

PSNC Agenda

For the meeting to be held on 13th & 14th January 2014

at Double Tree Hilton, One Piccadilly Place, Manchester, M1 3DG

Commencing at 11:30 on 13 January

Members: Stephen Banks, David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Liz Colling, Mark Collins, Ian Cubbin, David Evans, Samantha Fisher, Mark Griffiths, Ian Hunter, Clive Jolliffe, Tricia Kennerley, Clare Kerr, Andrew Lane, Margaret MacRury, Rajesh Morjaria, Garry Myers, Bharat Patel, Indrajit Patel, Kirit Patel, Prakash Patel, Rajesh Patel, Umesh Patel, Janice Perkins, Adrian Price, Anil Sharma, Faisal Tuddy, Gary Warner

Chairman: Sir Peter Dixon

1. Apologies for absence

Apologies for absence have been received from Mark Collins (Wednesday only) and Kirit Patel.

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meetings held on Wednesday 8th October 2014 and Tuesday 11th and Wednesday 12th November 2014 were shared with the committee.

3. Matters arising from the minutes

To consider matters arising from the minutes of the October and November meeting which are not dealt with elsewhere within the agenda.

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

5. Group discussion: Essential services and policy on mandatory service provision

ACTION

6 (a). PSNC Plan for 2015

The draft Plan for 2015 is at [Appendix 03/01/15](#). We have proposed a different approach to setting the work-plans for the subcommittees, recognising the need to be opportunistic and the high level of dependence on external stakeholders (principally NHS England and the Department of Health), which impact on our ability to make progress. This was raised at the November Planning meeting. The format of the Plan has been amended and aims to identify the principal objectives within each subcommittee's remit for the year. The subcommittee agendas include an item for each objective, so progress can be reported and monitored through the year. This proposed approach is experimental and would be reviewed in November.

The Committee is asked to consider and agree the draft plan.

6 (b). PSNC budget for 2015

The Chair of RDF will present a draft budget for 2015 to the Committee for adoption.

RATIFICATION

7. Resource Development & Finance subcommittee

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 13th January 2015. The subcommittee chairman will provide a report on the meeting.

8. Health Policy and Regulations subcommittee

A meeting of the Health Policy subcommittee is scheduled to take place on Tuesday 13th January 2015. The subcommittee chairman will provide a report on the meeting.

9. LPC & Implementation Support subcommittee

A meeting of the LPC & Implementation Support subcommittee is scheduled to take place on Tuesday 13th January 2015. The subcommittee chairman will provide a report on the meeting.

10. Funding & Contract subcommittee

A meeting of the Funding and Contract subcommittee is scheduled to take place on Tuesday 13th January 2015. The subcommittee chairman will provide a report on the meeting.

11. Service Development subcommittee

A meeting of the Service Development subcommittee is scheduled to take place on Tuesday 13th January 2015. The subcommittee chairman will provide a report on the meeting.

REPORT

12. 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 04/01/15](#).

13. Future PSNC meetings and any other business

The next PSNC meeting will be held on 10th and 11th March 2015 at Mercure Castle Hotel, 18 High Street, Windsor SL4 1LJ.

DRAFT 2015 PLAN

In 2015 PSNC will seek to expand the role and recognition of NHS community pharmacy services in line with its Vision, and ensuring sound, equitable and sustainable funding for pharmacies. Through dialogue and negotiation with the NHS, Department of Health and other key stakeholders we will endeavour to bring new services and income streams to fruition, ensuring the implementation is manageable and beneficial for pharmacy contractors. PSNC will work to secure improvements in the regulatory framework governing provision of NHS pharmacy services and provide the best possible resources to support LPCs and meet the demands of national and local commissioners.

