

PSNC Agenda

For the meeting to be held on 11th & 12th October 2016

at Harte and Garter Hotel, 31A High Street, Windsor, SL4 1PQ

Commencing at 11.15 on 11th October

Members: David Broome, Christine Burbage, Mark Burdon, Peter Cattee, Mark Collins, Ian Cubbin, Marc Donovan, David Evans, Samantha Fisher, Peter Fulford, Mark Griffiths, Kathryn Goodfellow, David Hamilton, Mike Hewitson, Tricia Kennerley, Clare Kerr, Sunil Kochhar, Andrew Lane, Margaret MacRury, Garry Myers, Bharat Patel, Indrajit Patel, Prakash Patel, Umesh Patel, Janice Perkins, Adrian Price, Anil Sharma, Faisal Tuddy, Gary Warner

Chairman: Sir Mike Pitt

1. Apologies for absence

Apologies for absence have been received from Mark Collins, Marc Donovan, David Hamilton (Wednesday only) and Adrian Price (Wednesday only).

Please note that Rupen Sedani has resigned from the Committee and the CCA has nominated Kathryn Goodfellow to join the Committee. Following the death of Kirit Patel an election has been held of non-CCA multiples and Jay Patel has been elected to join the Committee. An election has been held in the West Midlands region to replace Raj Morjaria and the outcome will be announced at the meeting.

2. Minutes of the last meeting of PSNC

The minutes of the PSNC meeting held on Tuesday 12th and Wednesday 13th July 2016 were shared with the committee and are available on the PSNC website.

3. Matters arising from the minutes

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

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

5. Introduction: DH revised proposals

An introduction to the proposals is set out in the letter circulated to Committee members on 16 September. Further to that letter there are two correspondence items from Jeannette Howe attached and an update will be given on progress.

ACTION

6. PSNC response to DH revised proposals

The Committee will agree its response to the government proposals. Plenary sessions through the meeting will be used to examine the implications, consider options and agree a response and next steps. A plan for future lobbying activity is at **Appendix 05/10/2016**.

7. PSNC Governance Review

The Chairman has provided a progress report which is attached at **Appendix 06/10/2016**. Michael Thomas and John McGhee of AT Kearney will attend the meeting at 11.30 on Wednesday. The agreed proposal is attached at the back of the agenda as **Appendix 07/10/2016**.

8. PSNC Vice Chair

An election will be held for the office of vice chair of PSNC.

RATIFICATION

9. Resource Development & Finance subcommittee

A meeting of the Resource Development and Finance subcommittee is scheduled to take place on Tuesday 11th October 2016. The subcommittee chairman will provide a report on the meeting.

10. Health Policy and Regulations subcommittee

A meeting of the Health Policy subcommittee is scheduled to take place on Tuesday 11th October 2016. The subcommittee chairman will provide a report on the meeting.

11. LPC & Implementation Support subcommittee

A meeting of the LPC & Implementation Support subcommittee is scheduled to take place on Tuesday 11th October 2016. The subcommittee chairman will provide a report on the meeting.

12. Funding & Contract subcommittee

A meeting of the Funding and Contract subcommittee is scheduled to take place on Tuesday 11th October 2016. The subcommittee chairman will provide a report on the meeting.

13. Service Development subcommittee

A meeting of the Service Development subcommittee is scheduled to take place on Tuesday 11th October 2016. The subcommittee chairman will provide a report on the meeting.

REPORT

14. Party conference lobbying

The Head of Communications and Public Affairs will report on PSNC's activity at the party conferences.

15. EPS and NHS IT Update

An update on EPS and NHS IT issues is set out in **Appendix 08/10/16**.

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 09/10/16**.

17. Future PSNC Meeting

The next PSNC meeting will be held on Tuesday 8th and Wednesday 9th November 2016 at Jury's Inn Hotel, 245 Broad Street, Birmingham B1 2HQ. Please also note that the LPC Conference will take place on Wednesday 2nd November at the Congress Centre, 28 Great Russell Street, London, WC1B 3LS.

18. Any Other Business

Political Lobbying

Introduction

PSNC has been working closely with the other pharmacy organisations (via the comms and steering groups) to persuade Parliamentarians of the value of community pharmacy and the need to oppose the Government's proposals. Tactics have included individual meetings with MPs, the NPA letter/leaflet campaign and Parliamentary briefing events.

Key outputs have included:

- Parliamentary questions asked by supportive MPs
- 60 MPs represented at a Parliamentary briefing event
- Two Parliamentary debates
- National media articles prompted by MPs
- MPs campaigning to the minister*

*Former minister Alistair Burt, speaking in confidence at a pharmacy roundtable at the Conservative Party Conference, said he felt the pharmacy campaign had successfully influenced Parliamentarians. He had received a lot of correspondence and met with several MPs about pharmacy while he had been minister.

Lobbying Objectives

The next phase of pharmacy's lobbying activity must build on these successes. We must continue to seek to:

1. Increase the perceived (and later, real) political cost of cutting pharmacy funding.
2. Gain support for our plans to make the savings by making better use of the sector and ensure that this is fed back to those making decisions.
3. Increase pressure for the commissioning of additional services, most importantly a national minor ailments service.
4. Build support for the Community Pharmacy Forward View (CPFV).

Tactics: MPs

Conservative MPs, even supportive backbenchers, are unlikely to openly criticise Government policy, but we must persuade them to:

- Express private concerns to the minister and health secretary.
- Publicly support the protection of the sector and the development of services.
- Highlight the potential (and later, real) impact of any cuts.

Labour and Liberal Democrat MPs may do all of the above, and will be more vocal about cuts if they go ahead. In particular we could help to facilitate a more vociferous Labour Party anti-cuts campaign, and we can seek clear supportive policy positions on community pharmacy from both Labour and the Liberal Democrats (Norman Lamb offered to work with pharmacy on this at the Brighton pharmacy roundtable event).

Working with the other pharmacy organisations and our various public affairs agencies, actions to achieve this will be:

- Work with Barry Sheerman’s office to seek a Westminster Hall debate on pharmacy.
- Work with target MPs’ offices on Parliamentary Questions (see some examples of draft questions below). This was raised with several MPs at party conferences.
- Seek early meetings with Conservative supporters (see target MPs list below) after recess to explain the situation and ask what they would be willing to do, eg:
 - Write to the minister on the impact of the changes
 - Campaign for future service development
- Brief the Shadow Health team, provide it with resources and access to pharmacies for media opportunities.
- Work with the offices of Tom Brake and Norman Lamb to seek a meeting to help shape Liberal Democrats policy.
- Approach Downing Street about the proposals.
- Use output from the roundtable meetings to agree a pharmacy report/briefing.
- Email MPs with whom contact was made at the party conferences to thank them for their interest and suggest next steps. Include roundtables briefing.
- Share output/intelligence from the party conferences with LPCs and highlight the resources to help them arrange visits or local events and get key messages across.
- Seek meetings with supportive peers to explain the situation and ask what they would be willing to do to help.
- Approach Michael Dugher with a view to helping Labour with campaign materials.
- Meet with the clerk of the Health Select Committee and following this seek meetings with MPs on the committee to discuss community pharmacy and ask them to consider it in their inquiries this year. This may include letters to the Chair.
- Hold a cross-party reception on the value of pharmacy (the Asian Pharmacy Event which we are planning with Pharmacy Business for 8th November may be sufficient).
- Follow up with LPCs and provide more support for local visits and roundtable events.
- Seek opportunities for press coverage eg via blogs on political websites to cover party conference write ups.

The table below sets out our key target MPs.

Name	Party	Notes
Alistair Burt	Cons	Former pharmacy minister; supports discussions about how to make the savings.
Robert Buckland	Cons	Has written about the importance of pharmacy. Attended speed briefing.
Alex Chalk	Cons	Attended pharmacy debate and speed briefing; good links with local pharmacists.
Steve Double	Cons	Has met with PSNC. Attended speed briefing.
Karl McCartney	Cons	Active in the chamber. Attended speed briefing.
Jason McCartney	Cons	Attended speed briefing. Met with PSNC. Would like to help.
Maggie Throup	Cons	Member, Health Select Committee. Very supportive.

Ben Howlett	Cons	Researcher attended conference event. Would like further info.
Nicola Blackwood	Cons	Supportive; met with local pharmacists.
Derek Thomas	Cons	Tabled Westminster Hall debate on pharmacy.
Ann Coffey	Lab	Has written about pharmacy. Attended speed briefing
Neil Coyle	Lab	Has met with PSNC. Tabled PQ. Attended speed briefing.
Jim Cunningham	Lab	Has tabled several PQs.
Sue Hayman	Lab	Raised cuts during high street debate. Attended speed briefing. Active in the chamber.
Imran Hussein	Lab	Active in the chamber.
Barbara Keeley	Lab	Spoke in pharmacy debate. Met with PV. Attended briefing.
Steve McCabe	Lab	Active in the chamber.
Robert Marris	Lab	Has visited local pharmacy. Has written to DH and pledged to continue to press government.
Rachel Maskell	Lab	Attended debate. Visited local pharmacy.
Graham Morris	Lab	Attended speed briefing. Active in the chamber.
Nic Dakin	Lab	Attended pharmacy debate and speed briefing. Presented petition. Active in the chamber.
Michael Dugher	Lab	Has met with Chemist and Druggist regarding cuts. Has written to Alistair Burt. Met with PV. Active in chamber.
Barry Sheeman	Lab	Met with PSNC. Keen for debate on the future of pharmacy.
Justin Madders	Lab	Attended speed briefing. Visited pharmacy.
Tom Brake	Lib Dem	Attended conference roundtable.
Norman Lamb	Lib Dem	Lib Dem health spokesman. Attended Conference Event

Some examples of the Parliamentary Questions we are seeking to have raised are:

- To ask the Secretary of State for Health what assessment he has made of [PwC research](#) on the value of community pharmacy in the context of negotiations on the Community Pharmacy Contractual Framework for 2016/17.
- To ask the Secretary of State for Health what assessment he has made of the net financial contribution to the UK economy made by community pharmacy a) as a sector and b) per individual pharmacy in the year 2014/15.

The All-Party Pharmacy Group

The officers of the All-Party Pharmacy Group are helpful advocates, and a key output this year has been the report and recommendations to Government following the APPG Inquiry.

Next steps for the group will be:

- Meet with Chairs of other APPGs to discuss pharmacy and its position within primary care (scheduled for October 12th).
- Meet with David Mowat MP.
- Contact MPs who showed an interest in community pharmacy at the party conferences to seek their support and ask them to join the group.
- Issue statements and comment articles supporting pharmacy.
- Engage with the Health Select Committee.
- Consider a meeting on how pharmacy can make savings for the NHS.

- Consider a roundtable to facilitate conversations with patient groups and charities on the potential impact of the Government's proposals.

Tactics: Local Councillors

Local councils and politicians are playing an increasingly important role in making and overseeing decisions on the provision of healthcare that will affect community pharmacy. As such we must work to ensure that local councillors:

- Recognise community pharmacies as a valuable asset to their local communities.
- Understand the range and the value of community pharmacy services.
- Make decisions that will support a vibrant community pharmacy sector.
- Speak to other councillors positively about community pharmacy.
- Put pressure on their political parties to support community pharmacy.
- Write to DH/NHS England asking for 'national with local adjustments'/template services (and/or other national service developments, depending on priorities).
- Ask their Health Scrutiny Committee members to call in NHS England teams to discuss the impact of the proposals for community pharmacy.

At the party conferences we came into contact with a number of local councillors who were already supportive of community pharmacy and vocal in their views. These councillors can make a real difference influencing other councillors and policy makers, and our focus now should be on developing more of these advocates.

Actions to achieve this over the next six months will be:

- Identify a list of 10-12 councillors who we can target.
- Contact the councillors and include PwC infographic, CPFV and roundtable briefings.
- Work with LPCs to seek meetings with the councillors. Discuss how they might be willing to support pharmacy, and how they would like to receive updates.
- Work with the LPCs to arrange local pharmacy visits for the councillors.
- Remain in regular contact with the councillors as per the discussions with them.
- Work with the councillors to share messages with their colleagues about pharmacy.

In addition to this we must work with LPCs to help them better engage with local councillors, and on a broader engagement programme at a national level. Actions over the next six months will be:

- Use output from the roundtable meetings to agree a pharmacy report/briefing tailored to local councillors.
- Email councillors with whom contact was made at the party conferences to thank them for their interest and seek their support. Include roundtables briefing.
- Share roundtable briefing with councillors on our local commissioners email list.
- Set up an email list specifically for local councillors – seek help from LPCs to highlight this locally and encourage people to sign up. Send one email per month.

- Share output/intelligence from the party conferences with LPCs and highlight the resources to help them arrange visits and engage with local councillors.
- Produce monthly pharmacy updates and further resources for councillors that LPCs can share locally.
- Arrange a meeting with Councillor Richard Kemp CBE to discuss ways to reach Liberal Democrat Councillors.
- Seek meetings with Jonathan McShane and Izzy Seccombe to discuss ways to reach Labour and Conservative Councillors.
- Arrange a meeting with Paul Ogden at the LGA to discuss ways to reach councillors and influence LGA policy on community pharmacy.
- Use meeting outputs to develop a plan for further engagement eg via webinars, articles, briefings or events.
- Seek opportunities for press coverage eg via Local Government Chronicle.

