

PSNC Agenda

for the meeting to be held on Wednesday 14th October 2015

at Bristol Hotel, Prince Street, Bristol, BS1 4QF

commencing at 10.30am

Members: David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Liz Colling, Mark Collins, Ian Cubbin, Marc Donovan, David Evans, Samantha Fisher, Mark Griffiths, Mike Hewitson, 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 Michael Pitt

1. Apologies for absence

An apology for absence has been received from Clive Jolliffe.

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 14th and Wednesday 15th July 2015 were shared with the committee for approval.

3. Matters arising from the minutes

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

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

5. Group discussion

A group discussion session will be held on Tuesday 13th October.

ACTION

6. Provider Company

PSNC's work to support local service contracting has been led by LIS. The paper at **Appendix 02/10/15** sets out proposals for establishing a national provider company to provide support services, for consideration by the Committee.

7. Incorporation of PSNC

PSNC resolved to incorporate at its July meeting. Solicitors have been instructed and a paper is presented at **Appendix 03/10/15** for consideration.

RATIFICATION

8. Resource Development & Finance subcommittee

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

9. Health Policy and Regulations subcommittee

A meeting of the Health Policy and Regulations subcommittee is scheduled to take place on Wednesday 14th October 2015. The subcommittee chairman will provide a report on the meeting.

10. LPC & Implementation Support subcommittee

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

12. Service Development subcommittee

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

REPORT

13. Local devolution and healthcare

A short briefing on the devolution of powers to local areas is set out in **Appendix 04/10/15**.

14. 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 05/10/15**.

15. Future PSNC Meeting

The PSNC planning meeting will be held on 10th & 11th November at Radisson Blu Hotel, 12 Holloway Circus Queensway, Birmingham B1 1BT.

Please also note that the LPC Conference will be taking place on 4th November at the ICC, Broad Street, Birmingham, B1 2EA.

A national provider company and PSNC

PSNC, NPA, CCA and AIMp have been discussing a national provider company to respond to the changing way local services are commissioned. The resulting document is attached.

PSNC needs to consider its role and its relationship with a national provider company taking into account the support we provide and PSNCs constitution and work plans.

PSNC constitution

The functions of PSNC are set out in the PSNC constitution the provisions in which provide:

- 3.1 To secure for Chemists the best possible contractual terms and remuneration in respect of National Health Service pharmaceutical services and Directed services provided by them.
- 3.2 To represent, protect and serve the interests of all Chemists and to develop community pharmacy services to the benefit of Chemists.
- 3.8 To provide an advisory service to Chemists on matters relating to the National Health Service.
- 3.9 To advise and support Local Pharmaceutical Committees in negotiations with local authorities and other commissioners.
- 3.10 Generally to do all other things necessary to preserve, protect and further the interests of Chemists in connection with the provision of the National Health Service Pharmaceutical Services and Directed services.
- 3.11 To carry out such administrative activities as are necessary to perform the functions described in this paragraph.

The constitution also provides for the LPC and Implementation subcommittee whose remit includes identifying support needs for LPCs and contractors and developing programmes for providing support services.

PSNC's one year plan and the subcommittee work plan for LIS focus on LPC and contractor support – in the 2105 LIS plan there are work streams on: assisting LPCs to promote pharmacy service provision to local commissioners; supporting LPCs in addressing contracting challenges through provider companies and other routes; helping LPCs improve their effectiveness by provision of support and training; providing the best possible information and support to contractors and pharmacy teams.

PSNC has a constitutional duty to provide support for contractors and LPCs. An important part of that is support with local commissioning to avoid loss of services.

Summary of support to date

PSNC has:

- Instructed solicitors and provided a template LLP
- Instructed solicitors and provided a template memorandum and articles of association and guidance for forming local provider companies
- Training for LPCs on: procurement and commissioning; preparing bids and business cases; training and guidance on the NHS and public health standard contracts.
- Guidance and support on the practicalities of forming a provider company
- Initiating cross sectors support for the need for a national solution.
- Surveys of LPCs on commissioning support needs

PSNC has responded well to the challenge and LPCs and contractors are looking to PSNC to continue to do so.

The need for national support

From our surveys of LPCs there is already demand for commissioning support as some commissioners are re-procuring services previously provided by community pharmacy on an individual contract basis. Of the small number of provider companies set up so far at least three have done so because a single point provider was required to bid for contracts. In 2016/17 the surveys (see the LPC Survey Monkey report to the October LIS subcommittee) and business case indicate an expected significant shift to procurement with single point providers as the current practice of rolling over contracts comes to an end.

Community pharmacy needs to be ready to respond – failure to do so could result in opportunities being lost or non-pharmacy providers controlling sub-contracting to pharmacy.

The experience of existing provider companies is that in some cases their response to the tender has been poor (even if a local ‘expert’ tender writer has been commissioned) and expensive. Tender opportunities (of which there is only a low level at the moment) are being missed.

A national company would provide central support for tender scanning, contracting and legal advice, support with preparing and pricing bids and performance management: a ‘by pharmacy for pharmacy’ support service. The company would be able to satisfy existing support needs and be flexible enough to respond to the expected growth in demand.

Working with other pharmacy bodies

In the early summer PSNC organised a meeting of the leaders of the four national bodies to agree a solution to the commissioning challenges. That strategy group agreed that a national company should be set up and formed a Task and Finish group to develop the proposal which is attached.

The provision of this support is clearly a PSNC core role. But although PSNC has led the development of this support it is keen that it embraces the whole of the community pharmacy leadership – working with the support of NPA, CCA and AIMp so that all community pharmacies benefit from the support and have the opportunity to provide the services.

Costs and funding

The options for funding in the attached business case include direct funding by PSNC and NPA, direct funding by LPCs, subscriptions and income from services provided.

The provision of such support is a core PSNC role; a separate company rather than a PSNC in-house approach gives greater inclusivity; the service will benefit all contractors and strategically now is the time to set the company up and get it established. Doing nothing will damage community pharmacy and PSNC. For that reason it is reasonable and equitable to use PSNC levy based contributions.

Proposal

Rather than complex funding arrangements PSNC can use levy income from all contractors to contribute to the running of the company. NPA as the trade body has already agreed to contribute to the setting up of a national company.

