<table>
<thead>
<tr>
<th>Health &amp; Social Care Bulletin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In this issue No 65/July 2015</strong></td>
</tr>
<tr>
<td><strong>Health</strong></td>
</tr>
<tr>
<td><strong>Care system gets ‘biggest shake-up in 60 years’</strong></td>
</tr>
<tr>
<td>Major changes to the care system in England have been introduced in what has been dubbed the biggest shake-up for 60 years. The Care Act 2014 includes rights for those receiving care and those who provide it to their loved ones and came into force on 1 April 2015. It includes standards for access to services from care homes to help in the home for tasks such as washing and dressing.</td>
</tr>
<tr>
<td><strong>King’s College Hospital NHS Foundation Trust agrees action to improve services and finances</strong></td>
</tr>
<tr>
<td>The Trust will take steps to reduce waiting times for patients and improve its financial position, following an investigation by Monitor. The regulator carried out an investigation at King’s in March 2015 after the Trust was unable to resolve long standing problems at the Princess Royal University Hospital (PRUH), which it took over in October 2013. Although Monitor recognises that King’s has made progress in improving services at the PRUH, this has not been sufficient, as it has become clear the challenge is greater than initially anticipated.</td>
</tr>
<tr>
<td><strong>New research exposes inequities in care and support for terminally ill</strong></td>
</tr>
<tr>
<td>Frontline clinicians say lack of co-ordination between teams delivering care, insufficient funding for services and time-poor staff are barriers to meeting the needs of people with a terminal illness, according to a new survey commissioned by Marie Curie, the charity for people living with terminal illnesses. Five hundred clinical professionals across the UK also reveal that a shortage of specialist palliative care services and difficulty of accessing social care are also barriers to meeting the needs of people with a terminal illness.</td>
</tr>
<tr>
<td><strong>NHS enters 2015/16 facing biggest challenges in recent history, warns The King’s Fund</strong></td>
</tr>
<tr>
<td>Mounting deficits, worsening performance and declining staff morale leave the NHS facing its biggest challenges for many years, warns the latest quarterly monitoring report from The King’s Fund. It now seems certain that hospitals and other NHS providers in England overspent their budgets in 2014/15 by more than £800 million. This is despite nearly £900 million being provided by the Treasury or switched from capital budgets to plug the growing black hole in NHS finances. According to the regular survey undertaken for the report, almost 60 per cent of trust finance directors said that they were dependent on additional financial support or had drawn down their reserves in 2014/15.</td>
</tr>
<tr>
<td><strong>Workforce shortages endanger delivery of the NHS Five Year Forward View</strong></td>
</tr>
<tr>
<td>A new report by The King’s Fund argues that shortages and other critical pressures within the NHS workforce could jeopardise plans outlined in the NHS Five Year Forward View to deliver new models of care. The report entitled, ‘Workforce planning in the NHS’ analyses recent trends and pressures in three key areas of the workforce critical to the delivery of the new models of care, finding that each is under serious pressure:</td>
</tr>
</tbody>
</table>
Men ‘catching up’ on life expectancy

Men are narrowing the gap on women when it comes to life expectancy in England and Wales, research in The Lancet indicates. It predicts by 2030 men will be living 85.7 years on average - just two fewer than women. In 1981 men lagged behind women by six years. Though life expectancy is improving for both sexes, it comes at the cost of widening inequalities between deprived and affluent areas, researchers say.

Investigation launched at South London teaching hospital

Monitor has opened an investigation into the sudden deterioration in finances at St George’s University Hospitals NHS Foundation Trust. The investigation will examine how and why this situation has happened, and identify possible solutions. The regulator also wants to understand why St George’s has failed to sustain its progress in treating patients more promptly, as requested at the time of its foundation trust authorisation.

Doctors urged to stop ‘over-treating’

Doctors’ leaders have launched a major campaign to stop medics “over-treating” their patients in ways that do not help and could even harm them. Writing in the British Medical Journal (BMJ), they suggest some patients are given pills or have tests they do not need by doctors who feel under pressure to act. They argue patients should feel able to discuss whether there are simpler, safer options that are right for them. But experts warn they must not change treatment without medical advice.

London GP mental health scheme helps hundreds, skills up primary care staff and saves thousands

More than 600 people now visit their GP instead of the hospital for regular physical and mental health checks due to a London scheme. Across Newham Clinical Commissioning Group's (CCG) 61 surgeries four teams of Community Psychiatric Nurses (CPNs) are on stand-by to see patients with stable severe mental illnesses who have opted into the service. The initiative has saved thousands of pounds for the CCG some of which has been reinvested with East London NHS Foundation Trust to establish new services.

Prime Minister’s plans for a seven day NHS

The Prime Minister (PM) David Cameron, used his first major speech since the General Election on 7 May to underline his commitment to a seven day NHS, with funding set to increase by £8 billion a year. The PM said that the Government will prioritise patient access to all services – from GP access to hospital care – backing NHS England's plan for modernising the NHS. Investment into the NHS will increase by £8 billion a year by the end of the Parliament to support the transformation of services across the country.

Over 55 million patients in England can now book GP appointments and order repeat prescriptions online

The number of GPs offering appointments, repeat prescriptions and access to summary information in medical records online has tripled in the first three months of 2015 with almost every GP surgery in England offering the service. Data published by the Health and Social Care Information Centre (HSCIC) shows that over 97 per cent of patients in England can now take advantage of online services, a huge increase from the three per cent in April 2014.

NHS launches new collaboration to sustain and improve local hospitals

The NHS has invited expressions of interest from hospitals across England interested in developing new ways of delivering and improving their local acute services. The aim is to enhance the viability of local hospitals through new formal shared working arrangements between clinical specialists at different hospitals, and to improve efficiency. The main focus will be to support providers of acute services to develop new arrangements that can be replicated across England at scale and for the new models to improve quality, productivity and efficiency.

Too many people dying without dignity, Ombudsman service report finds

End of life care could be improved for up to 355,000 people a year in England, according to a report published by the Parliamentary and Health Service Ombudsman (the Ombudsman). The report highlights tragic cases where people's suffering could have been avoided or lessened with the right care and treatment, as they approached the end of their lives.

NHS fails 'thousands' of cancer patients

The NHS in England is failing “thousands” of cancer patients by treating them too slowly, a charity warns. At least 85 per cent of patients should start treatment within 62 days of a GP referral for suspected cancer. But official figures show the target was missed for an entire year, with just 83.4 per cent seen on time in 2014/15. Cancer Research UK said the situation was getting worse and called for urgent action.
**Survey finds most patients are positive about their hospital care, but many still experience delays when they leave**

A majority (84 per cent) of respondents in the latest national survey of hospital inpatients published by the Care Quality Commission (CQC) rated their overall experience as seven or higher out of ten, with about one in four people rating it ten out of ten. The survey asked people about their experiences of the care and treatment they received, including: whether they were given enough information, whether they were involved in decisions about their care, whether there were enough nurses to care for them, whether the wards were noisy and clean and what arrangements were in place for when they left hospital.

**Barts Health NHS Trust rated as Inadequate by Chief Inspector of Hospitals**

England's Chief Inspector of Hospitals has rated the services provided by Barts Health NHS Trust as Inadequate following inspection of the Trust's three main hospitals in London. The Trust had already been placed in to Special Measures following the Care Quality Commission's (CQC) report on Whipps Cross University Hospital which was published in March 2015. Following that inspection, the CQC decided to inspect both the Royal London Hospital and Newham University Hospital. Both have also been found to be Inadequate.

**Foundation trusts face challenging year as pressures mount**

NHS foundation trusts are treating more urgently ill people than ever before, according to Monitor. Analysis by the health sector regulator found foundation trusts treated a record breaking 10.7 million emergency inpatients between April 2014 and March 2015, a 574,000 increase on the previous year. In addition, there was also a significant increase in non-emergency patients. However, this increase in demand for care, combined with an over-reliance on expensive agency staff and the need to make cost savings, is putting trusts under sustained and exceptional pressure.

