PSNC Agenda

For the meeting to be held on 8th January 2014

at Crowne Plaza Liverpool City Centre, St Nicholas Place, Pier Head, Liverpool, L3 1QW

commencing at 10.45am

Members: Stephen Banks, Dhiren Bhatt, David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Liz Colling, Mark Collins, Ian Cubbin, David Evans, John Evans, Samantha Fisher, Mark Griffiths, Elisabeth Hopkins, Clive Jolliffe, Tricia Kennerley, Clare Kerr, Andrew Lane, Margaret MacRury, Rajesh Morjaria, Garry Myers, Bharat Patel, Indrajit Patel, Kirit Patel, Rajesh Patel, Umesh Patel, Janice Perkins, Chris Perrington, Adrian Price, Alan Robinson, Gary Warner

Chairman: Sir Peter Dixon

1. Apologies for absence

Apologies for absence have been received from Adrian Price (Liz Colling appointed as proxy).

2. Resignation from the Committee

Andy Murdock has resigned as a member of the Committee. Clive Jolliffe (Morrison Pharmacy) and Clare Kerr (Celesio UK) have been nominated as CCA representatives to PSNC.

3. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday and Wednesday 12th and 13th November 2013 were shared with the committee.

4. Update on the Health and Care Landscape

Update on the Health and Care Landscape Briefings that have been published on the PSNC website are set out in **Appendix 02/01/14**. Alastair Buxton will highlight points of particular interest.

5. Chairman's Report and Chief Executive's Report

6. Group discussion: NHS England's Call to Action for Community Pharmacy

The Group discussion session will be held on Tuesday afternoon. Background papers are included in the SDS agenda.

ACTION

7. The PSNC Plan 2014

The draft PSNC Plan for 2014 is attached at **Appendix 03/01/14**. The Committee is asked to review and approve the plan.

8. Budget and 2014-15 Levy

A draft Budget for 2014 is presented in the RDF agenda papers. The Committee is asked to approve a budget for 2014.

9. PSNC Elections

A brief update will be given at the meeting.

RATIFICATION

10. Resource Development & Finance Subcommittee

A meeting of the Resource Development and Finance Subcommittee is scheduled to take place on Tuesday 7th January 2014. The subcommittee chairman will provide a report on the meeting.

11. Funding & Contract Subcommittee

A meeting of the Funding and Contract Subcommittee is scheduled to take place on Tuesday 7th January 2014. The subcommittee chairman will provide a report on the meeting.

12. LPC & Implementation Support Subcommittee

A meeting of the LPC & Implementation Support Subcommittee is scheduled to take place on Tuesday 7th January 2014. The subcommittee chairman will provide a report on the meeting.

13. Service Development Subcommittee

A meeting of the Service Development Subcommittee is scheduled to take place on Wednesday 8th January 2014. The subcommittee chairman will provide a report on the meeting.

REPORT

14. Matters of report and any other business

The meeting dates for the next PSNC meeting are 11th and 12th March 2014 at Hilton Bath City Hotel, Walcot Street, Bath, BA1 5BJ.

Update on the Health and Care Landscape

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.

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.

More pressure on nurse numbers

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

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

Review of the 'friends and family' test

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

NAPC to become primary care provider network of the NHS Confederation

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

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

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

Cannabis remains the drug for which young people are most likely to seek help. During 2012-13, 13,581 young people sought help from specialist services with cannabis as their main problem drug. Alcohol was the main problem in 4,704 cases; this was down from 5,884 cases in 2011-12. The number of young people with heroin or cocaine as their main problem drug fell to historic lows. However, these declining numbers were countered by increases in the figures for amphetamines (including 'legal highs') and the club drugs mephedrone and ecstasy.

