

## PSNC Agenda

For the meeting to be held on 12<sup>th</sup> & 13<sup>th</sup> May 2015

at York Marriott, Tadcaster Road, York, YO24 1QQ

commencing at 2pm on 12<sup>th</sup> May

**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, Umesh Patel, Janice Perkins, Adrian Price, Rupen Sedani, Anil Sharma, Faisal Tuddy, Gary Warner

**Chairman:** Sir Peter Dixon

### 1. Apologies for absence

An apology for absence has been received from Adrian Price (Wednesday only).

### 2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 10<sup>th</sup> and Wednesday 11<sup>th</sup> March 2015 were shared with the committee and can be downloaded from PSNC's website.

### 3. Matters arising from the minutes

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

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

### 5. EPS

On 12th May HSCIC and NHS England will present proposals for further development of the EPS followed by a Q & A session. Richard Jefferson is the SRO in NHS England responsible for EPS; Kieron Martin is the principal implementation manager at HSCIC.

### 6. Group discussion

A group discussion session will be held on Wednesday 13<sup>th</sup> May on planning for implementation of possible 2015/16 CPCF changes.

## ACTION

### 7. Appointments Panel

The Chair of the Appointments Panel will present to the Committee on the Panel's work to recommend a Chairman to replace Sir Peter Dixon when his term of office finishes at the end of August 2015.

### 8. EPS

Following the earlier session on the EPS the Committee is asked to agree the key elements of a submission to HSCIC and NHS England.

### 9. Notice for contract changes with an IT aspect

A letter from Pharmacy Voice is attached at **Appendix 03/05/15**.

As background, system suppliers have for many years voiced concerns about the need for six months' notice of changes to the CPCF that require changes to pharmacy IT, but as will be seen, the period has now been extended to twelve months. Timing of negotiations to date has on several occasions led to an inability to provide the full six months' notice, and we have needed to secure an extension of time for contractors to comply with changes. We have in practice always sought to ensure allowance was made for IT changes, and the NHS has understood this. An example was the change as part of the 2014/15 settlement to add another group to MUR targets and increase the proportion of MURs within the target groups to be undertaken, when it was agreed that contractors would not be obliged to comply with the changes until April 2015.

It will be seen from the letter that a minimum period of twelve months is now being required by system suppliers before CPCF changes requiring IT amendment can be implemented. If agreed this would have a substantial adverse impact on negotiations, as it inevitably reduces community pharmacy's ability to be responsive to NHS needs.

The letter also records the PV policy that contractors will not comply with any changes to the business continuity plan (BCP) if given less than twelve months' notice. To date we have been able to secure an exemption to BCP. We announced on our website on March 9<sup>th</sup> 2015 that the BCP requirements exemption would not be granted for 2015-16 and have published a template BCP for use by contractors. Whilst therefore in practice we appear to have met the PV demand for 2015-16, that will not be the case if any change is requested by the NHS.

It is proposed that the response to PV should be:

- a) To confirm that PSNC is aware of the need to allow time for IT system changes, and has in the past sought with some success to defer implementation of changes to allow time for changes to be made;
- b) Reply that whilst six months' notice – the period requested to date – has been accepted, a period of twelve months presents problems for us in affecting our ability to be responsive to NHS needs, and we do not believe it is likely to attract sympathy from the NHS;
- c) Draw attention to the announcement regarding BCP, and accept the concern but say it seems unlikely that there would be acceptance that minor changes could not be required with a lesser notice period.

## **RATIFICATION**

### **10. Resource Development & Finance subcommittee**

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 12<sup>th</sup> May 2015. The subcommittee chairman will provide a report on the meeting.

### **11. Health Policy and Regulations subcommittee**

A meeting of the Health Policy and Regulations subcommittee is scheduled to take place on Tuesday 12<sup>th</sup> May 2015. 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 12<sup>th</sup> May 2015. The subcommittee chairman will provide a report on the meeting.

### **13. Funding & Contract subcommittee**

A meeting of the Funding and Contract subcommittee is scheduled to take place on Tuesday 12<sup>th</sup> May. The subcommittee chairman will provide a report on the meeting.

### **14. Service Development subcommittee**

A meeting of the Service Development subcommittee is scheduled to take place on Tuesday 12<sup>th</sup> May. The subcommittee chairman will provide a report on the meeting.