Looking at the current demand it is proposed that PSNC contributes £25k for the remainder of 2015/16 going towards the setting up of the company and that support is on-going at £50k per annum. Once in place directors will be able to structure the finance of the company operations taking into account the on-going financial support from PSNC and working closely with PSNC and other organisations offering similar financial support.

PSNC Incorporation

Pharmaceutical Services Negotiating Committee is an unincorporated association. This means that PSNC is unable to hold property in its own name (Committee members will recall that PSNC's office in Aylesbury was owned by two trustees) and this also had an impact when it took on the lease at Times House. The Trademarks which are 'owned' by PSNC cannot be registered by PSNC, so the Heart of the Community logo, PharmOutcomes and Check34 are all registered in the names of the companies that PSNC has incorporated. As members of an unincorporated association, PSNC members are jointly and severally liable for the obligations of PSNC – which was a concern when the PSNC defined benefits pension scheme valuation showed a substantial shortfall.

PSNC has had a long-standing desire to incorporate, having worked with solicitors in 2004 to prepare Articles of Association, but it had been unable to complete that process whilst the pension fund was in deficit. Now that the pension fund is secure, the Committee is asked to again consider incorporation, and the terms that should be included in its Memorandum and Articles of Association. As the body which the Secretary of State recognises is representative of pharmacy contractors in England, it is important that incorporation will not undermine that recognition, and so the Chief Executive has held discussions with the Department of Health. It should be noted that Community Pharmacy Scotland is incorporated, and so there is already a model of an NHS representative body limited company. The Department of Health does not consider that there would be a concern about PSNC incorporating.

Penningtons Solicitors have been instructed to draft Articles of Association. These will be circulated to members of PSNC when available.

The Articles are developed to replicate the Constitution and Rules of PSNC. The last change to the Constitution took place in November 2014, when the final provisions were amended towards achieving mutual status. As HMRC has accepted PSNC's mutual status, it is important that this is maintained after incorporation – Penningtons have been asked specifically to address this. There are some key decisions to be made about the structure set out in those Articles, and the Committee is asked to consider the following.

Company Limited by Guarantee

The Constitution provides for a Committee consisting of a Chairman, together with 13 elected regional representatives, 2 NPA appointees, 3 elected non-CCA multiple members, 12 members appointed by CCA and one representative from Wales. The election and appointment cycle is based on a four year term of office, but there are ad hoc changes during the course of that four year term. It is suggested that a company limited by guarantee would provide the most flexible arrangements, to allow straightforward changes to membership.

Does the Committee agree that company limited by guarantee should be the model used?

If so, **who should be the guarantors**, and would this differ between regional reps, NPA appointees, elected non-CCA members and CCA appointed members?

Directors

Should each elected or appointed member be a director of the company, or should a smaller number of members be appointed as directors.

Before a person stands for election or is appointed to PSNC, they would (if the agreement is that all members of PSNC should be the directors of PSNC Limited) need to confirm that they are eligible to become a director (e.g. that they are not disqualified under the Companies Acts), so the arrangements for elections / appointment would need to reflect that.

Should appointment of directors be automatic on election or appointment to the Committee, or should appointments as directors be subject to the approval of existing directors?

PSNC has a code of conduct, and the Constitution requires a member to agree to be bound by the Code. **Should this requirement for persons elected or appointed as members of PSNC to agree to be bound by the Code of Conduct before they are appointed as directors.**

Should breach of the Code render a Director liable to removal as director?

If a member ceases to be entitled to be a member of PSNC (e.g. absence from 3 consecutive meetings without good cause, ceasing to be an independent contractor, a non-CCA multiple member or the NPA or CCA removes their appointee, or resignations / death) **should the director automatically be removed or should this be subject to approval by the other directors?**

Subsidiary companies

There are three companies incorporated by PSNC – PSNC property services Limited, PSNC Data Systems Limited and Health Information Exchange Limited. Currently, the shares are owned by the Chair of RD&F and the Chief Executive, held in trust for PSNC.

Should the Articles allow ‘PSNC Limited’ to trade and to own and operate through subsidiary companies (there is no proposal to amend the first two of the companies at this time, although it is likely that Health Information Exchange Limited will be dissolved shortly).

Local devolution and healthcare

The Government's plans to devolve a wide range of powers to local government, which started in Greater Manchester (DevoManc), is being considered in a number of other areas including Sheffield, Leeds, the North East, Cornwall, the West Midlands and London. Closer working with the NHS to plan the provision of health and care services and coordinate this public spending to tackle issues such as long-term unemployment and links between mental health and crime is at the centre of many of the local proposals, with varying approaches to the planned collaboration. For example, in Greater Manchester it is understood that funding will continue to be controlled by the respective statutory bodies, but with the aim being that it is directed to where it is needed most.

Community Pharmacy Greater Manchester (the coalition of local LPCs) had the opportunity to propose a service development that could be implemented across Greater Manchester as part of DevoManc. PSNC and Pharmacy Voice helped CPGM to draft their proposal which is focussed on supporting frail and older people with their medicines, in order to reduce hospital admissions. As such it is aligned with point 3 of PSNC's mandate proposals set out in the Pharmacy 5 Point Forward Plan and it has been informed by the second Community Pharmacy Future programme.

The Cities & Local Government Devolution Bill

The Cities & Local Government Devolution Bill is intended to enable devolution. The Bill is an enabling Bill to transfer functions to, or allow functions to be exercised concurrently with, or (following a Government amendment) allow functions to be exercised jointly with a Combined Authority or local authority upon the Secretary of State making a relevant order. The Bill does not in itself transfer or devolve any powers or functions – any future decisions about the transfer of functions would need to be set out in an Order, with affirmative agreement in both Houses of Parliament.

The Devolution Bill completed its third reading in the House of Lords in July 2015. Several Government amendments were tabled in the Lords and accepted. These included proposed amendments to further support the effective and appropriate devolution of health functions. An amendment was also successfully tabled by Lord Warner with the intention of providing greater clarity about the continuation of NHS accountabilities and regulatory responsibilities under devolved arrangements. The Bill is due to go to the House of Commons in the autumn.

NHS England's approach to devolution

NHS England is already involved in supporting devolution through its work with Greater Manchester. Other parts of the country are also showing interest in devolution and were invited to submit proposals for their own bespoke devolution deals by early September 2015. Subject to legislation, NHS England will need to develop and agree appropriate principle-based criteria to make decisions about devolution proposals.

