

PSNC Agenda

For the meeting to be held on 10th & 11th May 2016

at Radisson Blu Hotel, Frankland Lane, Durham, DH1 5TA

Commencing at 11.15am on 10th May

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, Tricia Kennerley, Clare Kerr, Sunil Kochhar, 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 Mike Pitt

1. Apologies for absence

Apologies for absence have been received from Margaret MacRury. Ian Hunter has resigned from the Committee following the sale of his business. Sunil Kochhar has replaced him.

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 8th and Wednesday 9th March 2016 were shared with the Committee.

3. Matters arising from the minutes

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

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

ACTION

5. Negotiations update and policy

In light of the briefing papers **Appendices 02-11/05/2016** the Committee will debate and agree policy on the issues for decision set out in those papers.

6. Election of Officers

The Committee must elect the following officers:

Vice Chairman of PSNC

Any member of PSNC is eligible for election as Vice Chairman. In addition to deputising for the Chairman, the Vice Chairman is also a member of the RDF subcommittee. The Vice Chairman is eligible for election as Chairman of any other subcommittee and may be elected or appointed to any other subcommittee. The Vice Chairman is not eligible for election to the Review and Audit Panel.

Funding and Contract (FunCon) subcommittee Chairman

Any member of PSNC is eligible for election as FunCon Chairman. The Chairman of FunCon subcommittee is also a member of the RDF subcommittee, the Negotiating Team and the Appointments Panel. The Chairman of FunCon subcommittee has the right to attend and speak but not to vote at any meeting of any subcommittee of which he is not a member. The Chairman of FunCon is not eligible for election to the Review and Audit Panel.

LPC and Implementation Support (LIS) subcommittee Chairman

Any member of PSNC is eligible for election as LIS Chairman. The Chairman of LIS subcommittee is also a member of the RDF subcommittee and the Appointments Panel. The Chairman of LIS subcommittee has the right to attend and speak but not to vote at any meeting of any subcommittee of which he is not a member. The Chairman of LIS is not eligible for election to the Review and Audit Panel.

Resource, Development and Finance (RDF) subcommittee Chairman

Any member of PSNC is eligible for election as RDF Chairman. The Chairman of RDF subcommittee is also a member of the Appointments Panel. The Chairman of RDF subcommittee has the right to attend and speak but not to vote at any meeting of any subcommittee of which he is not a member. The Chairman of RDF is not eligible for election to the Review and Audit Panel.

Health Policy and Regulation (HPR) subcommittee Chairman

Any member of PSNC is eligible for election as HPR Chairman. The Chairman of HPR subcommittee is also a member of the RDF subcommittee and the Appointments Panel. The Chairman of HPR subcommittee has the right to attend and speak but not to vote at any meeting of any subcommittee of which he is not a member. The Chairman of HPR is not eligible for election to the Review and Audit Panel.

Service Development (SDS) subcommittee Chairman

Any member of PSNC is eligible for election as SDS Chairman. The Chairman of SDS subcommittee is also a member of the RDF subcommittee, the Negotiating Team and the Appointments Panel. The Chairman of SDS subcommittee has the right to attend and speak but not to vote at any meeting of any subcommittee of which he is not a member. The Chairman of SDS is not eligible for election to the Review and Audit Panel.

Election of Review and Audit Panel (RAP)

Any member of PSNC, except Chairs of the subcommittees and the Vice Chairman, are eligible for election to RAP. Five members are to be elected.

Election of Appointments Panel

All members of PSNC are eligible for election to the Appointments Panel. The five subcommittee Chairs are members of the Appointments Panel, and two further members are to be elected by PSNC.

7. Meetings of Multiple and independent representatives to appoint or elect members of Subcommittees and Negotiating Team

The multiples and independent representatives will meet to elect / appoint the remaining members of PSNC to the subcommittees as follows. Note: The Vice Chairman is to be included in these elections / appointments:

- FunCon – 9 members (to achieve 50:50 split independent to multiples)
- LIS – 7 members (to achieve 50:50 split independent to multiples)
- HPR – 4 members (two independent and two multiple representatives)
- SDS – 5 members (to achieve 50:50 split independent to multiples)

The multiples and independent representatives will also meet to elect / appoint four members of PSNC to the Negotiating Team. The Chairmen of FunCon and SDS are members of the Negotiating Team and a further four members are to be elected by the multiples and independent representatives (to achieve 50:50 independent/multiple representation).

RATIFICATION

8. Resource Development & Finance subcommittee

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 10th May 2016. The subcommittee chairman will provide a report on the meeting.

9. Health Policy and Regulations subcommittee

There is no meeting of the subcommittee.

10. LPC & Implementation Support subcommittee

There is no meeting of the subcommittee.

11. Funding & Contract subcommittee

There is no meeting of the subcommittee.

12. Service Development subcommittee

There is no meeting of the subcommittee.

REPORT

13. 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 11/05/16**.

14. Future PSNC Meeting

The next PSNC meeting will be held on Tuesday 12th & Wednesday 13th July 2016 at The Athenaeum, Church Alley, Liverpool, L1 3DD.

Report on DH consultation event for stakeholders – 28th April 2016

Introduction

The Department of Health (DH) held a stakeholder engagement event on 28th April on its consultation on the future of community pharmacy. The event gave the wider group of stakeholders (Pharmacy Voice, the Royal Pharmaceutical Society, Local Government Association, General Pharmaceutical Committee, Association of Pharmacy Technicians UK, Healthwatch and National Voices) an opportunity to discuss the DH proposals.