## REPORT

### **15. 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 04/05/15**.

### **16. Future PSNC Meeting and Any Other Business**

The next PSNC meeting will be held on 14<sup>th</sup> & 15<sup>th</sup> July at Park Inn by Radisson Palace, Church Road, Essex, Southend-on-Sea, SS1 2AL.



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20<sup>th</sup> April 2015

Ms Sue Sharpe  
Pharmaceutical Services Negotiating Committee  
Times House, 5 Bravingtons Walk  
London N1 9AW

Dear Sue

As you know the Pharmacy Voice IT Group has representation from the AIMp, CCA and NPA as well as expertise from all the PMR suppliers.

Following our recent meeting I am writing to ask that PSNC bear in mind the need for sufficient notice of contract changes that involve an IT element and indicate whether it can negotiate with these clearly in mind.

All IT suppliers have work planned for some considerable time ahead and if they are “required” to “drop everything” and implement a new feature important scheduled work has to be postponed. For example recent changes to the MUR requirements has caused one supplier to have to delay by several months a major upgrade which is designed to make EPSr2 easier to use – an important consideration when many contractors struggle to take best advantage of EPS. Short-notice changes may also lead to less testing by system suppliers and HSCIC and in so doing may put patient safety at risk.

System suppliers suggest that, in future, they will not make changes without at least 12 months’ notice. This is to allow time from the change request for development, testing, training and roll out across the estate. NHS England, the Secretary of state, and their negotiating teams need to be informed of the these facts during any negotiations so that short-notice changes can be reserved for situations where a safety risk cannot be mitigated successfully in any other way and an expedited change is judged appropriate on the ‘balance of risks’.

We also noted that it had long been the policy (PV IG P&P stmt 2012) of this group that contractors will not comply if given less than the 12 months’ notice of any changes to the business continuity plan. Also, whilst welcome, even granting of the business continuity plan exemption at short notice was disruptive to BC projects that were in progress. Perhaps PSNC would bear this in mind for the future?

Richard Dean BPharm, MRPharmS, Chair of the Pharmacy Voice IT group

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## Update on the Health and Care Landscape (March 2015)

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.

### £240m tech fund 'not cut'

Following on from the [Health & Care Review](#) (published 3rd March) which reported that an NHS technology fund had been cut from £240m to £43m, health secretary Jeremy Hunt has denied the claim saying it will instead be subject to a staged roll out.

Mr Hunt who was speaking at the UK e-health Week conference said “[We have] staged the roll out of the tech fund rather than cut it in absolute terms. We are completely committed. I am the health secretary that set up the tech fund.”

“In the context of finding an extra £2bn for the NHS frontline over the course of next year, which is a huge amount of extra money going into every part of the NHS, we have also had to make difficult decisions in other parts of the system.”

“My view is that it is really important that we continue to increase investment in IT. In terms of long term sustainability, really investing properly in IT, there’s nothing more important.”

### Care.data records extraction won't begin until 'after election'

Extraction of information from GP patient records for the Care.data project will not begin until after the general election in May, a senior NHS England official has said.

The Care.data project, which intends to link patients' GP records with their hospital records, needs to be scrutinised by an oversight committee before data extraction can occur NHS England national director for patients and information Tim Kelsey has said. The committee will be led by national data guardian Dame Fiona Caldicott and will not take place until after the election.

The extraction of data had been planned to occur in autumn 2014 but the project has come under fire around patient confidentiality issues. The project is currently being trialled in Blackburn, Leeds, Somerset and West Hampshire.

Mr Kelsey who was present at the UK e-Health Week conference said “We are hoping... to investigate whether we are at the right standard [of information governance] over the next few weeks”.

“Dame Fiona will take a view, which certainly won't be until after the election, as to whether that standard has been achieved.”

Mr Kelsey told the *Health Service Journal (HSJ)* that while the extraction would not take place before the election, pathfinders would send out communications around the data extraction and linkage programme.

### **NHS 111 services to be inspected by CQC**

NHS111 will be subject to the same model of inspection as GP services, the Care Quality Commission (CQC) has announced.

Inspections of NHS111 services will commence in June this year and aim to be finished by September 2016. Services will then be re-inspected every three years.