At the September 2015 meeting of NHS England's Board it considered principles and decision criteria the organisation could use to make decisions on future devolution. The principles, decision criteria, and process will be further refined as the Devolution Bill develops. The proposed principles are:

1. An overarching principle that all areas will remain part of the NHS, upholding national standards and continuing to meet statutory requirements and duties, including the NHS Constitution and Mandate;
2. Ensuring that commissioners, providers, patients, carers and wider partners, including the voluntary and community sector, are able to work together to shape the future of the local area, supported by regular communication and engagement from development to implementation;

3. The principle of subsidiarity, ensuring that decisions are made at the most appropriate level;
4. Having clear and appropriate accountability arrangements for services and public expenditure to be devolved;
5. Putting in place a clear plan to support long term clinical and financial sustainability; and
6. A governance model which is simple to operate and minimises bureaucracy and overheads in the system.

Based on the assumption that the Department of Health and NHS England are involved in decisions about requests for devolution, it was proposed that the decision criteria to determine calls for NHS England health functions should focus on the following areas:

1. *Clarity of vision* about the benefits devolution will bring to the health and social care of local people, and the plan for delivery of these and wider benefits including a clear articulation of what specific additional functions and responsibilities are being requested;
2. A *'health geography'* that supports devolved decision-making, being largely a self-sufficient community with a matching corporate infrastructure rather than relying on other areas of the country for delivery of devolved functions;
3. *Quality and continuity of care*, particularly linked to the safe transfer of responsibilities and emergency planning, preparedness and resilience arrangements;
4. *Impact on other populations, including appropriate safeguards for users of local services from outside the relevant geography;*
5. *Financial risk management*, including mitigation actions by, and residual risk to, NHS England;
6. *Support of local health organisations*, and local government (including political leadership) so that there is a solid basis of co-operation on which to build shared decision-making and robust, devolved arrangements;
7. *Demonstrable leadership capability and track record of collaboration between NHS bodies and local government, implementing transformation and securing consistent delivery, making full use of pre-existing powers;*
8. *Demonstrable track record of collaboration and engagement with patients and local communities, including evidence of sufficient consultation on, and broad support for, the devolution proposals; and*
9. *Clear mitigation plan and exit route in the case of failure.*

Update on the Health and Care Landscape (July 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.

Cornwall NHS integration-devolution deal

Cornwall looks set to follow in the footsteps of [Manchester](#), with an announcement expected this week (week commencing 6th July) of a devolution deal, which will include greater integration and control over health and care spending.

The full details of the deal are still being finalised; however, the ambition is that by the end of the decade the area will have developed options for the management of a £2bn pooled budget combining health, welfare and social care spending.

In Manchester it is proposed that health and care commissioning budgets would be integrated, and pooled with the area's share of NHS England's primary and specialised services budgets. However, the *Health Service Journal* has reported that, unlike in Manchester, NHS England at present has no intention of delegating its specialised services budget to Cornwall. The devolution deal is likely to involve integrated commissioning of health and social care by Kernow Clinical Commissioning Group and Cornwall Council.

£22bn NHS efficiency savings 'virtually impossible' says Lamb

Norman Lamb, the former Liberal Democrat care minister, has said that the plans for £22bn efficiency savings outlined in the [NHS Five Year Forward View](#) (5YFV) are 'virtually impossible' to achieve.

Mr Lamb, who was care minister when the 5YFV was published, said the document's financial assumptions were "completely heroic", and "the assumption which involved the biggest efficiency savings brought the gap down to £8bn".

The forward view "didn't say much about Simon Steven's views about the likelihood of achieving that. I think he would know that it's virtually impossible... and everyone on the ground knows just how impossible it is," said Mr Lamb.

Integrated care records move Manchester closer to shared care

Integrated care records for 6,000 patients are now being shared between NHS and social care workers employed across three Clinical Commissioning Groups (CCGs) in Manchester.

Data has been combined from three acute trusts – Central Manchester University Hospitals Foundation Trust, Pennine Acute Hospitals Trust, and University Hospitals of South Manchester FT – 90 GP practices and Manchester City Council's social services department.

Records from Manchester Mental Health and Social Care Trust and North West Ambulance Service Trust are also planned to be shared this year.

Existing systems used by each service feed into the shared records, which have been created by IT firm Graphnet Health.

The patient plans, currently used by about 900 registered users, remove the need to enter information twice, and means records are kept up to date when new information is entered on local systems.

More than £100,000 has been invested in the infrastructure to run the project, which has so far been focused on patients at high risk of being admitted to hospital.

When a new patient plan is created, specific details such as patient management, crisis and risk planning, core team and specialist services, informal carer and next of kin details are combined with information such as medications, allergies and investigations from the shared care record. It is then kept up to date by users across the care community.

Create urgent care networks, urges NHS England

NHS England has said urgent and emergency care networks should be set up across England to set and monitor standards of care and 'designate urgent care facilities'.

NHS England has said each board should include representation from:

- System resilience groups;
- Clinical Commissioning Groups, including the lead commissioner for ambulance services);
- All acute hospital and urgent care centres;
- At least one Health and Wellbeing Board;
- At least one NHS 111 provider;
- At least one GP out of hours provider;
- At least one ambulance service;
- At least one community provider;
- At least one mental health trust and provider of health based place of safety;
- At least one local authority;
- **Community pharmacy services;**
- Health Education England through the local education and training board;
- Local Healthwatch; and
- Commissioned independent providers.

NHS England has published guidance [Role and Establishment of Urgent and Emergency Care Networks](#), which states the purpose of the network is to improve the consistency and quality of urgent and emergency care by bringing together system resilience groups and other stakeholders to address challenges in the urgent and emergency care system that are difficult for single SRGs to address in isolation.

The networks will be expected to produce long term plans to deliver the aims of the wider urgent and emergency care review.

Additional resources added to Commissioning for Value

New resources have been added to the [Commissioning for Value](#) webpage and tools have also been updated to provide greater functionality. The tools include pathway data for maternity and early years; substance misuse; and mental health at local authority level.

Obesity statistics published by House of Commons Library

House of Commons Library has published a briefing on [Obesity statistics](#) for England, Scotland, Wales and Northern Ireland with international comparisons.

Breakdowns by age, gender, local authority and deprivation are given where possible, and data for both adult and child obesity is covered.

In addition to statistics on the prevalence of obesity, this briefing gives statistics on prescriptions of drugs for obesity, trends in bariatric surgery, and the detrimental effect of obesity on health.