SDS

Secure the commissioning of community pharmacy services within the scope of the current NHS England negotiating mandate

Promote alignment of GP and community pharmacy contracts and contemporaneous negotiation

Develop models of integrated care that demonstrate the benefit of using community pharmacy services

Ensure outcome evaluations of community pharmacy services are undertaken and collated, including robust evaluations of the costs and benefits of potential pharmacy services to the NHS

Use all opportunities to promote community pharmacy services, within the four domains of PSNC's Vision, and the benefits of national commissioning

Address barriers to community pharmacy service expansion, including how to ensure all patients can benefit from services

Work with other pharmacy bodies to promote greater commissioning of community pharmacy services

FunCon

Establish a sound basis for future funding of the service providing a fair return to contractors

Ensure funding and reimbursement mechanisms are fair to contractors

Monitor and analyse funding delivery, and agree changes to current systems that mitigate risks of under and over-delivery of agreed funding

Examine options for financial levers to incentivise change and develop NHS England support

Ensure EPS is resilient, efficient, and costs to pharmacy are fully funded

Monitor payment accuracy and support contractors in resolving queries

Resolve Drug Tariff problems where possible, including shortages and price rises, branded generic and brand prescribing policies, demonstrating the damage to NHS finances

HPR

Seek the best possible resolution of prescription direction

Secure changes to the regulatory framework governing provision of pharmaceutical services that support and protect the interests of contractors

Develop alliances and collaborate with other trade organisations to lobby for desirable changes in legislation governing supply of pharmaceutical services

Work with DH, other pharmacy organisations and MHRA to prepare for FMD implementation and ensure financial implications for pharmacy are captured and resolved

Develop stakeholder understanding of community pharmacy's core role and value including finances, the pharmaceuticals market, pharmacy procurement and distribution

Pursue action against the current practice of 'switching' as advised by Counsel

Examine opportunities for a national provider company, implementing if agreed

LIS

Assist LPCs to promote pharmacy service provision to local commissioners

Promote models of successful LPCs, encouraging federation and mergers

Support LPCs in addressing contracting challenges through provider companies and other routes

Help LPCs to improve their effectiveness by provision of support and training

Provide the best possible information and support to contractors and pharmacy teams

RDF

Agree and manage PSNC's budget and finances

Incorporate PSNC, achieving mutual status if possible

Agree financial policies for an incorporated PSNC

Complete the buyout of the final salary pension scheme

Decide on the best provider of a future pension scheme for PSNC employees

Support HIE Ltd or a successor company as a trading arm for PSNC and manage the transfer of Project 4.1 to the company, establishing a sound governance and oversight system

Agree and support the development of PSNC's human/other resources to ensure it can address its strategic objectives effectively

PSNC Four Year Plan 2012 - 2016

Our aims and aspirations for the NHS community pharmacy service:

The community pharmacy service in 2016 will offer support to our communities, helping people to optimise use of medicines to support their health and care for acute and long-term conditions, and providing individualised information, advice and assistance to support the public's health and healthy living.

- All pharmacies will provide a cost-effective and high quality range of services to their patients, encouraged by funding arrangements that motivate service provision, reward positive patient outcomes and offer sustainability to contractors. The value of pharmacy services to patients and the NHS and the wider savings which can be created by the effective use of pharmacy will be evidenced.
- Pharmacies will be fully integrated into provision of primary care and public health services, and will have a substantial and acknowledged role in the delivery of accessible care at the heart of their community.
- Pharmacies will be able to deliver a wide range of NHS services to support their customers and patients, and be able to offer them services on equal terms to other primary care providers.
- Patients will be confident that when they access services from a pharmacy, the pharmacist and other members of the pharmacy team will have the skills and resources necessary to deliver high quality services. Effective communications will ensure seamless integration with other NHS care providers.
- In some cases arrangements for provision of pharmacy services may include patient registration. All patients will have a free and unfettered choice of pharmacy.

January 2012

PSNC Briefing 029/14: 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.

Preventing conflicts of interest in CCG co-commissioning

GP leaders had expressed concerns that co-commissioning of GP services by clinical commissioning groups (CCGs) could lead to conflicts of interest as GPs would be able to commission themselves or colleagues to provide services.

