PSNC Agenda

for the meeting to be held on Tuesday 12th January 2016

at Radisson Edwardian Grafton, 130 Tottenham Court Road, London W1T 5AY

commencing at 11am

Members: David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Mark Collins, Ian Cubbin, Marc Donovan, David Evans, Samantha Fisher, Peter Fulford, Mark Griffiths, David Hamilton, Mike Hewitson, Ian Hunter, 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 Peter Fulford.

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 13th and Wednesday 14th October 2015 to be shared with the committee for approval.

3. Matters arising from the minutes

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

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

ACTION

5. Community Pharmacy in 2016/17 and beyond

The Committee will consider and agree its policy and strategy in light of the letter which is at **Appendix 03/01/16**.

6 (a) PSNC Plan for 2016

The draft Plan for 2016 is in **Appendix 05/01/16**.

6 (b) Budget and 2016-17 Levy

The Chair of RDF will present a draft budget for 2016 to the Committee.

7. Incorporation

After the November Committee meeting where we presented the draft Articles, Review and Audit Panel was asked to consider the amendments prior to further instructions being sent to lawyers for the final draft.

Lawyers have now responded with the draft Articles which is attached at **Appendix 06/01/16 (included at back of the PSNC agenda)**. They were able to address all the comments made by PSNC but there is one remaining item on mutual status.

There are a small number of comments included in the Articles by way of explanation. Similarly the Rules are attached, with amendments and comments.

The Committee is asked to approve the Articles and the Rules (as amended).

A summary update paper is also attached. The Committee will see in this the proposal to adopt the Articles subject to the changes identified. If there are any concerns these can be raised so that the Committee can make its final decision at the January meeting, following which the lawyers will be asked to incorporate the company.

8. PSNC Communications 2016

The Communications plan is attached in **Appendix 07/01/16.**

9. EPS and community pharmacy IT

HSCIC and NHS England had been invited to attend the January Committee meeting in order to provide an update on progress with EPS and the planned move to phase 4. Following the receipt of the DH/NHS England letter it was decided that the time at the Committee meeting needed to be re-prioritised to consider the contents of the letter and consequently NHS England and HSCIC will not be attending to discuss EPS.

An update on progress with EPS implementation and developments was provided by HSCIC and this was circulated as part of the November Committee meeting papers. As at the time of setting the agenda there are no significant updates to the main points in this paper it has been re-circulated as **Appendix 08/01/16** for information.

The office has considered how PSNC can maintain strong Committee engagement on EPS and the wider pharmacy IT agenda over the next year, when inevitably there will be a need for ongoing prioritisation of Committee meeting time towards the negotiations with DH and NHS England. It is proposed that PSNC forms a small community pharmacy IT working group consisting of four Committee members in order to support the office's work on IT. The group would report to the main Committee, as the various IT issues are currently allocated across FunCon, SDS and HPR. The individual subcommittees would however continue to consider specific IT issues where this was deemed necessary.

It is envisaged that a lot of the work of the group would be undertaken via email or at Committee meetings, but it would also be helpful if the group were to meet with NHS England and HSCIC officials probably twice a year. The resource implications of this proposal have been considered by the Chairman of RDF.

The Committee is asked to consider whether it wishes to form a community pharmacy IT working group to support the work of the office on IT matters.

RATIFICATION

10. Resource Development & Finance subcommittee

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 12th January 2016. 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 12th January 2016. 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 12th January 2016. 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 12th January 2016. 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 12th January 2016. The subcommittee chairman will provide a report on the meeting.

REPORT

15. Changes in Pharmacy

A letter to Alistair Burt MP is attached for information in **Appendix 09/01/16**.

16. 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 10/01/16**.

17. Future PSNC Meeting

The PSNC meeting will be held on 8th & 9th[h] March 2016 at Bristol Marriott Royal Hotel, College Green, Bristol, BS1 5TA.

18. Any Other Business

Department of Health

NHS England

Sue Sharpe
Chief Executive
Pharmaceutical Services Negotiating Committee
Times House
5 Bravingtons Walk
LONDON
N1 9AW

17 December, 2015

Dear Sue,

Community pharmacy in 2016/17 and beyond

We are at an important point in the development of the NHS in England. Spending on health continues to grow, and the Spending Review announced a £10 billion real terms increase in NHS funding in England between 2014/15 and 2020/21, of which £6 billion will be delivered by the end of 2016/17. The Five Year Forward View sets out a clear direction, building on the strengths of the NHS and rising to the challenges of the future. These include responding to changes in patients' health needs, expectations and personal preferences; rapid developments in treatment, technologies and care delivery; and transformational change through new models of care to improve patient outcomes.

The Five Year Forward View also described the need for greater efficiency and productivity, and in the Spending Review the Government re-affirmed the need for the NHS to deliver £22 billion in efficiency savings by 2020/21. Community pharmacy is a core part of NHS primary care and has an important contribution to make as the NHS rises to all of these challenges.

Through this letter we invite the PSNC as the body recognised under section 165(1)(a) of the NHS Act 2006 as representing all community pharmacies providing NHS pharmaceutical services in England, to enter discussions with the Department of Health, supported by NHS England, on changes to the community pharmacy contractual framework for 2016/17 and beyond, linked to the Spending Review. Given the potential impact of these proposals, in keeping with section 165(1)(b) of the NHS Act 2006, the Department will also consult with the organisations listed as copy recipients of this letter and others, including patient and public groups.

Pharmacy at the heart of the NHS

There is real potential for far greater use of community pharmacy and pharmacists: in prevention of ill health; support for healthy living; support for self-care for minor ailments and long term conditions; medication reviews in care homes; and as part of more integrated local care models. To this end we need a clinically focussed community pharmacy service that is better integrated with primary care. That will help relieve the pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, better value and better patient outcomes, and contribute to delivering seven day health and care services.

Recent initiatives – such as clinical pharmacists in GP practices – will promote pharmacy and pharmacists in the short-term. However, we would like to take this further and bring pharmacy even closer into the wider primary care and community health system. We want pharmacists to bring their skills more to GP practices, care homes and urgent care, using those opportunities to improve and protect people's health, aligning with the emerging new models of care. So, alongside the funding discussion with the community pharmacy sector, the Department will consult on how best to introduce a Pharmacy Integration Fund to help transform how pharmacists and community pharmacy will operate in the NHS, bringing clear benefits to patients and the public.

Making efficiencies

As well as providing more effective patient and public friendly services, community pharmacy also has to play its part in delivering the efficiencies required by the Government's recently published Spending Review and to support the need for greater efficiency and productivity as outlined in the Five Year Forward View.

This will involve reductions in NHS funding for community pharmacies in England. For 2015/16, the funding commitment for pharmacies in England is £2.8 billion under the community pharmacy contractual framework (essential and advanced services). In 2016/17 this funding will be no higher than £2.63 billion. We anticipate that the funding reductions will take effect from October 2016, giving community pharmacies time to prepare for this change. Given the context of the Spending Review, and to facilitate a clear accountability framework, Department of Health Ministers will be responsible for all the proposals dealing with the necessary savings and the related reforms, and so the implementing measures in the Drug Tariff will be Ministerial determinations.