£60m contract awarded to replace NHS mail

A £60m contract has been awarded to consultancy firm Accenture to deliver a replacement for the NHS's secure email system by the Department of Health.

The "NHSmail2" project will include upgrades designed to make it easier for the system's 650,000 users to interact with colleagues using other secure email services. It will also include expanded video and audio capabilities.

Hunt sets out 25 year vision for the NHS

Health Secretary Jeremy Hunt has given a major speech (16 July 2015) on NHS reform and his vision for the NHS over the next 25 years. Mr Hunt, who was speaking to delegates at the King's Fund, outlined his future plans for a patient-led, transparent and safer NHS.

During his speech Mr Hunt announced the NHS will become the world's safest and largest learning organisation through the establishment of NHS Improvement – the new name for the jointly led NHS Trust Development Authority (TDA) and Monitor. The new organisation will host a new Independent Patient Safety Investigation Service modelled on the Air Accidents Investigation branch – with the aim of supporting providers to become more efficient and provide a higher quality of care.

Mr Hunt also spoke of the need for a proper 7-day NHS service to ensure patients are as safe at weekends as they are during the week. He said the British Medical Association (BMA) needed to get real, and argued that a lack of consultant cover at evenings and weekends was responsible for 6,000 deaths a year. The BMA is not remotely in touch with the views of its own members, he said.

If no agreement can be reached with BMA union negotiators on this matter by September, the government will be willing to impose a seven day contract on all new consultants he said, with Ministers wanting at least half of all consultants on seven day contracts by 2020.

In addition, Mr Hunt advised that for the first time GPs will be asked to inform patients of the Care Quality Commission rating and waiting time data at hospitals, enabling patients' to choose with a more accurate picture of their local hospital's performance and quality. In March 2016, England will become the first country in the world to publish avoidable deaths by hospital trust, while the King's Fund will produce ratings on the overall quality of care provided to different patient groups in every health economy.

Meaningful choice and control for patients over services offered in maternity, end of life care and long term conditions will also be available.

Internet entrepreneur and cross-bench peer Martha Lane Fox will also lead on increasing take-up of new digital innovations in health with Mr Hunt including in his speech plans for the Government to look to embrace the potential of technology to "shift power to patients".

Mr Hunt's speech is available to view on the GOV.UK website.

New measures announced to improve safety across NHS

The Department of Health has published (16 July 2015) *Learning not Blaming*, its full response to the Freedom to Speak Up, the Public Administration Select Committee (PASC) report on clinical incidents, and the Morecambe Bay Investigation.

The Morecambe Bay Investigation was established by the Health Secretary Jeremy Hunt in September 2013. It was set up in response to a series of maternal and neonatal deaths at the Trust between January 2004 and June 2013.

Mr Hunt told Parliament that when things go wrong “they will no longer be swept under the carpet” and that the NHS must “listen, learn and improve”.

Actions to ensure such failings never happen again include:

- removing the Nursing and Midwifery Council’s current responsibility for statutory supervision in the United Kingdom, moving to a model of professional supervision similar to that of other health professionals; and
- a full-scale review into current maternity services and provision across the country, which started earlier this year, led by Baroness Cumberlege.

He also accepted the PASC report recommendations, which includes setting up a new independent NHS patient safety investigation service to begin in April 2016.

In addition, to ensure everyone in the NHS feels confident and supported to raise concerns Mr Hunt committed to a number of measures from the Freedom to Speak Up review including:

- a national ‘whistleblowing’ lead to be located in the Care Quality Commission;
- ‘Freedom to Speak up Guardians’ to be appointed in all local NHS organisations; and
- whistleblowing training for all healthcare workers.

£10bn funding commitment confirmed in budget

The Chancellor George Osborne has confirmed that spending on the NHS in England will increase by £10bn per year in real terms by 2020/21.

Mr Osborne delivered the summer budget on Wednesday 8th July confirmed the Government’s commitment to fully funding the NHS 5YFV, providing £8bn a year by 2020 on top of the £2bn, which the Government committed to in the Autumn statement.

Record 1m responses in first six months for GP friends and family tests

More than 1m responses to GP practice friends and family tests (FFTs) have been collected since December 2014, when the scheme was rolled out to primary care.

Official data has shown that practices have continued to receive a high rate of positive responses with 88% of the 1,019,161 responses received to date having been positive, with only 6% of respondents in May 2015 saying they would not recommend their GP practice.

However, a third of GP practices (68%) failed to submit any data from the FFT for the latest month available – May 2015.

Nationwide breast cancer campaign launched by NHS England

Public Health England (PHE) has launched a nationwide ‘Be Clear on Cancer’ campaign aimed at women aged 70 and over to drive awareness of the risk of breast cancer amongst this age group and to increase their knowledge of lesser-known breast cancer symptoms.

Around 13,400 women aged 70 and over are diagnosed with breast cancer each year, accounting for a third of all breast cancer cases. Approximately 30% of all women diagnosed with breast cancer report a symptom other than a lump. However, research shows that when asked to name symptoms of breast cancer, only half of women over 70 (48%) could name a symptom aside from a lump.

The campaign was launched on Monday 13 July and will run for eight weeks. More information can be found on www.nhs.uk/breastcancer70.

Cancer strategy for England 2015-2020 published

The Independent Cancer Taskforce has published [Achieving world-class cancer outcomes: a strategy for England 2015-2020](#), which outlines how an additional 30,000 patients every year could survive cancer for 10 years or more by 2020. Of these, around 11,000 would be through earlier diagnosis.

The Independent Cancer Taskforce outlines six strategic priorities in the report to help the NHS achieve world-class cancer outcomes. Community pharmacy is highlighted in the report in recommendation 72:

‘NHS England should evaluate, through new or existing vanguards, whether the establishment of community oncology nurse services and community pharmacy services could cost effectively assist with management of consequences of treatment and treatment adherence.’

More than a fifth of young people have tried e-cigarettes

New figures published by the Health and Social Care Information Centre (HSCIC) show that more than a fifth (22%) of 11 to 15 year olds have used e-cigarettes on at least one occasion and the majority (88%) have heard of them.