Other stakeholders

As well as political lobbying, PSNC needs to consider how it can focus on influencing other individuals of importance. These would include:

- Senior decision makers at NHS England and DH
- CCGs
- Charities
- Patients and patient groups
- The public
- Other healthcare professionals

The comms group has been discussing this and some work has already been done to engage with patient groups eg the shared letter to the Secretary of State. The group has also received an update on the Mother project, which could form an important part of pharmacy's engagement with the general public. The group will reconvene after the party conferences and a detailed plan for this engagement will be considered at that point.

Immediate actions are:

- Consider an approach to Simon Stevens about the proposals and pharmacy.
- Use output from the roundtable meetings to agree a pharmacy report/briefing.
- Email everyone with whom contact was made at the party conferences to thank them for their interest and seek their support. Include roundtables briefing.
- Use outputs from the party conferences to develop a new list of target stakeholders.
- Identify other key targets within NHS England, the wider NHS and the charity sector.
- Develop a list of actions that we need our target stakeholders to take.

PSNC Governance Review: Chairman's progress report

My thanks to Committee members for their numerous responses to the survey questionnaire. Everyone should have received my recent letter enclosing the log of issues raised.

Since writing, Sue and I have interviewed and appointed Michael Thomas as our independent consultant. Michael is a Partner of ATKearney, a global business consultancy with a deep understanding of the pharmacy sector, government and organisational strategy/design. A copy of ATKearney's proposal is attached to this report.

Michael Thomas has been invited to attend our next meeting in Windsor in order to listen to our views and contribute some initial impressions.

Also, I am hoping that at the October meeting the Committee will be ready to address the question of PSNC's future '**Role and Remit**'; the first of the seven big issues raised in the survey questionnaire. As mentioned in my letter 'form follows function'; logic dictates that we need to make a firm decision on role/remit and how we work with partner organisations before we can move forward. Further issues, such as 'Representation and Composition of PSNC', could be addressed in November.

It is important to emphasise that the questions set out below are based on the responses to the survey and the inclusion of a question does not in any way imply a preference for or against an idea. In all respects, as Chairman I remain neutral. My aim is to ensure that there is adequate time for discussion and that decisions are made in a logical order. You will be aware that any change to PSNC's Constitution requires a two-thirds majority.

1. Role and remit

This is set out in our Constitution: two main roles, representation at national level in negotiations; and support for contractors and LPCs. Our national responsibilities include services and service development reimbursement prices, negotiating funding and distribution, monitoring accuracy of retained margin calculations and contractor payments, as well as regulations affecting provision of NHS services.

Should we include other roles, or omit any, in order to be the most effective organisation for NHS community pharmacy contractors?

Q1(a) Relationships between the sector's national bodies.

What can be done to create greater alignment between the national bodies and increase our collective impact? Michael Thomas's letter suggests three illustrative models that might be explored.

Q1(b) In the future, should PSNC devote resources and play either a sole or shared leadership role in relation to all or any of the following activities?

- **Policy development.** Including research, gathering evidence, developing new ideas, strategic planning and liaising with NHS/DH on future policy.
- **Public affairs, PR and promotion.** Including the design, production and distribution of promotional material, placing articles in local and national media, mobilising public opinion and lobbying MPs and ministers.

By way of background, the principal representative roles and the current providers are:

- NHS negotiation PSNC
- NHS Policy PSNC, PV, NPA and 4LMs
- Public Affairs PV and PSNC
- PR and Promotion PV, PSNC and NPA
- Legislation, Training etc. PSNC, PV and NPA
- Member Support Services NPA

Sir Michael Pitt
Chairman

EPS and NHS IT Update

EPS and Schedule 2 / 3 CDs

Transmission of Schedule 2 and 3 Controlled Drugs via EPS release 2, is still not yet possible, but the tactical fix being made to GP clinical systems is expected to be implemented between late 2016 and the first quarter of 2017.

Health and Social Care Network (HSCN)

The central N3 network BT contract ends in March 2017, although there is an option to extend this to September 2017 if additional time is required to support transition. After the contract ends there will be a transition network to allow migration to HSCN. Pharmacy system supplier aggregators are scheduled to transition in September 2017 or later.

The principles of the HSCN are intended to promote competition and allow many more healthcare providers to connect directly to HSCN-standard connectivity. Those interested in seeking direct HSCN connections may start to make preparations before this time and HSCN have also published information about how to become an HSCN supplier (<http://systems.digital.nhs.uk/hscn/suppliers>).

PSNC has requested pharmacy-specific workshops be organised by NHS Digital on HSCN and the national HSCN team have now confirmed that some will be scheduled for November 2016. If you would like to attend a workshop please contact Daniel Ah-Thion, da@psnc.org.uk.

Update on the Health and Care Landscape (July 2016)

This briefing is part of a series issued regularly by PSNC to inform pharmacy contractors and LPCs of developments in the wider health and care landscape beyond community pharmacy. It builds on the Health & Care Review articles which are published on the PSNC website every week.

Shingles immunisation programme 2016/17

Public Health England (PHE) has published a [letter](#), providing more information about the fourth year of the shingles immunisation programme. It details when patients can be offered the vaccine against shingles and for which age groups.

PHE is [reminding](#) those aged 79 years to get vaccinated against shingles before their 80th birthday, if they have previously declined a shingles vaccination offer. PHE is also calling for people to check if their parents or grandparents are eligible for the vaccine, and have yet to take it up, as it could be their last chance to get vaccinated. Once a patient reaches their 80th birthday they will no longer be eligible for the vaccination due to the reducing efficacy of the vaccine as age increases.

Health matters: improving the prevention and diagnosis of bowel cancer

PHE has released the latest edition of the Health matters series, [Health matters: improving the prevention and diagnosis of bowel cancer](#).

This edition focusses on bowel cancer and covers the scale of the problem, prevention, early detection and the NHS Bowel Cancer Screening Programme including how to increase the uptake of bowel cancer screening.

There is also a section on how to improve the prevention and detection of bowel cancer.

Physical activity and lifestyle announced as a clinical priority by the RCGP

The Royal College of General Practitioners (RCGP) has [announced](#) that it will be making physical activity and lifestyle a clinical priority for the next three years.

The aim is to support primary care professionals with managing their patients' physical health by providing evidence based information relating to diet, physical inactivity, smoking, alcohol consumption and psychosocial factors. The aim is to ultimately reduce long-term pressure on the health service.

Statistics on alcohol, England, 2016

The Health & Social Care Information Centre (HSCIC) – now known as NHS Digital – has published a [statistical report](#) on alcohol use in England.

It covers six topics related to alcohol use: hospital admissions; deaths; prescriptions; drinking behaviours among adults; drinking behaviour among children; and expenditure and affordability. Each section provides an overview of the key findings on these topics, as well as providing links to sources of further information and relevant documents.

Key facts from the HSCIC (now known as NHS Digital) report include:

- in 2014/15 there were 1.1 million estimated admissions where an alcohol-related disease, injury or condition was the primary reason for admission or a secondary diagnosis. This is 3% more than 2013/14. Men accounted for nearly two-thirds of the admissions;
- in 2014, there were 6,831 deaths which were related to the consumption of alcohol. This is an increase of 13% on 2004;
- 196,000 prescription items were dispensed in England in 2015. This is nearly double the level 10 years ago;
- 9 million people in Great Britain report drinking alcohol in the previous week. This equates to 58% of the population; and
- in 2014, 38% of secondary school pupils had ever drunk alcohol, the lowest proportion since the survey began when it was 62%.

Five big issues for health and social care after the Brexit vote

The King's Fund has published an [article](#) highlighting a number of important issues which may emerge following the Brexit vote, which will need to be resolved. Some issues identified relate to staffing, accessing treatment here and abroad, regulation, cross-border cooperation and funding and finance.

PHE bulletin: June 2016

PHE has published its [bulletin](#) for June 2016. Highlights include:

- Health matters: improving the prevention and diagnosis of bowel cancer;
- PHE response to the British Journal of Sports Medicine on Eatwell Guide;
- annual flu plan and letter 2016/2017; and
- health and travel advice for the Olympics.

Supporting integration through new roles and working across boundaries

NHS Employers and the Local Government Association (LGA) have commissioned The King's Fund to publish a [report](#) looking at the evidence on new roles and ways of delivering integrated health and social care by 'boundary spanning' organisation workforce.

The work aimed to identify examples of new roles being developed and an understanding of the evidence to support these roles, including impact, features of success and key challenges.

This report is based on the findings of a literature review and is structured around four main areas. These are:

- examples of practice in which boundary-spanning roles have been documented;
- the impact and outcomes of these new or extended roles;
- the challenges and barriers to developing boundary-spanning roles; and
- the factors that can support boundary-spanning and facilitate the workforce to deliver integrated care.

Key facts from the report include:

- there is a lack of evidence on the cost-effectiveness of new roles and the extent to which they improve patient outcomes;
- there are a number of ways in which integrated care is being delivered without the explicit need for new boundary-spanning roles; and

- engaging staff from the outset and building on the existing skills of the workforce can overcome cultural barriers between professionals and organisations to develop integrated ways of working.

The NHS if...

The King's Fund has published a [collection of essays](#) that explore hypothetical scenarios and their impact on health and care services. There are three categories: the NHS and society, medicine data and technology, and how the NHS works.

The scenarios are written by staff from The King's Fund and external experts, and aim to stimulate thoughts, discussions and debates about possible future scenarios. The scenarios will be published on the King's Fund website throughout 2016. In each essay, the author gives their informed but personal view of a possible future.

The first essays published cover various subjects around the theme of the NHS and society: what if assisted dying were legalised, what is the NHS were to go carbon neutral and what if there were community services for older people 24/7?

DH directorate structure reorganisation

The Department of Health (DH) has [reorganised](#) its directorate to include a single new community care directorate made up of four new directorates. It will replace the separate directorates for digital, technology, local government and social care and came into effect on 1st July 2016.

The changes are part of DH's cost cutting drive aimed at reducing running costs by 30% by 2020 and losing up to 700 posts.

The four new directorates and their responsibilities within DH are:

- Global and public health – health protection; population health; EU and international work and health and work unit;
- Community care – social care; disability; community, mental health and seven day services; medicines and pharmacy; digital and data; technology and chief social worker;
- Acute care and workforce – acute care and quality; workforce; efficiency and productivity; communications; and
- Finance and group operations – finance; strategy and oversight; HR; DH transformation; commercial, procurement and property.

E.coli investigation continues

PHE is [continuing to investigate](#) an E. coli outbreak, with the South West of England particularly affected. So far, 109 cases of the strain, E. coli O157, have been identified (as of 4th July 2016).

PHE has been working to establish the cause and found that in several cases, people have eaten mixed salad leaves prior to feeling unwell. PHE is therefore reminding the public to maintain good hand and food hygiene practices at all times.

Sugar and Public Health

The Parliamentary Office of Science and Technology has published a [briefing](#) which summarises the health risks associated with eating a diet high in sugar.

The report provides background information on the effects of sugar on health, discusses public health sugar reduction policies, the Public Health Responsibility Deal, as well as other policy approaches. It

also considers the evidence on taxing sugar-sweetened drinks and includes industry responses to the proposed tax.

Local initiatives to reduce sugar consumption across England are also featured in the report.

Over 55 million patients in England to benefit from online GP record

NHS England has [announced](#) that currently, over 95% of GP practices are set up to offer online access to GP records including test results, diagnoses, referrals, immunisations, procedures and medications history. This is a 92% increase of GP practices from January 2016.

Patients in England will be able to view test results as they come in and keep track of them on their smartphones.

Figures for March 2016 show that 8.5 million patients have signed up to book appointments online with 1.4 million appointments booked or cancelled during March, an increase of over 100% from April 2015.

Patients as partners

The King's Fund has [published](#) a briefing which aims to underpin what is required to help build collaborative relationships among health and care professionals, service users, carers and communities.

The authors share their collective learning in this report, as well as five practical ways to develop collaborative relationships among NHS, patient and community partners.

Some examples of collaboration illustrated in the paper include:

- a patient working with a consultant cardiologist to re-design local cardiac services;
- a local Healthwatch representative working with the clinical director of a Clinical Commissioning Group (CCG) to develop new models of care in one of the [vanguards](#); and
- a chair of a local disability group working with a clinical manager to improve neuro-rehab services.

Junk food advertising impact on children – Cancer Research UK's report

A new [report](#) published by Cancer Research UK has looked at the impact of junk food advertising on children's eating habits and dietary choices.

Researchers talked to children aged between 8 and 12 years old at six schools. Each group was shown two TV adverts for junk food, followed by a discussion.

Most children said they had asked their parents for things they had seen on TV, particularly new junk food products, flavours or eye catching pack designs.

New STI figures show continued increases among gay men

PHE has [published](#) its latest figures for sexually transmitted infections (STIs) in England, which show that there were 434,456 cases reported in 2015.

Among these, 54,275 cases were among gay, bisexual or other men who have sex with men; a 10% increase from 2014.

The data also show that chlamydia was the most commonly diagnosed STI, making up 46% of diagnoses, followed by genital warts.

Although the diagnoses of chlamydia and genital warts have fallen compared to 2014, there has been an increase in the cases of gonorrhoea and syphilis.

Dr Gwenda Hughes, Head of STI Surveillance at PHE said: “We need to do more to raise awareness about STIs and how they can be prevented, especially the effectiveness of using condoms. We recommend that anyone having sex with a new or casual partner uses condoms and tests regularly for HIV and STIs. It is also vital to ensure there is easy access to STI testing and treatment services that meet the needs of local populations.”