DH supplied a [background pack](http://dld.bz/e4PPZ) (<http://dld.bz/e4PPZ>) to the wider stakeholders in advance of the meeting. This includes the interim summary of consultation responses (submitted to NHS England and DH up until 12th February 2016) and 'source papers' that were produced to inform initial discussions with PSNC. These 'source papers' were shared on a confidential basis with PSNC in February, and are now historic, but the intention was that they would provide useful context for pharmacy contractors and other stakeholders.

PSNC then published further information on the [counter proposals](http://dld.bz/e4PQ2) (<http://dld.bz/e4PQ2>) it had submitted to DH and proposals for a quality payment to be included within the Community Pharmacy Contractual Framework.

DH has since released the [slides](http://dld.bz/e4PSm) (<http://dld.bz/e4PSm>) that were presented at the stakeholder event on 28th April. All stakeholders were represented at the event apart from National Voices.

Agenda

Jeanette Howe led the day and provided an introduction to the day. Three main topics were discussed:

1. The Pharmacy Integration Fund – presentations by Keith Ridge and Anne Joshua
2. Funding and the Pharmacy Access Scheme – presentation by Jeanette Howe
3. Quality and services – presentations by Susan Grieve and Bruce Warner

Each session started with an opening presentation by the above DH representatives and then a table discussion and feedback in plenary.

Representatives of the stakeholder organisations were separated so each of the four tables, in general, had a representative from each organisation.

Everyone was encouraged to ask questions and contribute new ideas; DH had a representative on each table to facilitate group discussions and a person taking notes.

Jeanette also advised that as well as the stakeholder meeting, DH had offered the opportunity of bilateral meetings if stakeholder organisations wanted this and also 'in confidence' conversations as well.

Jeanette advised that although information had been published by DH and PSNC, such is the nature of negotiations that further information was held between PSNC, NHS England and DH, which at this stage, could not be shared. When questioned whether this withheld information would have an impact on the stakeholder event and feedback, Jeanette said she didn't think it would and that people would have to take it on trust, but that very little has not been shared.

Community Pharmacy Review

Keith Ridge outlined why he had decided to commission an independent Community Pharmacy Review and that there would be a small advisory group for this. Keith Ridge would not commit as to who would be a member of the group but said there was more to do and discuss with Richard Murray (Director of Policy for the

King's Fund) who has agreed to chair the independent review. He did, however, say he wanted to engage with pharmacy as well as patients and others.

Session 1: The Pharmacy Integration Fund (PhIF) – presentations by Keith Ridge and Anne Joshua

Anne Joshua advised that DH would collate the responses they'd received on the PhIF and put these into the public domain. The governance arrangements for how the fund will be allocated would then be decided and the legal framework for allocation created. The priorities are care homes and urgent care – internal work is being done and people will be invited to take part in workshops in the near future.

Rather than creating new working groups, Anne advised they would prefer to consider using existing groups and to review their terms of reference, for example, using the urgent care reference group.

When questioned whether the PhIF would be used to fund pharmacists in GP practices they were a little non-committal around the subject but did advise that money from the PhIF would be used for the evaluation of pharmacists in GP practices. A question was asked whether community pharmacy could input into the evaluation, for example, to seek their views on how well they feel integrated as a result of pharmacists in GP practices but this was not confirmed.

Session 2: Funding and the Pharmacy Access Scheme (PAS) – presentation by Jeanette Howe

Jeanette advised that DH and NHS England still have a preference on a scheme based on population but are open-minded to PSNC's proposals. Concern was expressed that it was difficult to provide an opinion on this since the number of pharmacies which will be supported and the amount of money each pharmacy will be provided with are unknown. A question was also asked about what confidence could be provided that the funding won't be withdrawn, would there be 'preserved rights' for a period of time? This was acknowledged but no answers could be provided.

When questioned, Jeanette advised that clustering was not a reason to reduce the number of pharmacies as it was for the market to deliver.

Session 3: Quality and services – presentations by Susan Grieve and Bruce Warner

Part 1: Modernising services

Quite a lengthy discussion was held around the 'digital pathway for NHS prescriptions' included in the slide pack. The general consensus of the group was that the patient should be ordered their prescription from the pharmacy not the GP practice, which would help combat prescription direction. A discussion was also held around the suggestion that all patients should be offered home delivery and that some patients have unrealistic time frames for wanting their medicines delivered.

Part 2: Quality and services

With regards to rewarding quality, comments were made that a vision was needed as it is important that the sector knows where we are trying to get to, to be able to make a plan.

Lobbying and the campaign for community pharmacy

Campaign update

Since the PSNC meeting in March work on the campaign for community pharmacy has continued to focus on promoting the value of community pharmacy, warning about the harm to services that could be caused by the funding cuts and other plans, and seeking support for the sector.

PSNC has continued to work very closely with the other pharmacy organisations via the joint steering and communications groups, and specific activities have included:

- Submitting a response to the consultation on the Integration Fund;
- Speaking at regional LPC and contractor meetings;
- Publishing PSNC's counter-proposal for the Department of Health;
- Updating contractors and LPCs on latest developments via email newsletters, CPN and the campaign hub (<http://www.psn.org.uk/campaign>);
- Promoting excellent campaigning activity via our communications channels;
- Taking part in face to face MP briefings, including jointly with Pharmacy Voice;
- Advising LPCs on MP meetings and media activity;
- Supporting social media activity eg the '24 hours in pharmacy' day which saw more than 10,000 tweets using #lovemypharmacy; and
- Publishing a range of LPC resources.