The report, [Smoking, Drinking and drug use among young people in England](#) found that the use of e-cigarettes varied according to age, gender and smoking status:

- One in 20 (5%) 11 year olds said they had used e-cigarettes. By comparison, the figure was seven times higher (35%) for 15 year olds;
- Boys (23%) were more likely to have ever used e-cigarettes than girls (20%); and
- Nine in ten (89%) regular cigarette smokers had used e-cigarettes, compared to one in ten (11%) who had never smoked.

The report shows a decline in the prevalence of smoking, alcohol and drug use among 11 to 15 year olds. In addition to monitoring use, the survey reports on the attitudes of pupils and found that drug use was considered to be the least acceptable. Nearly half (48%) of pupils thought that it was okay to try drinking alcohol to see what it was like, followed by smoking cigarettes (26%) and taking cannabis (9%).

Five Year Forward View highlighted in NHS England’s annual report

NHS England Chief Executive Simon Stevens has pointed to the publication of the 5YFV as one of the most significant moments of the past year.

In the introduction to [NHS England’s 2014-15 Annual Report](#) Mr Stevens states “It was a year in which the Health Service responded – largely successfully – to wide-ranging operational pressures. But, as importantly, it was a year in which patients’ groups, caring professionals and national leaders came together to chart a shared direction for our country’s NHS for the next five years.

“2015-16 represents year one of the Five Year Forward View. So, for the year ahead, NHS England has identified key commissioning priorities for improvement. These include cancer care, mental health, learning disabilities, and obesity and diabetes prevention.

“Our care redesign focus will be on primary care, urgent and emergency care, and maternity services. And we will be working with communities and frontline services across England to support a variety of new vanguards.”

Eight new urgent and emergency care vanguard sites announced

NHS England has revealed eight new vanguard sites that will transform urgent and emergency care for more than nine million people.

The new vanguards follow the announcement of the success of the regional major trauma networks, which were set up three years ago resulting in a 50% increase in the chance of survival for trauma patients, according to an audit by the Trauma Audit and Research Network.

The new vanguard sites are tasked with changing the way in which all organisations work together to provide care in a more joined up way for patients.

Urgent care will be delivered, not just in hospitals but also by GPs, pharmacists, community teams, ambulance services, NHS 111, social care and others, and through patients being given support and education to manage their own conditions. Another aim is to break down boundaries between physical and mental health to improve the quality of care and experience for all.

Six vanguards will cover smaller local systems which may include hospitals and surrounding GP practices and social care, while two network vanguards will be working with much larger populations to integrate care on a greater scale.

The sites will get access to funding from NHS England's £200m transformation fund in 2015-16.

The eight new vanguard sites are:

1. South Nottingham System Resilience Group – a partnership of local organisations, including Nottingham University Hospitals Trust, South Nottingham and Erewash Clinical Commissioning Groups (CCGs), Nottingham City and County councils, and East Midlands Ambulance Service;
2. Cambridgeshire and Peterborough CCG;
3. North East Urgent Care Network;
4. Barking and Dagenham, Havering and Redbridge System Resilience Group;
5. West Yorkshire Urgent Emergency Care Network;
6. Leicester, Leicestershire and Rutland System Resilience Group;
7. Solihull Together for Better Lives – comprises Heart of England Foundation Trust, Birmingham and Solihull Mental Health FT, Solihull Metropolitan Borough Council, Solihull CCG, primary care and lay members; and
8. South Devon and Torbay System Resilience Group – led by South Devon and Torbay CCG, South Devon Healthcare FT, and Torbay and Southern Devon Health and Care Trust.

Urgent action pledged on over-medication of people with learning disabilities

NHS England has promised rapid and sustained action to tackle the over-prescribing of psychotropic drugs to people with learning disabilities after three separate reports highlighted the need for change.

Research commissioned by the health body and delivered in three reports from the Care Quality Commission (full report to be published in September 2015), [PHE](#) and [NHS Improving Quality](#) has found that:

- there is a much higher rate of prescribing of medicines associated with mental illness amongst people with learning disabilities than the general population, often more than one medicine in the same class, and in the majority of cases with no clear justification;
- medicines are often used for long periods without adequate review, and;
- there is poor communication with parents and carers, and between different healthcare providers.

In the report authored by PHE it is estimated that up to 35,000 adults with a learning disability are being prescribed an antipsychotic, an antidepressant or both without appropriate clinical justification.

NHS England has written a [letter](#) urging the review of prescriptions, and promised to spearhead a call to action to tackle these problems, similar to that which has been so effective in reducing the inappropriate use of antipsychotics with dementia patients.

This will involve bringing together representatives of both professional and patient groups for an urgent summit on 17th July, at which an action plan and a delivery board will be established to drive the necessary changes.

NHS England are also considering issuing a patient safety alert to ensure that frontline clinicians and other health professionals are aware of the concerns, and have published information on their [website](#) for concerned patients and family members.

NHS needs at least £1.5bn a year for transformation

A joint report published by the King's Fund and the Health Foundation says the NHS needs a dedicated transformation fund of at least £1.5bn a year to properly test and roll out new models of care.

[The Making change possible: a Transformation Fund for the NHS](#) says some of the funding could come from existing streams, such as the £200m transformation fund mainly allocated to NHS England's vanguard sites. However, additional cash would also be required above the £8bn the government has already pledged to the NHS by 2020 to support the *Five Year Forward View*.

The report recommends a fund of between £1.5bn and £2.1bn a year until 2020-21, with a second phase focused on rolling out the successful models beyond then.

Cut sugary drinks from children's diets urge PHE

PHE has called on parents and families to cut sugary drinks from their children's daily diet, after independent nutrition experts say the country consumes too much sugar, leading to major health consequences.

The Scientific Advisory Committee on Nutrition (SACN) [Carbohydrates and Health report](#), recommended a significant cut to the amount of sugars people consume as part of their daily calorie intake - halved from 10% to 5%. The report also recommends that consumption of sugar sweetened drinks is minimised and fibre increased.

While PHE has identified cutting sugary drinks as the first step parents can take, updated advice from its childhood obesity prevention campaign, Change4Life, also provides families with advice on how to cut down on other sugary foods. In addition, people are now being strongly advised to have only one 150ml serving of fruit juice or smoothie per day, with a meal, as part of their five a day because of the high levels of sugar they contain.

Update on the Health and Care Landscape (August 2015)

The future of primary care: creating teams for tomorrow - Primary Care Workforce Commission report

The Primary Care Workforce Commission has published [The future of primary care, Creating teams for tomorrow](#), which calls for greater collaboration across organisations and a broader range of staff to be involved in the delivery of healthcare.

