

January 2017

## PSNC Briefing 006/17: 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.

### Changes in the behaviour and health of 40 to 60 year olds

Public Health England (PHE) has published a [report](#) which analyses data from the Health Survey for England covering obesity, smoking, drinking and general health conditions in 40 to 60 year olds between 1991-1993 and 2011-2013.

Key [facts](#) from the analysis are:

- there is a clear shift towards the obese and severely obese weight groups, particularly for men, over the last 20 years;
- overall, the changes increased the estimated average weekly alcohol consumption for men by 26% and for women by 45%;
- the proportion of male smokers has reduced from 29% to 22% and female smokers have reduced from 29% to 20% in the 40 to 60 year old population; and
- the data shows significant increases in heart conditions for men, diabetes for men and women (prevalence has doubled) and mental health conditions for men and women (prevalence has trebled).

PHE is therefore [urging](#) people in this age category to do the 'How Are You' quiz as part of its campaign.

### Children warn of smoking risks in hard-hitting campaign

PHE has [launched](#) a campaign targeting smokers which shows children creating personal messages to warn about the damage caused by smoking.

PHE insights show that the two biggest motivators for smokers to quit are for their health and their families so PHE has released a new emotive short film featuring children's TV doctor Dr Ranj Singh.

Primary school children in Coventry worked with Dr Ranj to create their own messages about the dangers of smoking. The messages focus on the damage smoking causes to the heart and circulatory system.

### NHS Chief pledges help for 50,000 more people to tackle rising diabetes levels

The Chief Executive of NHS England has [announced](#) new measures to be introduced as part of the [NHS Diabetes Prevention Programme](#), including funding more specialist nurses, providing diabetic foot care teams and a major evaluation of how digital technology such as apps and wearable technology could provide support to many more millions of people at risk.

The new measures are:

- £15 million to support further roll out of the NHS Diabetes Prevention Programme;
- up to 50,000 places will be made available in an expansion of the NHS Diabetes Prevention Programme over the next two years across 13 new areas in addition to funding a second year in the 27 sites currently up and running; and
- the NHS Diabetes Prevention Programme is run collaboratively by NHS England, PHE and Diabetes UK, and providers are now in place in 27 parts of England covering around 45 to 50% of the English population.

## NHS England announces new mental health services to help 30,000 people

NHS England has [announced](#) a range of new mental health services launching next month (February 2017) designed to provide support for people living with long-term physical health issues. NHS England will be providing £31 million to fund these services and will also be working with 22 Improving Access to Psychological Therapies (IAPT) services starting from January 2017.

The IAPT programme will be provided to an estimated 30,000 people over the next two years, covering 30 Clinical Commissioning Groups (CCGs). The programme will fund therapists, mainly based in GP practices. The therapists will be working directly with patients and support other clinicians.

A pilot conducted by NHS England demonstrated better outcomes and a 20% reduction in healthcare costs when physical health problems are treated alongside mental health problems in an integrated manner.

The first wave of sites will initially focus on diabetes, respiratory disease, cardiovascular disease and long-term conditions where the evidence of the impact of this approach is strongest. Services will also support people with cancer, and medically unexplained symptoms such as chronic pain and chronic fatigue syndrome.

## Priorities for the NHS and social care in 2017

The King's Fund has published a [web-feature](#) outlining five main priorities it has identified for 2017 across the health and care system.

The priorities were identified in the context of leaders being able to deliver their plans in accordance with the [NHS Five Year Forward View](#) (5YFV) and the NHS providing evidence to demonstrate that the [new care models](#) are delivering benefits.

The priorities identified are:

1. supporting new care models centred on the needs of patients;
2. strengthening and implementing [Sustainability and Transformation Plans](#) (STPs);
3. improving productivity and delivering better value;
4. developing and strengthening leadership at all levels; and
5. securing adequate funding for health and social care.

## Annual Asthma Survey

Asthma UK has published the [findings](#) of its annual survey on asthma which ran online from July 2016 to September 2016 and includes 4,650 responses.