Luther Pendragon have continued to support this work and to advise on lobbying tactics. Working with them we continue to brief politicians as and when appropriate and to advise individual LPCs ahead of MP meetings and pharmacy visits. We are working to correct the Prime Minister's recent comments about community pharmacy funding and to ensure that MPs understand the funding situation, and all MPs have also now been invited to attend a speed briefing event which PSNC is leading on organising (see details below).

To help with local lobbying we have produced a briefing for politicians on the PSNC counter-proposal and this has proved very useful as a response when MPs ask what the sector wants. We are suggesting that supportive politicians may like to ask questions in Parliament about whether the Government has considered the counter-proposal, as well as further questions on what the impact of their planned changes to community pharmacy might be.

We continue to support the work of the other pharmacy organisations eg promoting their events and the petition, meeting regularly to discuss press coverage and messaging, and issuing joint press releases and updates.

Upcoming activities

LPCs can now access all resources via a dedicated page on the campaign hub, and we are encouraging them to take part in a range of activities over the next few weeks including running local events to engage with local patient groups, sharing our MP briefing locally and promoting the Westminster speed briefing event.

The speed briefing event will take place on May 24th between 12 and 3pm. The event will coincide with handing in the Downing St petition, and it will be sponsored by Kevin Barron MP and Michael Dugher MP. We will use the event to brief MPs on the latest information including our counter-proposal and to showcase healthy lifestyle interventions (scratch cards) and blood pressure checks. We have encouraged LPCs to invite their local MPs to the event and LPCs may be able to attend if their MPs accept the invitations.

In the next week we will also be sending an email to commissioners to highlight the proposals and the potential impact on their local pharmacies and communities and producing further resources for LPCs including some radio

advertising scripts to help them to promote community pharmacy. We are also looking at what else we can do with the patient case studies to support NPA activity in this area.

Political party conferences

We have been discussing party conference activity with the other pharmacy organisations. Pharmacy Voice plan to have an exhibition stand at the Labour and Conservative conferences and we will support one another's activities. The Royal Pharmaceutical Society had suggested a joint community pharmacy reception as a useful way to engage with politicians and charities and to seek their support. The RPS are now considering partnering with a health lobbying organisation, so we are looking at the possibility of holding our own reception. Costs for this would be c£6,000 per conference but we will seek to reduce spend by partnering with another organisation if possible.

Future lobbying priorities

Since January the main focus of the lobbying campaign for community pharmacy has been on promoting the value of the sector and warning that the Government's plans could have a negative impact on the services available to patients and the public. Now that we have constructive counter-proposals we have also been seeking support for those and educating MPs about community pharmacy funding and how the sector can make savings for the NHS.

Some of those messages are still relevant and we can continue to promote those during the consultation period and possibly beyond; but PSNC will need to decide on new messaging priorities in light of the Government's policies and the likely outcome of the consultation.

Dependent on policy decisions to be made at the PSNC meeting, key points on which we may wish to lobby in future include:

- Making the case for compensation;
- Highlighting the Government's rejection of our constructive counter-proposals and the short sightedness of the decision not to make better use of community pharmacies;
- Expressing concern about the lost opportunity to reduce waste and save costs elsewhere in the NHS and the long term impact this will have on the health service;
- Highlighting the wasted opportunity to commission a minor ailments service in line with patient and GP wishes;
- Promoting the value of community pharmacy, in particular using the PwC investigation into pharmacy's social value;
- Promoting community pharmacy's undervalued roles in clinical care, maximising value from the drugs budget, supporting the NHS in emergency situations (eg strikes), and meeting patient needs (eg through home delivery services);
- Highlighting the potential impact on patient care and local services from pharmacy closures and the lack of Government impact assessment on this matter; and
- Promoting any new agreed service priorities for PSNC, e.g. a non-dispensed scheme.

Update on the Health and Care Landscape (March 2016)

NHS Chief announces plan to support ten healthy new towns

Public Health England (PHE) is supporting the creation of ten 'healthy new towns' as test sites across the country, potentially covering 170,000 residents from more than 76,000 new homes.

The [Healthy New Towns programme](#) will be using the towns as test sites to examine possible solutions for the health and care challenges of the 21st century such as obesity, dementia and community cohesion.

NHS England is bringing together renowned clinicians, designers and technology experts to reimagine how healthcare can be delivered in these places, to showcase what's possible by joining up design of the built environment with modern health and care services, and to deploy new models of technology-enabled primary care.

The ten demonstrator sites have been chosen this month (March 2016). Options to be tested at some of these sites include fast food-free zones near schools, designing safe and appealing green spaces, building dementia-friendly streets and ensuring people can access new GP services using digital technology.

Professor Kevin Fenton, National Director for Health and Wellbeing at PHE, said: "PHE is proud to have played an active role in the development of the Healthy New Towns programme and we will continue to support the delivery of high quality, healthy environments."

Fewer adults dying from conditions directly caused by alcohol

PHE has updated the [Local Alcohol Profiles for England \(LAPE\)](#) data tool which reflects [new figures](#) relating to alcohol consumption.