The 2016/17 funding quantum remains significant in a period when the NHS and public services have to become more efficient. The Government believes those efficiencies can be made within community pharmacy without comprising the quality of services or public access to them. In some parts of the country there are more pharmacies than are necessary to maintain good access. 40% of pharmacies are in a cluster where there are three or more pharmacies within ten minutes' walk. The development of large-scale automated dispensing, such as 'hub and spoke' arrangements, also provides opportunities for efficiencies. We want to work with pharmacy bodies and patient groups on how we can best maintain patient and public access whilst pursuing these efficiencies.

We will ensure that those community pharmacies upon which people depend continue to thrive. The Department will consult on the introduction of a Pharmacy Access Scheme, which would provide more NHS funds to certain pharmacies compared to others, considering factors such as location and the health needs of the local population.

The Department will also consult on how best to drive new models of ordering prescriptions and collecting dispensed medicines. The online journey for patients remains slow and awkward and we want patients to be offered more choice about how they access their medicines and advice. In future, patients should be able to choose to order their prescriptions on line and have them delivered to their home if they wish, or to 'click and collect' if they prefer. We will also be looking at steps to encourage the optimisation of prescription duration, balancing clinical need, patient safety avoidance of medicine waste and greater convenience for patients.

The Department will separately consult on changing the Human Medicines Regulations 2012 (HMR 2012) to allow all pharmacies to access the efficiency created by 'hub and spoke' dispensing, with the aim of making this legislative change by October 2016. This could help pharmacies to lower their operating costs and free up pharmacists to provide more clinical services and public health services. We welcome the views of the pharmacy sector on how best to support efficiency and patient service through these innovative dispensing arrangements.

Consultation process

As indicated above, the budget for community pharmacy in 2016/17 is to be set no higher than £2.63 billion, with the reduction in funding expected to take effect from October 2016. We want to work closely with community pharmacy and others on the changes necessary to deliver these efficiencies. At the same time, we want to ensure we retain good access to pharmaceutical services through local community pharmacies and online services, and support the transformation to a more clinically focussed community pharmacy service that is better integrated with primary care,

Department of Health

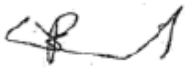
NHS England

with pharmacists having a more prominent role across the NHS, exploiting opportunities to improve and protect people's health. We will also consider issues arising under the public sector equality duty, relevant duties of the Secretary of State under the NHS Act 2006 and the family test.

Consultation on these proposals will continue with the PSNC and others through to 24 March 2016. This will take the form of detailed discussions with the PSNC, together with engagement opportunities for the organisations listed as copy recipients and for others, including patient and public representatives. We will feedback from those engagement opportunities into the discussions with the PSNC, and so those discussions with the PSNC will be at the heart of this expanded consultation process. The proposals to further enable 'hub and spoke' dispensing through changing the HMR 2012 will be the subject of a separate consultation exercise in 2016.

These consultation processes are an important opportunity to help further develop the proposals and inform the decisions taken by Department of Health Ministers, which will shape community pharmacy's role in the NHS in future. We look forward to working together to transform community pharmacy for 2016/17 and beyond, to the benefit of patients and the public.

Yours sincerely



Will Cavendish
Director General, Innovation, Growth and Technology
Department of Health

Keith Ridge
Chief Pharmaceutical Officer
Supporting NHS England, Department of Health, and Health Education England

Copy:

Pharmacy Voice (comprising the Association of Independent Multiple pharmacies, the Company Chemists Association and The National Pharmacy Association)
Royal Pharmaceutical Society
Association of Pharmacy Technicians UK
General Pharmaceutical Council

PSNC 2016 PLAN

PSNC will address the policies set out by the Department of Health and NHS England in their letter dated 17th December 2015, developing and implementing a strategy to secure the optimal outcome in the best interests of community pharmacy contractors and the patients they serve.

1. PSNC will make the case for the benefits to patients and the NHS of the services set out in the Pharmacy Five Point Forward Plan. (SDS)

2. PSNC will analyse the impact that a reduced pharmacy network and growth in the use of online pharmacies would have on patient care and the use of NHS resources. (PSNC/SDS/FunCon)

3. PSNC will seek the best outcome in negotiations with the Department of Health and NHS England, working to protect the interests of contractors. (FunCon and SDS)

4. PSNC will seek to agree future funding delivery mechanisms, to ensure they reflect differences in service provision by contractors. (FunCon)

5. Reflecting the growing importance of local relationships with commissioners, PSNC will support LPCs to secure locally commissioned services and build effective collaboration with other local health and care services. (LIS/SDS)

6. PSNC will proactively seek changes in the regulatory framework that support contractors and will robustly respond to proposals from the Department of Health and NHS England. (HPR)

7. PSNC will address operational issues affecting pharmacy practice, working to secure the best outcomes for contractors. (FunCon/HPR /SDS)

8. PSNC will work with partner organisations at local and national levels and use communications and lobbying to secure PSNC's policy objectives. (LIS/PSNC)

PSNC Communications 2016

Strong communications underpin and support much of PSNC's work and, as previously, we will continue to use the full range of communications channels available to reach contractors, LPCs and others as identified in the stakeholder map.

The website will remain PSNC's primary communications channel and the key source of information for all stakeholders.

Where appropriate, and particularly for communications outside of pharmacy, we will seek to reduce duplication by working closely with the communications and public affairs teams at the other pharmacy organisations.

Below we set out some of the communications priorities for 2016. As so much of PSNC's work and policy depends on the NHS and cannot yet be predicted communications must remain reactive and flexible, so this paper does not cover all of the detailed communications work that will eventually take place over the year.

Communications to support PSNC's policies relating to the letter about community pharmacy in 2016/17 and beyond

PSNC will decide its response to the letter received in December at the January meeting. Clearly any response will require communications and possibly campaigning work. This is likely to include:

- Collaboration and lobbying with other pharmacy organisations (eg NPA, PV, RPS) wherever possible;
- Proactive engagement of LPCs to support our communications and lobbying efforts at a local level;
- Information for contractors to update them on the work and possibly, at appropriate times, to engage them in it;
- Working with the All-Party Pharmacy Group and other Parliamentary activity; and
- Possible patient facing communications and resources.

Parliamentary lobbying

Working with PV and the RPS we have completed our review of the arrangements for the support of the Secretariat of the All-Party Pharmacy Group. This involved a market test and tender process in which a number of public affairs agencies presented their ideas for the group in 2016. The strongest agency assessed was the existing provider, Luther Pendragon.

We are therefore moving to a new arrangement with Luther who will continue to support the group. In January we will agree a contract with key performance indicators for Luther to meet, and this will be monitored via a review process involving all three pharmacy organisations.

We will also work with Luther and the MPs in January to update the work plan for the APPG, thinking in particular about how the MPs might respond to the letter about community pharmacy in 2016/17 and beyond. We hope that the group will be able to provide another voice to raise concerns about the proposals and in particular their impact on patients. Also that they will continue to highlight the need for and benefits of a strong community pharmacy network and the advantages and value that pharmacy brings for the NHS. The group will be able to do this through public meetings, private meetings with officials and ministers, briefings for other MPs and possibly events.