The report calls for wider use of community pharmacists and pharmacy support staff in managing minor illness and advising people about optimising their medicines. It also recognises that greater use of pharmacy services such as weight management and smoking cessation, could relieve some of the demand for care from general practices.

The Health Secretary Jeremy Hunt commissioned Health Education England to establish the independent Primary Care Workforce Commission to identify and highlight innovative models of primary care that will meet the future needs of patients and the NHS.

7-day NHS services: a factsheet

The Department of Health has published a [factsheet](#) describing why the NHS needs to offer a 7-day service and further action that the Government wants to take to make NHS services safer.

Labour pledge to apply for debate as more than 200,000 sign Hunt no-confidence petition

Labour shadow health secretary Andy Burnham has said he will apply for a debate in the Commons after more than 200,000 people signed a petition calling for a vote of no confidence in health secretary Jeremy Hunt.

The [no-confidence petition](#) was organised by NHS doctors who say the health secretary has alienated the entire workforce of the NHS by threatening to impose a harsh contract and conditions on first consultants and then the rest of the NHS staff.

Parliament must consider all petitions that get more than 100,000 signatures for a debate and Mr Burnham has tweeted to say he will apply to debate when the House returns from recess.

Sir Malcolm reappointed as Chair of NHS England

Professor Sir Malcolm Grant has been re-appointed as Chair of NHS England.

Sir Malcolm has been in post since 2011, firstly as founding chairman of the NHS Commissioning Board which subsequently changed its operating name to NHS England in 2013. He will continue in his role from the end of October for another three years.

First vanguard funding allocation from £200m transformation fund

Three new models of care vanguard sites have become the first to be named to receive money from the £200m transformation fund, with another five sites being approved in principle to receive funding.

The first vanguard sites to receive transformation funding will be:

- Sunderland, £6.5m;
- Northumberland, £8.3m; and
- South Somerset, £4.9m.

A further £41m has been approved in principle for:

- Morecambe Bay;
- Southern Hampshire;
- Isle of Wight;
- Salford; and
- Wirral.

Further funding for other sites will be approved later in the year.

Support package launched for vanguards

An initial support package has been published for the new vanguards which were launched earlier this year.

Building on the best practice already being displayed, the support package is designed to be led by vanguard leaders alongside national experts, and aims to help the vanguards be as successful as possible in making the changes they are planning.

It is also intended to maximise sharing of learning and practice across the 29 vanguards and, importantly, with the wider NHS and care system – a key element of the vanguards' work.

The support package, which covers 2015/16, focuses on eight areas:

1. **Designing new care models** – working with the vanguards to develop their local model of care, maximising the greatest impact and value for patients;
2. **Evaluation and metrics** – supporting the vanguards to understand – on an ongoing basis – the impact their changes are having on patients, staff and the wider population;
3. **Integrated commissioning and provision** – assisting the vanguards to break down the barriers which prevent their local health system from developing integrated commissioning;
4. **Empowering patients and communities** – working with the vanguards to enhance the way in which they work with patients, local people and communities to develop services;
5. **Harnessing technology** – supporting the vanguards to rethink how care is delivered, given the potential of digital technology to deliver care in radically different ways. It will also help organisations to more easily share patient information;
6. **Workforce redesign** – supporting the vanguards to develop a modern, flexible workforce which is organised around patients and their local populations;
7. **Local leadership and delivery** – working with the vanguards to develop leadership capability and learn from international experts, and;
8. **Communications and engagement** – supporting the vanguards to demonstrate best practice in the way they engage with staff, patients and local people.

A number of dedicated workstreams – which will be led by a vanguard leader and national subject matter expert – will work with the vanguards to refine what is being offered so that it is fully tailored to their needs.

Hospital-based GP practice for patients with five or more serious long-term conditions

A GP practice based within a hospital is looking to sign up just patients who have five or more serious long-term conditions to its list.

Health 1000, based at King George Hospital, London, has begun advertising for patients who will receive services from GPs as well as other healthcare professionals including nurses, consultants, physiotherapists, geriatricians, occupational therapists and a social worker.

The new practice aims to reduce pressure on the Emergency department by ensuring patients who are at risk of having to be admitted to hospital regularly are provided with personalised, responsive care. This includes patients with coronary heart disease, high blood pressure, heart failure, stroke, diabetes, chronic obstructive pulmonary disease, dementia and depression.

The scheme is run by GPs who have received funding from the [Prime Ministers Challenge Fund](#) to increase GP access, and it has been commissioned by two Clinical Commissioning Groups (CCGs), NHS Barking and Dagenham CCG and NHS Havering and Redbridge CCG.

Patients who sign up to the new practice will be transferred from their existing GP practice, they cannot access services from both; however, they will be able to access a personal key worker to coordinate their care via telephone seven days a week, and be seen at home if more appropriate, the CCGs said.

Diabetes medicines account for 10% of primary care prescribing budget

New figures show that medicines used to treat diabetes now account for 10% of the annual primary care prescribing bill in England.

The report [Prescribing for diabetes in England](#) published by Health & Social Care Information Centre (HSCIC) shows that in 2014/15:

- the Net Ingredient Cost for managing diabetes was £868.6 million – This represents 10% of the total primary care prescribing spend in 2014/15 (£8,704.9 million), compared with 9.5% in 2013/14 and 6.6% in 2005/06;
- 47.2 million items were prescribed for diabetes, a 4.6% increase (2.1 million) from 45.1 million items in 2013/14 and a 74.1% (20.1 million) rise on 2005/6 (27.1 million); and
- diabetes medicines accounted for 4.5% (47.2 million) of all prescription items (1,059.8 million) compared with 4.4% (45.1 million) in 2013/14 (1,027.9 million) and 3.8% (27.1 million) in 2005/06 (722.4 million).

5% of appointments at GP practices are “no-shows”

One in 20 appointments at GP practices are missed by patients, research by a Local Medical Committee (LMC) has shown.

In 2014 68,000 appointments across 29 practices in the Leicester, Leicestershire and Rutland LMC area were missed by patients. The findings suggest that across England, more than 16 million appointments are missed each year.

Leaders of the medical profession have warned that no-shows for GP appointments are adding to the pressure on an already overstretched GP workforce.

Public Health England’s annual plan 2015/16 published

Public Health England (PHE) has published their annual plan [Who we are and what we do: Annual Plan 2015/16](#).