NHS finances outside the EU

The Health Foundation has published a [briefing](#) exploring the implications of the UK leaving the European Union (EU).

The authors build on the work of the National Institute of Economic and Social Research and the Institute for Fiscal Studies and concluded that there are significant risks to NHS funding. The report states that if the UK leaves the EU, by 2019/20 the NHS budget could be £2.8 billion less than currently planned.

Weight management economic assessment tool

The PHE Obesity website has designed a [tool](#) to help public health professionals and commissioners assess economic impact of interventions by comparing their costs against potential costs savings.

The first version of the tool, published in April 2014, calculated costs and direct savings to the health service arising from weight management interventions.

This updated tool also estimates the saving in local authority funded community based social care costs and the economic benefit of additional employment that may arise as a result of weight management interventions.

Prescriptions dispensed in the community, statistics for England

HSCIC (now known as NHS Digital) has [published](#) prescription figure changes and trends for England between 2005 and 2015.

Key facts from the bulletin include:

- 1,083.6 million prescription items were dispensed overall in 2015, a 1.8% increase (19.1 million items) on the previous year and a 50.4% increase (363.4 million items) since 2005;
- the total net ingredient cost (NIC) of prescriptions dispensed in 2015 increased to £9.3 billion, from £8.9 billion in 2014, an increase of 4.7% (£414 million). This is a 16.8% increase (£1,330 million) on 2005, when the total cost was £7.9 billion; and
- in 2015 the leading British National Formulary (BNF) section in terms of NIC, for the ninth year in succession, is BNF 6.1 Drugs used in diabetes.

HSCIC (now known as NHS Digital) has also [highlighted](#) that of all the BNF therapeutic areas, the greatest increase in prescription items in 2015 was for antidepressant medicines. In 2015, there were 61 million antidepressant items prescribed; 3.9 million more than in 2014. The NIC of antidepressants increased from 2014 by £19.7 million to £284 million. This means that in 2015, antidepressants cost the NHS £780,000 per day.

Jeremy Hunt updates Parliament on junior doctors' contract

The health secretary Jeremy Hunt has made a [statement](#) to the House of Commons outlining his intention to introduce the new junior doctors' contract from August 2016, which British Medical Association members voted to reject. Doctors will transition to the new terms on a phased basis from October 2016.

E-cigarettes: developing public health consensus

PHE, together with a number of organisations including Act on Smoking and Health, Cancer Research UK and the Faculty of Public Health, has published a [joint statement](#) on e-cigarettes. The organisations state that e-cigarettes are significantly less harmful than smoking, and there is no circumstance in which it is better to continue smoking.

There is also a commitment made to provide up-to-date information on the emerging evidence on e-cigarettes and ensuring to provide clear, consistent messages for the public and health professionals.

Changes to cervical cancer screening

PHE has [announced](#) that it will be changing the process of how cervical screening is conducted to enable more accurate testing.

Currently, cervical screening samples are first examined for abnormal cells with the human papilloma virus (HPV) test taking place if the examination seems abnormal.

After a successful pilot programme and a recommendation by the UK National Screening Committee, samples will be tested for HPV first.

According to Cancer Research UK, the new testing process could prevent around 600 cancers a year.

Statistics on smoking

The House of Commons Library has published a [briefing](#), which provides a summary on smoking among adults in Great Britain and children in England and Scotland.

It covers various topics such as: smoking in adults; smoking while pregnant; e-cigarettes; smoking among young people; stopping smoking; deaths from smoking and hospital admissions due to smoking.

Key facts from the report include:

- nearly two fifths of adults who have ever smoked regularly started smoking before they were 16, and 95% started before the age of 25;
- in England, 3% of school children aged 11-15 smoked at least once a week and in Scotland 2% of 13 year olds and 9% of 15 year olds did so; and
- in 2015 an estimated 2.2 million people in Great Britain were e-cigarette users.

Review of health and care data security and consent

Two independent reviews have been published, which were commissioned by DH, on data security in the health and care system in England and a new consent/opt-out model for data sharing.

The Care Quality Commission (CQC) has published a [review](#) on data security in the NHS, and Dame Fiona Caldicott, the National Data Guardian for health and care has [reviewed](#) data security, opt-outs and consent.

Dame Fiona's review found that broadly, the public does not trust the NHS with confidential data and has proposed 10 security standards to be applied in every health and care organisation that handles personal confidential information.

The review also recommended that the Government consider the future of the care.data programme, as the consent and opt-out model planned for care.data did not go far enough.

In light of the CQC report, NHS England has [decided](#) to close the care.data programme; work will now be undertaken by the National Information Board, in close collaboration with the primary care community, to retain public confidence and improve care.

Nationwide drive to make outpatient services digital

NHS Improvement has launched an [initiative](#) to increase the number of patients accessing digital outpatient services through their phones, laptops or tablets.

The Digital Outpatients programme is designed to help NHS providers break down the barriers of digital uptake and deliver solutions by working with patients and clinicians. The programme will also look at ways to share best practice and promote the spread of digital solutions from one provider to others. This will include working with NHS digital and the National Information Board to improve technology and the use of data in healthcare.

A healthier life for all

The Health Foundation and the All-Party Parliamentary Health Group have jointly published a [collection of essays](#) looking at various health challenges in the UK, intervention policies to change behaviour, regulation and health, and the economic case for preventing ill health.

The paper calls on the Government to deliver health improvements in all aspects of life: where people live, learn, work and play to ensure social and economic prosperity.

It concludes by proposing policy changes to address the wider determinants of health, to tackle poor health and reduce pressure on the NHS.

The Care Act – one year on

Carers Trust has conducted a [review](#) to gain insight on the extent of the difference The Care Act 2014 has made to the lives of unpaid carers in England.

A survey was conducted as part of the review, which sought the views of unpaid carers and health and social care professionals on how well they thought the new Act was working.

The review received more than 800 responses, including evidence from oral hearings from carers, carers group and health and care providers.

Key points identified in the review are:

- only 21% of respondents felt that things had changed as a result of The Care Act 2014;
- 65% of carers who responded said they had not had an assessment, while 4% didn't know whether or not they'd had an assessment;
- 31% had received an assessment and described the quality as good; and
- only 5% of respondents were non-white, suggesting that the Act was failing to be implemented in black and minority ethnic groups.

Key recommendations from the panel were made, which include:

- NHS Trust providers and GP practices should review their policies to ensure that their organisations are carer-friendly, in order for carers to be identified, involved and consulted, particularly when the person they care for is being discharged from hospital;
- the Care Act support programme should continue supporting councils with resources and training to ensure its full implementation of the Care Act for carers; and
- that national and local government, together with the NHS, should urgently invest in the support needed to ensure that the new legal rights for carers are being introduced in all areas.

The right staff, with the right skills, in the right place at the right time

The National Quality Board, which comprises several organisations including CQC, NHS England and DH, has released a [report](#) looking at safe, sustainable and productive staffing. It serves as a resource to provide advice and support to help NHS providers and commissioners develop, support and retain a workforce with the right skills, values and behaviours.

Patient survey shows increasing positivity about their GP surgery

The [GP Patient Survey 2016](#) has been analysed and has received over 800,000 responses from people across the country, sharing their experiences of healthcare services provided by GP surgeries. Respondents were asked about access to GP surgeries, making appointments, the quality of care received from GPs and practice nurses, satisfaction with opening hours and out-of-hours NHS services.

Key facts from the survey include:

- 85% of patients reported good overall experience of their GP surgery;
- 70% of patients find it easy to get through to their practice by phone;
- 76% of patients are satisfied with their practices' opening hours; and
- 95% of patients say they have confidence and trust in their GP.

Areas for improvements identified include fewer patients reporting that they are able to see their preferred GP and a reduction in the number of patients with one or more long-standing health conditions saying they had enough support from local services or organisations.

Roll-out of person-centred care tool to be led by 37 sites

NHS England has [announced](#) it will be granting 1.8 million people access to the Patient Activation Measure (PAM) tool as part of the developing Self Care Support programme; NHS organisations and their partners were invited to apply to use the tool in their areas.

The tool is envisioned to spread across England to help improve care and health outcomes for patients. There are 37 areas which successfully secured free access to the PAM tool, which include a number of new care model vanguards and sites working as part of the Integrated Personal Commissioning Programme.

Anu Singh, Director for Patient and Public Participation and Insight at NHS England, said: "We know that many patients want to be equal partners in their own care – supported to manage their conditions and keep themselves well, and empowered to make decisions about the services they do need. The Patient Activation Measure helps to break down the traditional divide between patient and professional which has prevented this in the past, while ensuring that those who need the most support receive it."

Deficits in the NHS 2016

The King's Fund has published a [briefing](#) which draws on data from their quarterly monitoring reports, secondary research and interviews with health care leaders. It considers commissioner and provider finances and provides an overview of factors contributing to the NHS deficit. Strategies to restore financial balance are explored, as well as their implications for the NHS in the immediate and long-term future.

Clinical commissioning – GPs in charge?

A [briefing](#) has been published by The King's Fund based on approaches to planning and designing services. The report suggests that clinically led approaches are more likely to be innovative and effective. The report also considers the progress made by CCGs in implementing clinically led models and opportunities for further improvements.

Key facts from the briefing include:

- CCGs have faced significant challenges in embedding clinical involvement in commissioning and have developed a range of strategies to overcome these;
- CCGs identified three national barriers that are inhibiting effective clinical involvement: lack of autonomy to take decisions that meet local needs; budget and resource constraints; lack of support for tough prioritisation decisions; and
- there are clear steps that NHS England and DH need to take to build on what CCGs have learnt, address the continuing barriers and embed clinical involvement in planning decisions across the NHS.

Politicians must be honest with the public about the NHS

In a [briefing](#), the King's Fund is calling on the Government to review its priorities for the NHS and be honest with the public about what the health service can deliver with its budget. It also suggests reviewing key waiting times targets and revisiting the commitment to deliver seven-day services if the Government wishes to restore financial balance in the NHS as a priority.

The report also shows that for the first time in NHS history, the deficit was recorded at £1.85 billion; a three-fold increase from the previous year.

Staffing matters; funding counts

The Health Foundation has published a [report](#) examining the profile and features of the NHS workforce in England, focussing particularly on general practice and nursing.

The report concludes that the greatest threats to the delivery of the [NHS Five Year Forward View \(5YFV\)](#) are funding constraints and workforce strategies.

Poor delivery of diabetes findings in diabetes UK report

Diabetes UK has published [State of the Nation 2016: Time to take control of diabetes \(England\)](#), a report which looks at evidence from recent national diabetes audit reports covering care processes and treatment targets, inpatient care, pregnancy and foot care. It sets out its recommendations for NHS England, local commissioners, GPs and other NHS providers to improve care for people with diabetes.

Key facts from the report are:

- it is currently estimated that the NHS spends about £10 billion on diabetes every year. This is 10% of the NHS budget;

- a quarter of people with diabetes do not meet recommended blood pressure targets – increasing their risk of complications; and
- every week over 135 leg, foot or toe amputations are carried out on people with diabetes, but around 80% of these could be prevented.

Building bridges, breaking barriers

The CQC has published a [report](#) looking at how well care for older people is integrated across health and social care, as well as the impact on older people who use services and their families and carers.

Various evidence sources were used to write the review, such as site visits and conversations with older people and their carers about their experiences and perceived barriers preventing efficient, integrated care.

Some findings from the review include:

- there were still many organisational barriers that made it difficult for services to identify older people who were at risk of deterioration or an unplanned emergency admission to hospital;
- there were examples of joint working in delivering health and social care, but these were often inconsistent, short-term and reliant on partial or temporary funding and goodwill between different providers. They were not a mainstream part of the way in which services were planned or delivered around older people; and
- the lack of connection between services often resulted in older people and their families or carers needing to take responsibility for navigating complex local services.

The review also includes CQC's recommendations on how to improve integrated care and experiences of older people and their carers and/or families.

New DH ministers announced

DH has [announced](#) that three new ministers have been appointed to join their team, which has meant a change in responsibilities.

The new appointments and their roles are as follows:

- Philip Dunne joins as Minister of State for Health. His responsibilities include all aspects of hospital care, NHS performance and operations, the workforce, patient safety and maternity care;
- Nicola Blackwood is the Parliamentary Under Secretary of State for Public Health and Innovation. She will lead on public health and health protection, technology, innovation and data; and
- David Mowat is the Parliamentary Under Secretary of State for Community Health and Care which includes adult social care, carers, community services, cancer, dementia, learning disabilities and all elements of primary care (including dentistry and pharmacy).

Jeremy Hunt will remain in his role as Secretary of State for Health and Lord Prior remains as the Parliamentary Under Secretary of State for Health.

New advice issued on vitamin D supplementation

The Scientific Advisory Committee on Nutrition (SACN) has reviewed and published [evidence](#) on vitamin D and health. The recommendations are:

- a reference nutrient intake (RNI) of 10 micrograms of vitamin D per day, throughout the year, for everyone in the general population aged 4 years and older;
- an RNI of 10 micrograms of vitamin D per day for pregnant and lactating women and population groups at increased risk of vitamin D deficiency;
- a 'safe intake' of 8.5 to 10 micrograms per day for all infants from birth to 1 year of age; and
- a 'safe intake' of 10 micrograms per day for children aged 1 to 4 years.

In light of this, PHE has [advised](#) the Government to follow the recommendations of the SACN.