PSNC will consider additional lobbying work where needed to support its policy objectives, but for the most part will undertake any targeted lobbying in collaboration with the local LPC or contractors in the constituency of the MP being approached.

Contractor communications

As above, the PSNC website will remain our key communications channel to contractors. Community Pharmacy News will also be an important route through which to provide updates and information, and we will continue to promote the content on the website using our email newsletters and social media.

In addition to the day to day communications to keep contractors updated about issues and news affecting their businesses, to help them to run their businesses more effectively and to keep them informed of PSNC's work, in 2016 we will:

- Review and update the funding pages of the website to ensure they provide the best possible information and advice;
- Hold a series of webinars to help contractors to operate their businesses, including on electronic prescriptions and working with local GPs;
- Produce resources and information to help contractors manage service and regulatory changes;
- Explore opportunities to work with others (eg pharmacy organisations or press) on joint information and resources;
- Review the PSNC newsletter sign up list and, working with LPCs, seek to increase the proportion of contractors currently receiving them; and
- Carry out a survey to check the effectiveness of PSNC's communications.

LPC communications

PSNC will continue to communicate to LPCs via the website and LPC email newsletters, and, occasionally, through webinars and special meetings such as the one arranged in January.

Much of this work, such as the highlighting of best practice and summarising of key new policy information, is detailed in the LIS Agenda. Additional specific work in 2016 will include:

- A review of the current LPC newsletter system to ensure we can reach LPC members and chairs/secretaries urgently if needed;
- A redesign of the LPC Members pages of the website to ensure easy access to all resources and information; and
- The special meeting to be held in January.

Reflecting the PSNC work plan, PSNC will also continue to support LPCs with their local communications and engagement work, particularly to build effective collaboration with other local services. This work is detailed in the LIS Agenda. The communications team also offers one to one support for LPCs where they need specific advice on local press of communications matters.

Other public affairs work and stakeholder communications

The PSNC work plan includes two points of particular relevance to stakeholder communications:

- PSNC will work with partner organisations at local and national levels and use communications and lobbying to secure PSNC's policy objectives; and
- PSNC will make the case for the benefits to patients and the NHS of the services set out in the Pharmacy Five Point Forward Plan.

Further detail is included in the SDS work plan and will include working with charities and patient support groups (as identified from the stakeholder map) to gain support for a number of new service specifications and for the local adoption of the services outlined in the Pharmacy Five Point Forward

Plan. Additional work, including engaging with local commissioners and politicians and with other healthcare providers, is included in the LIS agenda.
As PSNC develops it policies, particularly following the letter about community pharmacy in 2016/17 and beyond, we will seek additional opportunities to meet with stakeholders, whether commissioners, charities, politicians, healthcare providers or others, who may be able to help us to meet the policy objectives whether by expressing support, co-badging letters or resources, or other means.

Press communications

The majority of PSNC's press work is done with the pharmacy trade press. This includes both reactive work (responding to queries etc) and proactive work. Last year some of this work was very successful such as the endorsing article PSNC submitted to Chemist+Druggist which became their most read feature of the year. We also have some contact with the GP press and very occasionally with the nationals.

In 2016 we will:

- Continue to respond to press queries, focusing on the promotion of community pharmacy and supporting PSNC's policy objectives;
- Focus (in the pharmacy press) on highlighting the work that PSNC is doing on behalf of contractors and on helping contractors to operate their businesses effectively;
- Include comments from committee members where it is feasible and appropriate to do so;
- Use proactive press communications to support key issues such as the policies relating to the letter about community pharmacy in 2016/17 and beyond, issuing statements and offering comment;
- Look for opportunities to promote the support that we give to contractors, such as webinars and resources, in the pharmacy press; and
- Help LPCs to gain positive coverage of community pharmacy in local media.

HSCIC paper on Phase 4 EPS

Introduction

Purpose of this document

The purpose of this paper is to update the PSNC Board on the progress made towards the implementation of EPS of Phase 4

Please refer to Appendix A, the paper submitted to the PSNC Board on the 12th May for the background and context to EPS Phase 4.

Phase 4 update

Timescales

Despite significant progress on many of the Phase 4 work packages it is not yet possible to provide a confirmed launch date. The main reason for this is uncertainty around the time required to implement the dispensing system contract and for the system suppliers to deliver some of the required functionality. However, HSCIC still anticipate being able to launch Phase 4 during the 16/17 financial year.

Key work packages

The plan to implement Phase 4 involves the delivery of a number of key work packages.

Legislation changes

The GMS contract and Pharmacy Terms of Service will both require amends to reflect that EPS prescriptions will no longer be subject to nomination only.

Consent model

HSCIC has engaged with the Information Commissioners Office, HSCIC Caldicott Guardian and DLA Piper regarding consent. The consensus is that implied consent is appropriate for Phase 4 prescriptions being processed electronically with explicit consent when a patient chooses to receive an electronic token. Final agreement is being sought from NHS England Caldicott Guardian.

Business processes mapping

A business processes workshop took place on 30 September 2015 and all scenarios resulting from the possible combinations of patient, prescribing and dispensing activity have been mapped against Phase 4. This has enabled us to identify:

- Scenarios which require new recommended business processes
- New requirements for prescribing or dispensing systems
- Business processes that will not change as a result of Phase 4

We are now in the process of finalising prescribing system developments for electronic tokens, producing recommended business processes and determining how best to provide this information to prescribers and dispensers. N.B. We do not envisage changes to dispensing systems.

Pharmacy cost-benefit analysis

NHS England, HSCIC, NHS Employers and PSNC have agreed the scope of an independent review of the effectiveness of EPS in pharmacy. HSCIC are currently developing a supplier brief and aim to start the work in January 2016.

Implementation

The EPS team received approval from the EPS Programme Board on 21 May 2015 to trial the initial deployment of Phase 4, followed by full rollout.

Implementation options will be reviewed and detailed plans agreed by the end of March 2016.

Phase 4 dependencies

Business continuity & system resilience

Prescription Tracker developments

A proposed design has been discussed with PSNC and Department of Health to enable a pharmacist to see the patient and medication details of a prescription during a business continuity situation. Most of the design has been approved but final agreement on the design for locum access is still required.

Data forecasts /volume testing

A model which forecasts the volumes of EPS prescriptions has been built and will be shared with all owners of the EPS systems by Q1 of 2016. This piece of work will ensure that all owners of the components of the EPS system, including prescribing and dispensing system suppliers, are aware of the growth in volume of messages and have confirmed that they have sufficient capacity to manage it.

Smartcards

A communications exercise has been completed to promote the use of pre-issued, locked Temporary Access Cards which hold a generic pharmacist or dispenser profile. This will enable dispensing activity to continue in the event of a lost/stolen/corrupted smartcard until a replacement has been received from the local RA team.

PSNC have also requested that HSCIC provide support to the following smartcard issues:

- The variability in timeliness and standardisation of RA support
- The accessibility and ease of use of Smartcard guidance and training

These issues are being progressed with NHS England and the HSCIC Access Control Team.