The latest figures show that alcohol-related deaths such as heart disease and certain cancers, have increased from the years 2012 to 2014.

Alcohol-specific deaths however, have decreased by 3%. In both alcohol-specific and alcohol-related deaths, the rate for men is almost double that of women.

The tool has also been developed to include data on alcohol-related road traffic accidents.

The LAPE tool presents data for 23 alcohol-related indicators in an interactive tool, which helps local areas assess alcohol-related harm and monitor the progress of efforts to reduce this.

NHS to introduce new £600m financial incentive to improve staff health

NHS England will fund hospitals and other NHS providers to improve the support they offer to frontline health staff to stay healthy.

Starting in April 2016, a [£600 million national incentive](#) will be offered to organisations if they offer frontline staff access to physical activity schemes, physiotherapy and mental health services, healthy food choices and winter flu vaccinations.

PHE has estimated that the cost of staff absence to the NHS to be £2.6 billion a year or around £1 in every £40 of the total budget.

Simon Stevens, the Chief Executive of NHS England, said he hoped that more employers from public and private sectors would follow the health service example.

Estimating the population impact of e-cigarettes on smoking cessation in England

A research paper, [Estimating the population impact of e-cigarettes on smoking cessation in England](#), has been published in *Addiction*.

The paper draws on research to examine the public health impact of e-cigarettes on smoking cessation in the population in the year 2014.

The study estimates that 2.5% of the smokers who used an e-cigarette in their quit attempt succeeded, who would have otherwise failed if they had used nothing or used a licensed nicotine product. Additionally, it shows that 16,000 smokers are estimated to have quit who would not have done so, if e-cigarettes had not been available.

The analysis therefore led to an estimation of 16,000-22,000 additional long term quitters generated by e-cigarettes in 2014.

What's going on in A&E? The key questions answered

The King's Fund has [published answers](#) to key questions relating to A&E systems in NHS England.

The questions relate to A&E and current NHS performance, waiting times, the number of people visiting, staff shortages and the impact of discharge delays on the NHS.

The publication looks at how A&E waiting times have changed over the past few years and explores the impact of different factors, while acknowledging that the causes of the problems in A&E are complex and reflect wider pressures on the NHS and social care.

Challenge on dementia 2020: implementation plan

The Department of Health has published details on how the [Prime Minister's challenge on Dementia 2020](#) will be met.

The Prime Minister's challenge on dementia 2020 set out more than 50 specific commitments that aim to make England the world leader in dementia care, research and awareness by 2020.

The implementation plan outlines the commitments, priority actions and responsible organisations. It has four main themes:

- Risk reduction;
- Health and care;
- Awareness; and
- Social action.

This plan was developed in partnership with a range of stakeholders, including people with dementia and carers.

NHS England boost to end hospital referrals by post

NHS England has [announced](#) that it has allocated £55 million to reward GPs and hospitals to make digital referrals by 2018 and end the practice of referring via post.

At the moment, around 50% of patients are referred for hospital appointments electronically. It is intended this will increase rapidly to 60% by September 2016, 80% by 2017 and 100% by 2018.

The initiative is part of an NHS wide drive to increase efficiency which includes making the best use of technology.

Conceptions in England and Wales: 2014

New [figures](#) from the Office for National Statistics (ONS) show that the number of teenage girls getting pregnant in England and Wales is continuing to fall.

There were about 23 conceptions per 1,000 15 to 17-year-old girls in 2014, compared to a high of 55 in 1971.

The ONS figures also show:

- the estimated number of conceptions to girls under 18 fell to 22,653 in 2014 compared with 24,306 in 2013, a decrease of 6.8%;
- an estimated 4,160 girls under 16 got pregnant in 2014, compared with 4,648 in 2013, a fall of 10%;
- there were some 871,038 conceptions to women of all ages in 2014, compared with 872,849 in 2013, a slight decrease of 0.2%; and
- conception rates in 2014 increased for women aged 25 and over, and decreased for women under 25.

NHS England launches national programme to combat antibiotic overuse

The [world's largest healthcare incentive scheme](#) has been announced by NHS England, in the form of funding to be made available to hospitals and other providers that reduce inappropriate use of antibiotics.

The scheme is aimed at hospitals, family doctors and other health service providers.

The NHS' new programme, which goes live in April 2016, will offer hospitals incentive funding worth up to £150 million to support expert pharmacists and clinicians review and reduce inappropriate prescribing.

Further payments will be made for reducing the use of specific types of drug which are used to treat a wide range of bacteria.

Increase in scarlet fever across England

There has been a sharp increase in scarlet fever cases across England, according to the [latest data](#) from PHE.

This is the third consecutive season in which the incidence of scarlet fever has progressively risen. There has been a total of 6,157 confirmed cases since September 2015, when the new season began, with around 600 cases being notified each week at present.

PHE expects to see a marked elevation of scarlet fever cases between late March and mid-April, the peak season for the condition.

Health practitioners are informed to be vigilant and mindful of scarlet fever when assessing patients.

MMR vaccination call following recent measles cases

Recent data released by PHE showing an [increase in measles cases in February](#) has prompted PHE to ask people to check that they have received two doses of the Measles Mumps and Rubella (MMR) vaccine and to be aware of the signs and symptoms of the disease.

Since the beginning of February 2016, 20 cases of measles have been confirmed across London and the East of England, predominantly in unimmunised adolescents and young adults, many of whom required hospitalisation.