Key facts from the survey report include:

- 82% said their asthma was poorly controlled;
- almost half of respondents said their asthma interfered with their day to day life;
- two thirds of people with asthma are still not receiving the care they need to manage their asthma;

- nearly a third of people said their symptoms prevented them from doing the things they wanted in their spare time; and
- more than a quarter of people said that they had missed a week or more of work or education in the past year due to their asthma.

## New Change4Life campaign encourages parents to 'Be Food Smart'

PHE has launched a new [Change4Life campaign](#) to raise awareness on sugar consumption by children. PHE research shows that children in England consume more than 11g of sugar (almost three sugar cubes) at breakfast time alone.

A campaign survey showed that parents are unsure what constitutes a healthy breakfast, and among those parents whose child was consuming 11g of sugar during breakfast, 84% considered their child's breakfast as healthy.

As part of the campaign, a new Be Food Smart app has been launched to encourage families to choose healthier options by scanning product barcodes; the app provides hints and tips to reduce the amount of sugar, saturated fat and salt consumed.

## CQC announces new partnerships with charities and patient groups

The Care Quality Commission (CQC) has [announced](#) new 'Tell us about your care' partnerships with several national charities to help identify people's concerns, experiences and to identify best practice.

CQC will be working with Carers UK, Disability Rights UK, Mind, The National Autistic Society, Patients Association, and the Relatives & Residents Association.

These organisations will pass on patient feedback to CQC, to enable CQC to respond to people's needs.

## Specialist substance misuse services for young people

The Children's Society was commissioned by PHE to conduct a [rapid research review](#) on understanding some of the opportunities and challenges facing commissioners of young people's substance misuse services, and to outline some good practice principles.

The picture that emerged from the review was one of a mixed landscape of provision across England, both in terms of service delivery models and commissioning approaches.

Based on the findings of the review, research and guidelines, four main commissioning principles were developed for the commissioning and provision of specialist substance misuse services for young people. They are:

1. young people and their needs are at the centre of services;
2. quality governance is in place for all services;
3. multiple vulnerabilities and complex needs are properly addressed; and
4. young people becoming young adults are supported as they move into adult services through appropriate transitional arrangements.

## Young people's statistics from the National Drug Treatment Monitoring System

PHE, the Department of Health (DH) and the National Drug Evidence Centre have published the [findings](#) of an analysis by the National Drug Treatment Monitoring System (NDTMS) on the availability and effectiveness of structured misuse treatment in England and the profiles of individuals who access it.

The report presents information on young individuals (aged 18 and under) that received substance misuse interventions during 2015/16.

Key facts in the report include:

- specialist substance misuse services saw fewer young people in 2015/16 than in the previous year (17,077, a drop of 1,272 or 7% compared to 2014/15);
- the most common drug that young people presented to treatment with continued to be cannabis; 87% of young people in specialist services said they have a problem with this drug;
- alcohol is the next most commonly cited problematic substance with just under half the young people in treatment (48%) seeking help for its misuse during 2015/16;
- the most common routes into specialist substance misuse services were from education provision (28%), youth justice services (26%), and children's social care (14%); and
- 6% of young people presenting to treatment services in 2015/16 reported experience of sexual exploitation.

## Improving patient access to general practice

The National Audit Office (NAO) has published a [report](#) looking at DH and NHS England's shared vision of improving patient access to general practice, and the structures and mechanisms available to make this a reality.

The report discusses key findings relating to issues such as setting objectives, contractual arrangements, supplying staff and allocating funding. It concludes that although DH and NHS England have increased funding to general practice, they have not yet fully evaluated the cost-effectiveness of their commitments.

The report also makes several recommendations, including:

- NHS England and commissioners should fully consider the consequences of their plans to extend access;
- NHS England should seek greater assurance that services in core hours meet the reasonable needs of patients;
- NHS England should explore how it can encourage GP practices to employ a wider mix of staff to improve access in a sustainable way;
- NHS England should actively share examples of where commissioners or practices have successfully improved access or capacity in an effective and efficient manner; and
- DH and NHS England should seek to improve the existing data from general practice to better understand the capacity of, pressures on, and demand for services.

