the opportunities and challenges that are faced.

The paper also calls on national bodies and policy-makers to support the local models that are emerging to support local models of strategic commissioning.

## National Pregnancy in Diabetes Audit Report – 2015

NHS Digital has [published](#) a report on data from the National Pregnancy in Diabetes Audit, which looks at the quality of care and outcomes for women with diabetes who become pregnant. Three key questions are investigated by the audit:

1. Were women adequately prepared for pregnancy?
2. Were adverse maternal outcomes during pregnancy minimised?
3. Were adverse foetal/infant outcomes minimised?

Key facts from the report include:

- In 2015, 3,044 pregnancies in 3,036 women with diabetes were recorded by 155 antenatal diabetes services in England, Wales and the Isle of Man;
- only 36% of women with type 2 diabetes and 55% of women with type 1 diabetes had contact in the first 8 weeks of pregnancy; and
- 46% of women with type 1 diabetes and 23% of women with type 2 diabetes were taking 5mg folic acid prior to pregnancy.

## Adult social care

The LGA has published a briefing, [Don't be left in the dark: Adult Social Care](#), which outlines various aspects relating to adult social care such as challenges facing the social care sector, the future outlook of social care, what the Government is doing and what more the Government should do.

The briefing concludes that there is a £1.3 billion funding gap, and many pressures exist for social care such as the ageing population, inflation and the national living wage.

## Creating age-friendly cities

The POST has published a [report](#) examining how housing, outdoor spaces and transport can be transformed to cater for the older population and the challenges this transformation may present. The report also considers how age-friendly cities can be defined and the evidence base for making them more age-friendly.

Key points made in the report include:

- the UK population is ageing and many older people are living in major towns and cities;
- age-friendly cities aim to support active and healthy living into older age. Twelve cities in the UK are members of a global network of age-friendly cities;
- the physical environment plays a key role in making cities better places for older people. Research shows that accessibility and safety are important factors in making housing, outdoor spaces and transport more age-friendly; and
- challenges for delivering age-friendly cities include negative public attitudes towards older people, infrastructure costs and a lack of skills and coordination in local planning.

## Forty treatments that bring little or no benefit to patients

The Academy of Medical Royal Colleges has launched its [Choosing Wisely](#) campaign with a list of 40 treatments and procedures that it deems present little value to patients. Included on the list are cuts and grazes, lower back pain, terminal cancer and prostate conditions.

The Academy has also issued a list of five key questions that patients should always ask when seeking treatment, to reduce over-medicalisation:

1. Do I really need this test, treatment or procedure?
2. What are the risks or downsides?
3. What are the possible side effects?
4. Are there simpler, safer options?
5. What will happen if I do nothing?

## Improving the physical health of adults with severe mental illness: essential actions

A joint report [published](#) by the Royal College of Psychiatrists and eight partner colleagues and bodies sets out essential actions which are needed to improve the physical health of adults with severe mental illnesses across the NHS.

The report issues recommendations which would see more adults with severe mental illnesses receive the same standards of physical healthcare as the general population and reduce the risk of dying prematurely. The recommendations include:

- the creation of a new national steering group to lead and link key stakeholders with experts from the professions so that important aspects of physical healthcare are addressed and monitored at a national level; and
- training for healthcare staff should be reviewed to ensure healthcare professionals are equipped to fulfil the physical health needs of people with severe mental illnesses, such as being able to recognise physical illness and take appropriate action.

## Seven-day Services – England, April 2015 – March 2016 experimental statistics published

NHS Digital has published a [report](#) on experimental statistics on seven day NHS services to provide a starting point for discussion on how improvement and variation of service provision throughout the week can be measured.

The report includes indicators on various topics such as mortality within 30 days of admission to hospital, emergency readmissions within seven days of discharge and length of stay following an emergency admission to hospital. It covers the period between April 2015 and March 2016.

Key facts from the report are:

- patients who are admitted at the weekend have an increased likelihood of mortality within 30 days of admission compared to those who are admitted midweek;
- patients who are discharged on Friday, Saturday and Sunday have an increased likelihood of an emergency readmission within seven days of discharge compared to those who are discharged on a Wednesday; and
- patients who are admitted in an emergency stay slightly longer in hospital if they are admitted between Friday and Sunday inclusive.

## Fast food outlets density map

PHE has published a [report](#) that illustrates the density of fast food outlets in England. Fast food in this analysis was considered as being available quickly such as chip and sandwich shops.

Data is presented by LA, along with a chart displaying the relationship between density of fast food outlets and deprivation levels in the area.

## Primary care report: government response

DH has published a response to the House of Commons Health Select Committee [report on primary care](#), which outlined the various challenges faced by primary care and analyses long-term solutions to drive improvements in primary care. DH has responded by saying it welcomed the report and outlined the various measures put in place that it believes can support primary care and improve patients' access to services.