Data recovery

HSCIC recommend that this work package is closed. The original intention was to build a 'self-serve' tool to enable dispensing system suppliers to recover lost data. The cost of developing the tool is not considered to be necessary given the very infrequent nature of these requests and that HSCIC can already provide the data on an ad hoc basis. There is also a concern that the provision of such a tool by HSCIC will reduce the likelihood of dispensers and dispensing system suppliers from taking the necessary steps to avoid data loss in the first instance.

Communication with Dispensers

PSNC have requested that HSCIC provide a means of proactively communicating with dispensers in the event of a significant system outage. Possible solutions have been identified and an assessment is underway to determine their suitability.

Controlled Drugs

Legislation changes have now taken place to enable Schedule 2 & 3 Controlled Drugs to be processed via EPS. However, the legislation requires that the quantities of controlled drugs need to be displayed in words and figures at all stages of the prescription message. All suppliers were provided with the requirements in July and HSCIC is awaiting delivery dates. N.B. All dispensers will need to be live with 'words and figures' before controlled drugs can be prescribed via EPS.

Service Model Review

Some of the initial recommendations from the Service Model Review have been implemented e.g. availability of information to dispensers regarding system availability. The remaining recommendations are dependent upon the Dispensing System Supplier contracts.

Dispensing System Supplier Contracts

Initial discussions have taken place with suppliers and they are in agreement with the intended scope of the contracts. An additional HSCIC resource is now in post to assist with the contract work and we are hoping to secure a permanent commercial lead at HSCIC to lead the negotiations. Dispensing System Supplier contracts will be in place by the roll out of Phase 4 and will include:

- Business continuity requirements
- Levels of system assurance
- Service management and service level agreements
- Managing and implementing system changes

Pharmacy Masterclass

We are currently undertaking a significant piece of work to provide pharmacy refresher training prior to Phase 4. Funding has been secured and training sessions commenced in September 2015. Training will finish for the Christmas period on 4 December 2015 and we will have delivered 110 training sessions at that point. Training sessions will recommence in January 2016 and current plans are to have all pharmacy refresher training completed by June 2016.

We have received excellent feedback from the training sessions to date but the main issue has been low volumes of attendees at some of the sessions.
We are working with PSNC to ensure a wider communications strategy is in place to try to encourage a larger uptake.

Patient feedback

A market research agency is being engaged via NHS England to conduct a full patient consultation exercise on Phase 4 proposals. We expect the tender process to be completed by the end of the year and the full consultation to be completed in Q1 of 2016.

Changes in Pharmacy - Letter to Alistair Burt MP

Rt Hon Alistair Burt MP
Minister of State for Community and Social Care
Richmond House
79 Whitehall
London
SW1A 2NS

19 November 2015

Dear Minister,

I write following our meeting on Monday November 9th at which you spoke about changes you envisaged in pharmacy in the future. You said you believed there was a good, strong but different future for pharmacy, but the footprint would not be as big. The context for this was the search for savings in NHS expenditure, and in particular the meeting you had recently with owners of large multiple pharmacy organisations.

As you know, PSNC represents community pharmacies in England and is recognised as the representative body by the Secretary of State. We represent all pharmacies: independent and multiple alike.

I asked, and you agreed, that the Department and NHS work collaboratively with us, so we can use our understanding of pharmacy and NHS services to make proposals for how savings on the spend on medicines and pharmacy can best be achieved. In addition to this the NHS has a real but as yet unacknowledged opportunity to help secure many of the savings it needs across the NHS by using community pharmacies to meet and manage patients' needs, leveraging their skills, accessibility and relationships with patients to reduce demands on GP services and on secondary care. I hope there will be an opportunity to get serious attention given to these opportunities in the near future.

PSNC believes it is essential to separate measures seeking to find cost savings from ideas currently being voiced that would affect the structure and functioning of the community pharmacy sector. These have not yet been examined, or their consequences understood.

In particular the implications of changes promoting use of centralised dispensing operations have not, so far as we are aware, been subject to any rigorous analysis, and we fear they would lead to a very substantial rise in NHS costs from increased demand for GP and urgent care services, if patients no longer had a relationship with a local pharmacy.

Underpinning this idea is a serious misconception that the core dispensing role of pharmacies is a simple distribution activity that can be commoditised. Community pharmacies provide a service far more extensive than that. They take on the procurement function, acting on behalf of the NHS to source stock at the best possible prices, with disclosure of prices paid that enables the NHS to benefit from their work. The value of this in saving NHS costs amounts to around £10bn in England over the last ten years. Pharmacy businesses also bear the risks associated with procurement, managing stock to ensure they meet local patients' needs, and they are reimbursed only for the medicines they dispense, for which they submit an NHS prescription to the BSA, providing a reconciliation and accounting function. The savings their competitive procurement activity produces for the NHS are considerable, amounting to around £10bn in the last ten years. A Kings Fund study this summer notes drugs budget savings as one of three areas 'where the NHS has made unambiguous improvements in productivity'. And of course the supply is accompanied

by care and advice for patients, including dealing with questions, supporting effective use of medicines, and providing home delivery and compliance support where needed.

This complex system is predicated on a diverse and competitive market, and on the relationship between the patient and their chosen pharmacy. Over recent years we have seen the adverse consequences where competition has been undermined, and the NHS is being exploited in a number of areas. We are keen to help you achieve savings by tackling the exploitation.

In our short meeting we touched only briefly on the opportunities set out in our Pharmacy 5 point forward plan: using pharmacies to give patients easier access to urgent care; using pharmacy as a first port of call; reducing hospital admissions by pharmacy support for frail and elderly people; helping people manage long term conditions more effectively, and identifying people with undiagnosed respiratory disease. We have evaluations showing that each of these will save NHS costs and free up resources, and are very keen to ensure that these opportunities are not overlooked as real contributors to the financial challenges facing the NHS.

I hope we will be able to discuss these issues in the near future.

Yours sincerely,

Sue Sharpe
Chief Executive

Update on the Health and Care Landscape (October 2015)

NHS England appoints Director of Primary Care

NHS England Chief Executive Simon Stevens has announced the appointment of Dr Arvind Madan as the organisation's Director of Primary Care.

Dr Madan, who is a practising GP, will provide clinical leadership for the transformation of primary care provision as well as serve as a deputy national medical director to Sir Bruce Keogh.

Mr Stevens also announced the appointment of Cally Palmer as NHS National Cancer Director and Dr Jonathan Fielded as Director of Specialised Commissioning; the three directors will drive the next implementation phase of the Five Year Forward View (5YFV).

Stephen Dorrell named as new NHS Confederation chair

Former health secretary Stephen Dorrell has been appointed as the new chair of the NHS Confederation.

Mt Dorrell will work alongside chief executive, Rob Webster, to provide leadership to the whole of the NHS Confederation group. He will work with the board of trustees to ensure the NHS Confederation continues to be a system leader and a representative voice of its members, while giving direct support for NHS leaders delivering the best possible care to patients.