GPonline has reported that NHS England is proposing strong measures to protect against this scenario. The measures have been proposed in a papers written by NHS England National Director for Commissioning Strategy, Ian Dodge, and if approved would be put on a statutory basis. Examples of the types of measures suggested include:

- having a lay and executive majority, and having a lay chair on the CCG decision-making committee;
- enhanced training for lay members;
- public registers of interests and decisions; and
- observers rights for local authority (LA) and Health Watch representatives.

Additional £1.5bn added to Better Care Fund

The NHS should help LAs deal with the tough financial settlement that they are facing Health Secretary Jeremy Hunt has said. Speaking at the National Children and Adult Services conference in Manchester on 30 October 2014 Hunt said that the NHS, which has been prioritised and has received a protected budget, has a responsibility to help LAs due to the interconnected relationship between the services that the NHS and local government offers.

In an apparent demonstration of both sectors' willingness to collaborate, it was revealed this week that the [Better Care Fund](#) (BCF) has had an additional £1.5bn added to it by CCGs and LAs from their local health funding, taking the original funding of £3.8bn to £5.3bn.

Social care services commissioned by LAs are set to be allocated a higher budget than NHS community services from this funding, the *Health Services Journal (HSJ)* has reported.

These figures come from an analysis of BCF data by NHS England, which combines figures from the 151 plans produced by health and wellbeing boards. The analysis shows that £2.07bn will be allocated to social care services and £1.66bn will be spent on NHS community healthcare services. Approximately £744m has also been allocated for other services, which may include elements of both health and social care. This is likely to result in more money being used to fund council commissioned services.

Cancer drugs blamed for over half of NHS overspend

The cancer drug fund has been blamed as one of the main reasons why the NHS commissioning system is forecast to miss its target surplus by £184m in 2014-15.

Commissioners had forecast a surplus of £467m; however, the predicted forecast is now £283m, with a finance report which was presented at NHS England's board meeting this week (6 November 2014) stating that more than half of the overspend so far this year relates to the cancer drug fund.

Although the £184m forecasted overspend is small relative to the commissioning system's overall budget of £98bn, any shortfall is considered to be significant this year because of the risk of the overall NHS tipping into deficit.

QOF may be scrapped under NHS England's new plans

NHS England's new plans for co-commissioning will give CCGs the power to produce new contract arrangements for GP practices, allowing them to scrap the current national pay for performance framework.

A paper, which was presented to the NHS England board on 6 November, said that CCGs, approved to take on delegated responsibility for general practice, will have the ability to offer GP practices the opportunity to set the strategic direction for quality by providing a locally commissioned service or participating in a locally designed incentive scheme. However, any migration from a national standard contract to a local contract could only occur through voluntary action.

NAO report critical of BCF

The National Audit Office (NAO) has published a report on the Government's BCF Initiative, which highlights a number of problems with its implementation. The report – [Planning for the Better Care Fund](#) – acknowledges that the Fund is an innovative idea; however, it is critical of the quality of early preparation and suggests that planning did not live up to the scale of the ambition. The report notes that current plans predict a £314m saving for the NHS in 2015-16, which is considerably lower than the £1bn saving assumed in the early planning stage.

The report has received a backlash of criticism from the permanent secretaries of the Department for Communities and Local Government (DCLG) and the Department of Health (DH) who have defended the implementation of the project. Sir Bob Kerslake, Permanent Secretary for DCLG, and Una O'Brien, Permanent Secretary for DH, have written to the NAO to complain about the report and, according to the *Local Government Chronicle*, have refused to follow a civil service procedure to approve the NAO's use of information.

The NAO report highlighted a number of issues and criticised the lack of "no central programme team, no programme director and limited risk management". However, as reported in the *HSJ*, the Permanent Secretaries have responded to the NAO saying their report indicates they have failed to understand the culture required to encourage local freedoms and flexibilities.

"We were establishing a new approach working across government departments and non-governmental departments with an emphasis on local innovation and delivery... This is still the case," the letter is understood to say.

"Simply because the early plans needed strengthening doesn't mean the process was fundamentally flawed."