Measles vaccination advice for young adults

PHE has issued [advice](#) to young adults, to ensure they have received two doses of the Measles Mumps and Rubella (MMR) vaccine, as measles cases continue to be confirmed in teenagers and young adults across England.

NHS 111's National Advisor calls for more collaboration

Dr Helen Thomas, NHS England's National Medical Advisor for Integrated Urgent Care, has in a [video](#) called for greater collaboration between NHS 111, Out of Hours and Out of Hospital services as part of the new vision of Integrated Urgent Care Hubs.

She says the new hubs will reduce the need for clinicians to make complex decisions in isolation and reduce inappropriate referrals from NHS 111 to primary care or A&E.

Twenty new innovative projects are selected to improve the quality of health care

The Health Foundation has [published](#) details of the 20 new projects which were selected to be part of the fourth round of the Health Foundation's £1.5 million innovation programme, Innovating for Improvement.

Innovating for Improvement aims to improve health care delivery and/or the way people manage their own health care by testing and developing innovative ideas and approaches and putting them into practice. Organisations include hospices, hospitals, GP practices, NHS 111 and a community pharmacy.

The projects will be developing their ideas with clinical teams, putting them into practice and gathering data on how they have improved health and care quality.

Health matters: getting every adult active every day

PHE has published [Health matters: getting every adult active every day](#), a professional resource document outlining the potential benefits of physical activity and how to achieve higher physical activity levels nationwide.

The resource covers: recommendations on physical activity levels; the benefits of physical activity; physical activity and health inequalities; and how population physical activity can be increased.

Spending Review does not meet funding commitment for NHS's vision

The House of Commons Health Committee has published a [report](#) which outlines various issues related to the Spending Review and health and social care.

The report covers:

- the current state of health and social care finances;
- the impact of the Spending Review on health and social care finances; and

- the Spending Review and Government aspirations for the future of the NHS.

The report concludes that the [new models of care](#) and the measures to achieve demand reduction which are crucial to the achievement of the NHS 5YFV vision are not being embedded across the whole system. There is concern about the failure to plan for the consequences if the current plan for savings is not achieved.

NHS initiative to get people online reduces demand for front line services

A new [report](#) by the Tinder Foundation outlines the findings of the [Widening Digital Participation programme](#), which began in 2013 as a joint initiative with NHS England.

The aim of the programme was to help people improve their digital health skills, particularly those who were digitally excluded and at risk of poor health, to allow them to take charge of their own health.

Key findings from the report include:

- 221,941 people have been trained to use digital health resources and tools over three years;
- 59% of respondents feel more confident using online tools to manage their health;
- 65% of respondents feel more informed about their health; and
- 51% of learners have used the internet to explore ways to improve mental health and wellbeing.

The programme has also had an impact on front line services, for example:

- 54% of learners in need of non-urgent medical advice would now go to the internet first, rather than their GP, to look at sites such as NHS Choices;
- 21% of learners made fewer calls or visits to their GP;
- 10% of learners made fewer calls to NHS 111; and
- 6% of learners made fewer visits to A&E.

This behaviour change is estimated to have saved the NHS £6 million in avoided GP and A&E visits in 12 months.

Implementing the Five Year Forward View for Mental Health

NHS England has published [Implementing the Five Year Forward View for Mental Health](#), which outlines the main changes to take place over the coming years as recommended by the Mental Health Taskforce to improve care. The report provides an overview of what changes service users and the public can expect relating to NHS staff, organisations and other aspects of the mental health system.

The report discusses the new funding pledged in [The Five Year Forward View for Mental Health](#), workforce requirements and how data, payments and other system levels will support transparency.

Four areas which will see immediate action as a result of this plan include:

- investment of £72 million over two years to better integrate physical and mental health services;
- clear plans for how £365 million allocated for specialist perinatal mental health services over the next five years will help 30,000 more women per year;
- a £12 million roll-out over the next two years of [Liaison and Diversion services](#), for people who may have mental health needs and find themselves in the court system or police services. Services will be available across the whole country by 2020; and

- a new pilot with investment of £1.8 million initially directed at six pilot sites testing new approaches to delivering mental health care.

Transfer of some hospital outpatient services to general practice is effective, but costs are unclear

The National Institute for Health Research has published the [findings](#) of a review suggesting that transferring some hospital outpatient services to general practice is beneficial and popular among patients. However, economic evaluations suggest that this strategy may not always be cheaper and the costs are unclear.

This review aimed to inform NHS policy and practice on how to improve hospital outpatient services. It follows a prior 2006 review which found that transferring care from hospital clinics to general practice, and improving general practice referral behaviour, made outpatient services more efficient and effective.

Key findings include:

- minor surgery can be safe and effective in general practice, if the person performing the surgery is skilled and trained;
- follow-up can be carried out effectively in general practice as an alternative to hospital outpatients, providing practitioners have adequate training and support;
- if GPs have specialist support available, such as advice by email or phone, it may help to reduce outpatient referrals; and
- shared care between specialist and community care teams can be effective, particularly in mental health, but there is limited evidence on cost-effectiveness.

More cycling and walking; less driving, needed for our health and economy, says new FPH report

The UK's Faculty of Public Health has published a report, which calls for a major shift away from cars and encourages walking, cycling and public transport instead (otherwise known as active travel).

The report, [Local action to mitigate the health impact of cars](#), provides practical advice to help local authorities design towns and cities that encourage active travel.

New large-scale GP organisations are helping practices cope, but little sign so far of improvements in care

A new [report](#) by the Nuffield Trust shows that three quarters of English general practices have now joined large-scale GP organisations to help cope with rising pressures relating to longer hours and increasing services, whilst coping with financial and staff shortages.

The authors of the report suggest that limited progress has been made relating to expanding into new services and taking on a strategic role in redesigning care; policymakers and practitioners are urged to be realistic in their expectations.

Nuffield Trust Senior Fellow and GP Rebecca Rosen said: "It is important that political and NHS leaders don't let expectations of these new organisations run away from the reality. These are early days, but so far we see no sign that larger organisations are leading to better standards of care. Taking on new services is a major task and will take time. These groups will have to develop much further before they can take on the very complicated task of managing change across the health service."

Pharmacy Voice publishes Patient Safety Bulletin and incident reporting principles factsheet

Pharmacy Voice (PV) has published the third edition of their [Patient Safety Bulletin](#), which features responses from PV's safety culture survey conducted in December 2015. The bulletin also features patient safety incident reporting principles, which they are encouraging pharmacy teams to embed in their reporting and learning procedures. It is intended for these core principles to influence the development of the Royal Pharmaceutical Society's professional standards for error reporting.

NHS action to strengthen trusts' and CCGs' financial and operational performance for 2016/17

NHS England and NHS Improvement with support from DH and CQC have [issued](#) an action plan to dramatically cut the annual trust deficit and increase the direct accountability of trusts and CCGs to be resourceful with Parliamentary and Government budgets in 2016/17.

Key points from the plan are:

- to replace national fines with trust-specific incentives linked to agreed organisation-specific published performance improvement trajectories;
- introduce new intervention regimes of special measures which will be applied to both trusts and CCGs who are not meeting their financial commitments; and
- a two-year NHS planning and contracting round for 2017/18-2018/19, to be completed by December 2016, and linked to agreed [Sustainability and Transformation Plans \(STPs\)](#).

NHS England balanced its 2015/16 £102 billion budget and met key performance goals

NHS England's [Annual Report and Accounts](#), which have been laid before Parliament, show that the organisation met each of the financial duties placed on it by Parliament in 2015/16. It also shows that NHS England contributed £599 million underspend to help offset deficits elsewhere.

Commenting on NHS England's performance on the mandate set for it by the Government, Health Secretary Jeremy Hunt told Parliament: "My annual assessment welcomes the good progress that NHS England has made against many of its objectives including managing the commissioning system. Additionally, it has continued to deliver the specialised services and primary care commissioning systems and improved the operation and management of the NHS."

Obesity to cost councils half a billion

The LGA has [estimated](#) that since local authorities took over public health responsibility from the NHS in 2013, they have collectively spent £505 million on tackling obesity in adults and children. Councils are expected to spend £127 million on obesity in 2016/17, but they warn that funding cuts by the Government on their public health grants is affecting their ability to reduce obesity.

If current trends are not reversed, the overall cost to the economy of obesity and overweight conditions could increase from between £6 billion and £8 billion in 2015 to between £10 billion and £12 billion in 2030.

The LGA's Community Wellbeing Portfolio Holder, Councillor Izzi Seccombe, said: "Today's obese children will be tomorrow's obese adults, and with this comes a range of costly and debilitating major health conditions."

Lethal and illegal: London's air pollution crisis

The Institute for Public Policy Research has published a [report](#) on the air pollution crisis. The report issues findings that across the UK, as many as 40,000 deaths a year are attributed to outdoor pollution. The problem is particularly prevalent in London where in 2010, premature mortality was estimated to be up to 9,400. After smoking, air pollution is thought to be the most significant factor impacting on public health in London.

Key findings from the report also include:

- London is breaking legal and World Health Organization limits for nitrogen dioxide;
- most air pollution in London is caused by road transport, of which diesel vehicles are the most polluting; and
- it is likely that diesel cars will have to be completely phased out on London's roads over the next decade in order to reach compliance with safe and legal levels of air pollution.

The report also issues some recommendations based on new modelling undertaken by King's College London relating to changes to policy on a local, national and Europe-wide level.

Mapped: England's local economic growth leaders

NHS Confederation has [published](#) a new interactive map which plots STP footprints against local enterprise partnerships (LEPs) and combined authorities, where appropriate.

It enables STP leads to establish closer links with their respective leaders of growth, helping NHS organisations to bring in long-term external funding, exert more influence over strategic decision-making and improve services locally.

The [map](#) shows the name of any given STP, the LEP covered, combined authority name and the STP lead.

Multispecialty community provider framework published

Place-based partnerships who wish to replicate the successful work of the 14 multispecialty community provider (MCP) vanguards can now do so as outlined in a [new framework](#).

The NHS England framework is intended to be used by commissioners and providers when establishing their own programmes. They can be adapted for local community needs.

MCP vanguards aim to move specialist care out of hospitals and into the community to provide more joined-up care.

Calls to give the NHS its devolution revolution

Localis, a think tank, has published a [report](#) which suggests that local NHS and local government leaders should have total devolved control over their entire local health budget, and that they should raise and control more NHS funding.

The report argues that negotiating health devolution deals with the Government will empower local leaders to drive integration, transformation and financial sustainability in their local health and care economies.

The report includes a survey of over 100 key NHS and local government stakeholders, which finds that 78% of respondents said devolving control of the total local health budget would make a positive difference to making their local health and care economy better, integrated and more sustainable over the course of this parliament.

MPs call on Government to address delays in discharging older patients

The Committee of Public Accounts has [called](#) for new solutions to tackle the problem of delays in discharging patients from hospitals. The report argues that delays in discharge are having ill effects on older people's health, increasing the amount of care they may need after leaving hospital, and impacting the financial sustainability of the NHS and local Government.

It also suggests that DH, NHS England and NHS Improvement have failed to address the long-standing barriers to information sharing between health and social care sectors with huge variation across the country.

NICE guidance can reduce delays in hospital discharge

In light of the report by the Committee of Public Accounts (see above), the National Institute for Health and Care Excellence (NICE) has [urged](#) hospitals and local authorities to increase their efforts to discharge patients appropriately and reduce delays following the criticism.

Clinicians are reminded that there is guidance available from NICE, but it needs to be implemented across the country in order for the problem to be tackled.

NHS England takes action to ease pressures on general practice and provide joined-up care

NHS England has [announced](#) new plans that it will be implementing to help GP practices face the rising costs of negligence claims as well as introducing new models of care to create more joined-up services. The plans, which follow the publication of [The General Practice Forward View](#), include:

- releasing the first £16 million of the new £40 million [Practice Resilience Programme](#), to help struggling practices across the country;
- the first phase of the three-year, £30 million [general practice development programme](#), which will give every practice in the country the opportunity to receive training and development support; and
- new funding to fully offset the rising cost of [GP indemnity](#), and wider plans to reform indemnity arrangements.

In order to target the support closely to those practices that need it the most, the funding will be managed by local NHS England teams.

Patients to wait more than one week to see GP by 2020

The RCGP has published a new [analysis](#) which shows the number of patients who will have to wait more than a week to see their GP will increase by more than 28 million from 2015/16, to 98 million in 2020/21, unless the Government increases support for general practice. The data also shows that unless action is taken, patients may be unable to get an appointment with their GP at all on 2 million occasions by 2020/21.

According to the figures, last year, patients did not seek healthcare elsewhere after being unable to get a GP appointment on 9.4 million occasions.

If this situation does not improve, patients will fail to secure any healthcare at all, having been unable to see their GP for their condition, on a total of 46.8 million occasions between now and the end of 2020/21.

In response, the RCGP is calling on the Government to urgently increase investment and expand general practice staff numbers as outlined in the NHS 5YFV to ensure patient safety.

Hospital admissions for poisoning by illicit drugs up by more than 50% in a decade

HSCIC (now known as NHS Digital) has published [figures](#) showing a rise of 57% in hospital admissions as a result of poisoning by illicit drug use, from 2004/5 to 2014/15.

The local authority with the highest rate of admissions was Liverpool, and the lowest rate was Wokingham. Deaths related to drug misuse are at their highest level since comparable records began in 1993. In 2014, there were 2,250 deaths related to the misuse of illicit drugs. This was an increase of 15% on 2013. Men accounted for 72% of these deaths and women, 28%.