## BMA produces multi-specialty provider guidance

The British Medical Association (BMA) has published a [guidance document](#) for GPs which summarises the main elements relating to the Multispecialty Community Provider contract and key concerns of the General Practice Committee (GPC).

The document covers what NHS England's proposals are, the GPC's view, retaining General Medical Services/Personal Medical Services contracts and what practices should know about the contract.

## Age UK pilot programme shows great promise in reducing loneliness

New [research by Age UK](#) has found that nearly half a million people over the age of 60 usually spend every day alone, and that a further half a million go at least five or six days a week without seeing or speaking to anyone at all. Age UK therefore ran a pilot programme, 'Testing Promising Approaches to Reducing Loneliness' to explore new ways of tackling isolation.

Approaches included using community connections to identify older people at risk of loneliness, developing co-operative networks with health and care professionals as well as using traditional befriending services to provide telephone and face-to-face friendships.

The pilot was considered a success by Age UK, with 88% of lonely older people participating in the trial reporting a reduction in loneliness.

### Where to Look packs for STP footprint areas published

NHS RightCare has published updated [STP footprint packs](#), which contain data from the CCG Commissioning for Value Where to Look packs, initially published in October 2016.

The information in these packs include headline opportunities, improvement opportunity tables and pathways on a page showing how CCGs in each STP differ from their peers.

### Support after a suicide: a guide to providing local services

PHE has published a [practical guide](#) on commissioning and delivering support after a suicide as part of a wider prevention strategy.

It is designed to help commissioners, Health and Wellbeing Boards, and others understand why postvention (activities developed by, with, or for people bereaved by suicide) should be a part of local suicide prevention work and how others are delivering postvention support.

### More than 160 operations a day to remove rotting teeth in children

The Local Government Association is [calling](#) for radical action on sugar and for councils to contribute towards the discussion of how and where the revenue from the soft drinks levy is spent.

This comes after figures from PHE indicating that there were 40,800 extractions of multiple teeth in under 18s in England in 2015/16 at a cost of more than £35.6 million. This equates to 161 operations to remove teeth per working day during that year.

### The lives of young carers in England

The Department for Education has published a [research report](#) presenting the findings of a survey of parents of young carers aged 5 to 17, and where possible, young carers themselves aged 11 to 17.

The survey aims to capture an insight into the lives of young carers, including their access to support and services, the nature of care that young carers provide and the effect of caring responsibilities on young carers' health, school life and social life.

A comparison survey was conducted alongside this research, where part of the questionnaire was run with parents of young people who were not young carers.

Key facts identified include:

- the parents that we interviewed reported that most of the young carers aged 5 to 17 were caring for someone inside the home. Of these, over half (55%) were caring for their mother and one in four (25%) were caring for a sibling;
- nearly eight out of ten (78%) were reported by their parents to be undertaking practical tasks as part of their caring responsibilities, such as cooking, cleaning, doing paperwork or helping with household chores;
- fewer than one in five (19%) parents of young carers helping within the household reported that their child had received an assessment of the child's needs by the local authority (LA), falling to 13% among those caring outside the household; and
- nearly one in five (19%) 11 to 17-year-old young carers reported having trouble making friends compared to 12% in the comparison survey and again were more likely to report being bullied (16% compared to 3%).

## Annual A&E statistics published

NHS Digital has published [Hospital Accident and Emergency Activity, 2015-16](#), which quantifies A&E activity in English NHS hospitals and English NHS-commissioned activity in the independent sector.

Key facts include:

- there were 20.5 million attendances recorded at A&E in England during 2015/16;
- the number of attendances from April to December increased by 2.2%, from 14.9 million in 2014/15 to 15.2 million in 2015/16; and
- there were 7.6 million attendances (37.3%) which resulted in a discharge with no follow up, 4.1 million (20.2%) where the patient was admitted, 4 million (19.8%) discharged for follow up by GP and 2.6 million (12.7%) where the patient was referred to a specialist clinic or outpatient department.

## AHPs join forces to help shape future healthcare

NHS England has published a new report, [Allied Health Professions into Action](#), which brings together the views of the third largest workforce in the health and care system in England.