Patients will have access and be able to comment on full medical records by 2018

The National Information Board and DH have published [Personalised health and care 2020: a framework for action](#), a vision for using data and technology more effectively to improve health, transform the quality and reduce the cost of health and care services by 2020.

The plan commits to giving all patients access to their GP records by next year using approved apps and digital platforms, and by 2018 patients should be able to access their full health record detailing every visit to the GP and hospital, every prescription, test results, and adverse reactions and allergies to drugs. Patients will also be able to comment on their records, which will be accessible through multiple routes including NHS Choices.

Other plans include:

- NHS 'kitemarks' for trusted smartphone apps which will help patients access services and take more control of their health and wellbeing in 2015;
- all care records being digital by 2020, with GPs not using paper records by 2018;
- patients only having to tell their story once - with consent, care records will be available electronically across the health system by 2018 for urgent care services and 2020 for all services – improving coordination of care, particularly for those with complex conditions; and

- real time data being available to paramedics, doctors and nurses, ensuring patients receive safe and effective at the point of care.

UK not on target to meet WHO's aims on reducing deaths from preventable diseases

A report published by the Richmond Group of Charities (an organisation made up of ten UK health charities) claims the UK will fail to meet international targets on reducing deaths from preventable diseases unless it prioritises the prevention of ill health.

The report - [25% less preventable illness by 2025](#) – says that unless the Prime Minister leads on a national plan for health improvement, the World Health Organization's (WHO's) target of reducing deaths from the four main preventable deaths (cardiovascular disease, cancer, chronic lung disease and diabetes) by 25% by 2025, which the UK Government signed up to in 2011, will not be met.

The report details how the number of people affected by common diseases such as heart disease, cancer, lung disease, type 2 diabetes, asthma and stroke, could be reduced if the country did more to tackle public health issues such as smoking, inactivity, unhealthy diets and alcohol intake.

The report calls for nine actions to be taken to ensure disease prevention is placed at the top of the agenda, which include making public health the business of all of Government, enhanced support for disadvantaged groups and making prevention a key consideration in all LA responsibilities.

No NHS reserves left for unexpected issues

The NHS has no reserves left to protect against any unexpected pressures that arise according to the health service's Chief Finance Officer Paul Baumann.

As reported in the *HSJ*, Mr Baumann said at the NHS England board meeting on 6 November that that was “no reserve left which will cater for things which we haven't anticipated, in the risk and mitigation analysis we've done”. He also pronounced 2014-15 as “the year in which we are absolutely on the knife edge of balancing or not balancing against the position we've got”.

The NHS is, at month six, £184m (0.2% of total budget) away from where they planned to be. Mr Baumann remains hopeful that the NHS can, financially, get back on track by the end of the year taking into account most probable scenarios that the NHS might face. However, he said it was “really, really important that we contain our expenditure”, explaining “there is no reserve to deal with the inevitable bumps and turns that the NHS throws up in the course of given year”.

Increase in number of NHS Health Checks conducted but uptake still below target by 18%

The number of NHS Health Checks performed in the last year has increased by almost 10%, but the number still remains under target by 18%, *Pulse* has reported.

Public Health England has set a target of getting 66% of the people invited to undergo an NHS Health Check for 2014-15. Compared to last year, the number is up by 19% in the same quarter; however, progress still needs to be made with the uptake currently sitting at 48%, 18% under target.

Consultation on language controls for health workers launched by Government

A consultation has been launched by the Government, which proposes that pharmacists, pharmacy technicians, nurses, midwives and dental care professionals, will have to prove they can communicate effectively in English before being allowed to register and practise in the UK. This would bring UK law in line with new EU legislation.

The consultation can be viewed on the gov.uk website and runs until the 15 December 2014.

Proposals to save £10bn set out by Hunt

The *HSJ* has reported that Health Secretary Jeremy Hunt has identified areas where the health service could potentially save £10bn to help reduce the NHS financial crisis. The areas include improving use of technology, releasing money from unused NHS land and estates, and reducing dependence on management consultants.

