November 2013

# PSNC Briefing 106/13: Update on the Health and Care Landscape

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. It builds on the Health & Care Review articles which are published on the PSNC website every week.

## Extended hours GP services

Pulse has reported that more than half of Clinical Commissioning Groups are considering plans for extended opening hours of GP practices in their area, above and beyond the hours provided for by the current Directed Enhanced Service for extended hours.

## GP QOF performance falls

Data published by the Health and Social Care Information Centre at the end of October shows that in 2012/13 GP practices in England achieved nearly 1% fewer Quality and Outcomes Framework (QOF) points compared to the previous year.

## Less than half of diabetes patients achieving blood pressure targets

Data from the National Diabetes Audit, published at the end of October, show that over 1.2 million patients had not met the blood pressure target of less than 140/80 for the 2.3 million patients with diabetes in England and Wales whose blood pressure was recorded.

The audit report shows wide variation in achieving the 140/80 blood pressure target between CCGs and Local Health Boards (LHBs). Some CCGs and LHBs met this target in 53% of cases but in others it was met in less than 44% of cases.

The audit is the largest of its kind in the world and presents 2011-2012 findings for the care of almost 2.5 million people with diabetes, an 11 per cent increase in participation on the previous year. It is managed by the Health and Social Care Information Centre (HSCIC) in partnership with Diabetes UK and is commissioned by the Healthcare Quality Improvement Partnership (HQIP).

## NAO report on hospital admissions

The National Audit Office published a report at the end of October highlighting the ongoing challenge of avoidable hospital admissions. The report found that many emergency admissions to hospital are avoidable and many patients stay in hospital longer than is necessary. Improving the flow of patients through the system will be critical to the NHS's ability to cope with future winter pressures on urgent and emergency care services.

At a time when NHS budgets are under significant pressure, the number of emergency admissions to hospitals is continuing to rise, albeit at a slower rate than in the past. More patients attending major A&E departments are now being admitted to hospital. In 2012-13, over a quarter of all patients attending major A&E departments were admitted, up from 19 per cent in 2003-04. The rise in emergency admissions is dominated by patients who stay less than two days (short-stay) in hospital.


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## Integration Pioneer areas announced

In May 2013, the Department of Health and NHS England launched the 'pioneers' programme, inviting local areas to demonstrate the use of ambitious and innovative approaches to deliver person-centred, co-ordinated care and support.

Over 100 expressions of interest were received, with the final selection of the pioneers being made by a panel of UK and international experts. The aim is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes.

At the start of November the Department of Health announced the details of the fourteen initiatives that have been chosen to the Integration Pioneers. The fourteen pioneer areas are Barnsley; Cheshire; Cornwall and Isles of Scilly; Greenwich; Islington; Leeds; Kent; North West London; North Staffordshire; South Devon and Torbay; Southend; South Tyneside; Waltham Forest and East London and City; Worcestershire.

## Burnham highlights CCG conflicts of interest

Andy Burnham, Shadow Health Secretary, has highlighted the conflict of interest that GPs' commissioning role in CCGs poses in the reformed NHS. Speaking at a conference on mental health he said it "enshrines a colossal conflict of interest at the heart of the NHS". It was for this reason that Labour would take away GPs' commissioning role when it returns to Government, with health budgets passing to Health and Wellbeing Boards.

## GP practices warned about use of 084 phone numbers

NHS England has warned GP practices that continue to use 084 telephone numbers for patients to make contact with the practice will be in breach of contract if they do not take all reasonable steps to stop patients being forced to call the expensive 084 telephone numbers. An audit carried out earlier this year showed that around 8% of practices continued to use 084 numbers.

## Budget shortfalls being forecast by CCGs and NHS England

A report to NHS England's Board meeting held on Friday has highlighted that 24 CCGs are currently expecting to end the year in deficit and NHS England is expecting to overspend its budget by £93m.

## NHS England planning savings in primary care support services

A report to NHS England's Board meeting has described the organisation's plans to reduce the costs of primary care support services (also known as Family Health Services support), which support Area Team commissioning of primary care services. A consultation with staff will start in November, with changes to the services expected to be implemented in the first half of next year. It is proposed that this will include the number of sites undertaking the work reduce from 37 to 12.