The NHS Childhood Immunisation Programme in England routinely provides the MMR vaccine.

2016 Child Health Profiles

PHE has published [Child health Profiles 2016](#) to present data across 32 key health indicators of child health and wellbeing. They are designed to help local authorities and health services improve the health and wellbeing of children and tackle health inequalities.

The health profiles draw together information to present a picture of children and young people's health by local authority and Clinical Commissioning Group. They can be used to compare information locally, regionally and nationally.

There is a 4 page profile for each local authority in England which includes:

- an 'At a glance' summary description of child health in the area which highlights key findings;
- maps and charts showing how the health of the area compares to the national view and other local authorities in England; and
- a 'spine chart' health summary showing the difference in health between the area and the England average for 32 indicators within the 5 domains of the Public Health Outcomes Framework

Professor Kevin Fenton, National Director of Health and Wellbeing at PHE, said: "Not only will the profiles help set local healthcare priorities, but commissioners can reach out to high performing local authorities and share best practice."

Health and care bodies reveal the map that will transform healthcare in England

Local authorities and other health care services have worked together to [produce 44 Sustainability and Transformation Plans \(STPs\)](#) to bring local health and care leaders, organisations and communities together.

These are geographic areas in which people and organisations will work together to develop robust plans to transform the way that health and care is planned and delivered for their populations.

These plans will help accelerate the implementation of the [Five Year Forward View \(5YFV\)](#).

Most of the 44 areas will be led by people already working in the local health and care economies, with named individuals responsible for convening, overseeing and coordinating their STP work.

This comes as a response to the NHS Shared Planning guidance, which asked every local health and care system in England to come together to create their own ambitious local plan for accelerating the implementation of the 5YFV.

Levy on high sugar drinks

The Chancellor of the Exchequer gave his [Budget to Parliament](#) on Wednesday 16th March 2016.

It was announced that there will be a new soft drinks industry levy to help tackle childhood obesity. The levy will be targeted at producers and importers of soft drinks that contain added sugar.

The levy will be charged on volumes according to total sugar content, with a main rate charge for drink above 5 grams of sugar per 100 millilitres and a higher rate for drinks with more than 8 grams of sugar per 100 millilitres.

The levy will be introduced in two years to give companies time to consider reformulating their products. It is hoped that the levy will encourage soft drinks companies to consider reducing the amount of added sugar in drinks they produce.

PHE has released a [statement on the announcement](#), welcoming the move to tackle obesity and other related health conditions.

Key facts and trends in mental health: 2016 update

The fourth edition of the factsheet, [Key facts and trends in mental health](#), has been published by the Mental Health Network.

The updated publication reflects new figures, statistics and resources on the major trends and challenges faced by mental health services.

The factsheet sets out available data relating to:

- investment in services;
- trends in morbidity;
- suicide and homicide rates;
- service activity;
- use of mental health legislation;
- mental health of children and young people;
- service user experience;
- inequalities experienced by people with;
- mental health problems; and
- workforce and staff satisfaction.

Parliamentary briefing on structure of the NHS in England

A briefing on the [structure of the NHS in England](#) has been published in the House of Commons Library.

The briefing provides an overview of the funding and accountability relationships under the new system introduced by the Health and Social Care Act 2012, and an introduction to the roles of key organisations. It discusses the following topics:

- background to funding;
- commissioning;
- access to treatment;
- regulation and accountability;
- competition and non-NHS providers;
- public health services;
- Health and Wellbeing Boards and Healthwatch;
- the future; and
- health services in Scotland, Wales, and Northern Ireland.

Key health priorities for the current Parliament such as patient safety, funding, and the integration of health and social care are also highlighted in the document.

New Eatwell Guide illustrates a healthy, balanced diet

PHE has launched a new [Eatwell Guide](#), a tool which shows the revised proportions of the food groups consistent with official advice on nutritional requirements.

The guide replaces the eatwell plate and has been updated to reflect the new dietary recommendations from the Scientific Advisory committee on Nutrition's [report](#) in 2015.

The guide recommends including even more fruit, vegetable and starchy carbohydrates and even fewer sugary foods and drinks and serves as an illustrated representation of a healthy balanced diet.

PHE encourages organisations and individuals to use the Eatwell Guide to make sure a consistent message is shared across received by everyone.

Building the foundations: Tackling obesity through planning and development

The Town and Country Planning Association, PHE and the Local Government Association, with support from Leeds Beckett University and local councils, have published a report, [Building the foundations: Tackling obesity through planning and development](#).

The practice-based report demonstrates innovative practice from 14 local authority areas across England and their partners on how to tackle obesity and other problems by using planning policy and in making decisions on new housing and mixed use developments.

First wave of NHS Diabetes Prevention Programme national rollout is announced

The world's first nationwide diabetes preventative programme will be starting in England over the next few months.

The [NHS Diabetes Prevention Programme](#) will start its first wave, [across 27 areas](#) covering half of the English population. There will be 20,000 places available and when the rest of England follows by 2020, an expected 100,000 places will be available each year after.

Patients referred on to the programme can expect to receive personalised assistance to help reduce their risk of type 2 diabetes. Education on healthy eating and lifestyle will be provided, as well as physical exercise programmes to help lose weight.

Once on the programme, patients will be offered at least 13 education and exercise sessions of one to two hours per session, at least 16 hours face to face or 1-to-1 in total over nine months.

The programme is run collaboratively by NHS England, PHE and Diabetes UK.