Speaking at the King's Fund last week Mr Hunt outlined four pillars of the Government's response to the [NHS Five Year Forward View](#) (5YFV), which stated that the NHS had to make £22bn in efficiency savings by 2020 to close the gap in funding caused by rising patient demand. The four pillars are a strong economy, more integrated care closer to home, innovation and efficiency, and an open and transparent culture.

Mr Hunt went on to highlight a number a number of areas where £7bn-£10bn savings could be made to contribute to the overall £22bn savings required, including embracing technology and information. He also said that NHS England will be asking all clinical commissioning groups (CCGs) to look at costs per patient to establish where there is the most potential to improve patient outcomes while reducing costs through more efficient prevention.

A&E fund increased to £700m due to unprecedented demand

The *HSJ* has reported that an additional £300m funding is to be allocated to A&E departments to try to prevent further decline in performance over the winter months. This is on top of the £400m funding that was revealed in June 2014.

This is a significant increase in funding compared to last year where £400m in total was allocated; however, according to official figures emergency admissions are continuing to rise having increased by 6.6% over the last two years. The demand is reflected in the number of major A&E departments failing to meet the four hour target; most have failed for the last 68 weeks.

The majority of the additional funding will be used to provide more bed space and pay for additional clinical staff in hospitals. However, £25m will be used to increase access to GPs and £50m will be allocated to ambulance services to help meet additional demand and to help them to return to meeting standards as soon as possible.

Health Secretary Jeremy Hunt said that as well as the extra funding there is a major drive to get the public to use pharmacists more. Last month the NHS launched the campaign '[feeling under the weather](#)', which encourages people, especially those who are elderly or have respiratory conditions, to visit their pharmacist for early advice when they are feeling unwell.

'Zero avoidable harm' may be required from NHS if patient safety bill passed

A Government backed bill being pushed through Parliament by the Conservative MP for Stafford Jeremy Lefroy may require for the NHS to achieve 'zero avoidable harm' if it is successful.

The MP's private members' bill the Health and Social Care (Safety and Quality) Bill, if successful, could lead to new regulations being written, which would prevent health and social care providers from causing avoidable harm to patients. Mr Lefroy has said that leaving patients without adequate food or drink, patients being left unsupported in accident and emergency for long periods, poor records resulting in drug errors, and neglect as a result of understaffing could all be considered as examples of such harm.

The government whips' office has now taken control of the timetable for the bill, which has already had its first and second reading. With the support of the coalition, it is likely to move to committee stage in December.

'Next steps towards primary care co-commissioning' published by NHS England

On the 10 November 2014, NHS England published '[Next steps towards primary care co-commissioning](#)'. The purpose of this document is to provide CCGs with information on the opportunities and parameters of each co-commissioning model to help them decide on the model they would like to adopt. It also provides guidance on implementing arrangements.

While community pharmacy is not included in the co-commissioning plans for 2015/16 the document does highlight that during 2015/16, NHS England will be exploring the possibility of co-commissioning of community pharmacy services. Some CCGs are eager to take on the commissioning responsibilities of community pharmacy, therefore NHS England will be engaging with relevant professional groups to explore this option.

More information on co-commissioning can be found on the [PSNC](#) website.

MyNHS launched on NHS Choices website

[MyNHS](#), a site where people can compare the performance of their local NHS hospital, their care services and their LA with up-to-date information, has gone live from 19 November.

The site, which is available on the NHS Choices website, is the first of its kind allowing such a wide range of performance indicators to be freely available to the public.

People can search for data on many areas of care including food quality, staffing, patient safety and mental health.

The launch concludes the first stage of the project but data will continue to be added to the site. From early December, people will be able to see the Care Quality Commission's individual risk rating for GP practices. There are also plans to include 1-year and 5-year cancer survival rates for NHS trusts.

MPs take note of funding crisis warning

A panel of MPs have paid attention to a warning issued by the NHS Confederation, which said that the health service has reached a point where finances could collapse rapidly, as reported on the *NHS Confederation* website.