The report sets out how the professional groups can support the delivery of STPs and the NHS 5YFV. It is aimed to provide health leaders, LAs, CCGs and provider organisations with guidance on how to fully utilise and involve Allied Health Professionals (AHPs).

AHPs include chiropodists, dieticians, orthoptists, paramedics, physiotherapists, art therapists and speech and language therapists.

The report describes the:

- impact of the effective and efficient use of AHPs for people and populations;
- commitment to the way services are delivered; and
- priorities to meet the challenges of changing care needs.

## Childhood obesity plan case studies

DH has published a series of [case studies](#) describing the progress being made across the country by LAs to reduce childhood obesity.

Initiatives highlighted in the case studies involve using locally sourced, seasonal ingredients to grow food in school grounds, changing behaviour to encourage healthy eating and physical activity, integrating cooking into school curriculums and working with restaurants and pub chains to improve the food and service offered to children and families when they eat out on the high street.

## Delegated commissioning case studies

NHS England has published [case studies](#) highlighting how CCGs are using delegated commissioning to improve primary medical services. All CCGs were encouraged to apply for delegated commissioning as part of a wider strategy to support the development of place-based commissioning.

CCGs have reported that delegated commissioning has various benefits, including:

- improved access to primary care;
- improved quality of care being delivered to patients;
- increased clinical leadership in primary care commissioning, enabling more local decision making; and
- greater involvement of patients in shaping services.

## UK Inhaler Group publishes Inhaler Standards and Competency Document

The UK Inhaler Group has published a [framework](#) to set, assess and support the standard of those initiating and checking inhaler therapies and techniques. It is designed to help prescribers demonstrate inhaler prescribing competency, and also assists in teaching patients the correct inhaler technique for their device.

## Health matters: combating high blood pressure

PHE has published its latest edition of [Health matters](#) focussing on blood pressure.

The resource discusses the scale of the problem, how high blood pressure can be prevented, improving the detection and management of high blood pressure and a call to action to LAs, GPs, pharmacists and community care providers.

## Antimicrobial stewardship: changing risk-related behaviours in the general population

The National Institute for Health and Care Excellence (NICE) has published a [guideline](#) on antimicrobial stewardship and making people aware of how to correctly use antimicrobial medicines (including antibiotics).

The NICE guideline recommendations focus on:

- local system-wide approaches to reducing inappropriate antimicrobial demand and use;
- local system-wide approaches to preventing and limiting the spread of infection;
- childcare and education providers; and
- prescribers, primary care and community pharmacy teams.

## New primary healthcare journal BJGP Open launched

The Royal College of General Practitioners will be [launching](#) a new open-access journal, *BJGP Open*, aimed at the primary healthcare community. The journal will feature new developments in primary care, clinical case studies, healthcare policy and research protocols for planned clinical trials around the world.

## Mental health problems: statistics on prevalence and services

The House of Commons Library has published a [briefing](#) on mental health problems to give information on how common mental health problems are, the number of people accessing talking therapies, waiting times for talking therapies and the number of people in contact with secondary mental health services in England.

Key facts include:

- one in six people experienced a common mental disorder (such as depression or anxiety) in the last week;
- 4 million people were referred to talking therapies for common mental health problems in 2015/16;
- the percentage of people reporting a common mental disorder has risen since 1993; and
- the average waiting time for talking therapies was 29 days in 2015/16. This varied from 6 days to 139 days in other parts of the country.

## State of child health: Health conditions of childhood indicators

The Royal College of Paediatrics and Child Health has published a series of [childhood health conditions indicators](#) to standardise data on children's health across the UK in order to drive outcomes improvements. The indicators relate to asthma, cancer, diabetes, disability and additional learning needs and epilepsy.