**Round-up of NICE health and social care guidance launched for consultation**

The National Institute for Health and Care Excellence (NICE) has published a range of guidelines for consultation. The guidance includes: supporting the attachment of looked-after children; managing intravenous fluid therapy in children; managing and diagnosing tuberculosis (TB) and measures for its prevention and control; and the social care needs of older people with long term health conditions.

**Clampdown on staffing agencies charging NHS extortionate rates**

Health Secretary Jeremy Hunt has ordered a clampdown as part of tough new financial controls to cut down on waste in the NHS. Tackling staffing agencies is part of a package of measures that will help to cut costs while improving frontline care. This action will help the NHS bring down rising agency staff bills, which cost the NHS £3.3 billion last year. This was more than the cost of all that year’s 22 million A&E admissions combined. Other controls include limiting the use of expensive management consultants.

**Staff burnout could derail NHS efficiency drive and move to seven day service**

The Nuffield Trust has warned that plans for an unprecedented £22 billion in savings and seven day working by 2020 will not be realised unless the health service reconnects with staff and develops their skills to better meet changing patient needs. In a new briefing, the think tank highlights the growing trend of hospitals relying on agency staff, problems recruiting and retaining GPs and a rise in staff sick leave due to stress. The Trust argues that these factors, together with the continued effects of holding down staff pay, suggest that disengagement and burnout could hamper progress at a time of immense pressure on the NHS.

**Simon Stevens issues a call to NHS leaders to redesign care for patients**

The head of NHS England, Simon Stevens has issued a call to health care leaders to redesign the care of patients across the NHS so that it is sustainable for the future and better able to meet the needs of patients. Speaking to delegates at the NHS Annual Conference in Liverpool, Mr Stevens set out three priorities: putting the NHS on a financially sustainable footing, redesigning care, and getting serious about prevention.

**The CQC to begin work on assessing use of resources in NHS hospitals**

The Secretary of State for Health has asked the Care Quality Commission’s (CQC) Chief Inspector of Hospitals to look at use of resources as part of his inspections of NHS hospitals. This work – which will be developed as part of CQC’s new strategy for 2016 onwards – will focus on organisations’ ability to deliver high quality patient care that is also efficient and sustainable.
### Pioneering post-acute stroke service commissioning audit report sets the scene nationally

The Sentinel Stroke National Audit Programme (SSNAP) has, for the first time, launched an audit report on the organisation of care for stroke patients once they have left hospital. The audit covers England, Wales and Northern Ireland, and includes care in community hospitals, care homes and in patients’ own homes. The report highlights information provided by commissioners about what services are being commissioned. It gives important information about the number and range of services and to what extent co-commissioning with other areas or with social services is happening.

### Integrated care cannot succeed without radical changes to commissioning

A new report from The King’s Fund argues that the fragmentation of commissioning is a major obstacle to integrating health and social care and improving outcomes for people. The report, entitled ‘Options for integrated commissioning: Beyond Barker’ follows on from the final report of the Independent Commission on the Future of Health and Social Care in England (the Barker Commission), which called for an end to the historic divide between the NHS and social care. It recommends that all areas of the country work towards having a single local commissioner and single budget for health and social care by 2020.

### Hospital productivity report shows how NHS can make large savings

Lord Carter has said that hospitals could save billions of pounds by better use of staff, medicines, supplies and more efficient processes. Lord Carter has worked with 22 leading hospitals to see how the NHS could save money by doing things more efficiently and spreading best practice. His report entitled, ‘Review of operational productivity in NHS providers’ finds that the NHS could save up to £5 billion every year by 2020 by making better use of staff, using medicines more effectively and getting better value from the huge number of products it buys.

### Government announces Monitor and Trust Development Authority move to single leadership to deliver increased support to hospitals

The Health Secretary Jeremy Hunt has announced the move to a single leader of Monitor and the Trust Development Authority (TDA), the organisations who are together responsible for providing increased support to hospitals to continue to improve care and boost efficiency. This change will mean that all NHS providers, whether they are foundation trusts or trusts, are under the oversight of one chief executive, overseeing teams working closely together. All hospitals need access to the same kinds of support, and should be subject to the same kinds of intervention if their performance isn’t delivering the level of care that patients have a right to expect.

### Care Act first-phase reforms

The Department of Health has implemented the first phase of the 2014 Care Act well, according to a new report from the National Audit Office (NAO) entitled ‘Care Act first-phase reforms’. Ninety-nine per cent of local authorities we re confident that they would be able to carry out the Act reforms from April 2015. However, the spending watchdog warns that the Department’s cost estimates and chosen funding mechanisms have put local authorities under increased financial risk given the uncertain level of demand for adult social care.

### Public services must ‘wake up’ to gaps in mental health crisis care, warns the CQC

In a national report entitled, ‘Right here, right now’ the Care Quality Commission (CQC) has raised concerns that public services, such as local authorities, NHS trusts and clinical commissioning groups (CCGs), are failing to work together to make sure that people in their local areas have access to crisis care around the clock. Also, it found that healthcare professionals, such as those in A&E, can appear to lack compassion and warmth in how to care for and speak to people who are having a crisis, including those who have harmed themselves.

### New figures show more people across the country are having health checks

More people from high-risk and hard to reach groups are having a free NHS Health Check after local authorities took over the responsibility for delivering them. New Public Health England (PHE) figures show that 1,485,339 people were given check-ups last year after 3,042,478 - some 19.7 per cent of the eligible population - were offered them. Councils took on responsibilities for public health in April 2013 and now many consider NHS Health Checks as a core programme within adult health improvement programmes.
### Reduce reliance on financial incentives to improve GP services, Nuffield Trust says

Financial rewards and incentives to improve GP services risk being overused in the NHS and are not the best way to encourage lasting change and widespread reform, a new briefing from the Nuffield Trust says. Policymakers instead need to supplement these financial incentives with a more enabling approach to improving general practice. The briefing entitled, 'Transforming general practice: What are the levers for change?' argues that this approach should involve developing new skills and working practices across the whole GP workforce, investing properly in equipping organisations to change and ensuring that better data is available to evaluate impact.

### Chief Inspector of Hospitals finds that Central & North West London NHS Foundation Trust requires improvement

England's Chief Inspector of Hospitals has told Central & North West London NHS Foundation Trust that it must improve the quality of some of its services following an inspection by the Care Quality Commission (CQC). Overall, the Trust has been rated as Requires Improvement. Although the Trust provided services that were outstanding for being caring and good for being effective and well led, improvements were needed for services to be consistently safe and responsive.

### GPs offered 'new deal' if they agree seven day opening

The Government is promising a "new deal" for GPs in England - if they sign up to seven day opening. In a speech on 19 June, Health Secretary Jeremy Hunt promised extra investment and help for under pressure services. The package includes plans to recruit 5,000 new GPs and another 5,000 support staff, including practice nurses. Financial incentives may be offered to those willing to work in the most deprived areas. But he said that, in return, GPs need to get on board with his plans for weekend opening, which involves groups of practices pooling together to share the extended hours.

### NICE’s new symptom–based approach will help to save thousands of lives from cancer

Thousands of lives in England could be saved each year if the NHS follows updated guidance to help it diagnose cancer earlier, the National Institute for Health and Care Excellence (NICE) has said. NICE has updated and redesigned its guideline to support GPs to recognise the signs and symptoms of 37 different cancers and refer people for the right tests faster.

### Scheme to improve patient safety is on track to save 6,000 lives

A year after the launch of Sign up to Safety scheme, 260 NHS organisations have set out ambitious plans to save lives by reducing avoidable harm. The Department of Health said that this figure far exceeds the campaign's target to get 180 organisations to sign up in its first year. It means that Sign up to Safety is in a strong position to reach its aim of saving up to 6,000 lives over three years through the reduction of preventable harm such as medication errors, blood clots and bed sores.