The Health Select Committee asked the Chief Executive of NHS Confederation Rob Webster to provide more details on their concerns and their call for urgent action at an inquiry into public expenditure on health and care on 18 November. Mr Webster said there was a need for a public debate on funding at the next general election and also proposed potential solutions to the funding crisis, including a longer-term funding settlement, an independent body to advise the Government on health spending and a transition fund to support moving to new models of care. Mr Webster also encouraged politicians to address funding concerns in the Autumn Statement, which is due on 2 December, to ensure the NHS has the funding resources to meet the objectives of the 2015/16 mandate and planning guidance.

Incredibly tough year ahead warns Stevens

The *HSJ* has reported that Simon Stevens, Chief Executive of the NHS, has forecast that the NHS will face an incredibly tough year in 2015, leaving areas of the NHS that are already struggling with little chance of recovering in the forthcoming year.

The parliamentary accounts committee who Mr Stevens addressed also heard from Monitor Chief Executive David Bennett who advised that 81 of the 147 foundation trusts in England expected to end the financial year in deficit, the vast majority of which were hospital trusts.

NHS funding boost of £2bn in 2015/16

The Government has announced that an extra £1.95bn funding will be allocated to the health service in 2015/16 and that this will become a recurring allocation in the baseline funding for the NHS.

This injection of funding follows a briefing published last week by the King's Fund, which said that an additional £2bn funding was needed to prevent an NHS crisis that would see staff numbers cut, rising waiting times and a reduction in the quality of care. The *HSJ* has also reported that the NHS provider sector has deteriorated further into the red with a collective deficit of £630.2m six months into the financial year.

The *HSJ* has reported that 75% of this additional allocation will be used to maintain existing services, with only 25% being spent on transformation.

The *HSJ* understands that £1.5bn will be routed into clinical commissioning groups' and specialised commissioning allocations, becoming part of general spending; however, this will be confirmed by NHS England at its board meeting on 17 December. Of the remaining money, around £200m will be spent on specific health economies that are struggling with demand, with the rest of the money being used to pay for expanded and enhanced primary and out of hospital care.

Joint guidance to be issued to NHS from NHS England, Monitor and the TDA

NHS England, Monitor and the NHS Trust Development Authority (TDA) will be issuing joint guidance later this month for NHS commissioners, NHS trusts and foundation trusts on the 2015/16 NHS planning process.

The three main organisations responsible for the NHS are working collaboratively to build on the recently published 5YFV ensuring a joined up approach to secure high quality care across the NHS system.

The guidance is due to be published before 23 December.

New alliance formed to improve care and support for people with long-term conditions

The [Coalition for Collaborative Care \(C4CC\)](#), which brings together some of the health and care sector's most influential national groups and organisation, was formally launched in late November at the Future of Health conference.

The Coalition aims to champion a system-wide transformation in how patients with long-term conditions receive and use care and support.

The new partnership will look at the relationship between a person with a long-term condition and the professionals, who are supporting them, as well as a strong emphasis on a holistic approach to try to achieve person-centred co-ordinated care.

Hunt admits taking his children to A&E rather than waiting to see a GP

The health secretary Jeremy Hunt has confessed in a parliamentary debate to taking his children to A&E at a weekend rather than waiting for a GP appointment.

Mr Hunt said that people did not always know whether the care they need is urgent or an emergency and that making GPs available at weekends would relieve pressure on A&E.

Mr Hunt made no mention to the use of NHS 111, out of hours or GP out-of-hours providers, services that the Department of Health has repeatedly advised patients to use, when discussing improving GP access over winter to reduce pressure on A&E departments.

Labour were critical of Hunt's comments about taking his children to A&E. Shadow Health Secretary Andy Burnham said "Your statement in the House implies that it is acceptable for the public to use A&E on an on-demand basis or as a substitute for GP services. You will be aware that this is in contradiction with the official advice on NHS Choices".