In some areas the services are outsourced to providers such as NHS Shared Business Services and this could be increased in the future.

## Summary Care Records to be re-branded?

E-health Insider has reported that Beverley Bryant, NHS England's Director of Strategic Systems and Technology, said that Summary Care Records may be re-branded the 'partial GP record' as a result of the 'toxicity' around the future of the programme.

## NHS Mandate 2014-15 published

In mid November the Department of Health published the NHS Mandate 2014–2015. This document sets out the ambitions for the health service for April 2014 to March 2015 and it ensures that the Mandate to the NHS: April 2013 to March 2015, remains up to date and relevant, and was produced following a public consultation. To

provide stability, and to ensure the Mandate remains focused on outcomes and affordable, changes have been kept to a minimum.

The NHS Mandate is structured around 5 main areas where the government expects NHS England to make improvements:

- preventing people from dying prematurely;
- enhancing quality of life for people with long-term conditions;
- helping people to recover from episodes of ill health or following injury;
- ensuring that people have a positive experience of care; and
- treating and caring for people in a safe environment and protecting them from avoidable harm.

A PSNC Briefing on the Mandate will be published shortly.

## Review of urgent care

On 13th November, Sir Bruce Keogh, National Medical Director of NHS England, proposed a fundamental shift in provision of urgent care, with more extensive services outside hospital and patients with more serious or life threatening conditions receiving treatment in centres with the best clinical teams, expertise and equipment.

Sir Bruce published a report on the first stage of his review of urgent and emergency care in England, which was developed after an extensive engagement exercise. It proposes a new blueprint for local services across the country that aims to make care more responsive and personal for patients, as well as deliver even better clinical outcomes and enhanced safety.

The report makes proposals in five key areas:

1. Providing better support for people to self-care – The NHS will provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional.
2. Helping people with urgent care needs to get the right advice in the right place, first time – The NHS will enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service. This enhanced service will have knowledge about people's medical problems, and allow them to speak directly to a nurse, doctor or other healthcare professional if that is the most appropriate way to provide the help and advice they need. It will also be able to directly book a call back from, or an appointment with, a GP or at whichever urgent or emergency care facility can best deal with the problem.
3. Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E - This will mean: putting in place faster and consistent same-day, every-day access to general practitioners, primary care and community services such as local mental health teams and community nurses to address urgent care needs; harnessing the skills, experience and accessibility of community pharmacists; developing our 999 ambulance service into a mobile urgent treatment service capable of treating more patients at scene so they don't need to be conveyed to hospital to initiate care.
4. Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery. Once it has enhanced urgent care services outside hospital, the NHS will introduce two types of hospital emergency department with the current working titles of Emergency Centres and Major Emergency Centres. Emergency Centres will be capable of assessing and initiating treatment for all patients and safely transferring them when necessary. Major Emergency Centres will be much larger units, capable of not just assessing and initiating treatment for all patients but providing a range of highly specialist services. The NHS envisages around 40-70 Major Emergency Centres across the country.
5. Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts. Building on the success of major trauma networks, the NHS will develop broader emergency care networks. These will dissolve traditional boundaries between hospital and community-based services and support the free flow of information and specialist expertise. They will ensure that no contact between a

clinician and a patient takes place in isolation – other specialist expertise will always be at hand.

Phase two of the review is now under way, overseen by a delivery group comprised of more than 20 different clinical, managerial and patients' associations. Sir Bruce says that it will take three to five years to enact the change necessary and that he expects significant progress over the next six months on the following areas:

- Working closely with local commissioners as they develop their five-year strategic and two-year operational plans;
- Identifying and initiating transformational demonstrator sites to trial new models of delivery for urgent and emergency care and seven-day services;
- Developing new payment mechanisms for urgent and emergency care services, in partnership with Monitor;
- Completing new NHS 111 service specification so that the new service – which will go live during 2015/16 – can meet the aspirations of this review; and
- Co-producing with clinical commissioning groups the necessary commissioning guidance and specifications over the remainder of 2014/15.