Key facts from the HSCIC (now known as NHS Digital) report also show:

- in 2014, 15% of secondary school pupils, aged 11 to 15, had ever taken drugs;
- cannabis is the drug that 11 to 15 year olds were more likely to have taken; and
- in 2015/16 around 1 in 12 of adults aged 16 to 59 reported taking an illicit drug in the last year.

New films showcase leading Type 2 diabetes programmes in US and England

The USA and England have [joined forces](#) to tackle the growing burden of Type 2 diabetes. A professor from the UK and a doctor from the USA have participated in Medscape interviews to help healthcare professionals across both countries, who have a combined 90 million people on track to develop Type 2 diabetes, understand more about the resources available for their patients and how patients can reduce their risk of developing the condition.

Please note, Medscape log-in is required to watch the interviews.

Update on the Health and Care Landscape (August 2016)

Prescribing for Diabetes, England – 2005/06 to 2015/16

NHS Digital, formerly known as Health & Social Care Information Centre (HSCIC), has published a [report](#) showcasing figures relating to the cost of treating diabetes each year.

Key facts from the report are:

- the net ingredient cost of drugs for diabetes has increased by £88 million in 2015/16. This brings the annual primary care prescribing spend for this class of drugs to £956.7 million, or £2.6 million per day;
- this makes up almost 10.6% of the total cost of all prescribing in primary care in England. Over the last decade, this has almost doubled;
- the average percentage of all GP-registered patients, aged 17 and over, in England, being treated for diabetes has increased from 5.3% in 2009/10 to 6.4% in 2014/15. This means in 2014/15 there were 2.9 million adults in England receiving treatment for diabetes; and
- prescribed insulin cost the NHS £343.7 million, whilst prescribed diagnostic and monitoring devices cost the NHS £186.6 million.

More than 170,000 people are alive despite being diagnosed with cancer more than 25 years ago

Macmillan Cancer Support and Public Health England (PHE)'s National Cancer Registration and Analysis Service have published a report, which shows that more than 170,000 people are living in the UK as cancer survivors, having been diagnosed in the 1970s and 1980s.

The report, [Cancer: Then and Now](#) compares the diagnosis, treatment and care of cancer then, to the experiences of recent times. The report shows that on average, people are twice as likely to survive at least 10 years after being diagnosed with cancer than they were in the 1970s.

The report also highlights the fact that not all cancer survivors have a good quality of life, and the aftermath of their diagnosis is likely to have a life-long effect. Around 625,000 people living in the UK are estimated to be facing poor health or disability after treatment for cancer. Additionally, it emphasises that the number of people living with cancer in the UK is set to grow from 2.5 million to 4 million by 2030 and they are likely to need support with the long-term effects of cancer.

The General Practice Development Programme

NHS England has launched a three-year [national development programme](#), to help reduce pressure and increase resources in general practice. It will help GP practices to manage workload differently, freeing up time and improving patient care.

The programme will provide tailored support for practices to implement 10 high impact actions to release time for care.

The range of support from this programme includes:

- releasing GP time for care;
- building capability for improvement;
- training for reception and clerical staff;
- practice manager development; and
- online consultation systems.

NHS England offers Trusts over £100 million funding to set up centres of global digital excellence

NHS England has [offered](#) 26 of the most digitally advanced trusts the opportunity to apply for over £100 million worth of funding to invest in digital infrastructure and specialist training.

The trusts, who can win up to £10 million each, will need to demonstrate their potential to become centres of global digital excellence and will lead the way for implementing better information technology, delivering benefits for patients and sharing learning and resources with other local organisations.

Between 10-16 trusts will be selected to become centres of global digital excellence. The centres will be announced at the NHS Health and Care Innovation Expo event in September where IT expert Professor Bob Wachter will outline recommendations to galvanise use of technology in the NHS following a review of how good IT is currently working across the health service.

Integrating health and social care

The Parliamentary Office of Science and Technology has published a [briefing](#) outlining what integration between health and social care is, examples of integration and policies enabling it to take place. It also examines challenges of achieving integration and assesses the effectiveness of approaches.

Key facts from the report are:

- co-ordinating resources or pooling budgets between health and social care services can enable joint working;
- the three key challenges to integration are: data sharing, incentives and targets and workforce practices;
- the dominant rationale for integrated health and social care is twofold: improving efficiency and value for money, and improving users' experience, health and wellbeing; and
- measures of effectiveness of integration include measures relating to organisation and infrastructure (non-elective admissions and delayed transfers of care), as well as person-centred (user experience, health and wellbeing).

Feeling the crunch: NHS finances to 2020

The Nuffield Trust has published a [report](#) which outlines what action NHS England could take in order to close the funding gap and find the £22 billion of savings, identified by the [NHS Five Year Forward View \(5YFV\)](#), in order to balance its books.

The report models how much care the NHS can afford to provide over the next four and a half years given its budget, which was set in 2015's Spending Review.

Key points raised in the report are:

- NHS England will struggle to meet the requirement, set by the 5YFV, to save £22 billion by 2020;
- if most of the funds are used to plug the deficit, there will be little money for the transformative service change that is required to modernise and reshape NHS services for long-term financial sustainability;
- a sustainable balance can only be brought into the system by 2020/21 if NHS commissioners also manage to curb the rate at which NHS activity is growing by a third; and

- if commissioners fail in their attempts to reduce the rate at which demand is growing, or if additional funding cannot be secured, the NHS will face some unpalatable decisions in order to curb the growth in activity and bring the books into balance. These could include extending waiting times for treatment, raising the threshold at which patients become eligible for treatment, cutting some services altogether, or closing whole sites or hospitals.

The impact of poverty in the UK on healthcare costs

The Joseph Rowntree Foundation has published a report, [Counting the cost of UK poverty](#), which outlines the potential savings that could be made if poverty was reduced and the long-term consequences of poverty to society and the Treasury.

Key facts from the report include:

- £21.8 billion of acute healthcare costs, £7.1 billion of primary care costs, and £1.6 billion of public health costs are directly attributable to increasing levels of poverty;
- healthcare accounts for the largest portion of additional public spending associated with poverty, at around £29 billion per year;
- there is a growing weight of evidence that healthcare utilisation and costs are strongly related to poverty, both as presently experienced and as a legacy from past experiences of poverty; and
- the greater incidence of ill-health among people on low incomes places additional demands on the health service.

Supporting learning to integrate services and improve outcomes

The Institute for Government has published a [briefing paper](#) that provides an overview of public services integration by identifying the main barriers that affect integration, and how they can be overcome. It also provides clarity on how people involved in integrating public services on a local level can share their experiences to enable others to learn from them.

The five main barriers identified are:

1. short-term policy and funding cycles can restrict the ability of local actors to invest in the long-term partnerships needed to meet local, citizen needs;
2. misaligned geographies and the patchwork of commissioning, funding and regulatory processes can make it difficult for local actors to design services around a 'whole person';
3. cultural differences between professions and organisations can discourage collaboration on the ground;
4. barriers to data sharing can make joint working between distinct teams or organisations practically difficult; and
5. limited sharing of 'what works' in different circumstances can mean that lessons from effective models and practices are rarely built on.

Different approaches to integration have been featured as case studies, which provide more details about their methods and the impact they have had on supporting learning around public service reforms.

New care models update

A new edition of the new care models [bulletin](#) has been published which provides updates on all matters relating to new models of care. It shares latest news and publications, as well as a media round up and details of upcoming events.

Key highlights include:

- Stockport Together launches scheme to improve efficiency and patient experience;
- new telehealth link reducing travel for patient in Morecambe Bay; and
- recovery at home initiative in Sunderland.

Levels of stress among primary care staff described as ‘worrying’

The mental health charity, Mind, has published [research findings](#) relating to stress levels in primary care staff. The research was in the form of a poll, conducted online in June 2016 over a two-week period and was available to staff working in primary care. Over 1,000 staff members took part including GPs, practice nurses, practice managers and their colleagues.

Key facts from the research include:

- 43% said that workplace stress has led them to resign or consider resigning from their jobs;
- 21% said it has led them to develop a mental health problem;
- 8% say that workplace stress has led to suicidal thoughts; and
- 17% also said that stress has led to them taking medication for a mental health problem.

The research also looked at the impact of primary care staffs’ stress on their physical health, and what their mechanisms for coping were. Finally, it asked them about disclosing their stress levels in the workplace and what their barriers were.

Public health skills and knowledge framework

PHE has published a revised [framework](#) which sets out the generic activities and functions undertaken by the public health workforce. It also sets out functional areas in which individuals, teams and organisations operate, to deliver on public health outcomes.

The framework, which is accompanied by a user guide, includes:

- a set of high level functions carried out by the public health workforce;
- a ‘frame of reference’ for public health ethics to support decision making;
- a mapping of functions against related national occupational standards from a range of sector skills councils; and
- an outline of the underpinning disciplines and bodies of knowledge that are essential for effective public health practice.

With endorsement from across the public health system, it aims to ensure that the public health workforce continues to develop the skills and competences needed both now and in future.

New dementia evidence toolkit

A new [dementia framework](#) has been launched aimed at commissioners, care providers, people working in health and social care as well as people with dementia and their families. It provides easy access to scientific evidence on dementia care and treatment on a publicly available platform.

The toolkit contains two resources:

1. a database which contains studies on interventions relating to dementia; and
2. summaries of research findings of the main care and treatment interventions. Each summary looks at what the intervention is, why it is important, whether it works or not, how much it costs and if it is cost-effective.

It is hoped that the toolkit will be used by those planning services and treatments for dementia to help them make informed decisions about their evidence and costs.

The toolkit was developed as part of the [MODEM \(Modelling the Outcome and Cost Impacts of Interventions for Dementia\) project](#), with additional funding from the Economic and Social Research Council (ESRC). The wider MODEM project is funded by both the ESRC and the National Institute for Health Research as part of their Improving Dementia Care initiative.

New electronic cigarettes briefing published

The Parliamentary Office of Science and Technology has published an updated [briefing](#), which summarises the latest information on the extent of use, safety and quality of e-cigarettes as well as their efficacy as smoking cessation tools.

The briefing covers background information on tobacco smoking and e-cigarette use, impact on consumers, wider social impacts and regulation of e-cigarettes.

Raising awareness of dementia in the African Caribbean community

Health Education England (HEE) has produced a new [film](#) to raise awareness amongst health and social care professionals of dementia in the African Caribbean community. *Finding Patience* has been developed in collaboration with experts in this field and follows the journey of a patient and her family as they come to terms with and seek help for her dementia.

It is hoped that the film will stimulate discussions and promote understanding of the cultural sensitivities that surround dementia which may result in reluctance of patients and families seeking help. It encourages health and care professionals to overcome barriers and reach out to this group of society who may be struggling in isolation.

Professor Lisa Bayliss-Pratt, Director of Nursing and Deputy Director of Education and Quality at HEE said: "Understanding cultural factors that can prevent people seeking help and advice is essential if we are to tackle health inequalities and improve rates of early diagnosis. 'Finding Patience' provides insight in to the experience of dementia within African Caribbean families, allowing health and social care workers to understand challenges that may be rooted in a person's cultural background and facilitating person centred care."

New dementia atlas launched

A new [interactive map](#) of England has been launched by the Government to showcase the quality of care of patients with dementia in each Clinical Commissioning Group (CCG) area.

The interactive data on the map correlates to different aspects of dementia care; the data shows how well each CCG measures up against the following key indicators:

- Preventing well;
- Diagnosing well;
- Supporting well;
- Living well; and
- Dying well.

The atlas reveals large variations in care across the indicators; for example, the percentage of patients whose care has been reviewed in the last 12 months is 84.27% in Aylesbury Vale CCG and 49.32% in Somerset CCG.

Public Health Outcomes Framework 2016 to 2019 published

PHE has published a [framework document](#) that sets out the technical specifications of each of the revised indicators in the [Public Health Outcomes Framework](#), also published by PHE.

The framework provides information on areas for ongoing work and improvement against indicators corresponding to the overarching outcomes, as well as indicators corresponding to the public health domains.

This document is intended for use by local authorities (LAs) when planning for or providing public health services.

PHE publishes report on syphilis

PHE has published a [report](#) on syphilis which shows that the rate of diagnosed infections in London is triple the national rate. In 2015, 56% of all cases in England were diagnosed in London.

Key facts from the report include:

- central London boroughs continue to have the highest numbers of cases;
- in 2015, London boroughs made up 18 out of the top 20 LAs in England with the highest rates of syphilis;
- in 2015, 2,406 syphilis cases were diagnosed in men who have sex with men (MSM) in London; and
- MSM accounted for 90% of syphilis cases in 2015.

The report also provides guidance on approaches to prevention, which includes tackling the underlying causes of transmission and raising awareness of the consequences of unsafe practices.

Structural changes to Local Education and Training Boards

HEE has made structural [changes](#) to its Local Education and Training Boards (LETBs). The decision was to move from 13 LETB areas to four new LETBs based in four regions.

The new LETBs will carry out the same functions as the previous 13, but on a larger footprint in order to support the NHS 5YFV, current [Sustainability and Transformation Plans \(STPs\)](#) development, as well as the Local Workforce Action Boards that HEE is leading.

MHRA launches campaign on fraudulent medicines

The Medicines and Healthcare products Regulatory Agency (MHRA) has launched a [campaign](#) on fake medicines aimed at young adults purchasing weight loss pills online. The MHRA seized over 240,000 doses of unlicensed slimming pills in 2015 and closed down over 2,000 unauthorised online retailers.