The various measures include:

- increasing funding for primary medical care by £2.4 billion per year by the end of the financial year 2020/2021;
- increasing the growth rate in the number of GPs, through offering new incentives;
- a new practice resilience programme to support struggling practices;
- local STPs to address workload and workforce issues; and
- trying new models of care, through multi-speciality provider [vanguards](#) and GP Access Fund sites.

## Public unaware of the factors that increase the risk of dementia, says PHE

PHE has published the findings of a [survey](#) which show that more than 28% of the British public is unable to correctly identify any potentially modifiable risk factors that can contribute to dementia.

The survey was carried out by the National Centre for Social Research and asked members of the public if they could identify any of the following risk factors: heavy drinking, smoking, high blood pressure, depression and diabetes as well as protection from dementia such as regular physical activity. The survey shows that only 2% of the public can correctly identify them all.

Dr Matthew Norton, Director of Policy at Alzheimer's Research UK, said: "With 850,000 people already living with dementia in the UK, we must do all we can to help people understand the risk factors for dementia now if we are to influence dementia rates in the future."

## NHS England launches biggest upgrade to NHS cancer treatment in 15 years

NHS England has announced a new £130 million [initiative](#) to transform cancer treatment across England as per the recommendations by the Independent Cancer Taskforce. The investment will pay for over 100 replacements or upgrades of radiotherapy machines in hospitals around England.

## BMA calls for national prescription drug helpline

The BMA has [called](#) for a national helpline to be set up to support patients with a prescription drug dependence.

The need for this service was identified by a range of stakeholders such as prescription drug dependence charities, patient groups and medical bodies as part of a series of roundtable meetings on how prescription drug dependence could be prevented and managed.

There were three recommendations made, which are:

1. the UK Government, supported by the devolved nations, should introduce a national, 24-hour helpline for prescribed drug dependence;
2. each of the UK Governments, relevant health departments and LAs should establish, adequately resourced specialist support services for prescribed drug dependence; and
3. clear guidance on tapering and withdrawal management should be developed collaboratively with input from professional groups and patients.

## New standard for involving patients and citizens in research

National Voices, a coalition of health and social care charities, has set out a [standard](#) for how patients and citizens should be involved in research and innovation as part of the [Accelerated Access Review](#) in which it participated.

The resulting set of 'I Statements' set out patient and citizen expectations and can be used by those involved in research and innovation to help meet those expectations and encourage them to participate in research.

The 'I statements' are made up of different phases of research stages and have been produced in collaboration with patient organisations and charities, research organisers and central government. They set a standard for what 'good' looks and feels like for patients and citizens.

## Statistics on NHS Stop Smoking Services: England

NHS Digital has published its [quarterly statistics](#) on NHS stop smoking services in England covering the period from April to June 2016.

Key statistics include:

- 44% of the pregnant women who set a quit date successfully quit;
- 37% of people accessed Stop Smoking Services through their GP;

- 80% of people opted to use one-to-one support to help themselves quit smoking; and
- the most common pharmacotherapy was a combination of licensed nicotine containing products taken concurrently (33%).

## Policy changes to implement the NHS 5YFV: a progress report by the King's Fund

The King's Fund has published a [progress report](#) to reflect on which changes have been implemented since the announcement of the 5YFV two years ago. The report updates the reader on developments relating to the following:

- how services are commissioned and paid for;
- how the NHS is regulated;
- how improvements in care are delivered by local leaders;
- how STPs can contribute to the NHS; and
- next steps of the 5YFV.

## HSJ's survey on STP service change priorities

The Health Service Journal (HSJ) has published the findings of a [survey](#) it conducted on the main types of service changes and structural reforms planned in STPs. There were 99 responses to the survey of CCG chairs and accountable officers, representing about 47% of all 209 CCGs.

Key findings outlined by HSJ include:

- the most common service change priorities are to strengthen prevention and out of hospital services, and sharing more records and data;
- downgrading or closing community hospitals and centralising provider back office both feature in a majority of respondents' STPs;
- substantial minorities say their plans include likely more controversial moves such as closing or downgrading a full A&E unit;
- less than 15% believe substantial commissioning functions will be passed to providers in the next 12-18 months, supporting the view that widespread moves to substantive accountable care organisation type models will not happen quickly;
- more than two-thirds cite lack of capital funding, lack of revenue funding and lack of change capacity/capability as significant barriers to STP delivery; and
- 60% cite political opposition as a significant barrier and 61% cite organisational priorities trumping whole system plans.

## NHS Digital report shows prevalence of conditions across England

NHS Digital has published figures that show the prevalence of a set of conditions across England as part of a report.

The report, [Quality and Outcomes \(QOF\) – Prevalence, Achievements and Exceptions Report, England 2015-16](#), features 21 conditions and their prevalence data at a regional and general practice level. It is made up of information provided voluntarily from 97% of general practices and was collected through QOF.

Conditions are categorised into indicator groups in the report, which are:

- cardiovascular;
- respiratory;
- lifestyle;
- high dependency and other long-term conditions;
- mental health and neurology;
- musculoskeletal; and

- fertility, obstetrics and gynaecology.

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