### **More than 70% of CCGs to take on greater commissioning roles**

Following on from the news story in the [Health & Care Review](#) (published 25th February) that 64 Clinical Commissioning Groups (CCGs) will take on greater delegated [commissioning](#) for the majority of GP services, a further 87 CCGs have been approved for joint commissioning. This means over 70% of CCGs will take on greater commissioning responsibilities for GP services from April 2015.

Joint commissioning is one of the three models offered to CCGs to allow greater involvement in planning and delivering primary care health services. The level 2 co-commissioning power allows the CCG to jointly commission GP services alongside NHS England.

CCGs that have not yet applied as well as CCGs not approved at this stage will have further opportunities to apply for greater delegated commissioning responsibility in the future. NHS England has said they will continue to provide support to help CCGs to achieve the commissioning model that works best for them.

### **Urgent care system near breaking point, think tank claims**

There is an undue focus on the four hour target for accident and emergency departments, which can distort behaviour inside hospitals and health systems in ways that do not benefit patients or staff, concludes a report by the Nuffield Trust.

The [What's behind the A&E 'crisis'?](#) report says the urgent care system is near breaking point and the continued financial squeeze will accelerate the pace at which the system reaches it.

High bed occupancy levels, staff under strain and scarce financial resources are the causes of pressures according to the report.

The report also claims that a significant amount of managerial time is wasted by having to report to multiple bodies such as NHS England, CCGs and Monitor.

### **Every effort to be made by Trusts to meet A&E target next month**

A [letter sent by NHS England, Monitor, NHS Trust Development Authority and the Association of Directors of Adult Social Services](#) has advised Trusts that they expect every effort to be made to hit the target of ensuring patients are treated or discharged within four hours of arrival at A&E during April.

The letter has been sent to all trusts and commissioners, and copies in local authority (LA) chief executives, which indicates the focus has moved to wider health systems.

The letter states that schemes that have already been put in place as part of the operational resilience plans for 2014/15 should continue into April and that these should be funded by CCGs.

The letter also highlights the concern about the Easter weekend public holidays in early April stating that the national NHS bodies and the association 'would like to reinforce the importance of all organisations producing robust demand and capacity plans for the Easter period'.

Health systems are also being asked to address any problems that occurred over Christmas and new year, and plan how these will be mitigated during Easter.

### **IPC demonstrator sites announced**

NHS England and the Local Government Association have announced the first eight areas that will participate in the first wave of the [Integrated Personal Commissioning \(IPC\) programme](#), which will go live on 1st April 2015.

The IPC programme will provide some 10,000 people with complex needs with greater power to decide how their own combined health and social care budget is spent. The start of the programme is a key first stage in the delivery of the [NHS Five Year Forward View](#) (5YFV) that was set out in October 2014.

Four groups of high need individuals – older people with long term conditions, children with disabilities and their families, people with learning disabilities, and people living with serious mental illness – will be able to take control of their budget to deliver an agreed care plan. As part of the programme, local voluntary organisations will help patients with personal care planning and advocacy.

The eight demonstrator sites are:

1. Barnsley;
2. Cheshire West and Cheshire;
3. Hampshire;
4. Luton;
5. Portsmouth;
6. South West Consortium;
7. Stockton on Tees;
8. and Tower Hamlets.

Details of the individual project plans for the eight demonstrator sites can be found on the [NHS England](#) website.

Further demonstrator sites will be also be identified later this year.

### **Bid for winter urgent care planning and GP co-commissioning by London Councils**

London councils have made a bid to take on responsibility for winter urgent care planning, while also renewing their calls to take part in co-commissioning of GP services.

In a new paper, [Better Care Fund – London Councils' seven point plan](#) the councils recommend that Health and Wellbeing Boards (HWBs) should be given responsibility to take on the planning for next winter to avoid a repeat A&E crisis, as well as saying that HWBs should be given a role in CCG commissioning of GP services under co-commissioning regulations.

The paper states 'HWBs should be given responsibility for operational resilience and capacity planning for winter 2015/16 so that this can be effectively aligned with local Better Care Fund arrangements'.

It also adds 'In October 2015, a statutory order was passed enabling CCGs to form joint committees with each other and with NHS England for the purpose of commissioning services. London Councils would like to see this order extended to enable CCGs and local authorities to establish joint committees for this purpose. This would enable closer alignment between social care, public health and primary care commissioning, including opportunities for pooling funds to achieve outcomes more effectively.'