In March 2015, seven innovative 'demonstrator' sites from around the country were announced to take part in the initial phase of the programme. The demonstrator sites tested their local programmes and provided learning points to help co-design and implement the national programme.

Health matters: midlife approaches to reduce dementia risk

PHE has published its [fourth edition of Health Matters](#), focussing on midlife approaches for reducing the risk of dementia.

The PHE resource provides a [guidance overview](#) on the scale of the challenge, discussing the risk factors involved and the steps that can be taken to lower the risk of dementia.

There is also a [pack of infographics](#) to help when highlighting the risks of dementia in local areas.

Health Matters is a resource for professionals which brings together the latest data and evidence, makes the case for effective public health interventions and highlights tools and resources that can facilitate local or national action.

Community engagement: improving health and wellbeing and reducing health inequalities

The National Institute for Health and Care Excellence (NICE) has published a [guideline](#) covering community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and to help local authorities and health bodies meet their statutory obligations.

The NICE guideline is aimed at:

- Health and Wellbeing Boards, directors of public health and other strategic leads who plan, commission, scrutinise or provide local health and wellbeing initiatives in collaboration with local communities;

- Local authorities, the NHS and other public sector organisations with a statutory;
- Obligation to carry out community engagement activities;
- Commissioners of community engagement initiatives;
- Community and voluntary sector organisations; and
- Members of the public.

The guideline complements work by PHE on community engagement approaches for health and wellbeing.

New PHE data on salt consumption levels

Results from PHE's National Diet and Nutrition Survey [results](#) have been published.

The published report presents results of estimated salt intake in 689 adults aged 19 to 64 years in England in 2014. The report shows that the average salt consumption for adults in 2014 was 8 grams per day, a reduction from 8.5 grams in 2011.

Since the 2005/6 survey, overall salt consumption fell by 11%.

Dr Alison Tedstone, chief nutritionist at PHE, said: "Our analysis makes clear that there is a steady downward trend in salt consumption. While people are having less salt than 10 years ago, we are still eating a third more than we should."

Antibiotic prescribing falls since launch of financial incentives

The introduction of financial incentives in April 2015 by NHS England and PHE has seen [antibiotic prescribing fall](#) by two million, in comparison to the same period in 2014.

The data on prescribing shows:

- overall in 2015, antibiotic prescribing reduced by 5.3% compared to 2014 – a total of 2,166,489 fewer items; and
- within this total there were 480,450 fewer 'broad spectrum' antibiotics, reducing the use of which not only helps tackle resistance, but also reduces the likelihood of healthcare-acquired infections like C. difficile, improving patient safety.

Dr Mike Durkin, NHS National Director of Patient Safety, said: "Vaccinations make an important contribution to the fight against antimicrobial resistance as they both prevent infections in the first place and reduce the need for antibiotics."

Accountable care organisations explained

The King's Fund has added a [web feature](#) on their website, which explains issues surrounding accountable care organisations (ACOs).

The feature explains what ACOs are, why they are relevant to the NHS, whether they will deliver any benefits for patients and next steps required.

Medicines optimisation quality standard published

The [medicines optimisation quality standard](#) has been published on the NICE website.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area.

Each standard consists of a prioritised set of specific, concise and measurable statements designed to drive measurable improvements for a particular area of health or care.

There is a list of quality statements in the standard:

- shared decision making;
- patient involvement in reporting medicines-related patient safety incidents;
- learning from medicines-related safety incidents;
- medicines reconciliation in primary care; and
- structured medication review.

They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Update on the Health and Care Landscape (April 2016)

NHS Outcomes Framework 2016/2017

The [NHS Outcomes Framework](#) for 2016/17 has been published and remains unchanged.

The framework is based on five domains, setting out national outcomes that the NHS should be working towards improving. Each domain has a number of overarching indicators and improvement areas.

Each domain and its indicators focus on improving health and reducing health inequalities. The domains are:

1. preventing people from dying prematurely;
2. enhancing quality of life for people with long-term conditions;
3. helping people to recover from episodes of ill health or following injury;
4. ensuring that people have a positive experience of care; and
5. treating and caring for people in a safe environment and protecting them from avoidable harm.

The framework is updated on an annual basis, and it is for NHS England to determine the best way to deliver the improvements.

CCG improvement and assessment framework launched

NHS England has launched a new [Improvement and Assessment Framework](#) for Clinical Commissioning Groups (CCGs), which will be available for patients to access from June 2016.

The framework will provide patients with an overview of how their local health service is performing, across six clinical areas:

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

A CCG's performance in each clinical area is to be verified by an independent panel.

As well as the six areas verified by the panels, the new framework will also report CCG performance in 29 key areas, including new models of care, efficiency and conflicts of interest management.

An annual assessment in June 2017 will incorporate additional information from the local Sustainability and Transformation Plans and other relevant data.

Supporting whistleblowers in primary care

A draft [guidance document](#) to support whistleblowing in the NHS, based on recommendations by the *Freedom to Speak Up* report, is available for [consultation](#) until 6th May 2016.

The draft document, *Freedom to speak up in Primary Care*, is intended to be used by primary care organisations to review their policies and procedures on staff raising concerns about safety. It details the principles and actions to apply in primary care to support the raising of concerns by staff about the delivery of services to patients and how the concern is handled.