The plan sets out the core functions of PHE and outlines the key steps and actions for the year ahead.

Call for expressions of interest for diabetes prevention programme

NHS England, Public Health England and Diabetes UK are calling for expressions of interest from Clinical Commissioning Groups (CCGs) and local authority (LA) partnerships to become first wave sites for the [NHS Diabetes Prevention Programme](#) in 2016.

First wave implementers will partner with contracted providers of the new service, to deliver behavioural interventions to prevent Type 2 diabetes in their locality. Expressions of interest covering geographies greater than individual CCGs are being encouraged, as are collaborative expressions of interest between CCGs and LAs.

The deadline for expressions of interest is 18th September 2015.

NHS Friends and Family Test reaches 10 million pieces of feedback

The NHS Friends and Family Test (FFT) has reached another milestone, having received 10 million feedback responses from patients.

The FFT was launched in April 2013 and allows patients to give feedback on their experiences of care and treatment in services throughout the NHS. It has quickly grown into the world's biggest collection of patient feedback on a health service and gives staff the ability to react promptly and make swift and lasting improvements to care provided.

Although the FFT helps identify areas where improvements can be made, most of the feedback has been overwhelmingly positive across healthcare organisations. Many have reported that it has provided an unexpected boost to staff morale and created many more opportunities to give well deserved appreciation to individual staff who have provided excellent patient care.

New partnership between NHS England and the Fire and Rescue Services

NHS England and the Fire and Rescue Services (FRS) have established a new partnership to use their collective capabilities and resources more effectively to enhance the lives of older people and those with complex conditions.

Working together with PHE, the Chief Fire Officers Association, the Local Government Association (LGA) and Age UK, the group has established a new working relationship aimed at improving the quality of life for people who would benefit from brief health and wellbeing interventions in their own homes, and better coordinated public services.

Jacquie White, NHS England's Deputy Director for People with Long Term Conditions, explained

"The Fire and Rescue Services in England carry out 670,000 home visits annually on vulnerable people.

"They are already providing some basic health interventions – but they are keen to do more.

"Health and local government staff in some areas are working with the FRS to identify households with complex conditions or needs and increased risk of fire. They agree a local list of health interventions to be provided, while also developing ways of directing people who need help from health or care services."

NHS England is supporting the local development of a whole system, multi-agency approach to deliver the national commitment of more integrated person centred care closer to home.

A consensus statement between NHS England, the Chief Fire Officers' Association, PHE, LGA and Age UK will be published soon along with design principles for 'safe and well visits' and links to case studies.

National patient safety alert – implementation of an antimicrobial stewardship programme to address antimicrobial resistance

NHS England, Health Education England and PHE have issued a joint National Patient Safety Alert to all providers of NHS care in England to highlight the challenge of antimicrobial resistance (AMR) and the need for antimicrobial stewardship.

Inappropriate use of antimicrobials has been a key driver in AMR, which has risen alarmingly over the last 40 years. From 2010 to 2013, total antibiotic prescribing in England increased by 6%, comprised of a 4% rise in general practice and a 12% increase in hospital inpatient prescribing.

The joint patient safety alert signposts NHS organisations to the [TARGET \(Treat Antibiotics Responsibly, Guidance, Education, Tools\)](#); and [Antimicrobial Stewardship: Start Smart then Focus](#) toolkits. The toolkits have been developed by PHE in collaboration with several professional bodies to support the NHS in improving antimicrobial stewardship in both primary and secondary care. Through the alert health providers are asked to specifically identify how the toolkits can be used to support their own local antimicrobial stewardship programmes.

E-cigarettes around 95% less harmful than tobacco

PHE has published an [expert independent evidence review](#), which has concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking.

Key findings of the review include:

- the current best estimate is that e-cigarettes are around 95% less harmful than smoking;
- nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking; and
- there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers.

The review, commissioned by PHE and led by Professor Ann McNeill (King's College London) and Professor Peter Hajek (Queen Mary University of London), suggests that e-cigarettes may be contributing to falling smoking rates among adults and young people. Following the review PHE has published a paper on [the implications of the evidence for policy and practice](#).

The comprehensive review of the evidence finds that almost all of the 2.6 million adults using e-cigarettes in Great Britain are current or ex-smokers, most of whom are using the devices to help them quit smoking or to prevent them going back to cigarettes. It also provides reassurance that very few adults and young people who have never smoked are becoming regular e-cigarette users (less than 1% in each group).

However, the review raises concerns that increasing numbers of people think e-cigarettes are equally or more harmful than smoking (22.1% in 2015, up from 8.1% in 2013: ASH Smokefree GB survey) or don't know (22.7% in 2015, ASH Smokefree GB survey).

Despite this trend all current evidence finds that e-cigarettes carry a fraction of the risk of smoking. Emerging evidence suggests some of the highest successful quit rates are now seen among smokers who use an e-cigarette and also receive additional support from their local stop smoking services.

Update on the Health and Care Landscape (September 2015)

Five million people at high risk of Type 2 diabetes

Five million people in England have blood sugar levels indicating a high risk of developing Type 2 diabetes, according to a new report published by Public Health England (PHE).

The [NHS Diabetes Prevention Programme non-diabetic hyperglycaemia report](#), produced by PHE's National Cardiovascular Intelligence Network (NCVIN), provides the most accurate and robust estimate of how many people over 16 in England have blood sugar levels in a range indicating a high risk of developing Type 2 diabetes, otherwise known as non-diabetic hyperglycaemia.

The report was commissioned by the [NHS Diabetes Prevention Programme \(NHS DPP\)](#), which will support people in reducing their risk of developing Type 2 diabetes by helping them lose weight, be more active and have a healthier diet.

The new estimate further underlines the need to act on Type 2 diabetes, especially as it already results in 22,000 early deaths and costs the NHS £8.8billion every year.

An [evidence review](#) also published today by PHE shows programmes similar to the NHS DPP can be successful in preventing 26% of people at high risk of Type 2 diabetes from going on to develop the condition. People supported by diabetes prevention programmes lose on average 1.57kg more weight than those not on a programme aiming to significantly reduce diabetes risk.

Both reports have shaped what the NHS DPP will offer; at least nine months of information, support, group and one-to-one sessions on weight loss, physical activity and diet. Practitioners, clinicians, academics and the public are currently being consulted on a proposed outline of the programme.