MHRA's research shows that 79% of the public are unaware of the problems surrounding fake medical products. To tackle this, eight [top tips](#) for buying medicines and medical devices were published by the MHRA to help keep the public informed about buying medicines online.

Government publishes Childhood obesity: a plan for action

The Government has published its [action plan](#) to tackle childhood obesity with the aim of significantly reducing England's rate of childhood obesity within the next 10 years. The plan involves creating long-term sustainable changes achieved through collaboration with schools, communities, families and individuals.

The plan is comprised of 13 points of action; key actions include:

- introducing a soft drinks industry levy;
- taking out 20% of sugar in products;
- supporting innovation to help businesses to make their products healthier;
- helping all children to enjoy an hour of physical activity every day;
- creating a new healthy rating scheme for primary schools; and
- clearer food labelling.

The plan will be monitored and progress will be assessed with further action to be taken if necessary.

Soft drinks industry levy consultation launched

The Government has launched a [consultation](#) which seeks the view of the public on how the proposals for the Soft Drinks Industry Levy will be designed and implemented.

To provide some background information, a [web-feature](#) was published to address some of the main questions people may have about the levy, such as what the tax will be on, whether consumers will pay any of the tax and what the money raised through the tax will be spent on.

NICE calls for wider distribution of condoms

The National Institute for Health and Care Excellence (NICE) has in its new draft guidance [urged](#) local councils to increase the availability and distribution of condoms in order to tackle the problem of rising sexually transmitted infections.

The guidelines recommend condoms to be distributed free of charge to MSM and certain high risk groups, as well as selling condoms to adults at cost price to widen their accessibility and use.

Christine Carson, programme director of the Centre for Guidelines at NICE, says: "If commissioners can work together to increase condom availability and use amongst high-risk groups we could significantly reduce the rates of STIs."

Latest statistics on NHS stop smoking services in England published by NHS Digital

NHS Digital has published its latest [data](#) on NHS Stop Smoking Services from April 2015 to March 2016. It provides information on the number of people setting quit dates and how many have successfully stopped smoking at the four-week follow up appointment and compares this to previous years.

The statistics can be viewed at a national, regional and LA level and are accompanied by an interactive chart that allows comparisons of regional and LA data to be made against national data.

Key statistics include:

- the number of people setting a quit date through NHS Stop Smoking Services in 2015/16 fell for the fourth consecutive year to 382,500. This represents a decrease of 15% on 2014/15 and 37% on 2005/06;

- the number of people who successfully quit (self-reported) also fell for the fourth consecutive year to 195,170. This was a decrease of 15% on 2014/15 although the success quit rate remained similar at 51%;
- 71% of successful quitters (self-reported) had their results confirmed by carbon monoxide verification in 2015/16. This is an increase of 2% from 2014/15.

IPPR publish Devo-health: What & why?

The Institute for Public Policy Research (IPPR) has published a [briefing](#) which sets out the context for IPPR's research on devo-health, as well as their initial hypotheses on devo-health which are tested in their programme of research.

Key facts from the report include:

- local mayors should be given clearly defined roles in the NHS and the centre to allow local leaders to have more control and enable local communities to hold them to account;
- devo-health has the potential to drive improvements in health from both within and outside of the NHS, and in social determinants of health through the creation of place-based public services; and
- the potential benefits of devo-health do not imply that every area in the UK should take on powers over the NHS, but rather that it should be considered as one option in looking to drive reform going forward.

The NHS should employ more young people say NHS Confederation

NHS Confederation has published a [web-feature](#) which includes evidence-based resources on why the NHS needs to employ more young people. The resources explain the cultural and financial benefits and provides real case studies of NHS organisations that have employed more young people and are already seeing positive results.

NHS health check quarterly statistics published

PHE has published an updated [NHS Health Check bulletin](#) for the last quarter (April-June 2016). The data is compared to that of 2016/17 and a 5-year cumulative period from 2013-18.

LGA briefing on healthier food procurement

The Local Government Association (LGA) has issued a [briefing](#) featuring local initiatives implemented across the country to combat obesity. The document features case studies on the different ways that councils have encouraged people to eat a healthier diet. Examples of such include:

- Blackpool Council's public health team has drawn up good practice guidelines to encourage the healthier stocking of the town's vending machines. The standards were drawn up 18 months ago and have started to be used by the three council-run leisure centres;
- vending machines offering healthier snacks and local products, which donate to charity and use recycled material, have been installed in the leisure centres run by New Forest District Council;
- the public health team in Bolton has been working with the local NHS trust for a number of years to ensure healthier food and snacks are available;
- West Sussex County Council has sought to take a lead on healthy eating by making a whole range of food and drinks services healthier and encouraging those using the services to make healthier choices;
- Buckinghamshire and Surrey Trading Standards has been running its Eat Out Eat Well scheme for the past seven years. It has been used to encourage local businesses to adopt healthier

practices, such as grilling instead of frying and substituting high fat products for lower fat alternatives; and

- Norfolk County Council has been reformulating recipes to make school foods healthier.

Briefing on progress and challenges in the transformation of children and young people's mental health care published

The Education Policy Institute's Commission on children and young people's mental health has published a [research report](#) to update on progress made by [Future in mind](#), a strategy published by the coalition government.

The report explores the progress that has been made in the first year of the strategy, as well as the risks and barriers facing it.

This research project analysed and judged local transformation plans developed in line with the vision of *Future in mind* on five measures: transparency; involvement of children and young people; level of ambition; early intervention; and governance.

MHRA issues updated guidance on using health apps and medical devices

MHRA has issued [updated guidance](#) to help identify which health apps are classified as medical devices, and how to ensure they comply with regulations.

The guidance is aimed at app users to help identify whether the app is a medical device and if it is safe and works well. It is also aimed at software and app developers to help identify if their product is a medical device and make them aware of the regulatory procedures involved to obtain a CE mark which indicates acceptable safety standards and performance.

PHE publishes a summary of Government dietary recommendations

PHE has published [dietary recommendations](#) for food energy and nutrients for males and females aged 1-18 years and over 19 years of age, based on recommendations from the Committee on Medical Aspects of Food Policy and the Scientific Advisory Committee on Nutrition.

The recommendations cover food energy, macronutrients, salt, dietary fibre, vitamins and minerals and are categorised by age group and gender.

STPS explained

The King's Fund has published a [feature](#) on their website which aims to answer common questions relating to STPs.

It starts by providing background information on STPs; what they are, the proposed scope and timelines for developing STPs. It then reflects on what STPs mean for the NHS and the main associated challenges faced by organisations developing STPs. Benefits of STPs for local populations are also discussed, and finally, the next steps for STPs.

Joint report makes recommendations for meeting increased demand for emergency care services

The Royal College of Emergency Medicine (RCEM) and the Royal College of Nursing (RCN) have published a [joint report](#) which outlines key suggested changes required to reduce pressures on emergency care services.

A summit was held between the RCEM and RCN to work together to develop key recommendations to tackle some of the problems facing the emergency care sector.

The three key changes required are:

1. better education and training for staff as well as an effective workforce planning strategy;
2. emergency departments becoming part of A&E hubs where patients have access to a range of staff including GPs, pharmacists, specially trained nurses and geriatricians; and
3. a new culture of collaboration where professionals within the wider hospital system work more closely together to support patients.

President of the RCEM, Dr Clifford Mann said: “The need for an effective strategy to increase the nursing and medical workforce to meet the demands on the emergency care service is now urgent. Exhortations for hospitals simply to increase the number of emergency physicians and nurses working in A&E are doomed to fail when there simply aren’t enough doctors and emergency nurses to go round. The recommendations from the crisis summit are fundamental to providing effective patient care and must be implemented.”

Alcohol consumption: advice on low risk drinking published

The Department of Health (DH) has published [guidance](#) from the UK Chief Medical Officers on alcohol consumption following the Government [consultation](#) to the public on how to keep health risks from drinking alcohol as low as possible. The guidance has also been tested through market research to ensure the advice is as clear and useable as possible.

The guidelines cover:

- weekly drinking guideline;
- single occasion drinking episodes; and
- pregnancy and drinking.

Smoking related diseases: Government action briefing published

A House of Lords Library [briefing](#) has been published which outlines what further action the Government is taking to reduce the incidence of smoking-related diseases.

Government policies such as the tobacco control strategy and standardised packaging are discussed, as well as smoking cessation aids and ‘reduced harm’ products.

Government announces successful bids to £15 million mental health fund

DH has [announced](#) that it will be funding the creation of new places of safety and refurbishing existing places to prevent hundreds of people experiencing a mental health crisis, who have committed no crime, from being locked up in police cells each year due to the lack of mental health services available to them. There will be a total of 41 projects with a total budget of £15 million.

The first wave of bids, totalling £6.1 million, have been awarded to 15 NHS trusts and partnership organisations covering 11 police force areas. They have been focused where use of police cells as a place of safety has previously been amongst the highest in the country.

NHS England announces new programme to help more new or expectant mothers with serious mental illness

NHS England has [announced](#) that a £5 million perinatal community services development fund has been set up as the first step to provide care and support to women who are either pregnant or in their

postnatal period with a mental illness. The fund aims to close the gap in the availability of high quality care, respond to crises, decrease risks to mothers and babies and offer after-care following an inpatient stay in a mother and baby unit.

Overall, £365 million has been allocated for specialist perinatal mental health services over the next five years to enable 30,000 more women to access care and treatment by 2021.

Update on the Health and Care Landscape (September 2016)

New report highlights health impact of rush hour commuting

The Royal Society for Public Health has published a report, [Health in a Hurry](#), which highlights the impact that travelling to and from work has on people's health and wellbeing.

Key determinations from the poll of more than 1,500 commuters include:

- more than half (55%) reported an increase in stress levels;
- more than two in five (41%) reported reduced physical activity;
- almost two in five (38%) reported reduced time preparing healthy meals; and
- around a third reported increased snacking (33%) or fast food consumption (29%).

According to the report, the average commuting journey in the UK results in the additional consumption of 800 calories a week.

The report also features a series of recommendations for operating companies, which include:

- greater restrictions on unhealthy food and drink outlets in stations;
- declassification of first class carriages on all commuter trains; and
- routinely publishing information on passenger capacity on trains and buses.

PHE publishes alcohol and drug prevention, treatment and recovery for adults: planning interventions

Public Health England (PHE) has published a set of [good practice principles](#) for local areas to take into consideration when developing joint strategic needs assessments for integrated health systems on alcohol harm and drug prevention.

There are five principles in both documents followed by a series of key points to help local areas apply these to practice.

PHE publishes acute Hepatitis B (England) annual report

PHE has published their annual [report](#) on acute hepatitis B which contains an analysis of laboratory confirmed cases reported in 2015. Key facts include:

- a total of 457 acute or probable acute cases of hepatitis B were reported for England in 2015; this gives an annual incidence of 0.83 per 100,000 population, lower than the incidence of 0.91 per 100,000 reported for 2014;
- the incidence of acute hepatitis B continues to remain higher in males than females;
- London is still the region with the highest incidence and this has increased slightly from the previous year;
- the highest increase was reported from the East Midlands region; and
- the largest decrease was reported from the South West and North East regions.

JCVI statement on the flu vaccine nasal spray

The Joint Committee on Vaccination and Immunisation (JCVI) has, in light of recent evidence emerging from the United States (US), reviewed updated data from the 2015/16 season in the UK and other counties in order to assess the effectiveness of the flu vaccine nasal spray for children.

There is evidence from the US suggesting that the children's flu vaccine nasal spray has lower effectiveness than the inactivated vaccine. The JCVI carefully considered this and published

a [statement](#) stating that despite of this, it fully endorsed the use of the flu vaccine nasal spray and recommends widening the roll-out of it.

Extension of the Influenza programme to children in England

PHE has published a [report](#) which discusses the implementation of the national rollout of the influenza immunisation programme to children. The report gives an overview of the experiences from the pilots that took place over the 2013/14 and 2014/15 seasons. The information was analysed in terms of workload, vaccine uptake and logistics of delivery, to help facilitate the full-scale roll-out of the vaccination programme.

NHS England to improve mental health care for armed forces veterans

NHS England has [announced](#) that it will be developing new services to meet the needs of armed forces veterans. This is due to feedback that NHS England has received highlighting the need to improve the navigation of veterans around NHS mental health services, and to further increase understanding among healthcare professionals on the unique issues faced by members of the armed forces.

The views of the Ministry of Defence and veteran charities will help inform the developments; provider contracts are estimated to start in April 2017.

Doctors set out safe working plan for general practice

The British Medical Association has published a report proposing a model of 'locality hubs' that could be rolled out across the UK intended to address the unsustainable increase in GP workload.

[Safe working in general practice](#) aims to stimulate discussions around the workload crisis, and describes the model in more detail in relation to current service pressures and policy priorities. It also showcases examples of where this model is already being rolled out.

Key recommendations from the report are:

- the immediate introduction of 15 minute appointments which would allow improved decision making and case management, and should reduce the administrative burden outside clinic times by facilitating more activity within the appointment;
- 115 appointments per week should be considered to be the quantified commissioned activity of an NHS GP; this figure brings the daily face to face total down to below 25 patients; and
- if the NHS commissioned an integrated service from practices, with a modest 20% reduction in GP activity, both patients and clinicians might improve their demand management and focus more accurately on actual clinical need.