The policy sets out:

- who can raise a concern;
- the process for raising a concern;
- how the concern will be investigated; and
- what will be done with the findings of the investigation.

In addition, from 1st April 2016, NHS England is a 'prescribed person' under the Public Interest Disclosure Order 1999, meaning primary care service staff working at GP surgeries, opticians, pharmacies and dental practices, can raise concerns about inappropriate activity directly.

Charity launches independent commission looking at NHS funding

The charity, the Patients Association, has [announced proposals](#) to establish an independent commission on funding of the NHS and social care.

The aim is to look at the current and future needs of the NHS and social care. It will assess funding and ways to provide resources to run a sustainable service for patients.

The principle of free treatment at the point of care will be used as a starting point and will consider how much to spend as a society, as well as possible sources of additional funding including tax, national insurance contributions and ring-fenced funding.

NHS England to tackle conflicts of interest

NHS England has [revealed](#) plans to tackle the problem of conflicts of interests, to provide public reassurance and confidence in how NHS funding is invested.

The measures announced include:

- revised guidance for CCGs on managing conflicts of interest;
- a cross NHS task and finish group to develop a full set of rules and proposals;
- a requirement on providers to maintain and publish a register of gifts, hospitality and conflicts of interest; and
- NHS England's internal conflict of interest policy will be toughened up.

NHS England has also published an assessment report to review how conflicts of interest are currently being managed and how the existing statutory guidance for CCGs was being implemented.

What comes into force in April 2016?

April 2016 will see in a number of significant changes for health and care organisations in England. Several will affect NHS staff, service users, patients and services across the country.

NHS Confederation has published a feature [summarising the main changes](#) taking effect.

Older People's Health and Wellbeing

Public Health England (PHE) has published the [Older People's Health and Wellbeing Profile](#), a tool which can be used to examine the health and care of older people across local authorities in England.

The tool contains 95 interactive indicators and allows comparison and monitoring of trends in different regions across England.

Stakeholders who produce Joint Strategic Needs Assessments in local areas may use the PHE profiles to procure evidence and intelligence to support their developments. Those responsible for delivering strategies for prevention and early intervention to improve the health and wellbeing of older adults may also find this tool of use to provide support and information.

The indicators presented in this profile underline the scope to improve health outcomes by ensuring that all older people receive the opportunities, care and support delivered in the best-performing localities.

NHS England Business Plan 2016/2017

NHS England has published its [business plan for 2016/17](#), setting out its ten main priorities to focus on for the coming year.

The priorities are grouped under the following themes: improving health, transforming care and controlling costs. These themes build on the agenda of the [Five Year Forward View \(5YFV\)](#).

Prescription Cost Analysis, England – 2015

The Health & Social Care Information Centre (HSCIC) has published its [Prescription Cost Analysis \(PCA\) report](#), which provides details on the numbers and costs of all prescriptions dispensed in the community in England in 2015.

Key facts from the HSCIC PCA report include:

- in 2015, the cost of prescriptions dispensed in the community was £9.27 billion. An increase of 4.68% from £8.85 billion in 2014; and
- in 2015, 1.08 billion prescription items were dispensed in the community. An increase of 1.79% from 1.06 billion in 2014.

Tackling the growing crisis in the NHS

The King's Fund has published an [article](#) to identify the main problems faced by the NHS and offers practical solutions to help address them. The three big challenges identified are:

1. sustaining existing services and standards of care;
2. developing new and better models of care; and
3. tackling these challenges by reforming the NHS 'from within'.

The article describes what the challenges are in more detail, proposes a plan for action and provides links to resources for further information.

Charting progress on the health devolution journey: Early lessons from Greater Manchester

The Local Government Association (LGA) has published a [briefing document](#) outlining the broad lessons that can be learned from Greater Manchester's experience of health devolution.

A view on devolution from NHS England is presented in the document alongside Greater Manchester's devolution journey so far.

The LGA document also discusses the positives, ongoing challenges and key themes from the devolution roundtable discussions.

Sustainability and Transformation Plans – A Major Development in Commissioning

Regional Voices has published a short [briefing](#) which aims to explain Sustainability and Transformation Plans (STPs) and their role in delivering the NHS 5YFV.

It also provides more details on STPs and guidance on how to get involved in local areas.

List of CCGs taking on co-commissioning arrangements

NHS England has [published a list](#) of CCGs who have taken on greater responsibility for the commissioning of primary medical services through either a joint or delegated arrangement.

There will be more opportunities for CCGs without joint or delegated arrangements to take up greater responsibility for the commissioning of general practice services in the future.

Update on rising scarlet fever across England

Further to the [Health & Care Review](#) story on scarlet fever published on 18th March 2016, PHE has reported the [continuous increase](#) in cases of the infectious disease.

England has seen 1,319 new cases during 21st – 27th March 2016. A total of 10,570 cases of scarlet fever have now been reported since the season began in September 2015.

Weekly activity so far this season has been similar or slightly above last year's figures. This is the third season in a row in which elevated scarlet fever activity has been noted.

How is the new NHS structured?

The King's Fund has published a [slideset](#) on their website explaining how the NHS in England is currently structured, including how providers are regulated, how service commissioning is influenced and the flow of money in the NHS.

The full slide set can be downloaded from The King's Fund website.

The evolution of devolution in the NHS

A [report](#) has been published by The Health Foundation, which considers the potential implications of health devolution on health and care outcomes in England, and the best way for policy to evolve.