Friends and Family test in general practice from 1 December

All GP practices in England have to carry out the Friends and Family Test (FFT) from today (1 December 2014) as part of their contract.

The FFT is a continuous survey rather than a one-off traditional style survey, which allows patients the option of giving anonymous feedback after every interaction with their GP practice. Anyone on the practice list should be able to complete the test at any time.

It is the GP practice's decision as to how it promotes the test and also how it collects responses.

At least two questions must be asked in the FFT. GP practices must use the standard wording and responses of the test question:

We would like you to think about your recent experiences of our service. How likely are you to recommend our GP practice to friends and family if they needed similar care or treatment? The responses are: extremely likely; likely; neither likely nor unlikely; unlikely; extremely unlikely; or don't know.

They must also include at least one follow-up question of their own choice, which allows the opportunity to provide free text.

The results of the test will be published; NHS England will publish the results of the test question centrally each month and GP practices are expected to publish all responses to their questions (test question and follow-up question(s)) locally.

Health Secretary says 'Patient choice is not key to improving performance'

The Health Secretary Jeremy Hunt has said that patient choice is not key to improving performance, despite the emphasis placed on it by various government and senior NHS leaders.

As reported in the *HSJ* Hunt said he recognised there are natural monopolies in healthcare, where patient choice is never going to drive change. "Loyalty to hospitals", even when there are well reported care failings such as Kent's Medway Hospital, which is in regulatory special measures, is an example of this.

Mr Hunt said choice was also particularly irrelevant in emergency care and that market forces would not create good integrated community care - one of the service's main priorities.

Transparency about quality using Care Quality Commission (CQC) ratings and other data would instead be more of a driver for improvement claimed Hunt. "Once we've got CQC ratings for certain services, for example, care homes, it will have massive impact, and there will be a massive commercial imperative to achieving good ratings".

Directors appointed for NHS England's new 'sub regions'

Following NHS England's announcement on 1 October that it will restructure to streamline and cut costs by 15%, directors for most of the sub regions have now been appointed.

The 12 sub regions, which are replacing the current 24 Area Teams outside of London, will come into being in shadow form from 5 January 2015 with the expectation that appointed individuals will take up their positions from this date.

The restructure will see the rest of the country begin to operate like the London region, with staff working for different areas when required and will reduce the number of very senior managers outside of the capital by up to 25%.

Nine sub regions have had directors appointed but three (sub regions covering the current Cumbria, Northumberland, Tyne and Wear and Durham, Darlington and Tees area teams; the Thames Valley and Bath, Gloucestershire, Swindon and Wiltshire area teams; and the Wessex area team which is to become a sub region) posts are still to be filled.

PSNC Briefing 035/14: 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.

A&Es under extreme pressure as admissions reach record high

A&E departments are under immense pressure as admissions are at their highest since records began 10 years ago according to figures released from NHS England.

For the week ending 7 December, there were 436,229 individual attendances at A&E departments. This was nearly 4,000 more than the week before and over 20,000 more than this time last year.

This increase was reflected in the number of patients who were seen within four hours. The NHS's target is to see 95% of patients who are admitted, transferred or discharged within four hours; however, only 91.8% of patients last week were seen within this target, which is down on last year when the NHS managed to see 94.8%.

GP consultations for flu-like illnesses, respiratory tract infections and pneumonia have also risen over the last week according to Public Health England figures.

Injection of £250m by Government fails to clear waiting list backlog

Despite the Government injecting an extra £250m into the NHS in the summer to reduce the backlog of waiting lists, the number of patients waiting over 18 weeks for treatment has increased.

The *Health Services Journal (HSJ)* has reported that in October 2013, 169,907 patients were on waiting lists for longer than 18 weeks, but this has increased by 17% to 204,390 patients. The number of patients waiting over 52 weeks has also increased with 381 patients on this waiting list.

The growing waiting list has gone against the usual seasonal trend as waiting lists usually fall sharply between August and December. Last year there was a slight decrease but this year the list has continued to grow.