Stay Well This Winter campaign launched

Public Health England (PHE) and NHS England have launched a major campaign to help people Stay Well this Winter.

As well as encouraging people who are at particular risk of infection and complications of flu to get vaccinated, the NHS Stay Well this Winter campaign will give advice on how to avoid common illness to people aged 65 or over or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness.

The campaign's messages are:

- make sure you get the flu jab if eligible;
- keep yourself warm - heat your home to least 18 degrees C (or 65F) if you can;
- if you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious;
- make sure you get your prescription medicines before pharmacies close on Christmas Eve; and
- always take your prescribed medicines as directed.

GP services will be 7-days a week by 2020 pledges Prime Minister

Details of a new, voluntary contract for GPs to deliver 7-day care for all patients by 2020 have been announced by Prime Minister David Cameron. Mr Cameron has also unveiled proposals to deliver 7-day hospital services across half the country by 2018.

Last year, the Prime Minister pledged to provide 7-day GP services throughout the country by 2020. By March 2016, 18 million people will have improved access to general practice, including appointments in the evening, at the weekend and by phone, and today's announcement marks further progress.

The new contract, which is to be launched in April 2017, will see GPs integrated with community nurses and other health professionals, to provide more seamless, person-centred care for patients. The new contract will also see QOF abolished, freeing up GP time to provide the quality of care that they and their patients want.

The new contract will be funded using money from within the £10 billion of additional investment on the back of a strong economy, which will be set out in the Spending Review.

The government is also committing £750 million over the next 3 years to fund improvements in premises, technology and modern ways of working, such as supporting federations and larger practices in providing 7-day services through a flexible range of face-to-face, telephone, email and Skype consultations.

More than 25% of GP appointments are potentially avoidable

NHS Alliance and the Primary Care Foundation have published *Making Time in General Practice*, which argues that 27% of GP appointments could be avoided if there was more coordinated working between GP and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens, and wider system changes.

The report stated that 5.5% of GP appointments could have been seen by community pharmacy or the patient could have been given support to deal with the problem through self-care.

HSCIC produces statistics on smoking infographic poster

The Health & Social Care Information Centre (HSCIC) has published their latest statistics on smoking in the form of a downloadable infographics poster t mark the start of Stoptober. The poster is available on the HSCIC website.

A million more people living with life threatening conditions within a decade, forecasts RCGP

Analysis by the Royal College of General Practitioners (RCGP) shows that 1 million more people will be living with more than one serious long-term, life threatening condition by 2025, which will cost general practice in the NHS up to £1.2bn.

The RCGP also predicts that if current trends continue, it will be 65 years before the share of the NHS budget for general practice, where the majority of patients are cared for, creeps back to the levels of a decade ago, when multi-morbidities such as cancer and diabetes were nowhere near as prevalent.

Largest practice in the UK to be created with 275,000 patients

The largest NHS practice in the UK is due to be created after a group of 35 GP practices have agreed to merge into a super- practice with 200 GP partners and 275,000 patients.

The Our Health Partnership merger across Birmingham and Sutton Coldfield will be run by an executive team and a seven-member partnership board who have promised practices who join the venture that they will be able to retain their local links with patients and their own 'ethos and identity' .

The rise of super-practices was welcomed by the GPC in its vision for the future of general practice last month and follows on from the recent announcement of the merging of GP practices across the East Midlands to form a 100,000 patient practice.

Don Berwick appointed to support vanguard sites

Dr Donald Berwick has been appointed by The King's Fund with NHS England and national partners to help support vanguard sites in developing the new models of care set out in the 5YFV.

Dr Berwick, who is currently President Emeritus and Senior Fellow at the US-based Institute for Healthcare Improvement, will participate in a series of national events at the Fund intended to help the vanguard teams in developing effective leadership for system transformation and engaging the workforce in service redesign.

Dr Berwick will also be working widely with governmental and non-governmental organisations in addition to The King's Fund throughout England as appropriate as part of his efforts in support of improvement of care, outcomes, and costs within the NHS in England.

'Ofsted style' ratings for local health services

As part of the government's transparency agenda, 'Ofsted style' ratings are to be introduced next year to show patients how their local area's health service is performing in certain areas. The ratings will be viewable by Clinical Commissioning Group (CCG) and will be based on local data, which will be verified by experts in each field.

The areas to be included are:

- cancer;
- dementia;
- diabetes;
- mental health;
- learning disabilities; and
- maternity care.

Initial ratings will be published in June 2016, which will be based on the current CCG assessments.

Publishing this information aims to spread best practice and to help bring about improvement where services are underperforming, helping create a complete picture of care quality in the NHS.

Sugar reduction: from evidence into action

PHE has published *Sugar reduction: from evidence into action*, which brings together the international evidence on interventions to help reduce the nation's sugar consumption. It contains options including further regulation of promotions, restrictions on the marketing of high sugar products, the impact of fiscal measures and a voluntary reformulation programme.

The Five Year Forward View one year on - presentation for NHS staff

One year on from the launch of the 5YFV, NHS Confederation has produced a downloadable presentation and infographic to explain the 5YFV, what it means for the NHS and what has been done so far in the 12 months since its launch.

NHS not set up for older people living with multiple long-term conditions, says evaluation

Ipsos Ethnography Centre of Excellence (ECE), part of Ipsos MORI, has published an evaluation exploring the lives of older people living with multiple long-term conditions, which highlights that the NHS is not set up for their needs.

Key findings of the evaluation include:

- People greatly value the care and support they receive from the NHS and the wider health and care sector, and in the main feel the care they receive is good;
- People are trying hard to manage their long term conditions to the best of their abilities, but often feel the system is not set up to cope with their multiple and complex needs;

- People with more than one long term condition struggle to coordinate them all. They can feel there is no support linking all of their conditions and focusing on them personally and holistically;
- People with long term conditions want to have everyday achievable goals and support that fit realistically within their everyday lives;
- People can feel that they are a burden within their home as well as within the health and care system, which can prevent them seeking the help and support they need; and
- Too often, there is an absence of discussion about care and care needs, within the home and within the health care system.

The work has been delivered through NHS Improving Quality's *Long Term Conditions Improvement Programme*, which is commissioned by NHS England.

The results of the evaluation will be used to co-design improvements in service delivery for people living with long-term conditions, looking at what simple changes could be used to make the biggest differences to their lives. Final results will be published by Spring 2016.

The management of adult diabetes services in the NHS

The National Audit Office has reported that progress has been made to reduce the additional risk of death for people with diabetes; however, an estimated 22,000 people are still dying from diabetes related causes each year.

The management of adult diabetes services in the NHS: progress review shows that the performance in delivering care processes and achieving treatment standards, which help to minimise the risk of patients with diabetes developing complications in the future, is no longer improving.

PHE reveal 215,000 smokers signed up to Stoptober

PHE has announced that 215,000 smokers signed up to Stoptober this year, the annual 28 day mass stop smoking challenge, which took place during the first 28 days of October.

The latest official figures also show rates across England have fallen dramatically since the mid-eighties, from a third of the population in 1985 to less than a fifth now (18%), meaning there are 37% fewer smokers than 30 years ago.