### End of life care improving according to report

There is a growing understanding within the health sector of what is important to people at the end of life, according to a report from Public Health England's (PHE) national end of life care intelligence network (NEoLCIN). The 'What We Know Now 2014' report finds that home continues to be the preferred place of death for people in England, followed by hospices and care homes. The factors most important to people at the end of their life are having pain and other symptoms managed effectively, being surrounded by loved ones and being treated with dignity.

### Employers urged to create conditions which encourage doctors, nurses and midwives to admit mistakes

When things go wrong patients should expect a face to face explanation and apology from doctors, nurses and midwives according to new guidance from the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). The new guidance sets out the standards expected of all doctors, nurses and midwives practising in the UK. It also aims to help patients understand what to expect from healthcare professionals.

### Social Care

The Care Quality Commission (CQC) has published a series of reports on the quality of care provided by adult social care services across London. Under the CQC's new programme of inspections, all of England's adult social care services are being given a rating according to whether they are safe, effective, caring, responsive and well led.
<table>
<thead>
<tr>
<th><strong>Adult social care firms struggling for staff due to cuts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care firms are struggling to hire, retain and train staff as a result of cuts to council budgets, a survey of senior officials suggests. Councils in England are facing a £1.1 billion shortfall this year, on top of “almost unendurable” cuts since 2010, the Association of Directors of Adult Social Services (ADASS) has warned. Freezing care provider fees to save money was no long sustainable, it said. Ministers say extra money will help NHS and social care services work together.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Invest £5.2 billion in prevention to overhaul health and social care. Government is urged</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Investing a further £5.2 billion in prevention and helping people stay healthy is urgently needed to overhaul the way social care and health services are provided and reduce growing pressures on the system, according to a new report. The report entitled ‘Creating a better care system’ by Ernst &amp; Young (EY), commissioned by the Local Government Association (LGA) and based on sector views, proposes to the Government to use the Budget in July 2015 to divert £1.3 billion into a transformation fund each year until 2019/20, equalling a fund of £5.2 billion by the end of the decade, to develop a new health and social care system.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>For further info</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>For further information on anything in this issue of the Health &amp; Social Care Bulletin please contact: Gordon Deuchars on: <a href="mailto:gdeuchars@ageuklondon.org.uk">gdeuchars@ageuklondon.org.uk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Disclaimer</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>All the information in this bulletin was correct to our knowledge at the time of distribution. Age UK London will take no responsibility if the information proves to be incorrect.</td>
</tr>
</tbody>
</table>
Index

A&E ........................................... 3, 4, 9, 11, 22, 23, 25, 31, 32
admissions .................................. 3, 10, 23
Barker Commission .......................... 4, 27
Better Care Fund ............................ 28
British Medical Association ............... 34, 35
cancer ....................................... 2, 5, 10, 18, 22, 35
Care Act .................................. 1, 4, 8, 26, 30
care homes ................................ 1, 4, 5, 8, 17, 23, 26, 36
Care Quality Commission................. 3, 4, 5, 19, 20, 21, 31, 33, 36, 38
carers ....................................... 8, 15, 30, 34
Carter Report ................................ 28
Challenge Fund ............................. 33
Chief Inspector of Hospitals .............. 3, 5, 20, 25, 33
clinical commissioning group ............ 10
complaints .................................. 18, 20
Dalton Review ................................ 17
dementia .................................... 32, 37
Department of Health ...................... 4, 5, 29, 30, 36
duty of candour ............................. 36, 37
duty of life care ............................. 5, 10, 18, 36, 37
Five Year Forward View ................... 1, 10, 11, 17, 24, 25, 33
Foundation Trust 1, 2, 5, 8, 13, 15, 31, 33, 34, 36, 37
Francis Report ............................. 29, 37
funding ..................................... 1, 2, 4, 9, 15, 24, 30, 48
GPs ........................................... 2, 3, 5, 11, 15, 16, 24, 32, 33, 34, 35, 36, 37
Health and Social Care Information Centre .... 2, 16
health and wellbeing boards .............. 28
health check ................................ 32
Health Education England ............... 11, 36
Healthwatch ................................ 21, 34
inspection ................................... 3, 5, 20, 21, 32, 33, 34, 36
Integrated care .............................. 4, 27
King’s Fund ................................ 1, 4, 10, 11, 27
life expectancy ............................ 1, 12, 13
Local Government Association .......... 6, 49
London ...................................... 2, 3, 5, 6, 9, 12, 13, 15, 20, 21, 31, 32, 33, 34, 38, 39, 41, 42, 43, 44, 45, 46, 47, 48
long term conditions ...................... 22, 49
medicines ................................... 4, 14, 19, 23, 28, 29
mental health 2, 4, 11, 15, 17, 18, 25, 31, 32, 33, 34, 36, 49
Monitor .................................... 1, 2, 3, 4, 8, 9, 13, 17, 21, 22, 24, 29, 30
mortality rates ............................. 16
National Audit Office .......................... 4, 30
National Institute for Health and Care Excellence .... 3, 5, 22, 35
Never Events ................................ 21
NHS England ................................ 2, 3, 8, 15, 16, 17, 25, 34
NHS Trust Development Authority ....... 17, 20
Nuffield Trust ................................ 3, 5, 24, 33
out of hours .................................. 9, 18
over-treating ................................ 2, 13
palliative care ................................ 1, 9, 10, 37
Parliamentary and Health Service Ombudsman ... 2, 17, 18
Patient safety ................................ 21
primary care ................................. 2, 11, 15, 33, 35
Public Health England ............... 4, 5, 32, 36
resources .................................... 3, 17, 25, 26, 30, 50
seven day .................................. 2, 3, 5, 15, 16, 24, 28, 34, 35
social care 1, 3, 4, 5, 6, 9, 12, 15, 22, 23, 24, 26, 27, 30, 31, 33, 38, 48, 49, 50
social services ............................. 4, 9, 12, 26, 48
Special Measures .......................... 3, 20
staffing agencies .......................... 3, 23, 29
staffing agencies .......................... 23
stroke ....................................... 4, 21, 26, 27, 32
Tuberculosis ................................ 23
vanguard sites .............................. 17, 25
waiting list .................................. 22
**Health**

**Care system gets 'biggest shake-up in 60 years'**

Major changes to the care system in England have been introduced in what has been dubbed the biggest shake-up for 60 years.

The Care Act 2014 includes rights for those receiving care and those who provide it to their loved ones and came into force on 1 April 2015.

It includes standards for access to services from care homes to help in the home for tasks such as washing and dressing.

It effectively forces councils and the NHS to work together to provide more streamlined services.

But the changes that came into force on 1 April 2015 apply only to the care system for older people and younger adults with disabilities.

Four major changes have been introduced:

- the creation of national eligibility criteria establishing for the first time when someone should be entitled to help - to date, it has been up to councils to set their own criteria
- a duty on councils to offer schemes by which those who need to pay for residential care can get a loan from their local council, which is then paid back from their estate after death
- giving carers for the first time the same right to assessment and support as the people they care for; before, they had to provide "substantial care on a regular basis" to get an assessment
- those who pay for care themselves will be entitled to go to councils to get advice and information about the care system.

To help protect people's assets, a cap on care costs they have to pay for - set at £72,000 for the over-65s - will kick in from April 2106. How the cap works for younger people has still to be finalised.

*Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 1 April 2015*

**King's College Hospital NHS Foundation Trust agrees action to improve services and finances**

The Trust will take steps to reduce waiting times for patients and improve its financial position, following an investigation by Monitor.

The regulator carried out an investigation at King's in March 2015 after the Trust was unable to resolve long standing problems at the Princess Royal University Hospital (PRUH), which it took over in October 2013. Although Monitor recognises that King's has made progress in improving services at the PRUH, this has not been sufficient, as it has become clear the challenge is greater than initially anticipated.

Following the investigation, Monitor has agreed with King's that the Trust will:

- develop and implement an effective short term recovery plan to deliver the required improvements at the PRUH that King's planned to make when it took over the hospital
- develop and implement a longer term plan by working closely with other national and local healthcare organisations (including NHS England and local commissioners) to
ensure patient services are improved, and also provided in a sustainable way for the future.