STPs: what we know so far

The Nuffield Trust has published a [briefing](#) on [Sustainability and Transformation Plans \(STPs\)](#). The briefing discusses work in progress from a number of STP areas from July and August 2016 by highlighting trends, ideas to be explored, issues that need resolution and the steps that will need to be taken to ensure success.

The paper starts by looking at the main service changes that will be taking place that could have significant implications for organisations. Proposals for efficiency improvement, financial management, demand reduction and management, prevention and the enabling areas of workforce are addressed. Finally, it discusses issues relating to the process and challenges of implementation that have already emerged.

NHS providers' Quarter 1 of 2016/17 performance report published

NHS Improvement has published a [report](#) on the performance of NHS providers during the first quarter of 2016/17. The figures show that out of the 214 providers included, 185 have met their commitments in full. The introduction of STPs in 2016/17 allowed providers to stabilise and become more financially sustainable.

The report deficit of NHS providers during quarter 1 of 2016/17 was £461 million; this is £5 million better than the sector's planned deficit. During this period, spend on agency staff decreased by £100 million compared to the same period last year. A&E services, however, continue to face large pressures. Attendances to A&E during the said period were 5.34 million; this figure is 6.3% higher than last year's period.

Report on understanding quality in district nursing services published

The King's Fund has published a [report](#) on how district nursing care should be delivered according to the views of patients who are already receiving this care, unpaid carers and district nursing staff. It looks at the implications of the growing demand-capacity gap, workforce issues and the impact these challenges have on the quality and safety of patient care.

Key findings from the report are:

- activity has increased significantly over recent years, both in terms of the number of patients seen and the complexity of care provided;
- there are significant problems with recruitment and retention of staff, and available workforce data indicates that the number of nurses working in community health services has declined over recent years, and the number working in senior 'district nurse' posts has fallen dramatically, creating a growing demand–capacity gap; and
- this is having a negative impact on staff wellbeing, leading to poor morale, stress and fatigue. Some staff are leaving the service as a result.

Cuts to public health risks widening health inequalities, says report

The House of Commons Health Committee has published a report, [Public health post-2013](#), which focusses on the Government's approach to public health and reducing health inequalities.

The report provides an analysis of the impact that public health budgets cuts will have on local authorities (LAs) in terms of the services they can deliver and challenges they are facing. It also features discussions on the new system of devolved public health powers to LAs, the public health workforce, the role of the NHS in public health and two case studies on health protection and health in all policies.

Key recommendations from the report include:

- the Government must commit to protecting funding for public health. Not to do so will have negative consequences for current and future generations and risks widening health inequalities. Further cuts to public health will also threaten the future sustainability of NHS services if we fail to manage demand from preventable ill health;
- LA directors of public health should be required in their statutory annual reports to publish clear and comparable information for the public on the actions they are taking to improve public health and what outcomes they expect to achieve, and to provide regular updates on progress; and
- NHS England and PHE should clarify how the two organisations are seeking to pool their expertise and resources around public health in order to ensure that the local health system feels adequately supported and not conflicted by confusing messages or requirements.

Vaccine cuts cases of meningitis and septicaemia in UK infants

PHE has published [research findings](#) which show that the number of meningitis and septicaemia cases caused by meningococcal group B (MenB) infection has nearly halved over the last year.

The vaccine against the disease, which is now offered to all new born babies in the UK, has been highly effective against the infection and is potentially lifesaving, according to PHE.

The number of MenB cases in infants aged less than one, the age group most likely to be affected by MenB, dropped by around half. Since the programme began, only 37 cases have been recorded in the eligible age group, in comparison to 74 cases in the same period from the previous four years before the vaccine was routinely administered.

Physical activity profile data launched by PHE

PHE has launched the [Physical Activity tool](#) which provides data alongside national benchmarks to support local organisations promote physical activity, and can also support commissioning and service improvement.

The data is grouped into three domains: key indicators, related conditions and supporting information. The tool presents data at a local level covering England, and includes data on walking and cycling, related risk factors of physical inactivity and related conditions such as obesity and diabetes.

The Physical Activity tool provides evidence at population level and can help promote physical activity at an organisation, programme and individual level.

Prescribing exercise outdoors could reduce obesity, say councils

The Local Government Association (LGA) is [calling](#) for more GPs to ‘prescribe’ exercise outdoors instead of prescribing medicines for people who are overweight and obese. Outdoor exercise can include walks, activities in the park or family exercise classes.

The LGA has also featured some case studies where this model of ‘green prescriptions’ is already being implemented or underway in some parts of the country:

- Dartmoor and Exmoor National Park Authorities, Avon and Somerset: GPs are encouraging patients to visit the national parks as part of their treatment or as an alternative to medication. Surgeries will also be providing Walking for Health Packs to promote walking in the outdoors;
- Weymouth and Portland Borough Council: This council is part of the National Choices Group which runs activities such as gardening and sailing, that GPs can refer patients to;
- Liverpool City Council and Liverpool Clinical Commissioning Group (CCG): A Liverpool Active City Strategy is being delivered whereby GPs refer patients into schemes and activities; and
- East Riding of Yorkshire Council: An IT system has been developed which connects GPs with leisure centres so they can book patients directly on to an exercise-on-referral scheme. Patients are met by a trainer who is able to tailor a suitable programme for them.

Cllr Izzi Seccombe, Chairman of the LGA’s Community Wellbeing Board, said: “The green prescription model is something that could help to tackle major health conditions such as obesity and diabetes. There are already some good examples where this is being piloted in the UK, and it is something we should consider on a nationwide basis.”

2016 Health Profiles published

PHE has [published](#) the 2016 [health profiles](#), which provide an overview of health and wellbeing for each LA in England.

The Health Profiles tool is intended as a starting reference to use when highlighting local issues or for discussion with Health and Wellbeing Boards (HWBs).

There are different indicators, such as inequality, life expectancy and causes of death and disease and poor health, listed by LA. A standard benchmark value is set for each indicator; the profiles show whether a particular LA's performance for an indicator is better, similar or worse than the standard.

Using information technology to improve the NHS

A new report published by the National Advisory Group on Health Information Technology in England has advised the Department of Health (DH) and NHS England about making secondary care increasingly digital.

[*Making IT work: Harnessing the Power of Health Information Technology to Improve Care in England*](#) lays out overall recommendations into two broad categories: 10 overall findings and principles, followed by 10 implementation recommendations.

In response to the report, DH [announced](#) that 12 new global exemplars to lead on best practice will be established and a new academy dedicated to upskilling NHS staff in digital use will be set up. The 12 NHS organisations will receive up to £10 million and will deliver novel approaches to digital services and share the information so other organisations can learn from them. They will also be partnered with an international organisation to draw from their expertise. The funding will also cover staff training and the implementation of chief clinical information officers.

NHS e-Referral Service saves £10 million in first year

NHS Digital has [reported](#) that following its redevelopment of the NHS e-Referral Service, the service has saved the NHS £10 million in its first year of operation. Since the new service replaced its predecessor, the Choose and Book system, a 60% reduction in running costs have been achieved since June 2015.

The National Audit Office has estimated that if all secondary care acute trusts used the NHS e-Referral Service effectively, the health service could save up to £50.5 million a year.

Supporting self-management and spreading change

The Health Foundation has published, as part of its series on [Realising the Value](#) with Nesta, two new guides on how people can take a more active role in their health and care. The two guides are:

1. [Spreading change](#) – this guide outlines how behavioural science can help spread the take-up of person- and community-centred approaches to health and wellbeing, and is aimed at people who promote this approach in their work; and
2. [Supporting self-management](#) – this guide outlines how the science of behaviour can help people to self-manage their health and wellbeing.

Diabetes care review launched by CQC

The Care Quality Commission (CQC) has launched a review which explores the quality of care for people with diabetes in England.

[*My diabetes, my care: Community diabetes care review*](#) holistically looks at care services to see how they work together to deliver high quality diabetes care. The authors of the report spoke to people aged 18-65 years with type 1 or 2 diabetes about their experiences, as well as commissioners, services

and staff in 10 different locations about how care in their community is delivered. A specific focus on black and ethnic minority groups, as well as people with learning difficulties was included.

Key facts from the report include:

- most people surveyed had received the checks recommended by the National Institute for Health and Care Excellence (NICE). Generally, people reported they were able to discuss their care with primary care staff and they felt they received good explanations about their care;
- people at high risk of developing type 2 diabetes were not always identified early enough, or supported to manage their risk;
- some people need more emotional support when they are diagnosed and on an ongoing basis. This includes those with type 2 diabetes, where the need might be more than expected; and
- people did not always know or understand the results of their annual diabetes check-ups. Very few had a personalised care plan they could take with them when they moved between services.

The CQC report also includes some recommendations to improve care services, which include:

- services to develop a local plan to improve diabetes care, supporting people to self-manage in a way that is suited to their individual needs;
- commissioners and services to engage with their community to increase awareness and understanding and to encourage people to have health checks; and
- education courses are developed and evaluated so that everyone, including those from black and minority ethnic groups and with a learning disability, can gain the knowledge and skills they need to manage their diabetes.

Large-scale general practice in England: what can we learn from the literature?

The Nuffield Trust has published a [report](#) which presents the findings of a literature review on general practice.

The report, published in collaboration with the London School of Hygiene & Tropical Medicine, aims to answer the following questions:

1. Which organisational form(s) have large-scale collaborations of GP practices adopted in England?
2. What are they expected to deliver?
3. What evidence is available on their impact in England?
4. What can we learn from initiatives with similarities?

Plans launched for seven-day hospital pharmacy services

NHS England has published a report, [Transformation of Seven Day Clinical Pharmacy Services in Acute Hospitals](#), which sets out a plan for how hospital services in the NHS will be transformed to enhance the quality of patient care.

The report makes 13 key recommendations for how services could be improved, especially at weekends, to fulfil specific outlined aims, such as:

- a greater focus on all patient facing medicines optimisation roles across the patient pathway;
- implementation and the optimal use of technology, including electronic prescribing and medicines administration systems;
- an ability to appropriately and consistently identify high risk patients; and

- collaborative working to share and consolidate non-clinical infrastructure services between hospital and primary care pharmacy services.

The report also provides a summary of how national or local organisations and individuals should support the delivery of the plan.

Latest results and trends on women's smoking status at time of delivery published

NHS Digital has published a [report](#) on the latest results and trends on women's smoking status at the time of delivery in England.

Key statistics include:

- 2% of pregnant women were known to be smokers at the time of delivery. This compares to 10.8% for the most recent quarter (quarter 4, 2015/16) and 10.7% for the same quarter last year;
- the proportion of pregnant women known to be smokers at the time of delivery has been below the national ambition of 11% since quarter 1 in 2015/16;
- there are some geographical differences amongst all NHS England Regions, smoking prevalence at delivery varied from 15.6% in Lancashire to 4.7% in London; and
- amongst the 209 CCGs, smoking prevalence at delivery ranged from 25.5% in NHS Blackpool to 2.1% in NHS West London.

Young children still exceeding sugar recommendation, says PHE

PHE, in response to the latest published data from the [National Diet and Nutrition Survey](#), has [warned](#) that children aged 4 to 10 years are consuming more than double the recommended amount of sugar, although consumption of sugary drinks has fallen compared to six years ago.

The figures show that sugar makes up 13% of children's daily calorie intake, meanwhile the official recommendation for the daily intake in this age bracket is a maximum of 5%. Additionally, teenagers consume three times the official recommendation for sugar intake, and adults twice as much.

The report covers a range of topics including consumption of selected food groups, intakes of energy, macronutrients and selected vitamins and minerals and nutritional status.

New recommendations to address deaths from drug misuse published

PHE's independent expert group and the LGA have published new recommendations in their report, [Understanding and preventing drug-related deaths](#), that address the rising number of deaths caused by drug misuse in England.

The group's report highlights a number of principles for action by LAs, drug treatment providers and others, including:

- coordinate whole-system approaches that can address health inequalities and meet complex needs, with better access to physical and mental healthcare, and to other support which could include housing and employment;
- maintain a personalised approach to drug treatment and recovery support, tailored to the user's needs, according to national guidelines; and
- ensure that the risk of death is properly assessed and understood, addressing any identified poor practice.

PHE estimates 3.8 million people in England have diabetes

PHE's National Cardiovascular Intelligence Network has [launched](#) the new [Diabetes Prevalence Model](#), which estimates that 3.8 million people in England aged over 16 had type 1 and type 2 diabetes in 2015. This is around 9% of the adult population.

Of these, 90% of diabetes cases are type 2, which is largely preventable or manageable by lifestyle changes. Additionally, it is estimated that 1 in 4 people have diabetes but are unaware they have it.

Based on current population trends, by 2035 4.9 million people will have diabetes. Type 2 diabetes currently costs the NHS £8.8 billion each year and tackling the rise in the disease is vital to the sustainable future of the health service.

Engaging local people – a guide for local areas developing STPs

NHS England has published a [guidance document](#) for local areas that are developing STPs in each of the 44 footprint areas.

This new guide provides advice on:

- using lay representatives and establishing patient reference or advisory groups;
- considering and carrying out formal consultation with enough time for the public to make their views heard; and
- testing options with local councils and other important stakeholders, where possible by building on the work of existing bodies such as HWBs

It also covers legal duties around engagement and consultation and will be of particular interest to communication and engagement leads for STPs and footprint leaders.

Health and work: infographics

PHE, in collaboration with The Work Foundation, has published a set of 12 [infographics](#) that illustrate the relationship between health and work. The infographics aim to raise awareness on various aspects relating to the lives of working people, such as mental health, the cost of ill health, managing health at work for employers and welfare.