However, there are still around 8 million smokers in England and smoking causes almost 80,000 deaths per year. Treating smoking related diseases is estimated to cost the NHS £2 billion each year.

Evaluation on the first wave of PMCF pilots published

An independent evaluation on the first wave of Prime Minister's Challenge Fund pilots has been published.
Prime Minister's Challenge Fund: Improving Access to General Practice examines how the first 20 pilot sites have delivered on their key objectives to provide more GP appointments, expand the types of patient appointments and improve patient and staff satisfaction in GP access.

The programme also has a new name, the Prime Minister's GP Access Fund.

Update on the Health and Care Landscape (November 2015)

PHE publish Shooting Up: infections among people who inject drugs in the UK

Public Health England (PHE) has published Shooting up: infections among people who inject drugs in the UK. The annual report describes trends in the extent of infections and associated risks and behaviours among people who inject drugs in the UK to the end of 2014. Further information can also be found in the set of data tables that accompany this report.

The report shows that almost half of people (48%) of injecting drug users were unaware of having hepatitis C although rates of HIV among this group remain low (1%).

Risky injecting behaviour, such as sharing needles, among vulnerable drug users puts them at an increased risk of getting HIV, hepatitis C, B and other infections. However, sharing and reusing needles and syringes in England has fallen from 28% in 2004 to 16% in 2014.

Infographic on understanding the spending gap in the NHS

NHS Confederation has produced an infographic which explains why the NHS is expected to have a £30bn funding gap by 2020/21 and how the gap could be filled.

Health Foundation produces short film on medicines management in care homes

The Health Foundation is running a series of five short films – the Power of People – on how the lives of people using health services and their families can be improved through the determined efforts of people working in healthcare.

The film, Pills: Reviewing medication in care homes, illustrates the importance of shared decision making with respect to the use of medicines in older care home residents. It features the Northumbria NHS Trust's medication review service, which brings together care home residents, their families and health professionals, to ensure residents are getting the right mix of medicines.

PHE data analysis tools

PHE has published data and analysis tools, which brings together the many high quality data and analysis tools and resources for public health professionals.

The alphabetical listing of resources covers a wide range of public health areas, including:

- specific health conditions – such as cancer, mental health, cardiovascular disease;
- lifestyle risk factors – such as smoking, alcohol and obesity;
- wider determinants of health – such as environment, housing and deprivation; and
- health protection, and differences between population groups, including adults, older people, and children.

The tools were produced by organisations that are now part of PHE, including public health observatories, the Health Protection Agency, cancer registries, UK screening programmes and the National Treatment Agency for Substance Misuse.

Briefing published by the King's Fund on devolution

Ahead of further devolution deals expected to be announced as part of the Spending Review 2015, the King's Fund has published a briefing Devolution: what it means for health and social care in England.

The Briefing describes the origins of the devolution agenda and charts its progress in relation to health and social care. Before drawing some broad conclusions, the penultimate section explores some of the key policy and implementation questions that remain unresolved.

Widening the availability of naloxone

The Department of Health, Medicines and Healthcare products Regulatory Agency and Public Health England have produced a factsheet explaining the regulations that were introduced on the 1st October 2015, which widened the availability of naloxone, and how they can be implemented.

2020Health publish report on who is more likely to become obese

2020Health has published a research paper, Fat Chance?, which examines the wealth of current knowledge and data on obesity, and addresses one crucial question: 'Who exactly is becoming obese?'

The study looked at 16 data-sets to determine 'who' is obese in the UK, and what are the key correlates linked to rising levels of obesity. These included: age, gender, geographic location, socio-economic status, prevalence of local green space, fast food density in the area, rates of smoking and presence of mental illness.

Key findings and perspectives on the complexity of what is driving obesity UK include:

- evidence that links lower socio-economic groups to obesity remains overwhelming, but what has emerged is that obesity rates are now rising rapidly amongst other groups who are experiencing social instability in their lives;
- gender is also key in understanding the trends in obesity, and so should be factored into future health policy interventions. Previously women were deemed more likely to be obese than men, but obesity rates are now increasing amongst men, especially the middle-aged;
- the prevalence of fast food outlets near working environment has a significant impact on the BMI of men, whilst the lack of green space in a local environment has an impact on obesity rates in girls in particular; and
- half of all people suffering with psychosis are obese.

NHS providers facing significant challenges

NHS providers, both trusts and foundation trusts, are facing significant challenges on both finance and operational performance against key national standards at the mid-point of the year.

Figures setting out the financial position of the NHS provider sector show that it recorded a half year (1st April to 30th September 2015) deficit of £1.6 billion. In addition, between 1st July to 30th September 2015 many providers struggled to achieve several key national healthcare standards.

In particular, delayed transfers of care – where medically fit patients cannot leave hospital because the care they need is not yet in place – are having a negative impact on NHS organisations meeting other standards, especially in A&E, while spending on agency staff is continuing to have an extremely detrimental effect on their financial position.

The full performance report is available on the GOV.UK website.

Free HIV home test kits launched to increase HIV testing

PHE has launched the first nationally available HIV kit for testing those at higher-risk, alongside announcing new funding for innovative HIV prevention projects.

People at higher-risk of HIV across the country can now order a HIV home-sampling test kit online, and are being encouraged to take the simple finger prick blood sample for National HIV Testing Week, which started on 21st November 2015. Improved treatment for HIV means those diagnosed early can have a life expectancy almost matching that of people who are HIV free.

PHE has also released new figures which show an estimated 103,700 people in the UK were living with HIV in 2014, with around 17% (18,100) unaware and at risk of unknowingly passing on the virus to others. Among men who have sex with men, 6,500 remain unaware of their HIV infection, as do a further 3,900 men and women from black African communities.

HSCIC publish General Pharmaceutical Services in England – 2005/06 to 2014/15

The Health & Social Care Information Centre has published General Pharmaceutical Services in England – 2005/06 to 2014/15, which shows information about community pharmacy contractors and appliance contractors in England, and the NHS services they provided, between 2005/06 and 2014/15.

Key facts include:

- there were 11,674 community pharmacies in England as at 31st March 2015, compared to 11,647 as at 31st March 2014, an increase of 27 (0.2%). There has been an increase of 1,802 (18.3%) since 2005/06;
- most prescription items are dispensed by community pharmacies. In England in 2014/15 978.3 million items were dispensed by community pharmacies (92.1% of all items dispensed in the community). This is an increase of 30.1 million (3.2%) from 2013/14 when the figure was 948.2 million. This compares with 85 million items dispensed by dispensing practices and 7.8 million by appliance contractors in 2014/15. 14.7% of items dispensed by community pharmacies and appliance contractors were via the Electronic Prescription Service; and
- there were 124 appliance contractors on the pharmaceutical list as at 31st March 2015, 122 of which were actively dispensing between 1st April 2014 and 31st March 2015. Since 2005/06 this is a decrease of 17 appliance contractors actively dispensing but an increase of 4.6 million items dispensed.

Valuing carers 2015: the rising value of carers' support

CarersUK has published *Valuing Carers 2015: The rising value of carers' support*, the third in a series of research reports looking at the value to the UK economy of the support provided by unpaid carers.