The paper comes just a week after it was reported in the [Health & Care Review](#) (published 3<sup>rd</sup> March) that the government planned to devolve the entire £6bn healthcare budget for Manchester to be under joint control of local authorities and CCGs.

### **Vanguard sites announced by NHS England**

NHS England has announced the first [29 vanguard sites](#) that will lead on transforming care for patients across England.

In January 2015, the NHS invited individual organisations and partnerships, including those with the voluntary sector to apply to become vanguard sites for the New Care Models Programme, the first major step towards delivering the NHS 5YFV and supporting improvement and integration of services.

More than 260 groups of nurses, doctors and other health and social care staff expressed an interest in developing a model in one of the areas of care, with the aim of transforming how care is delivered locally. Of these, 29 were selected as the most innovative plans, which will operate as one of three models:

1. Multispecialty community providers (MCPs) will aim to move services out of hospitals and into the community;
2. Integrated primary and acute care systems (PACs) will join up GP, community, mental health and hospital services; or
3. Models of enhanced care in care homes will aim to improve services for older people, joining up health, care and rehabilitation.

The national NHS and the New Care Models team will now work with local vanguard sites to develop dedicated support packages, and help in overcoming barriers and building capability to enable and accelerate change in ways that can be replicated elsewhere. The programme will be backed by a £200 million Transformation Fund.

### **National NHS Diabetes Prevention Programme launched**

The National NHS Diabetes Prevention Programme has been launched by the NHS and Public Health in England as a major national initiative to prevent illness.

The programme, which is a joint initiative between NHS England, Public Health England (PHE) and Diabetes UK, aims to significantly reduce the four million people in England otherwise expected to have type 2 diabetes by 2025.

It is estimated that a big proportion of type 2 diabetes could be prevented, and England will be the first country to implement a national evidence-based diabetes prevention programme at scale, delivering on the commitment set out in the NHS 5YFV and PHE's [Evidence into Action](#) last year.

The new NHS Diabetes Prevention Programme will initially target up to 10,000 people at a high risk of developing type 2 diabetes, with a national roll-out thereafter.

Seven innovative demonstrator sites around the country have been selected to take part in the initial phase of the programme during which they will see more patients, monitor and test their local programmes help co-design and implement the national programme.

The demonstrator sites are:

1. Birmingham South and Central CCG;
2. Bradford City CCG;
3. Durham County Council;
4. Herefordshire CCG/LA;
5. Medway CCG/LA;
6. Salford CCG/LA; and
7. Southwark Council and CCG.

The local schemes include drives on weight loss, physical activity, cooking and nutrition, peer support plus telephone and on line support from trained professionals.

The diabetes demonstrator sites will look to test innovative ways to pinpoint those people who have a high risk of developing type 2 diabetes including, for example, via the NHS Health Check. In Bradford, for example, they have a programme to target everyone who is South Asian and aged 25 plus.

#### **Free Wi-Fi should be available across the NHS says Kelsey**

The NHS should install free wireless internet access across its entire estate to act as an instrument of social transformation NHS England's Director for patients and information Tim Kelsey has said.

Mr Kelsey who was speaking at an NHS England event on widening digital participation did later emphasise that this was his personal view, not an NHS England policy, "What I'm saying is in my view, and something I hope we will all be lobbying the next administration over, is that the NHS has a very important role to play in thinking about how it can use its physical estate better to support people who want to get involved digitally but are currently unable to afford broadband or don't have access to the internet".

"There is an opportunity, I think, for a catalytic moment."

Mr Kelsey advised that some NHS organisations are already working to help to reduce digital inequalities by improving internet access and installing free Wi-Fi.

Speaking about the logistics of implementing free Wi-Fi across the entire NHS, Mr Kelsey said the work of Transport for London to install Wi-Fi at underground stations across London showed it is not impossible.

"The idea that we have got this vast estate and we are not using it itself as an instrument of social transformation seems to be a bit of a lost opportunity, when even the London Underground is capable of installing Wi-Fi at no marginal cost to it, because of course industry wants to get involved."

#### **Extra £250m pledged by Lib Dems to children's mental health**

Liberal Democrat leader Nick Clegg has announced at the party's spring conference that the government will spend an extra £250m a year for five years on child and adolescent mental health services.