Key facts include:

- the UK has one of the highest prevalence, emergency admission and death rates for childhood asthma in Europe and there is wide geographical variation in emergency asthma admission rates for children across the UK;

- despite continuing advances in treatment and consequent improvements in survival rates, cancer remains the most frequent medical cause of death for children in the UK;
- those from deprived or black and minority ethnicity backgrounds have poorer diabetes control;
- in the UK there are currently between 14% and 23% of children and young people identified as having a special or additional educational need and there is a clear link between low income and prevalence of a special/additional educational need being identified; and
- there is wide geographical variation in emergency epilepsy admission rates for children across the UK.

## Statistics on NHS Stop Smoking Services: England, April 2016 to September 2016

NHS Digital has published the latest [statistics](#) on NHS Stop Smoking Services in England during April-June 2016.

The data includes information on the number of people setting a quit date and the number who successfully quit at the 4-week follow-up. It also presents in depth analyses of the key measures of the service including pregnant women, breakdowns by ethnic group and type of pharmacotherapy received. The results are provided at national, regional and LA levels.

Key facts include:

- quitting success increased with age, from 40% of those aged under 18, to 55% of those aged 60 and over;
- the most common pharmacotherapy was a combination of licensed Nicotine Containing Products taken concurrently (33%);
- 146,234 people set a quit date and at the 4-week follow-up 71,934 people (49%) had successfully quit (self-reported);
- 45% of the pregnant women who set a quit date successfully quit;
- 36% of people accessed Stop Smoking Services through their GP; and
- 80% of people used one-to-one support to help themselves quit smoking.

## Lung cancer report shows rise in survival as more patients receive life-prolonging treatments

The Royal College of Physicians has published a new report, [National Lung Cancer Audit Report 2016](#), commissioned by the Healthcare Quality Improvement Partnership.

The report covers patients with lung cancer first diagnosed in 2015 and includes 36,025 patients in England, 2,207 in Wales, 37 in Guernsey and 4,884 in Scotland.

Key facts from the report include:

- measures of survival show encouraging improvements, with 1-year survival measured at 38% for this cohort, compared with 31% for the 2010 audit;
- the proportion of patients undergoing surgery has risen, reaching 16.8% in patients with non-small-cell lung cancer; and
- there remains wide and unacceptable variation in standards of care between organisations.

## Drug misuse treatment in England: evidence review of outcomes

PHE has been commissioned by DH to produce a [review](#) on expectations of the drug treatment and recovery system and provide advice to inform future policy.

The review outlines what drug treatment outcomes are achievable, draws international comparisons and also considers the impact of wider determinants of health, such as housing, unemployment and social deprivation on treatment engagement and outcomes. It finally sets out recommendations for an appropriate set of measures or indicators for evaluating treatments.

Key facts include:

- there is consistent evidence that community-based needle and syringe programmes are associated with reduced rates of HIV and hepatitis C infection in the target population;
- the research literature suggests that investment in drug treatment is likely to substantially reduce social costs associated with drug misuse and dependence;
- drug use and misuse tend to be clustered; and
- there are reports of increasing problems of misuse and dependence associated with some prescription and over-the-counter medicines.

### Mental health in general hospitals

The National Confidential Enquiry into Patient Outcome and Death has published a [report](#) to explore the quality of mental health and physical health care provided to patients with significant mental health conditions admitted to hospital with a physical health condition.

Key facts include:

- mental health risk assessments were recorded in only a third of patients;
- an adequate risk management plan should be available to the treating team, but was provided in only 47.3% of patients; and
- each discharge summary should have all relevant medical information, but lacked the mental health diagnosis in 27.9% of patients and details of the mental health medications in 29.2% of patients.

### NHS ambulance services report published by NAO

NAO has published a [report](#) relating to NHS ambulance services which has found that demand for ambulance services continues to grow rapidly whilst services are finding it increasingly difficult to cope.

Key facts identified in the report:

- increased funding for urgent and emergency activity has not matched rising demand, and future settlements are likely to be tougher;
- ambulance trusts face resourcing challenges that are limiting their ability to meet rising demand;
- in 2015/16, approximately 500,000 ambulance hours were lost due to turnaround at A&E departments taking more than 30 minutes, which equates to 41,000 12-hour ambulance shifts; and
- ambulance trusts are struggling to meet response time targets although clinical outcomes for some patients are improving.

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