They are intended for use by local and national stakeholders, public health practitioners, LAs and policy makers to inform their work on health, employment and unemployment.

New £816 million investment in health research

A new five-year funding package has recently been [announced](#) which will enable leading NHS clinicians and universities to benefit from new facilities and support services.

The £816 million investment has been awarded to 20 NHS and university partnerships across England through the National Institute for Health Research.

Mental health research will see funding increase to nearly £70 million, dementia to over £45 million, deafness and hearing problems will receive over £15 million and antimicrobial resistance research rises to around £45 million.

Tobacco standard packs: supporting smokers to quit

The latest edition of PHE's [Health matters](#) series has been published and focusses on standardising tobacco packaging.

The publication provides more background information on the new standard pack including the evidence behind the introduction and the impact this move is likely to have on future potential smokers.

The way that smoking affects the body is also discussed, as well as the groups of people who are likely to need the most support, such as people living with mental health conditions and pregnant women.

PHE Chief Executive Duncan Selbie, said: “The introduction of standard packs is a crucial part of our broader efforts to stop young people from taking up smoking. Research shows that they are less attractive and less misleading to children, giving the health warnings greater impact.”

Public unaware that obesity causes cancer, says Cancer Research UK

A new [research report](#) published by Cancer Research UK, based on a nationwide survey of 3,293 people, shows that around 75% of people in the UK are unaware of the link between obesity and cancer. People from lower socioeconomic backgrounds and male participants were less likely to be aware of the link.

Key facts from the study include:

- 78% of those asked didn't know obesity was linked specifically to ovarian cancer;
- 69% didn't know there was a link with breast cancer and 53% didn't know about the link to pancreatic cancer; and
- there was better awareness of the link with bowel cancer with 60% of those surveyed knowing the association and 55% of people linked obesity with liver cancer.

Vital role of school nurses threatened as paperwork eats into time with children

The Children's Commissioner for England has published the [findings](#) of a survey it conducted relating to primary and secondary school nurses' work pressures.

Key facts from the survey include:

- school nurses spend twice as much time on paperwork than on direct work with children in schools;
- time pressures meant their role in supporting and promoting children's health and wellbeing, mental health, healthy relationships and sex education was being compromised; and
- the majority of school nurses stated that children and young people in the schools they work in were unaware of their service.

PHE reminds young Londoners to practice safe sex

PHE is [calling](#) for young Londoners to practice safe sex, as a report showed that in 2015, those aged 15 to 24 years in London made up 36% of all new sexually transmitted infections (STIs) diagnoses of gonorrhoea, chlamydia, genital warts, genital herpes and syphilis. Worsening sexual health in London is one of the biggest public health concerns facing the capital, which is why it is a priority area for PHE London.

PHE has issued a series of recommendations for safe sex which focus on regular testing for STIs.

Commissioning for better health outcomes

The LGA has published a [guidance document](#) that outlines the principles of good commissioning.

The guide, which was developed with commissioners from councils and partner organisations, features case studies that have been chosen to illustrate positive approaches to commissioning across the country in response to various public health challenges.

The guide explains the role of councils in improving health outcomes, a background to commissioning, principles of good commissioning and case studies, which include:

- an integrated 0-5s service in Cheshire East;
- a new children and young people's emotional health and wellbeing service for Halton; and
- a schools-based programme to help young people build resilience and manage risk in Essex.

New NHSCC report shows how CCGs are tackling the challenges of early intervention in mental health

NHS Clinical Commissioners (NHSCC) has published a report which shows how CCGs are tackling the challenges of early intervention in mental health.

[Support from the Start: Commissioning for early intervention in mental ill health](#), developed by NHSCC's Mental Health Commissioners Network features four projects as case studies and aims to highlight good practice to enable others to learn and support implementation of similar services in their area.

The four featured projects are:

- early intervention in psychosis in Salford;
- a programme to boost the resilience of school children in Hounslow;
- providing a service to help those who have been bereaved through suicide in Cornwall; and
- supporting women with perinatal mental health issues in Coventry and Warwickshire.

The report also highlights key advice from the people involved in the featured projects.

Help for people with learning disabilities to live independently

DH has [invited](#) LAs to apply for a share of a £25 million housing and technology fund for people with learning disabilities.

The main aims of the fund are to:

- use new technologies to improve and adapt existing accommodation, enabling people to remain living independently;
- prevent unnecessary in-patient admissions;
- provide solutions for people who require urgent housing and are at risk of entering inappropriate services like hospital or residential care;
- encourage community-based solutions that promote independence and choice over housing; and
- save money and resources – specially adapted housing reduces the need for costly hands-on care.

This £25 million fund builds on £20 million already earmarked by NHS England as part of its [Transforming Care programme](#). This will be used for schemes across the country from April 2016 to March 2017, including new housing and services.

Social care for older people – a joint report

A [report](#), jointly published by The King's Fund and the Nuffield Trust, looks at the current state of social care services provided for older people in England. The report also considers the implications of LA spending cuts on social care providers and older people, their families and carers.

The report shows that the social care provider sector is under pressure, struggling to retain staff, maintain quality and stay in business, which has a direct impact on discharging older people from hospital.

The authors of the report conducted an analysis of national trends in adult social care expenditure and activity for older people, examined related NHS data, and used a case study approach to describe local activity. Interviews and focus groups were also conducted and included participants from LAs, CCGs, NHS providers, independent sector social care providers, voluntary organisations, Healthwatch and other local groups.

Number of written complaints about NHS falls by 4%

NHS Digital's annual report, [Data on Written Complaints in the NHS 2015-16](#) has been published and provides information about who complained, what the complaints were about, when complaints were made and whether the complaints were upheld.

The report gathers data on written complaints about NHS Hospital and Community Health Service (HCHS) as well as Family Health Service (FHS), which includes GP and dental services.

Key facts include:

- for the first time since 2010/11, the number of HCHS written complaints has fallen, dropping by 3.8% from 2014/15 to 2015/16;
- the number of FHS written complaints has also decreased, falling by 4.7% from 2014/15 to 2015/16; and
- there were 198,739 written complaints received over the last financial year – the equivalent of around 544 per day – which was 4.2% fewer than in 2014/15.

NHS England and NHS Improvement set out next steps to implement the NHS 5YFV in 2017/18 and 2018/19

NHS England and NHS Improvement have published a document, [Delivering the Forward View: NHS Operational Planning Guidance for 2017/18 and 2018/19](#) which provides NHS organisations with an update on national priorities and financial challenges for local systems. It also outlines a range of new Commissioning for Quality and Innovation national indicators.

The guidance explains how the NHS operational planning and contracting processes will adapt to support STPs and will help local organisations plan more strategically.

A range of additional measures to help the NHS deliver on the commitments of the [NHS Five Year Forward View](#) (5YFV) have also been announced, including:

- new incentives worth more than £100 million to help tackle unnecessary delays in discharging patients from hospital;
- incentives to reduce people attending A&E with mental health problems; and
- further steps to ensure the sustainability of general practice.

Older people's contribution to understanding and preventing avoidable hospital admissions

A new [study](#) has been published by the University of Birmingham which looks at possible practical solutions to overcome the problems of avoidable hospital admissions by focussing on the views of older people themselves.

The study, from the Health Services Management Centre and Department of Social Policy and Social Work at the University features interviews with older people, survey responses from their GPs or hospital doctors and focus group interviews. The research focussed on whether the older people felt it was appropriate to be admitted to hospital and whether they thought anything could have prevented their admission.

Key findings include:

- some older people appeared to have delayed getting in touch with emergency services, being very aware of the need to use scarce NHS resources wisely;
- few older people mentioned receiving social care services prior to admission and staff felt that social care services needed more funding and capacity in order to prevent emergency admissions; and
- in the run up to admission, GPs and other primary care professionals were often in touch with the older people and at the point of admission, ambulance staff played a key role.

Role for whole of Government in improving mental health support

The House of Commons Committee of Public Accounts has published a [report](#) which looks at whether a ‘parity of esteem’ between mental and physical health is achievable, and how to improve access to mental health services.

Conclusions from the report include:

- achieving parity of esteem between mental and physical health is a laudable ambition but pressure on the NHS budget will make it very difficult to achieve;
- structures are not in place to enable joined-up working across government to ensure the most appropriate action is taken to support people’s mental wellbeing;
- it is difficult for people to access the support they need because the way mental health services are designed and configured is complex, variable and difficult to navigate;
- there is insufficient information about the numbers of mental health staff and their skills, and there is not yet a clear plan to develop the workforce needed to achieve parity of esteem; and
- current structures, practices and payment mechanisms do not incentivise commissioners and providers to deliver high-quality mental health services for all who need them.

RCP report: Underfunded, underdoctored, overstretched: The NHS in 2016

The Royal College of Physicians (RCP) has published a [report](#), the first of a series in their Mission: Health campaign that will focus on three major themes: working for health, delivering health, and creating health.

The report has identified three key action points that are needed to cope with the rising demand for healthcare services. These are:

1. increase NHS funding – a new NHS budget is needed that meets demand, sets realistic targets for efficiency savings, protect funds for transformation and invests in the long-term sustainability of the NHS;
2. train more doctors – the UK needs to increase the number of medical students and doctors training to be hospital specialists, incentivise doctors to work in the most challenging and in-

- demand areas of medicine, and take cross-governmental action to relieve immediate pressure on the NHS workforce; and
3. improve the working lives of NHS staff – the RCP will work with member doctors to find new solutions to workforce pressures, push for action from across government and the NHS, and showcase the very best of medicine.

A digital NHS? – A report by the King’s Fund

The King’s Fund has published a [report](#) that focusses on the digital agenda in healthcare and looks at the key commitments made and progress to date. The report has been categorised into three themes: interoperable electronic health records; patient-focussed digital technology; and secondary use of data, transparency and consent.

Key findings from the report include:

- to maximise uptake, patients and the public need to be aware of the benefits of digitisation, while being reassured about data security and use;
- clinicians and frontline staff must be involved in designing and rolling out new technology; and
- digital technology can transform how patients engage with services, drive improvements in efficiency and care co-ordination, and help people manage their health and wellbeing.

The economics of housing and health

The King’s Fund and the New NHS Alliance have published a [report](#) based on work commissioned by the National Housing Federation, which looks at the economic case for closer working between the housing sector and the health sector, and how housing associations can help meet the ambitions of the NHS 5YFV.

The report makes five economic arguments for housing and health by featuring case studies. It also includes specific economic cases about the impact of housing associations on mental health and falls prevention.

The case studies in the report illustrate the economic benefits that housing associations can provide through:

- providing safe, decent homes that enhance wellbeing. This has health impacts that are valued, and can save the NHS money;
- alleviating the overall cost burden of illness and treatment;
- helping to offset and reduce costs of delivering health care to individuals;
- demonstrating cost-effectiveness in helping to meet the objectives of the NHS and of improving health more broadly; and
- demonstrating the cost-benefits of their interventions in terms of the value of improvements to people’s health and savings to the NHS.

The return of nationwide Stoptober campaign

PHE is [urging](#) the remaining 7 million smokers across the country to take part in its annual campaign, Stoptober, which started on 1st October 2016.

Last year, out of the 2.5 million smokers who made a quit attempt during the PHE campaign, 500,000 people (20%) were successful; the highest recorded success rate and up from six years ago at just 13.6%.

Launch of the Children’s Oral Health Improvement Programme Board

PHE has announced the launch of a new programme board which aims to ensure that every child grows up free from tooth decay as part of having the best start in life.

The [Children’s Oral Health Improvement Programme Board](#) brings together stakeholder organisations which include NHS England, the LGA and the British Dental Association.

The Board has published an [action plan 2016 to 2020](#) infographic and includes their five objectives.

Dr Sandra White, National Lead for Dental Public Health, PHE said: “There is an opportunity to change the future for our children and a welcome appetite from a number of organisations who want to work together to improve oral health in children. Improving oral health is everyone’s business.”

Opportunity to propose new screening topics

For the first time, the UK National Screening Committee (NSC) is [calling](#) for individuals or organisations to submit a proposal for a condition to be considered for a population-wide screening programme as part of a pilot.

The pilot evaluation will consider the volume of work generated by submissions and will assess its effectiveness. If successful, it is hoped that the process can continue annually.

Any proposals received will be evaluated against UK NSC screening criteria, but any condition previously considered by the Committee will not be included.

NHS England prepare to invest in three new units for mums with mental ill health

NHS England will be [investing](#) in three new inpatient units for mothers with serious mental health problems to help them stay with their babies.

The three new units will provide in-patient support services for women and their babies with the most complex and severe needs who require hospitalisation or who are experiencing severe mental health crisis.

Invitations to express an interest in providing these services have been sent to provider organisations; procurement for the units should begin in Autumn 2016 and contracts awarded to allow work to begin by March 2017.

Social care for older people with multiple long-term conditions

NICE has published a new [quality standard](#), which covers the planning and delivery of coordinated, person-centred social care and support for older people with multiple long-term conditions (LTCs).

It specifically focusses on people aged over 65 as this is the largest group of people affected by multiple LTCs. It includes older people living in their own homes, in specialist settings or in care homes, and those who receive support with funding for their social care and those who do not.

The quality statements are:

1. including physical and mental health needs in a care and support needs assessment;
2. discussing services that could help at a care and support needs assessment;
3. named care coordinator;
4. care planning; and
5. review of health and social care plan.