Monitor will closely monitor the Trust's progress in making the required improvements and will take further action if required.

Source: www.gov.uk 2 April 2015

New research exposes inequities in care and support for terminally ill

Frontline clinicians say lack of co-ordination between teams delivering care, insufficient funding for services and time-poor staff are barriers to meeting the needs of people with a terminal illness, according to a new survey commissioned by Marie Curie, the charity for people living with terminal illnesses.

Five hundred clinical professionals across the UK also reveal that a shortage of specialist palliative care services and difficulty of accessing social care are also barriers to meeting the needs of people with a terminal illness.

The new Ipsos MORI online survey, which explores perceptions among a sample of 500 clinical professionals of the standards and quality of care that they encounter for those with terminal illnesses, also shows contrasting opinions about the level of care provided in different care settings:

- while 53 per cent of respondents agree that the needs of patients are adequately met overall, far fewer agree that the same is true for those using out of hours social care (15 per cent) or in A&E (15 per cent)
- only a third of respondents (31 per cent) agree that out of hours medical care met peoples’ needs adequately, while 45 per cent agree the same was true for hospital inpatients
- a larger proportion agree that people receiving care in their own homes or in hospices have their needs met – 53 per cent and 91 per cent respectively agree that those needs are adequately met.

With the health and social care system already stretched and facing the unprecedented demands of an ageing population, clinicians were asked to indicate in terms of importance what needed to happen to improve the quality of care for those with a terminal illness, (giving a score from one to 10, where one means not at all important and 10 means it is very important). The key priorities (given a score of eight to 10) were:

- improved co-ordination of care between health and social care, with nearly four in five (79 per cent)
- improved co-ordination of care between acute and community care providers (77 per cent)
- better planning of social services (73 per cent)
- followed closely by better planning of health services for people with terminal illnesses (69 per cent) and better communication between healthcare professionals and people with terminal illness and their families (68 per cent).

As shown in the report from the Personal Social Service Research Unit (PSSRU) at the London School of Economics and Political Science (LSE), commissioned by Marie Curie, there are also serious inequities in terms of who receives the right care and who doesn't.

The researchers uncovered evidence that showed that where people live, the condition they have, their age, and their ethnic background can play a role in the quality of care they
experience. In reality, this means that if you have a terminal condition other than cancer, are from a black, Asian or minority ethnic background, live in particular parts of the UK; are single or live alone, or are over 85 years old can impact on how likely you are to access the right care or affect your family's views of the quality of care you receive.

The LSE team also highlighted that considerable under-provision and service gaps currently exist, and that these will grow as the UK population ages - resulting in an even greater need for end of life care services. Research by the LSE and others suggests that investment in palliative care services in the community is cost-effective, though might involve some additional start-up costs. The LSE has also estimated that providing palliative care to those who need it could potentially generate net savings of more than £30 million in England, at least £2 million in Wales, more than £1 million in Northern Ireland and more than £4 million in Scotland.

Source: www.mariecurie.org.uk 8 April 2015

NHS enters 2015/16 facing biggest challenges in recent history, warns The King’s Fund

Mounting deficits, worsening performance and declining staff morale leave the NHS facing its biggest challenges for many years, warns the latest quarterly monitoring report from The King’s Fund.

It now seems certain that hospitals and other NHS providers in England overspent their budgets in 2014/15 by more than £800 million. This is despite nearly £900 million being provided by the Treasury or switched from capital budgets to plug the growing black hole in NHS finances. According to the regular survey undertaken for the report, almost 60 per cent of trust finance directors said that they were dependent on additional financial support or had drawn down their reserves in 2014/15.

The financial outlook for 2015/16 is even gloomier, with two-thirds of hospitals concerned about staying within budget over the next year. Although commissioners are more optimistic, 40 per cent of finance leads from clinical commissioning groups are also concerned about whether they will be able to balance the books in 2015/16.

Other key findings from this quarter’s survey of NHS provider finance directors and clinical commissioning group (CCG) finance leads include:

- for the third consecutive quarter, staff morale tops the list of concerns raised by trust finance directors
- fewer than half (45 per cent) of trusts feel confident that they will achieve the productivity targets for 2015/16
- ninety per cent of trust financial directors and 85 per cent of commissioners are concerned about the financial state of their local health economies
- there is a mismatch in expectations about demand for services between providers and commissioners; for example, 80 per cent of trusts expect emergency admissions to rise this year, while 60 per cent of CCGs expect them to fall
- around three quarters (75 per cent) of trusts and two thirds (68 per cent) of CCGs think there is a high or very high risk of failing to achieve the productivity gains over the next five years outlined by the NHS Five Year Forward View.

NHS performance continues to deteriorate, with key targets being missed with increasing regularity. The latest data shows:
• performance against target waiting times for A&E is at its worst level since 2003, with 8.2 per cent (more than 440,950 patients) waiting longer than four hours in A&E departments in the final quarter of 2014/15
• the number of delayed transfers of care has risen by over 20 per cent compared to the same quarter last year and is now at its highest level since 2008
• in February 2015, the proportion of inpatients waiting longer than 18 weeks for treatment rose to 13 per cent, the highest level since this target was introduced; however, the number of people still waiting for treatment after 18 weeks dropped, suggesting the policy of allowing a 'managed breach' of the targets is having an impact.

Source: www.kingsfund.org.uk 23 April 2015

Workforce shortages endanger delivery of the NHS Five Year Forward View
A new report by The King’s Fund argues that shortages and other critical pressures within the NHS workforce could jeopardise plans outlined in the NHS Five Year Forward View to deliver new models of care.

The report entitled, ‘Workforce planning in the NHS’ analyses recent trends and pressures in three key areas of the workforce critical to the delivery of the new models of care, finding that each is under serious pressure:

• mental health – the number of inpatient nurses has fallen sharply by 15 per cent over the past five years, resulting in a significant rise in the use of agency staff and a two-thirds increase in requests for temporary mental health nurses since the beginning of 2013/14
• primary care – well-documented pressures on general practice have led to fewer training posts being filled and more GPs planning to retire early, resulting in a growing shortfall in the number of GPs
• community nurses – while the number of health visitors has increased by nearly a quarter over the past five years, the number of senior district nurses has fallen by 30 per cent and there are now 16 per cent fewer community matrons.

The report also underlines the increasing reliance on agency staff among NHS organisations. The Fund’s analysis of recent figures provided by NHS Professionals – the leading provider of agency staff to the NHS – shows that requests for temporary hours more than doubled between April 2012 and January 2015. The report use of temporary staff on this scale represents a substantial financial burden for the NHS at a time when budgets are stretched to breaking point and risks reducing quality of care.

The report highlights changes made at a national level to improve workforce planning, including the establishment of Health Education England (HEE) to provide greater strategic oversight and the introduction of 13 regional local education and training boards (LETBs) to co-ordinate training at a local level. However, while the establishment of Health Education England has led to improvements in planning the workforce of the future, the report argues that it is unclear who is responsible for managing the workforce needed today.

The report calls for a clear plan for the NHS workforce to support the ambitions set out in the NHS Five Year Forward View. This should focus on:

• improved data – a lack of national data, particularly for temporary staff and the independent sector, makes long term planning very difficult
• better national leadership – stronger, more strategic leadership from national bodies involved in training and developing the workforce of the future
• greater collaboration – across local and regional levels to deal with short to medium term workforce pressures in a more joined-up and systematic way
• improved consistency between local and national levels – better co-ordination is needed between bodies responsible for training staff to meet national ambitions and the expectations of local organisations employing staff
• robust assessment of supply and demand – there is currently inadequate national level assessment of supply and demand for most areas of the workforce.

Source: www.kingsfund.org.uk 29 April 2015

Men 'catching up' on life expectancy
Men are narrowing the gap on women when it comes to life expectancy in England and Wales, research in The Lancet indicates.

It predicts by 2030 men will be living 85.7 years on average - just two fewer than women.

In 1981 men lagged behind women by six years.