It draws on analysis of the Devolution Deals agreed to date, relevant literature, and international experience with a focus on four European decentralised health systems.

PHE Strategic Plan

PHE has published its [strategic plan](#), which sets out how PHE plans to achieve its aims over the next four years to protect and improve the public's health and reduce inequalities.

The report also outlines PHE's intended actions over the next year to deliver its core functions and confirms PHE's role in the health and care system, building on evidence, prioritising prevention and supporting local government and the NHS.

It builds on the Department of Health's [Shared Delivery Plan](#), the NHS 5YFV, and [From Evidence into Action](#).

NHS England backs innovative care initiative

NHS England has announced it will be investing £1.75 million in a new, innovative [Shared Lives](#) model.

The family-based initiative aims to support more people being cared for in a home, rather than a hospital, by matching people with special needs to a suitable Shared Lives carer.

People using the scheme may have learning disabilities, dementia, mental health problems or other needs which require long or short term support.

The funding available to CCGs enables:

- people with learning disabilities to move out of medical institutions into ordinary family homes;
- people recovering from strokes and other health crises to receive their step down care in a Shared Lives household;
- live-in mental health support including acute support as an alternative to hospital-based treatment; and
- dementia support including day support and short breaks for family carers.

The Shared Lives initiative is already being commissioned and provided in some areas, but this investment means more areas can implement the service.

Two regions where there is most interest in the model will receive extra support as 'accelerator regions'.

Who Cares? The Future of General Practice

A report has been published by the charity Reform think-tank. The report, [Who Cares? The Future of General Practice](#), analyses the current model of general practice in the NHS in relation to modern day users and how it needs to change to adapt to future needs.

It highlights the need for providers to operate at a larger scale in order to deliver primary care services more effectively. It also considers different approaches to providing primary care services such as utilising a more diverse workforce to deliver these services.

Children and Young People's Mental Health: State of the Nation

An independent think-tank, CentreForum, has published their [first report](#) of their Commission on children and young people's mental health.

The report reveals the findings of a research project on mental health services for younger people and found that services turn away, on average, nearly a quarter (23%) of children and teenagers referred to them by their GPs, teachers or others.

The report highlights common problems and variations in mental health service delivery across the country; it also looks at government policy on children's mental health.

New Intelligence Packs offer early prevention opportunities

The National Cardiovascular Intelligence Network (NCVIN) has launched the second edition of the [CVD Primary Care Intelligence Packs](#).

The packs are intended to be a resource for CCGs and practices to help deliver improved health outcomes in cardiovascular disease by helping to identify key gaps and opportunities in primary care.

There will be a pack for every CCG in England which shows how the CCG is doing and highlights any opportunities for improvement.

The packs have been developed by the NCVIN with support from 30 GPs, nurses and pharmacists in the Primary Care CVD Leadership Forum.

Involving the public in primary care commissioning

NHS England has developed a [framework](#) to help organisations ensure that patient and public involvement is prioritised and maintained throughout their work.

The framework is a guide for primary care commissioners, in NHS England and CCGs, on how to involve patients and the public in the commissioning of primary care services.

It has been co-designed with members of the Working Group for Patient and Public Participation in Primary Care Commissioning.

Feedback from stakeholders has also been taken account in the development of the framework.

Safe sex reminder as antibiotic resistant gonorrhoea investigations continue

PHE has issued a [reminder to the public](#) to practise safe sex, as a response to an increase in antibiotic-resistant gonorrhoea cases.

PHE is monitoring and investigate gonorrhoea cases that are highly resistant to the antibiotic azithromycin. Cases first emerged in the north of England in November 2014. Microbiologists and sexual health doctors in England are being notified that since September 2015 further cases have been confirmed in the West Midlands and in the South of England. The total number of cases confirmed in England between November 2014 and April 2016 is 34.

The current outbreak strain remains sensitive to the other drug used in first line therapy, ceftriaxone, meaning this drug is effective in treating these cases. However, if azithromycin becomes ineffective against gonorrhoea, there is no 'second lock' to prevent or delay the emergence of ceftriaxone resistance, and gonorrhoea may become untreatable.

Three million patients benefit from new innovations in pioneering NHS programme

Three million patients have begun accessing new apps, safety devices and online networks as part of [The NHS Innovation Accelerator \(NIA\)](#) programme.

The programme is based on 17 fellows, each representing an evidence-based innovation have been receiving national support to roll out their technology or service to help in disease prevention, improve service safety and efficiency and increase patient participation.

The technology is aimed at patients, hospitals and GP practices across England; 68 NHS organisations are currently using one or more of the 17 new innovations.

The NIA is a fellowship programme being delivered collaboratively by NHS England, UCLPartners, The Health Foundation and with the Academic Health Science Networks.

Housing, care and health infographics

The King's Fund, as part of its joint learning network on integrated housing, care and health, has published a [slide of infographics](#) to illustrate the connections between housing, social care, health and wellbeing.

General Practice Forward View

The [General Practice Forward View](#) has been published this month (April 2016), setting out a plan for general practice in England.

It has been developed with Health Education England and in discussion with the Royal College of GPs and other GP representatives.

Primary care under strain, says Health Committee

The House of Commons Health Committee has published a report, [Primary Care](#), which sets out the challenges faced by primary care and analyses long-term solutions to drive improvements in patient care.

The report also examines patients' and the workforce's experience of primary care, the new models of care, building the new primary care team and funding.