Online medical records can now be accessed by 21% of patients in England

NHS England has reported that over a fifth of patients in England are now able to access their medical records online. This time last year, only 2% of patients in England were able to view their medical records online; however, since September 2014, 21% of patients have been able to access their records.

There has also been increases in other online areas; the number of patients who are registered with GPs that allow appointments to be booked or cancelled online has risen to 91% and 88% of patients are registered with GPs that offer the option of ordering repeat prescriptions online. Both have risen from 66% at the same point in the previous year.

NHS England's Patient Online programme team will now focus on surgeries who aren't offering online services, to try to increase the number of surgeries who are offering their patients these services.

NHS England launches Commissioning for Carers

NHS England has launched [Commissioning for Carers: Principles and Resources to Support Young and Adult Carers](#) a practical tool, which highlights ten principles to help commissioners deliver the care and support carers need. This work forms part of NHS England's [Commitment to Carers](#), which was published earlier this year.

NHS England identified and developed the principles after working with carers, leading charities and partner organisations. The work also includes case studies, best practice and latest research that were collated at four regional evidence summits held across England.

This document is part of a suite of products that have been developed to help commissioners to deliver what carers say is important to them in ways that have been shown to work effectively and efficiently in practice.

Emergency admissions for older people predicted to rise over the next five years

A Department of Health (DH) funded study has predicted that emergency hospital admissions for older people will continue to rise over the next five years, despite Ministers' claims that the [Better Care Fund \(BCF\)](#) will reduce non-elective hospital activity.

The DH study [Understanding Emergency Hospital Admissions of Older People](#) has reviewed the emergency admissions of older people from previous years (2001-02 and 2012-13) and forecasts trends for the next Parliamentary period.

The study suggests that an individual patient's bed days may be reduced; however, overall spending on older peoples' emergency admissions will continue to rise due to technological advances pushing up the cost of care.

Stricter waiting times standards proposed under draft contract

NHS England has proposed stricter standards around waiting times in the draft standard contract for 2015-16. The *HSJ* has reported that financial penalties will be tougher on those hospitals that fail to meet the standards and restrictions will be placed on commissioners' freedom to waive penalties.

The proposals include increasing waiting time fines by 25% and that weekly reporting from hospital providers should become mandatory.

Commissioners will be expected to publish details of the fines on their websites to increase transparency, and instructions will be provided on how they should reinvest the money resulting from penalties.

BCF guidance published for 2015/16

The DH and the Department for Communities and Local Government have published an implementation plan for the BCF to cover the next two years.

The plan, [Better Care Fund – how it will work in 2015 to 2016](#), covers issues such as the legal and financial basis of the fund, conditions of access to the fund, assurance and approval process and payment for performance metrics.

The document should be read in conjunction with the [NHS Mandate](#).

A&E departments to trial employing pharmacists next year

The urgent and emergency care review, being led by NHS England, will conduct a national pilot in spring 2015, where pharmacists will be employed in A&E departments.

The national pilot will build on a pilot scheme in the West Midlands which focused on pharmacy triage, advanced clinical pharmacy training and clinically enhanced prescribing within the A&E department.

Plans approved to allocate over £1bn to underfunded CCGs

Over half of the £2bn extra NHS funding allocated by the Chancellor George Osborne in the autumn statement, will be used to bring underfunded CCGs closer to their target share of the NHS budget, the *HSJ* has reported.

NHS England has approved plans to allocate £1.1bn to CCGs in 2015, with £1.058bn being directed to underfunded CCGs. A paper that went to the NHS England board meeting explained that £350m of the remaining money will be used to cover winter pressures as there would be no "separate provision of seasonal resilience funding" in 2015-16 unlike this winter season where extra money to deal with winter pressures was made available from centrally held DH contingency funds.

The remaining funding will be used for additional increases to below target CCGs. The paper said this would mean that only 17 of England's 211 CCGs would still be significantly underfunded at the end of 2015-16. Under the originally planned allocations, that figure would have been 34 CCGs.