Though life expectancy is improving for both sexes, it comes at the cost of widening inequalities between deprived and affluent areas, researchers say.

The researchers, from Imperial College London, predict by 2030 men will be living 2.4 years longer than official estimates from the Office of National Statistics (ONS) suggest. And women gain an extra year.

Unlike ONS calculations, their methods put greater focus on improvements in lifespan over the past few years and make less pessimistic assumptions about the future.

And while the ONS takes a more national approach, they collated death rates from 375 local authorities across England and Wales.

This is key as local authorities now take greater responsibility for planning health and social care services, they say.

Their main findings suggest many regional variations, including:

• in 2012 figures are lowest in Blackpool. Men there could expect to live to 75.3 years - eight years fewer than men in the City of London
• women in Manchester fared worst, at 80.2 years - three years fewer than those living in the City of London - which has the highest 2012 figures overall
• looking ahead to 2030, life expectancy will reach or go beyond 81.4 years for men and 84.5 years for women in all areas
• but men in Blackpool will still have the lowest predictions - 81.4 years, compared with 90.7 in the City of London, which again tops the list.

If their predictions prove correct, they say pension pots would have larger payouts than currently planned.

Greater investments would also be needed in health and social care, they warn.

Prof Majid Ezzati, lead researcher said:
"We forecast rising inequalities, with bigger increases in lifespan for people in affluent areas than those in disadvantaged areas.

"This means wealthy people will benefit more from health and social services than poor people."


Brian Beach, at the International Longevity Centre think tank, said:
"The methods used look very solid and innovative.
"It has been known for some time that life expectancy can be influenced by social factors and where people live."
But he suggested other research went against assumptions that rising life expectancy lead to greater dependence on public services.
"Some would argue years of healthy life are increasing," he said.
"A 60-year-old living 100 years ago would have been considered a very frail person.
"But nowadays they might be viewed as middle-aged, living healthy and happy lives."
The ONS said figures would differ depending on the methods and assumptions used.
A representative added:
"There is no clear consensus among academics around the likely speed of future mortality improvements among men and women.
"All future projections are uncertain, hence ONS publishes variant projections to illustrate some of this uncertainty and help those planning public services."
And Prof Sir Michael Marmot, an expert at population health at University College London, said:
"Prediction is just that: prediction.
"Changes in social policy, for example, could mean that actual life expectancy in 2030 could be bigger or smaller than these predicted gains."
Source: www.bbc.co.uk/news 30 April 2015

Investigation launched at South London teaching hospital
Monitor has opened an investigation into the sudden deterioration in finances at St George's University Hospitals NHS Foundation Trust.
The investigation will examine how and why this situation has happened, and identify possible solutions.
Monitor granted St George's foundation trust status in February 2015 on the basis it would break even in 2014/15 and make a small surplus in 2015/16. The regulator is now concerned as the Trust has recorded a £16.8 million loss for 2014/15 and may record a larger deficit in 2015/16.
The regulator also wants to understand why St George's has failed to sustain its progress in treating patients more promptly, as requested at the time of its foundation trust authorisation.
Monitor said that it will announce the outcome of the investigation in due course.
Source: www.gov.uk 1 May 2015

Doctors urged to stop 'over-treating'
Doctors' leaders have launched a major campaign to stop medics "over-treating" their patients in ways that do not help and could even harm them.
Writing in the British Medical Journal (BMJ), they suggest some patients are given pills or have tests they do not need by doctors who feel under pressure to act. They argue patients should feel able to discuss whether there are simpler, safer options that are right for them. But experts warn they must not change treatment without medical advice. The Academy of Medical Royal Colleges (AoMRC) says there is growing evidence that pressure for doctors to "do something" at each consultation has led to patients sometimes receiving treatments that are of little or no value. And the report suggests a culture of "more is better" means some individuals are being over-diagnosed - labelled with conditions that may in the end do them little harm.

Launching the Choosing Wisely campaign, experts are calling on medical organisations to identify five procedures each that should not be offered routinely or in some cases not at all. These might include:

- pills for mild depression
- too many routine and unnecessary blood tests
- medicines for mildly raised blood pressure.

Prof Dame Sue Bailey, a leading psychiatrist and chair of the AoMRC, argues many patients with mild depression could instead be offered group exercise classes or talking therapies first. And she says frequent blood tests can be particularly distressing for older people with frail skin.

She also argues that for some patients with mildly elevated blood pressure, changing their lifestyle might be the most appropriate initial option.

But other experts defend the use of these pills in mild, moderate and severe cases and the charity Blood Pressure UK warns patients should consult their doctors before changing their medicine.

And the Brain Tumour Charity says this type of initiative must not come in the way of doctors ordering the right tests for serious but sometimes uncommon conditions.

The organisation argues for some patients with cancers, their initial, general symptoms are overlooked and not investigated quickly enough.

Nevertheless, as science advances and the evidence shifts, experts say individuals should be encouraged to check whether procedures are definitely right for them.

For example, patients are advised to ask:

- do I really need this test or procedure?
- are there simpler options?
- what happens if I do nothing?

The campaign is already under way in Canada and the United States. And while experts acknowledge that asking doctors to change familiar practices could be controversial, they say it is worthwhile if it leads to better care. Experts plan to evaluate each suggestion before publishing their list later this year.

But as their article points out, there is no guarantee that this approach will necessarily reduce the use of unwarranted and sometimes harmful tests.
London GP mental health scheme helps hundreds, skills up primary care staff and saves thousands
More than 600 people now visit their GP instead of the hospital for regular physical and mental health checks due to a London scheme.

Across Newham Clinical Commissioning Group's (CCG) 61 surgeries four teams of Community Psychiatric Nurses (CPNs) are on stand-by to see patients with stable severe mental illnesses who have opted into the service.

They no longer visit the psychiatrist in outpatients and can instead be seen at their local practice where they and their carers can get physical health checks.

The initiative has saved thousands of pounds for the CCG some of which has been reinvested with East London NHS Foundation Trust to establish new services.

The CCG has just a 10 per cent relapse rate for these discharged patients who go into a crisis and have to return to psychiatric care, but when they are better they want to return to the care of their GPs and the practice linked CPNs.

Newham CCG has further aspirations to help its population with mental health problems which in this very deprived area currently cost, per head of the population, £138 each year.

The CCG is aiming for better outcomes, one of which is to get more people with mental health problems back into work through a variety of new initiatives including buddying people with those who have been through similar issues but are now recovered and back in work or volunteering.

Two unexpected challenges the service and the GPs faced related to social care issues: firstly, ensuring that patients did not lose their Freedom Passes, often only awarded because the person is in touch with secondary care, which allow free travel of public transport, a vital way to support people to remain active and self-care. Secondly, the potential risk of a patient losing their housing because they had been discharged from secondary care. This last issue remains a challenge and is dealt with on a case by case basis.

Source: www.bbc.co.uk/news 13 May 2015

Prime Minister's plans for a seven day NHS
The Prime Minister (PM) David Cameron, used his first major speech since the General Election on 7 May to underline his commitment to a seven day NHS, with funding set to increase by £8 billion a year.

The PM said that the Government will prioritise patient access to all services – from GP access to hospital care – backing NHS England's plan for modernising the NHS.

Investment into the NHS will increase by £8 billion a year by the end of the Parliament to support the transformation of services across the country, including an increase in the number of GPs, faster access to new drugs and treatments and a greater focus on mental health and healthy living.

Speaking at a GP centre that offers patients late night and weekend appointments, the Prime Minister said:
"There is nothing that embodies the spirit of one nation coming together – nothing that working people depend on more – than the NHS. Our commitment is to free healthcare for everyone - wherever you are and whenever you need it.

"That means getting the best care and making that care available for everyone – free – wherever they are and whenever they need it.

"So I believe that together – by sticking to the plan – we can become the first country in the world to deliver a truly seven-day NHS.

"And we must do so to protect and preserve the values of the NHS that are so central to our national identity.

"To keep our people healthy, to look after them when they fall ill, to care for the elderly with dignity and to ensure that free healthcare is always there whenever people need it most.