Key facts from the report include:

- the economic value of the contribution made by carers in the UK is now £132 billion per year (almost double its 2001 value (£68 billion);
- the support provided by the UK's carers in 2015 saves the public purse £2.5 billion per week; and
- between 2001 and 2015, the number of people aged 85 and over in the UK increased by over 431,000 a percentage increase of 38%.

Multi-country public awareness survey on antibiotic resistance

The *Antibiotic resistance: multi-country public awareness survey*, commissioned by the World Health Organization, asked 10,000 members of the public across 12 countries about their use of antibiotics, knowledge of antibiotics and of antibiotic resistance.

The survey reveals common misconceptions and misunderstandings including the belief that individuals are not at risk of a drug-resistant infection if they personally take their antibiotics as prescribed.

Update on the Health and Care Landscape (December 2015)

Over 10,000 more hospital admissions a day than 10 years ago

The Health & Social Care Information Centre (HSCIC) has published *Hospital Episode Statistics, Admitted Patient Care, England – 2014/15*, which states that there were 15.9 million admissions to NHS hospitals in England in 2014/15 - the equivalent of 43,500 per day. This is 1,200 more per day on average than in 2013/14 and 10,400 more per day on average than 10 years ago in 2004/05.

The report includes national and regional statistics on admissions relating to waiting times, diagnosis and procedure, consultant main speciality and external cause codes.

The latest analysis shows an increase of 2.8% (430,400) in hospital admissions from 2013/14 (15.5 million) and an increase of 31.3% (3.8 million) in hospital admissions from 2004/05 (12.1 million).

Over the same time period the population has grown, although at a lower rate than hospital admissions. The rate of admissions in 2014/15 was 29,260 per 100,000 population, compared to 24,110 admissions per 100,000 population in 2004/05. This may be partly due to the increased proportion of older people in the population.

Patients will book 10 million GP appointments and order 15 million repeat prescriptions online this financial year

Patients in England are on target to use online services offered by their local GPs to arrange more than 10 million appointments and order more than 15 million prescriptions in this financial year, NHS England's digital lead has revealed.

Based on HSCIC activity figures six months into the year, it is also expected that patients will use the new systems to view test results and letters about their care more than half a million times each.

More than 75% of CCGs apply for first wave of NHS Diabetes Prevention Programme roll out

More than three-quarters (168) of Clinical Commissioning Groups (CCGs), in partnership with 132 local authorities (LAs), have submitted 66 joint Expressions of Interest to become part of the first phase of roll-out of the NHS Diabetes Prevention Programme (NHS DPP).

Over the summer CCGs and LAs were asked to express an interest and submit an application to become first wave sites. The NHS DPP is now considering the applications.

National rollout is planned for 2016/17 and NHS England will contact wave 1 applicants with more information in the coming weeks.

New adult and young people figures on substance misuse services

Public Health England (PHE) has released new figures on alcohol and drug services in England for 2014 to 2015.

The new national statistics are analysed in two reports: Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 2014/15) and Young people's statistics from the National Drug Treatment Monitoring System (NDTMS) 2014/15. For the first time the adult report brings together information on people receiving specialist interventions for both drugs and alcohol problems, recognising that many people experience problems with more than one substance - requiring a joined-up public health response.

The findings include:

- there were 295,224 adults in treatment services in 2014 to 2015, opiates (such as heroin) was the most common substance (152,964 adults), closely followed by alcohol, either alone or alongside other substances (150,640 adults);
- adults in treatment are getting older with nearly half (48%) aged 40 or over, this figure reaches 68% among those being treated for alcohol alone;
- adults having treatment for non-opiate use (such as cannabis) had the highest success rates (64%), compared to 30% of those having treatment for opiate use (such as heroin);
- fewer young people accessed specialist services in 2014/15 than in the previous year (18,349; 777 fewer than in 2013-14). This continues a downward trend, year-on-year, since a peak of 24,053 in 2008/09);
- alcohol and cannabis use continue to be the main problem substances for young people, with 86% in treatment seeking help for cannabis and just over half (51%) for alcohol; and
- among young people starting treatment, 84% experienced at least two vulnerabilities relating to or impacting on their substance use including mental health problems, self-harming or not being in education, training or employment; 5% reported sexual exploitation and this was higher among girls (12% compared to 1% of boys).

Permanent secretary Una O'Brien to leave DH in 2016

Dame Una O'Brien, the Department of Health (DH) permanent secretary, will step down from her post in 2016.

Dame Una took the top civil service job at the DH in 2010, having previously worked as its director general of policy and strategy, and director of provider reform policy.

Dame Una will step down at the end of April 2016; no replacement has yet been appointed.

Stevens: Not many areas expected to experience NHS devolution outside of Manchester

NHS England Chief Executive Simon Stevens has said he does not expect many areas to be given control of devolved NHS budgets outside of Greater Manchester in the next few years.

In Mr Stevens' first major interview since November's Spending Review he also said NHS and social care commissioning budgets could not be joined until there was a viable funding proposition for social care.

Mr Stevens said "I'm not sure I would bracket Cornwall with Greater Manchester, to tell the truth," he said. "I'm not saying it's not going to happen but a lot of work has got to take place in Cornwall before it would be in a position to assume more responsibilities over and above those which they are grappling with."
Some London boroughs would make serious steps towards integration, while the West Midlands may invest in mental health services to reduce the benefits bill, Mr Stevens said. He said these examples were short of the full joint health and social care commissioning being set up in Greater Manchester.

In September an NHS England board paper set out nine factors it would use to decide whether NHS budgets should be devolved to councils. These included a track record of collaboration; a clear vision; the support of local health organisations; demonstrable leadership capability; and a clear exit route in case of failure.

Five NHS devolution pilots across London

Chancellor of the Exchequer George Osborne and Health Secretary Jeremy Hunt have this week (15th December 2015) revealed plans to start to transform health and social care services across London.

The Chancellor has signed a health devolution agreement with the capital's health and civic leaders which will allow it to begin the process of taking control of its own affairs.

The agreement will begin with five devolution pilots to be launched across London focused on different topics:

- **Haringey** will run a prevention pilot exploring the use of flexibilities in existing planning and licensing powers to develop new approaches to public health issues;
- **Barking & Dagenham, Havering and Redbridge** will run a pilot to develop an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill;
- **North Central London (Barnet, Camden, Enfield, Haringey, Islington)** will run an estates pilot to test new approaches to collaboration on asset use;
- **Lewisham** will run a pilot seeking to integrate physical and mental health services alongside social care; and
- **Hackney** will run a health and social care integration pilot, aiming for full integration of health and social care budgets and joint provision of services. This will also have a particular focus on prevention.

Updated vanguard support package

The NHS Five Year Forward View (5YFV) partners have published an updated national support package for all 50 vanguard sites.

This package follows the initial programme of support published in July 2015 for the first 29 vanguards. Since then, a further 21 have been selected, eight urgent and emergency care (UEC) and 13 acute care collaboration (ACC) vanguards.