Speaking to the conference, Mr Clegg said "This huge expansion - £1.25bn over the course of the next parliament - will help around 110,000 children; children who at the moment are being let down by the system".

"It's an institutionalised form of cruelty, the way we allow vulnerable children with mental health problems to basically have to fend for themselves at the moment".

"It's all part of a journey where we start, as a country, lifting the stigma that has surrounded mental health and making sure that we treat mental health in the same way as we do people with physical health problems."

The investment follows severe cuts in child and adolescent mental health services.

### **CQC rating to be displayed across care services from April**

Health and care providers will have to prominently display their CQC rating from 1st April 2015.

This requirement follows an amendment to regulation that was laid before Parliament on 28th January 2015 by the Department of Health that required providers to display their CQC ratings across their services and on their websites.

CQC has developed a suite of posters that will be automatically generated through their website for all care services that receive a CQC rating to download, print and display.

### **Health check target likely to be missed**

PHE is on track to miss its target to increase uptake of health checks to 66% in this financial year as official figures show uptake may instead decrease.

In 2013/14, 49% of those offered a health check took up the offer but uptake from April 2014 to January 2015 shows that the uptake had decreased with only 46% having accepted the offer, making the 66% target next to impossible to achieve.

PHE had a target of hitting 66% by the end of March 2015 as part of its long term goal to achieve 75% before the end of 2017/18.

### **NHS Improving Quality expected to close**

According to the *HSJ*, NHS Improving Quality and other bodies are facing extensive cut backs and the threat of being abolished under proposals being considered by a national review of the health service's improvement organisations.

The review is being led by NHS England deputy chair Ed Smith and is a response to the 5YFV conclusion that the way in which improvement and clinical engagement happens in the health service currently can be fragmented and unfocused, despite the several hundred million pounds spent on bodies that support this work.

Other bodies under consideration by the review of NHS improvement architecture include the NHS Leadership Academy, clinical senates and networks, and academic health science networks.

### Feedback sought on LTC dashboard

NHS England is looking for feedback on their [online dashboard](#), which supports commissioning of care for people with long term conditions (LTCs). The dashboard has been updated with data on number of people with multiple LTCs and the proportion of people with LTCs who smoke, emergency bed days for people over 85 and quality of life.

Feedback can be provided by completing the [online survey](#), which consists of five questions.

### Pilot sites announced for second wave of Prime Minister's Challenge Fund

NHS England has announced that 37 pilot sites, covering 1,417 practices, have been successful in the second wave of the [Prime Minister's Challenge Fund](#) to test innovative ways of delivering GP services and making services more accessible to patients.

The 37 successful schemes will trial a variety of ideas to improve convenience and access to GP services to fit round work and family life with more appointments in the evenings and at weekends, plus the option for video, email and telephone consultations and better use of telecare and health apps.

The full list of the successful second wave pilot sites can be downloaded from the [NHS England](#) website.

In total there are now 57 pilots covering over 18m people in over 2,500 practices that will benefit from improved access and transformational change at local level.

### Hunt pledges additional £8bn for NHS if Conservatives win election

Health secretary Jeremy Hunt has pledged that the Conservative party will spend an additional £8bn on funding the NHS 5YFV if they win the general election.

Mr Hunt said the government, if successful in the election, would fully fund the NHS 5YFV plan, with an additional £2bn a year being allocated to the health service until 2019/20.

The plan involves a total of £30bn being put into NHS care, with £22bn found through efficiency savings and £8bn in extra spending.

The Tories are the second party to pledge to support funding for the 5YFV; the Liberal Democrats pledged their support in January.

### NHS England Business Plan 2015/16

NHS England has published its business plan, setting out its priorities for 2015/16.

[Building the NHS of the Five year Forward View – NHS England Business Plan 2015/16](#), describes the organisation's main goals and priorities to ensure both high quality care for the people of England and efficiency for the taxpayer. The priorities have been chosen to deliver the main themes of the government's mandate, while advancing the agenda the NHS has set for itself in the NHS 5YFV.

For 2015/16 NHS England will focus on **ten priorities** to improve both quality and services, to drive better value for money, and to build the foundations for the future health and care system.