Public Health England refutes The Lancet's criticism on e-cigarettes report

PHE has responded to [The Lancet's](#) criticism on their published report, which concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit smoking (as reported in the [Health & Care Review](#), published 25th August 2015).

PHE has refuted the claim that the declared conflicts of interest affect the overall findings of the review. The authors of PHE's review have set out the sources and references on which they base their overall assessment that e-cigarettes are around 95% safer than smoking and PHE believes the review meets their high standards for scientific rigour and evidence. PHE's full response can be viewed in [The Lancet](#).

Transforming urgent and emergency care services in England

NHS England has published [Transforming urgent and emergency care services in England - Safer, faster, better: good practice in delivering urgent and emergency care](#) in which they state community pharmacies can make valuable contributions to local health communities' urgent care programmes. In the report they cite a number of examples of community pharmacy services that can reduce pressure of general practice and enhance patient safety, including medicines reviews, repeat prescription management and providing urgent access to medicines.

The report states that NHS 111, general practice receptions and urgent care centres should have protocols to direct patients to community pharmacies where these can appropriately respond to a patient's care needs, including to services locally commissioned from pharmacy by NHS England, Clinical Commissioning Groups and local authorities.

Hunt outlines vision for use of technology across NHS

Health Secretary Jeremy Hunt outlined his vision for the use of technology across the NHS at the NHS innovation Expo in Manchester (2nd September 2015). Hunt challenged the NHS to make better use of technology so that patients can be empowered to manage their own healthcare needs, while ensuring that their data remains safe at all times.

Mr Hunt made it clear that by 2016 all patients should be able to access their own GP electronic record online in full, seeing not just a summary of their allergies and medication but blood test results, appointment records and medical histories. By 2018 this record will include information from all their health and care interactions.

In addition, by the end of 2018 all doctors and nurses will be able to access the most up-to-date lifesaving information across GP surgeries, ambulance services and A&E departments, no matter where a patient is in England. By 2020 this will include the social care system as well.

GPs to receive instant e-summaries for all discharged hospital patients from October

GPs will be provided with instant electronic discharge summaries from hospitals for all acute and day care patients from 1st October 2015 – secure faxes will no longer be permitted for sending this information.

The new regulations form part of the Government's 'paperless NHS' vision, and NHS England has said that this will ensure information is immediately available at the time of patient handover and therefore improve patient safety.

According to NHS England, trials have shown that GPs having instant access to handover notes online 'reduces the risk of error... as doctors can immediately see what medicines their patients are on and what procedures they have had', and the GP practice can 'care for them more effectively straight away'.

Over 3 million patients now have online access to their GP records

Over 3 million patients have registered for online access to their summary GP records since April 2015 according to NHS England.

Patients can book appointments, order repeat prescriptions and access records online at 97% of practices in England, NHS England director for patients and information Tim Kelsey has said.

More than 3.7 million repeat prescriptions were ordered online and over 3 million people registered for record access in the first quarter of 2015/16, official data shows.

New whooping cough figures prompt call for pregnant women to get immunised

Public Health England is calling for pregnant women to have the whooping cough (pertussis) vaccine in order to protect themselves and their babies from this serious disease as new surveillance figures confirm that whooping cough activity remains at raised levels in England.

New data on the GOV.UK website shows that for the year to March 2015, whooping cough vaccine coverage in pregnant women averaged 56.4% in England.

Recently published data on the GOV.UK website shows that incidences of confirmed cases of whooping cough in babies under 3 months of age remain low, indicating that the vaccination programme is protecting young babies from birth. However, the figures also show that, overall,

reported whooping cough cases are still at raised levels in England, meaning that babies born to unvaccinated mothers remain vulnerable to the disease in their first few weeks of life.

Huge variation in CCG antibiotic spending per patient revealed

Analysis by *GPonline* of the Health and Social Care Information Centre's (HSCIC's) [latest prescribing figures](#), covering the first quarter of the 2015/16 financial year (April-June), show that CCGs spent a combined total of over £427m on antibiotic prescriptions.

When taking into account the number of GP-registered patients at each Clinical Commissioning Group (CCG) and the amount incurred by each CCG on antibacterial drugs, the average amount spent per patient varies hugely, ranging from £4.19 in West London CCG to £10 at Knowsley CCG.

CCG areas in London have the lowest costs per individual patient. Areas in the most northern parts of England are among the highest.

Alongside West London CCG, Central London, Brent, Hounslow and Haringey CCGs spent less than £5 per head on antibiotic prescriptions.

Areas that appear to be spending the most include Knowsley, Halton, South Tees and St Helens CCGs.

The findings come just weeks after experts at the [National Institute for Health and Care Excellence](#) (NICE) suggested GPs and practices should be reprimanded and referred to the General Medical Council for handing out too many antibiotics to help cut down overall prescribing.

MPs to debate Hunt's threat to impose seven-day NHS services

MPs debated a petition calling for a vote of no confidence in the health secretary Jeremy Hunt yesterday (14th September 2015).

The [no-confidence petition](#), which was organised by NHS doctors, says the health secretary has alienated the entire workforce of the NHS by threatening to impose a harsh contract and conditions on first consultants and then the rest of the NHS staff.

MPs will debate 'that this House has considered the e-petition relating to contracts and conditions in the NHS', but will not be asked to vote after the debate.

Mr Hunt is due to appear before the health select committee today (15th September 2015) where MPs will be hearing evidence on his work as secretary of state.

Merger with hospital trust to 'de-risk' future for GP practices

Up to five GP practices are looking to have their properties bought by the local hospital trust in order to stay open, *Pulse* has reported.

The local Southern Health NHS Foundation Trust-led Multispeciality Community Provider (MCP) '[vanguard](#)' has the long-term aim of being directly contracted to provide GP services - something which is not currently possible under General Medical Services (GMS) arrangements, the MCP's GP clinical lead said.

In the meantime, one practice in Gosport has nearly finalised merger negotiations that will see two GP partners forming a new provider arm with Southern Health, while the trust will take over employing all the other practice staff and the leasehold for the practice premises.

According to Southern Health, up to five practices are also seeking similar agreements with the same trust, in the face of increasing demand and a shrinking GP workforce. A trust spokesperson said 'a handful' - clarified as 'three or four' - other practices had expressed interest in such a move.

The MCP vanguard spans 30 GP practices across South Hampshire, the majority of which remain independent contractors.