The revised package has been updated to reflect the needs of the UEC and ACC vanguards and includes the learning to date from the first 29 vanguards. It is the result of extensive engagement with the vanguards including site visits, workshops and discussions.

Based on the feedback, the number of areas of support has been extended from eight to 10 and now includes 'new operating models' and 'governance, accountability and provider regulation'.

The new package has been developed to enable the vanguards to make the changes they want effectively and at pace. It aims to maximise the sharing of learning across the vanguards and spread good practice nationally across the wider NHS and care system.

NHS England puts aside £1.8bn for sustainability and transformation fund

The DH has said that the money from the fund would be allocated directly to acute hospitals to help them eliminate deficits next year, but payment would depend on the providers meeting a number of strict and non-negotiable conditions.

In a statement, the DH said the fund would be broken down into two parts. The first would be distributed to all providers of emergency care to help them achieve financial balance, provided they have agreed 2016/17 control total targets with NHS Improvement and can demonstrate initial progress on meeting the other conditions attached to the funding.

The second element would be used to target providers which can deliver additional efficiencies and improvements.

It is not known what the exact split will be, however it is likely that the bulk of the funding will be targeted at reducing provider deficits.

HSCIC publish Health Survey for England, 2014

HSCIC has published the Health Survey for England, 2014, which is designed to monitor trends in the nation's health, to estimate the proportion of people in England who have specified health conditions, and to estimate the prevalence of risk factors associated with these conditions.

Key facts from the survey include:

- **Alcohol** – In 2014, a minority of adults, (15% of men and 21% of women), did not drink alcohol. The majority, 63% of men and 62% of women, drank at levels considered to be at lower risk of alcohol-related harm: that is 21 units or less per week for men and 14 units or less for women. 22% of men and 16% of women drank more than this.
- **Obesity in adults** – Around a quarter of adults in 2014 were obese, (24% of men and 27% of women). Being overweight was more common than being obese and 41% of men and 31% of women were overweight, but not obese.
- **Obesity in children –** In 2014, 17% of children aged 2-15 were obese, and an additional 14% were overweight. The proportions were similar for boys and girls.

Rapid tests sites chosen for new care model style primary care programme

A new enhanced primary care approach launched by the National Association of Primary Care is to be developed and tested from fifteen 'rapid test sites' which have been chosen across England.

The successful 15 sites were chosen following a rigorous process, involving key health and social care partners, patient representatives and an evaluation workshop attended by all shortlisted applicants.

The principles of the Primary Care Home model are similar to the multispecialty community provider - one of the NHS 5YFV types of vanguards, and learning and development will be supported by the new care models programme.

Health care worker flu vaccination figures published

New figures published by PHE show that over 422,000 frontline healthcare workers out of the 957,096 frontline healthcare workers in England have now received their flu vaccination as of 30th November 2015 equating to 44.1%.

This compares to 48.2% of workers who were vaccinated in the same period in 2014/2015.

NHS mandate 2016/2017 published

The Government's mandate to NHS England for 2016/17 has been published. The mandate sets out objectives to 2020, sets requirements relating to the Better Care Fund, and sets NHS England's budget for five years.

For the first time, the objectives in the mandate are underpinned by specific deliverables to be achieved in the short term, for the year 2016/17, and to be achieved in the long term, by 2020 or beyond, as set out in the annex.

Part of the mandate includes the government mandating NHS England to provide weekend routine GP access for every patient in England by 2020 and for a fifth of the population by 2017.

Ministers have required enhanced GP services including weekend and evening access and same day appointments be made available to 20% of the population through new care models by the end of 2016/17.

NHS England allocates £560 billion of NHS funding to deliver NHS 5YFV

The NHS England Board has decided how the Health Service will spend its budget for the next five years, including the additional £8.4 billion real terms NHS funding growth announced in the Government's Spending Review in November.

The health service locally is being given a five year settlement so local health leaders in every part of the country can put services on a stable financial footing and develop robust plans to accelerate the redesign of care set out in the NHS 5YFV. In doing so it will enable improvements in primary care, mental health and cancer services across the country. The plans show:

- spending on GPs and primary medical care services will grow in real terms at a higher rate than for other health services;
- every CCG will get real terms budget increase; and
- mental health services will also see extra investment.

More information is available on NHS England's website.

NHS Shared Planning Guidance

The leading national health and care bodies in England have come together to publish *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*, setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances.

It is published by NHS England, NHS Improvement, the Care Quality Commission, PHE, Health Education England and NICE – the bodies which developed the NHS 5YFV in October 2014.

Scarlet fever: beginning of a new season

Following the significant increase in scarlet fever cases over the last two years, early indications for 2015/2016 suggest we may be entering a third season of high numbers of infections. So far this season, 2,155 scarlet fever reports have been made across England since the second week of September (weeks 37 to 50 of 2015). Around 250 cases of scarlet fever are currently being notified each week across England, remaining similar to last year but higher than previous years.

The latest information on scarlet fever will be reported in the Health Protection Report with statements issued when new information emerges.

Hunt commits to NHS-wide free wi-fi target

Health Secretary Jeremy Hunt has said that free wi-fi will be provided in all NHS buildings to improve clinical outcomes and patient experience.

A DH statement said it would be funded from the £1bn of new investment allocated for NHS technology projects in the comprehensive Spending Review.

A DH statement said: "The move will allow patients staying in hospital to download apps and learn more about their condition, stay in contact with family and friends, as well as keeping in contact with social networks that can support their recovery."

Currently some hospitals provide free wi-fi, some charge for wi-fi whereas others have no access at all.

More CCGs set to take on commissioning of GP services

NHS England has announced that another 52 CCGs have been authorised to take on delegated responsibility for commissioning GP services.

Delegated commissioning gives CCGs further opportunities to improve out-of-hospital services. It will support the development of the new models of care set out in the NHS 5YFV and provides further opportunities to develop commissioning based on improved health outcomes for local people.

The 52 CCGs will be able to operate under the new arrangements from April 2016, meaning that in addition to those already taking on these arrangements in 2015/16, approximately half of CCGs will have delegated responsibility in 2016/17.

There will be opportunities for CCGs to assume greater commissioning responsibilities in the future and NHS England will continue to support CCGs in this.

The Spending Review – what does it mean for health and social care?

The King's Fund has come together with the Nuffield Trust and the Health Foundation to publish a briefing on the impact of the Spending Review on health and social care.

The briefing aims to ensure that the debate is informed by a clear and objective analysis of the funding position and its implications as well an independent assessment of where the Spending Review leaves the NHS and social care.

Alcohol-specific activity in hospitals in England

The Nuffield Trust has published a report on alcohol related harm and examining patterns of alcohol-related activity in England.

The report analysis both trends in A&E visits and trends in hospital admissions that are attributable to alcohol-specific activities. Based on the findings it explores opportunities for preventative action.

Key findings include:

- there is an increasing alcohol-related burden on England's hospitals;
- there were higher admission rates among older, poorer men;
- there is a need to take better advantage of opportunities to intervene; and
- greater preventative measures should be considered, such as increased taxation, minimum unit pricing, restricting availability and limiting marketing and advertising.