"By sticking to the plan we can and will achieve this together.

"A seven day NHS, safe in our hands – for every generation to come."

The Prime Minister's GP Access Fund is already bringing extended hours opening across the country. By the end of 2015, 18 million patients will have access to a GP at evenings and weekends.

That access will be expanded further and action taken to deliver more seven-day access in hospitals too.

The Prime Minister said that it is a 'shocking fact' that mortality rates for patients admitted to hospital on a Sunday are as much as 16 per cent higher than on a Wednesday, while the biggest numbers of seriously ill patients arrive at the weekend when hospitals are least well equipped to handle them.

The shift to seven day a week opening will help to deliver a safer NHS and more lives saved. The Prime Minister was clear that this is not about staff working longer hours but a more flexible approach to work patterns that will see doctors and nurses available when they are needed most.


Over 55 million patients in England can now book GP appointments and order repeat prescriptions online

The number of GPs offering appointments, repeat prescriptions and access to summary information in medical records online has tripled in the first three months of 2015 with almost every GP surgery in England offering the service.

Data published by the Health and Social Care Information Centre (HSCIC) shows that over 97 per cent of patients in England can now take advantage of online services, a huge increase from the three per cent in April 2014.

Patients will still be able to contact their GP practice by phone or in person but will also have the option to do it online. To use the services NHS England is encouraging patients to ask their GP surgery to set up their online access next time they visit.

The ambition is that by 2018, every citizen will be able to access their full health records at the click of a button, detailing every visit to the GP and hospital, every prescription, test results, and adverse reactions and allergies.
NHS launches new collaboration to sustain and improve local hospitals
The NHS has invited expressions of interest from hospitals across England interested in developing new ways of delivering and improving their local acute services.

The aim is to enhance the viability of local hospitals through new formal shared working arrangements between clinical specialists at different hospitals, and to improve efficiency by sharing back office administration and management between different sites.

The new 'vanguard' sites, to be developed as part of implementing the Five Year Forward View, build on the proposals in the recent report from Sir David Dalton.

The main focus – led by Monitor, NHS Trust Development Authority (NHS TDA) and NHS England – will be to support providers of acute services to develop new arrangements that can be replicated across England at scale and for the new models to improve quality, productivity and efficiency.

Invitations are now being sought from all providers of acute services – including small hospitals.

Applicants will be expected to demonstrate how their proposals will help promote the health and wellbeing of the populations they serve, increasing the quality and person-centredness of care, and improve efficiency for the taxpayer within available resources.

The initiative completes the plan for a new generation of care models put forward in the NHS Five Year Forward View to transform the way care is delivered across the NHS.

While the 29 current vanguards are about moving specialist care into the community, joining up GP, community and mental health services and offering better joined up care for people in care homes, the new additional sites will focus on promoting collaboration between acute providers.

In the light of the findings of the Dalton Review, these new models may include greater use of clinical networks across nearby sites, joint ventures between NHS organisations, or the delivery of specialist single services across a number of different providers.

The closing date for applications is the end of July 2015 and the programme anticipates announcing a small number of vanguard sites by September 2015.

Successful applicants will be expected to make swift progress and will receive financial and practical support to help them do so. The new care models programme is backed by the £200 million Transformation Fund.


Too many people dying without dignity, Ombudsman service report finds
End of life care could be improved for up to 355,000 people a year in England, according to a report published by the Parliamentary and Health Service Ombudsman (the Ombudsman).

The report highlights tragic cases where people’s suffering could have been avoided or lessened with the right care and treatment, as they approached the end of their lives.
The Parliamentary and Health Service Ombudsman makes final decisions on complaints about the NHS in England, including where there is a dispute about what happened. The Ombudsman service identified a range of issues with end of life care from its casework.

The insight from its casework revealed:

- poor communication with families losing the chance to say goodbye to their loved ones
- poor planning leading to unco-ordinated care
- inadequate out of hours services
- poor pain management meaning that people spend their last days in pain when it can be avoided.

The Ombudsman service looked at investigations it had completed about end of life care - the care and treatment someone has received in the last 12 months of their life – to highlight where things are going wrong to help ensure improvements are made. It looked at complaints it had investigated in end of life care, up and down the country, across the NHS, from GP practices to hospitals and mental health trusts, to identify the issues it sees the most often.

The report includes summaries of cases the Ombudsman service has investigated about end of life care.

The report identifies six key themes that the Ombudsman service regularly sees in its end of life care casework. These are:

- not recognising that people are dying or responding to their needs
- poor symptom control
- poor communication
- inadequate out of hours services
- poor care planning
- delays in diagnosis and referrals for treatment.

Source: [www.ombudsman.org.uk](http://www.ombudsman.org.uk) 20 May 2015

**NHS fails 'thousands' of cancer patients**

The NHS in England is failing "thousands" of cancer patients by treating them too slowly, a charity warns.

At least 85 per cent of patients should start treatment within 62 days of a GP referral for suspected cancer. But official figures show the target was missed for an entire year, with just 83.4 per cent seen on time in 2014/15. Cancer Research UK said the situation was getting worse and called for urgent action.

Early diagnosis and treatment is vital for improving the chances of recovering from cancer. But more than 21,000 people were not seen within the 62 day target in the last financial year.

Breakdowns for individual cancers in the previous quarter show the proportion of patients treated on time:

- breast cancer - 95.9 per cent
- lung cancer - 75.6 per cent
- lower gastrointestinal cancer - 73.3 per cent
- urological cancers - 78 per cent
- skin cancers - 95.4 per cent.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 20 May 2015
Survey finds most patients are positive about their hospital care, but many still experience delays when they leave

A majority (84 per cent) of respondents in the latest national survey of hospital inpatients published by the Care Quality Commission (CQC) rated their overall experience as seven or higher out of ten, with about one in four people rating it ten out of ten.

The latest survey – the twelfth time it has been carried out – is based on the replies of more than 59,000 people who stayed in one of 154 acute and specialist NHS trusts in England for at least one night during June, July or August 2014.

The survey asked people about their experiences of the care and treatment they received, including: whether they were given enough information, whether they were involved in decisions about their care, whether there were enough nurses to care for them, whether the wards were noisy and clean and what arrangements were in place for when they left hospital.

Over three quarters (77 per cent) of people said they were ‘always’ well looked after during their hospital stay, but two out of five said they experienced a delay when it was time to leave the hospital.

The results, which haven’t changed significantly since the 2013 survey, show good results for the cleanliness of the room or ward with 97 per cent of people saying that the room or ward they were in was either ‘very’ (69 per cent) or ‘fairly’ (28 per cent) clean.

The majority of respondents ‘always’ had confidence and trust in the staff that treated them. Eight out of ten ‘always’ had confidence and trust in the doctors (the same as the 2013 survey) and 78 per cent ‘always’ had confidence and trust in the nurses (an increase from 77 per cent in 2013).

However, over two fifths (42 per cent) said there were delays with being discharged from hospital with the majority (61 per cent) citing the main reason for the delay as waiting for medicines. Nearly one in four (23 per cent) of those who experienced delays waited for longer than four hours.

Of those for whom this was necessary, almost a fifth (18 per cent) of respondents said they would have liked to have spoken to a member of staff about any additional equipment, or adaptations in their home they might need after they had left hospital.

Over 40 per cent of patients said there were ‘sometimes or rarely or never’ enough nurses on duty to care for them, whereas six out of ten said there were ‘always or nearly always’ enough, compared with 59 per cent in 2013.

Of those who used the call bell, almost one in five (18 per cent) said that they experienced waits of over five minutes before they got help. One per cent never got the help requested.

Of those who had an operation or procedure, one in 10 said they did not understand the explanation given by staff of how their operation went.

As well as a report of the national findings, the CQC has published the results for each of the 154 acute and specialist NHS trusts that took part, so that people can look at and compare the performance of their local services.

Source: www.cqc.org.uk 21 May 2015
Barts Health NHS Trust rated as Inadequate by Chief Inspector of Hospitals

England's Chief Inspector of Hospitals has rated the services provided by Barts Health NHS Trust as Inadequate following inspection of the Trust's three main hospitals in London.