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

PHE's National General Practice Profiles updated

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

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

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

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

Data across NHS services made easily available to patients

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

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

CCGs push to commission primary care services

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

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

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

The report says CCG leads did not feel there was a shared vision with NHS England for what they were trying to achieve for primary care. CCG leads emphasised the structure of primary care commissioning as a significant challenge that needs to be overcome. There was a feeling among CCG leads that roles, responsibilities and accountabilities are not always clear at present. Some CCG leads said that CCGs are currently driving forward primary care rather than NHS England, and that commissioning should in the future sit with CCGs. CCGs are

frustrated by the lack of progress with restructuring primary care and are keen to be allowed to take a more proactive role in the commissioning of primary care. In the letter to NHS England, NHSCC urged the organisation to consider how CCGs could have a greater role in the commissioning of primary care services.

New NHS England CEO will bring a 'change of direction'

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

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

Foundation Trusts eyeing up primary care

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

CQC reveals new approach to inspecting and regulating GP practices

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

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

Since April 2013 CQC has completed 1,000 practice inspections. These have shown that many people receive good quality care from their GP; however they also highlighted areas of concern and some examples of very poor care,

with 34% failing at least one of the required standards, and in nine practices there were very serious failings that could potentially affect thousands of people.

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

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

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

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

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

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

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

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

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

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

NHS England publishes Planning Guidance for Commissioners

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

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

New funding formula for local health commissioning

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

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

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

Lung cancer survival rates improving

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

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

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

GPs invited to bid for funding to improve access

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

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

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

Professor Sir Bruce Keogh, National Medical Director at NHS England, recently said that for genuine seven day treatment and care to be possible within the NHS, improvements across primary and community services need to

be made. These pilots are a key part of that work which will help the system identify the most cost effective ways in which primary care can support seven day working. The experience of the pilots will inform Sir Bruce's stated ambition of bringing forward proposals in the autumn 2014 on how to secure fully integrated seven day services covering primary, community and social care, as well as hospitals.

DRAFT PSNC Plan for 2014

Elements of the 2013 plan which are still priorities for PSNC have been refreshed in the boxed text below. These could form the core of the plan for 2014, but the plan also needs to address a number of significant issues that have arisen in recent months and be clear on the prioritisation for implementation of the different elements of the PSNC Vision:

- How to respond to the suggestion that there are 3,000 too many pharmacies in England;
- How we cope with an environment of flat funding for the NHS and further demands for delivery of more for the same;
- The challenge of changing contractors' mind-set on services and persuading them to embrace a service-led contract;
- Addressing the practical and financial challenges of making that shift to a service-led contract, including the need for a manageable transition;
- The priorities for implementation of the service developments within PSNC's Vision. This includes building an evidence base for existing and future pharmacy services. The prioritisation needs to be informed by current political and NHS priorities, NHS budgetary constraints and policy on national versus local commissioning;

In 2014 PSNC will:

Community pharmacy funding and pricing

- Agree changes to the income distribution system to reward quality and service provision
- continue to secure improvements to pricing accuracy and transparency through collaboration with the NHS BSA, effective audit of their work and negotiation with the Department of Health
- continue to work effectively with the Department of Health on medicines pricing and reimbursement issues
- address problems with market price volatility and shortages of medicines, which adversely affect contractors' income and create unnecessary workload.

External relationships

- continue to build alliances within and outside pharmacy to promote pharmacy's interests
- continue to develop recognition of the value and potential of community pharmacy service provision in meeting the health needs of our population
- continue to develop strong and productive relationships with NHS England and Public Health England

Community pharmacy services

- support pharmacy contractors and LPCs with the implementation of any agreed changes to the CPCF
- seek to implement its Vision for community pharmacy by:
    - influencing the development of NHS England's policy on primary care
    - negotiating a framework for the development of the services within the CPCF with NHS England
    - collaborating with LPCs and others to build the evidence base for community pharmacy services
    - ensuring developments in technology support the effective provision of pharmacy services

- working to ensure that regulations and their administration support the effective provision of pharmacy services

Supporting contractors and LPCs

- provide information, advice and support to contractors and LPCs on the CPCF and related matters
- support LPCs to develop strong and productive relationships with NHS England Area Teams, CCGs and local government
- support LPCs to increase local commissioning of community pharmacy services, in line with PSNC's Vision for community pharmacy services