The **ten priorities** of the plan are:

1. improving the quality of care and access to **cancer** treatment;
2. upgrading the quality of care and access to **mental health and dementia** services;
3. transforming care for people with **learning disabilities**;
4. **tackling obesity and preventing diabetes**;
5. redesigning **urgent and emergency care** services;
6. strengthening **primary care** services;
7. timely access to high quality **elective care**;
8. ensuring high quality and affordable **specialised care**;
9. **whole system change for future clinical and financial sustainability**;
10. **and foundations for improvement.**

### **Independent providers in NHS to have profits capped, pledges Milliband**

A Labour led government would impose a profit cap on private providers of NHS clinical services, Ed Milliband has announced.

The Labour leader said that the 5% cap would form part of the party's plan to defend the health service from the increasing risk of privatisation, in conjunction with the £2.5bn extra funding per year which the party announced last year.

The cap would be applied to all contracts worth more than £500,000 delivered by private companies but the rule would only apply to contracts for clinical services. This would therefore exclude, for example, back office services or supplies such as medicines and the rule would not apply to GP practices.

Labour has not yet confirmed how it would be applied to support services such as diagnostics.

Any surplus made above the 5% cap would need to be returned to the government, the party has advised. However, commissioners would have the power to raise or lower caps on particular contracts.

### **All London CCGs and NHS England join forces on vision for the capital**

All 32 CCGs in London along with NHS England's London team have set out plans to drive the improvements called for by the NHS 5YFV and the London Health Commission.

Each CCG has committed 0.15% of their budgets to create a shared fund to make improvements to healthcare across London. NHS England said this would amount to around £20m.

NHS England has yet to confirm how much it will contribute with a spokeswoman for NHS England saying it was still defining total investment.

The groups have decided on 13 programmes to focus on where improvements could be made. These programmes include work to:

- invest in primary care;
- improve early detection of cancer;
- develop an urgent and emergency care network across the city;

- address the poorer health outcomes in London for children and young people compared to the rest of the country;
- address the life expectancy gap for people with severe and lasting mental health issues; and
- give CCGs greater control over specialised commissioning; and improve homeless healthcare services.

Work has already started on making improvements to primary care in London, but the other programmes are still in their early stages.

### **Latest round of tech funding announced**

A total of £78m will be available this year to health and social care organisations across England to invest in technology and to assist transition from paper-based clinical records to integrated digital care records.

£43 million of [Integrated Digital Care funding](#) will be used by NHS Trusts and LAs to put in place electronic information systems which make sharing information between care settings easier and ensure that patients only tell their story once.

Trusts, health charities and community health providers will also have access to £35m through the Nursing Technology Fund; this can be spent on digital services that will support nurses, midwives and healthcare assistants in their work and help them release time to care.

### **NHS invites innovative ideas from around the globe**

NHS England and the UK Government have announced a call for [expressions of interest](#) from innovators, both in the UK and abroad, in any sector to partner with local health and care systems in trialling new technologies, digital services and other innovations with the potential to deliver big benefits to patients and taxpayers.

The programme, working in partnership with the 15 Academic Health Science Networks (AHSNs), will identify around five test beds that will receive national support for implementing high potential innovations that respond to local clinical needs. These test beds may include combinations of GPs, hospitals, community health teams, social care and the voluntary sector. They will need to have the ability to implement innovations on a large scale, and to collect evidence of the improvement of outcomes delivered to patients.

The announcement is the latest stage of implementing the NHS 5YFV, which set out additional steps the NHS will take to accelerate innovation in better ways of delivering health and care.

Expressions of interest will close on 29th May 2015 with the selection of successful test beds planned for December 2015.

## Update on the Health and Care Landscape (April 2015)

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.

### Number of CCGs reduced

The number of Clinical Commissioning Groups (CCGs) has been reduced from 211 to 209. Gateshead CCG, Newcastle North and East CCG and Newcastle West CCG have merged to form Newcastle Gateshead CCG.

### Lib Dems pledge to pay for 150,000 more nurses and 38,000 more doctors

The Liberal Democrat party has said it plans to spend £17bn more than the Conservatives and £7bn more than Labour on the NHS as the countdown to the general election continues.

The party said: "It means we can pay for five million more operations than the Conservatives, and hire 150,000 more nurses and 38,000 more GPs than Labour."