The Trust had already been placed in to Special Measures following the Care Quality Commission’s (CQC) report on Whipps Cross University Hospital which was published in March 2015.

Following that inspection, the CQC decided to inspect both the Royal London Hospital and Newham University Hospital. Both have also been found to be Inadequate. Full reports including ratings of all core services have been published on the CQC website at: www.cqc.org.uk/provider/R1H.

The CQC has identified 65 areas where the Trust must make improvements. The Chief Inspector of Hospitals, Professor Sir Mike Richards, has already passed on his concerns to the provider and commissioners, seeking action to improve the safety and quality of services. The NHS Trust Development Authority (NHS TDA) is working with the Trust to support improvement.

Sir Mike said:

"Barts Health NHS Trust is the largest NHS trust in England, serving a population of well over two million people, and home to some world-renowned specialties. So it is all the more disappointing to report the extent and level of our concerns in all three hospitals, particularly in safety and leadership.

"It is clear that the leadership issues we found at Whipps Cross were replicated at the other hospitals. It is three years since the merger which formed the Trust – but there is still a lack of engagement with the staff, low morale, high levels of stress, even confusion among the workforce about who is in charge.

"Across the Trust there is too little attention paid to safety, with failures in incident reporting and auditing, and in dealing with or learning from complaints. It is worrying that the Trust’s directors didn’t seem to have confidence in their own data – a basic requirement in assessing their performance. It is all the more of a concern with waiting times which were so long, or that operations were being cancelled.

"While we have found many individual services require improvement, we also found examples of good services at both Royal London Hospital and Newham. We met a very committed workforce who felt undervalued by Trust leadership, but valued by their patients and colleagues, and their local managers.

"Barts Health NHS Trust as a whole has not made the progress we would have hoped for in dealing with the findings of our previous inspection in 2013. If the Trust is to turn round – then it must focus first on the culture and on the leadership issues so that it can effectively deal with all the individual concerns which we have identified on this inspection. We will continue to work with the NHS TDA to ensure that these improvements are made."

The Royal London Hospital and Newham University Hospital were inspected in January 2015 over a period of three days by two inspection teams which included doctors, nurses and other specialists, hospital managers, CQC inspectors and experts by experience (people with personal experience of using or caring for someone who uses the type of services being inspected). They also made unannounced visits as part of the inspection.

The inspectors concluded that the Trust lacked strategy and vision. The Clinical Academic Group structure which is meant to provide leadership across all clinical staff was ineffective.
Patient safety was not given sufficient priority. Staff did not always recognise concerns and incidents. Some staff were discouraged from raising their concerns and there was a culture of blame. When concerns or incidents were raised, or things went wrong, the approach to reviewing and learning was slow. There had been nine Never Events over a period of 14 months, but very few audits to ensure that surgical teams were using the World Health Organisation's (WHO) safety check lists.

Inspectors rated Newham University Hospital as Good for Urgent and Emergency Services. Patients felt well cared for and staff felt supported and there were excellent outcomes for people who had suffered a stroke. Royal London hospital was rated Good for Critical Care with patients positive about the treatment received during a period of period of high activity.

Staffing levels in some areas were significantly below recommended levels and did not provide consistently safe care. Bed occupancy was so high that patients were not always cared for on the appropriate wards, and the high occupancy was affecting the flow of patients through the hospitals. Some patients faced delays of more than 18 weeks from referral to treatment and some patients had their surgery cancelled on several occasions due to a lack of beds.

During the previous inspection, in November 2013, inspectors had identified a culture of bullying and harassment. Although the Trust commissioned an independent review, the CQC found that the response had not been timely enough; the inspection team still had concerns about whether enough was being done to foster an open and transparent culture.

The CQC has also identified a number of areas of outstanding practice across the Trust, including:

- pain relief for children following an operation had been audited to introduce different strengths of local anaesthetic in order to reduce the pain experienced after operation. This had been shared with other NHS organisations through a national paediatric conference.
- the Royal College of Physicians audit of stroke care rated Royal London Hospital as 97.5 per cent for patient experience from diagnosis to rehabilitation - the highest result in London.

The Royal London Hospital is a pioneer in trauma care. Around 25 per cent of the patients attending the trauma service in emergency had penetrative wounds, significantly higher than any other UK trauma centre. The survival rate at the hospital was approximately twice the national average. They had worked with the armed forces while on combat operations, to apply specific learning to the service.

The reports which the CQC has published are based on a combination of its inspection findings, information from the CQC's Intelligent Monitoring system, and information provided by patients, the public and other organisations including Healthwatch.

The Care Quality Commission has presented its findings to two local quality summits, including NHS commissioners, providers, regulators and other public bodies. The purpose of the quality summits is to develop a plan of action and recommendations based on the inspection team's findings.

Source: www.cqc.org.uk 22 May 2015

**Foundation trusts face challenging year as pressures mount**

NHS foundation trusts are treating more urgently ill people than ever before, according to Monitor.
Analysis by the health sector regulator found foundation trusts treated a record breaking 10.7 million emergency inpatients between April 2014 and March 2015, a 574,000 increase on the previous year. In addition, there was also a significant increase in non-emergency patients.

However, this increase in demand for care, combined with an over-reliance on expensive agency staff and the need to make cost savings, is putting trusts under sustained and exceptional pressure.

Overall, the 152 foundation trusts (the majority of NHS trusts) missed a number of national waiting times targets for A&E, routine operations and some cancer treatments for the entire year. The sector also ended 2014/15 in deficit (-£349 million) for the first time, in a further sign of the increased pressures upon services.

Foundation trusts have indicated to Monitor that 2015/16 is likely to be even tougher.

A report to Monitor's board on the performance of the foundation trust sector for the year ended 31 March 2015 found that overall, the sector reported a deficit of £349 million compared to £10 million planned:

- seventy-seven foundation trusts (51 per cent) ended 2014/15 in deficit of whom 70 per cent were acute trusts
- trusts spent £1.8 billion on contract and agency staff which is more than double the amount they had planned (£766 million)
- trusts made £1.17 billion worth of cost savings compared to £1.23 billion in 2013/14
- the foundation trust sector as a whole has missed the A&E waiting time target of seeing 95 per cent patients within four hours since autumn 2013/14
- the size of the waiting list for routine operations reached 1.76 million, an 8.3 per cent increase on 2013/14
- between January and March 2015, 55,400 people waited on a trolley for more than four hours between the decision to admit them to A&E and their arrival on a ward due to reduced bed availability
- foundation trust ambulance services meet the national waiting time for responding to the most critical and life threatening incidents between January and March 2015
- Monitor intervened or agreed regulatory action at 32 trusts (21 per cent of the sector) because of operational or financial concerns.

Source: [www.gov.uk](http://www.gov.uk) 22 May 2015

**Round-up of NICE health and social care guidance launched for consultation**

The National Institute for Health and Care Excellence (NICE) has published a range of guidelines for consultation.

The guidance includes: supporting the attachment of looked-after children; managing intravenous fluid therapy in children; managing and diagnosing tuberculosis (TB) and measures for its prevention and control; and the social care needs of older people with long term health conditions.

**Social care of older people with long term conditions**

NICE is developing a guideline to address the social care needs of older people with multiple long term health conditions following reports that health and social care services for this group can often be disjointed and hard to access.
As the population ages and more of us live longer, the number of people developing more than one long term medical condition is increasing. Nearly three million people in England are expected to be living with multiple chronic health problems by 2018, one million more than in 2008. The NICE guideline will highlight ways to best address the growing needs of this group and promote better, integrated care.

NICE has published a draft version of the guideline for consultation aimed at supporting healthcare professionals and social care commissioners, providers - including care homes – and social care workers. Its provisional recommendations address issues including:

- how health and social care services should work together to ensure better integrated care
- the need for care to be personalised to each individual
- how social care services can work with others, such as community groups, to tackle loneliness.