## Changes to the GP contract announced

On 15th November NHS England announced changes to the General Medical Services (GMS) contract; the key changes are:

- A named GP will be accountable for ensuring proactive care is provided for people aged 75 and older as well as patients who are at high risk of hospital admission or have complex health needs;
- GPs to ensure integrated and personalised care for vulnerable patients, working with health providers such as A&E, the ambulance service and care homes to ensure joined up care. There will be a particular focus on reducing unnecessary hospital admissions and supporting appropriate admission and follow-up care;
- A reduction in some overly prescriptive targets set out in the Quality and Outcomes Framework (QOF) to free up more time for GPs, with more focus on the patient's overall needs;
- Patients having greater ability to choose the GP practice that best meets their needs;
- Patients having the facility to book and amend appointments and repeat their prescriptions online;
- From December 2014, the Friends and Family Test will be available at all GP surgeries. It asks 'would you recommend this service to a friend or family member' and follows the roll-out of the test for patients staying in hospital. As in other areas of the health service, the overall results will be published online as part of a drive to improve quality and transparency; and
- Encouraging GP practices to find innovative ways to offer extended opening hours to patients during the evening and at weekends.

NHS Employers negotiated with the GPC on behalf of NHS England and more information about the contract is available here. A PSNC Briefing on the changes will be published shortly.

## Government response to the Francis report

On 19th November the Government published a full response to the 290 recommendations made by Robert Francis, following the public inquiry into the failings at Mid Staffordshire NHS Foundation Trust. This follows the Government's initial response in February 2013, which included the introduction of a new hospital inspection regime and legislation for a duty of candour on NHS organisations so they have to be open with families and patients when things go wrong.

Actions on safety and openness include:

- transparent, monthly reporting of ward-by-ward staffing levels and other safety measures;
- quarterly reporting of complaints data and lessons learned by trusts along with better reporting of safety incidents;
- a statutory duty of candour on providers, and professional duty of candour on individuals, through changes to professional codes;

- a new national patient safety programme across England to spread best practice and build safety skills across the country and 5,000 patient safety fellows will be trained and appointed in 5 years;
- trusts to be liable if they have not been open with a patient; and
- a dedicated hospital safety website to be developed for the public.

Other actions include:

- a new criminal offence for wilful neglect, with a Government intention to legislate so that those responsible for the worst failures in care are held accountable;
- a new fit and proper person test, to act as a barring scheme for senior managers;
- every hospital patient to have the names of a responsible consultant and nurse above their bed;
- a named accountable clinician for out-of-hospital care for all vulnerable older people;
- more time to care as all arm's length bodies and the Department of Health have signed a protocol in order to minimise bureaucratic burdens on trusts;
- a new care certificate to ensure that healthcare assistants and social care support workers have the right fundamental training and skills; and
- a new fast-track leadership programme to recruit clinicians and external talent to the top jobs in the NHS in England.

## NHS England action on patient safety

Alongside the publication of the Government's full response to the Francis inquiry, NHS England highlighted the work it is leading to improve the safety of patients. In the coming months NHS England will:

- Launch Patient Safety Collaborative Programmes in a network covering the entire country – that will bring together frontline teams, experts, patients, commissioners and others to tackle specific patient safety problems as well as learning from each other to improve safety;
- Create an NHS Improvements Fellows programme – appointing 5,000 fellows within five years who will be champions, experts, leaders and motivators in patient safety and will help the collaboratives devise and implement solutions;
- Make Patient Safety Data more accessible – ensuring up-to-date information on patient safety issues, including staffing, pressure sores, falls and other key indicators will be available at the fingertips of patients;
- Publish Never Events Data – and by so doing for the first time, place the NHS as a world leader among health services in terms of openness and transparency; and
- Re-launch the Patient Safety Alerts System – giving a clearer framework for organisations to understand issues and take rapid action when responding to patient safety risks.

NHS England has already taken action in response to the concerns raised by the tragedy at the Mid-Staffordshire NHS Foundation Trust. This includes launching the Friends and Family Test to gather patient feedback, and rolling out a new plan for nursing, midwifery and care staff – the 6Cs Compassion in Practice strategy.

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