Lib Dem party leader Nick Clegg has also announced a £250m transformation fund, paid for by the sale of redundant NHS assets. The one-off fund would help pay for changes NHS England chief executive Simon Stevens said are required in the [NHS Five Year Forward View \(5YFV\)](#) including more online appointments and repeat prescriptions, and encouraging more use of video appointments.

In January the Lib Dems were the first of the three main parties to commit to increasing NHS funding in England by £8bn a year by the end of the next parliament to help plug the projected £30bn black hole identified in the 5YFV. The Tory party has since committed, but Labour has not committed to the £8bn spending pledge.

### Conservatives confirm extra £8bn for NHS in manifesto pledge

Following on from the story in the [Health & Care Review](#) a fortnight ago (published 30th March) where health secretary Jeremy Hunt pledged that the Conservative party will spend an additional £8bn on funding the NHS 5YFV if they win the election, Chancellor George Osborne has confirmed the Tories' manifesto, which is due to be published this week will make this commitment.

Mr Osborne, who was writing in *The Guardian*, said: "I can confirm that in the Conservative manifesto we will commit to a minimum real terms increase in NHS funding of £8bn in the next five years."

He added: "That is a minimum of £8bn over and above the £2bn down payment that I announced in the autumn statement last year."

"We can make this commitment because we've got the track record and a plan to grow our economy. New figures, confirmed by the Treasury, show that in the five years from 2010-11 to 2015-16 we are set to deliver a real-terms increase of £7.3bn."

### Labour launches health manifesto

The Labour party has launched its health manifesto and accused the Tories of making unfunded commitments in their soon to be released manifesto.

Labour's health manifesto confirms a number of flagship NHS commitments. They include plans to:

- Repeal the Health and Social Care Act to 'scrap David Cameron's privatisation plans and put the right values back at the heart of the NHS'.

- Impose a profit cap on private providers of NHS clinical services (as published in the [Health & Care Review](#) on 30th March).
- Inject up to an extra £2.5bn a year to pay for 20,000 more nurses, 8,000 more GPs, 5,000 more care workers and 3,000 more midwives.
- Make Health and Wellbeing Boards a vehicle for system leadership.
- Improve access to a GP by guaranteeing appointments within 48 hours, or on the same day for those who need it.

Labour leader Mr Miliband said: “The choice is clear: a funded Labour plan for more doctors, nurses and midwives or unfunded promises from a Tory party that has a record of breaking its word.”

“The bottom line is this: you can’t fund the NHS on an IOU.”

### 63 CCGs sign ‘delegated’ commissioning agreements

Sixty-three CCGs have now taken on greater ‘delegated’ commissioning for the majority of GP services.

NHS England announced in February (published in the [Health & Care Review](#) on 25th February) that 64 CCGs would take on the greater responsibility from April 2015. One of the approved CCGs dropped out last week; however, the other 63 have now signed agreements with NHS England to take on this power.

The *Health Service Journal* also understands that City & Hackney CCG had been conditionally approved to take on the ‘delegated’ commissioning in 2015-16 but it will now not happen in 2015.

### GMS contract changes 2015/16

Changes to the GP General Medical Services (GMS) contract came into force on the 1st April 2015. Details of these changes can be found on the [NHS Employers](#) website.

### The Health Foundation publishes ‘Hospital finances and productivity: in critical condition?’

The Health Foundation has published [Hospital finances and productivity: in critical condition?](#), which examines the financial performance of NHS providers, focusing on hospitals.

Key findings in the report include:

- The financial performance of NHS providers in England has deteriorated sharply since 2013, from a net surplus of £582m in 2012/13 to a net deficit of £789m at the end of Q3 of 2014/15.
- Despite an expected under-spend from commissioners of £197m, the NHS is projected to overspend by £626m by the end of 2014/15.
- Staff costs are the biggest driver of rising operating costs. Spending on temporary staff grew by £1bn (27.8%) in 2013/14 and continues to rise. Acute hospitals are hardest-hit: 76% were in deficit at the end of Q3 of 2014/15, up from 19% in 2012/13. Hospitals’ crude productivity fell by almost 1% in both 2012/13 and 2013/14.
- NHS hospitals have only improved efficiency at an average rate of 0.4% a year over this parliament. This is substantially below previous estimates and the 2-3% set out in the NHS 5YFV.