**Tuberculosis (TB)**

TB is a growing problem in the UK: over the past 20 years cases have gradually increased, particularly in ethnic minority communities and urban areas where many people originally born in countries with high rates of TB now live. Areas with a high level of homelessness or drug use, poor housing, or general poverty are also at risk. The disease is spread by bacteria in coughs and sneezes which are then inhaled by other people.

The draft updated guideline from NICE, which has been published for consultation, combines clinical advice and public health guidance for the first time. Most people with TB - more than four in five - can be cured if treated properly. However, taking the wrong dose or combination of medicines, or taking medication irregularly or for too short a time can lead to drug resistance. If left untreated, one person with pulmonary TB could potentially infect as many as 15 people every year.

The draft guideline makes recommendations on the prevention, diagnosis and management of TB, including drug resistant forms of the disease.

NICE is calling for comments on the draft guideline. The consultation will remain open until Monday 13 July 2015.

*Source: [www.nice.org.uk](http://www.nice.org.uk) 1 June 2015*

**Clampdown on staffing agencies charging NHS extortionate rates**

Health Secretary Jeremy Hunt has ordered a clampdown as part of tough new financial controls to cut down on waste in the NHS.

Tackling staffing agencies is part of a package of measures that will help to cut costs while improving frontline care. This action will help the NHS bring down rising agency staff bills, which cost the NHS £3.3 billion last year. This was more than the cost of all that year’s 22 million A&E admissions combined. Other controls include limiting the use of expensive management consultants.

The NHS is paying agencies up to £3,500 per shift for doctors, and the total bill for management consultants was more than £600 million last year.

New rules will:

- set a maximum hourly rate for agency doctors and nurses
- ban the use of agencies that are not on approved frameworks
• put a cap on total agency staff spending for each NHS trust in financial difficulties
• require approval for any consultancy contracts over £50,000.

The agency staff cap will firstly apply to nursing staff but will be extended to other clinical, medical and management and administrative staff. Capped rates will be reduced from the initial set level over time.

**Agencies**

Use of agency staff has risen from £1.8 billion to £3.3 billion in three years to help correct historic understaffing on wards. The Government wants to see hospitals employing more permanent staff - there is clinical evidence this improves patient care.

**Management consultants**

Hospitals are increasingly hiring management consultants by default instead of looking at the skills they have within the hospital. An immediate cap of £50,000 will be applied to all management consultancy contracts and trusts that need to break it for clinical reasons will have to get permission from their regulator, Monitor or the Trust Development Authority to do so.

**Procurement**

Hospitals currently negotiate prices for supplies individually and as a result cannot always secure the best prices for products. The NHS will collectively negotiate with suppliers using economies of scale to drive a harder bargain. For example, hospitals could save up to 38 per cent on sterile surgical gloves by switching suppliers.

**Source:** [www.gov.uk](http://www.gov.uk) 2 June 2015

---

**Staff burnout could derail NHS efficiency drive and move to seven day service**

The Nuffield Trust has warned that plans for an unprecedented £22 billion in savings and seven day working by 2020 will not be realised unless the health service reconnects with staff and develops their skills to better meet changing patient needs.

In a new briefing, the think tank highlights the growing trend of hospitals relying on agency staff, problems recruiting and retaining GPs and a rise in staff sick leave due to stress.

The Nuffield Trust argues that these factors, together with the continued effects of holding down staff pay, suggest that disengagement and burnout could hamper progress at a time of immense pressure on the NHS.

The briefing outlines 10 priorities for the new Government on health and social care, making the case that:

• the Government's continued support for the NHS' Five Year Forward View plan, centred on new organisations combining GPs with specialists, is the right approach. Transforming the care patients receive outside of hospital needs to be a priority and more thought must be given to funding this change
• the health service faces a funding crisis this year, with immediate action needed to stabilise it. The Government needs to bring in its pledged £8 billion funding increase at a steady pace, rather than holding it back to the end of the Parliament
the health service still has a top-down culture, which can be too closed and punitive. The focus on the four hour A&E target at the expense of other goals risks distorting hospital priorities and wasting time.

Source: www.nuffieldtrust.org.uk 2 June 2015

Simon Stevens issues a call to NHS leaders to redesign care for patients
The head of NHS England, Simon Stevens has issued a call to health care leaders to redesign the care of patients across the NHS so that it is sustainable for the future and better able to meet the needs of patients.

Speaking to delegates at the NHS Annual Conference in Liverpool, Mr Stevens set out three priorities: putting the NHS on a financially sustainable footing, redesigning care, and getting serious about prevention.

On specific measures, Mr Stevens:

- issued a call for parts of the country to step forward to be urgent care vanguards, testing new approaches to delivering urgent care that aim to improve the co-ordination of services and reduce pressure on A&E departments. Some five million people are expected to be covered by the initial phase of the scheme which could be rolled out across England in the next couple of years. As with the wider vanguard programme, NHS England will work with the vanguard sites to develop new approaches, helping them identify opportunities and to tackle barriers to make it easier for change to happen faster
- announced three parts of the country that have been selected to form the new Success Regimes in England as North Cumbria, Essex, and East & West Devon. The aim is to improve care and sustainability of services for patients. The three areas are facing some of the most significant challenges in England. They will begin work to make improvements this Summer and further areas may enter at a later point
- set out the five ‘fast track’ sites that will receive extra support to transform services for people with learning disability and/or autism and challenging behaviour or a mental health condition. They are: Greater Manchester & Lancashire; Cumbria & the North East; Arden, Herefordshire & Worcestershire; Nottinghamshire; and Hertfordshire. The transformation will be about improving lives by closing inpatient beds and strengthening services in the community. The five areas will receive extra technical support from NHS England to draw up transformation plans over the Summer, and will be able to access a £10 million transformation fund to kick-start implementation from the Autumn of 2015
- shared details of a joint proposal from the ALBs for an engagement programme to get out and speak to leaders across the NHS in England about how they are going to make practical changes in their areas and tackle any challenges in order to ensure they continue to drive through the Five Year Forward View.

Source: www.england.nhs.uk 3 June 2015

The CQC to begin work on assessing use of resources in NHS hospitals
The Secretary of State for Health has asked the Care Quality Commission's (CQC) Chief Inspector of Hospitals to look at use of resources as part of his inspections of NHS hospitals. This work – which will be developed as part of CQC’s new strategy for 2016 onwards – will focus on organisations’ ability to deliver high quality patient care that is also efficient and sustainable.
At a time of tighter public finances combined with an ageing population, it is critical that good hospital care is both person-centred and cost effective. This enhanced approach will enable valuable learning about using resources more effectively while improving patient care to be shared across the system.

The CQC will be working closely with partners to develop this enhanced approach, building on existing efficiency metrics. The enhanced approach will go out to public consultation as part of the CQC's future strategy in December 2015. In developing this strategy, the CQC will also work with partners to consider what it means to deliver value for money across local health and care systems, as well as in individual providers across other sectors, and how this can be encouraged.

It is likely that the enhanced approach will be piloted in NHS trusts and foundation trusts from April 2016; these organisations, as large publicly funded organisations, have a particular duty to consider how well they are using resources. The CQC already monitors the financial health of large, difficult-to-replace adult social care providers, but the NHS trust sector requires a different methodology. There will therefore be an initial focus on developing an assessment of the use of resources in NHS trusts and foundation trusts, but consideration will also be given to how a wider approach could be applied in the future for the other sectors the CQC regulates.

The CQC has a legal remit under the Health and Social Care Act 2008 to encourage the efficient and effective use of resources by health and social care providers and so will not need new legislation to take forward this work.

Source: www.cqc.org.uk 5 June 2015

Pioneering post-acute stroke service commissioning audit report sets the scene nationally

The Sentinel Stroke National Audit Programme (SSNAP) has, for the first time, launched an audit report on the organisation of care for stroke patients once they have left hospital. The audit covers England, Wales and Northern Ireland, and includes care in community hospitals, care homes and in patients' own homes.

The stroke care pathway is a complex one and very little is known about the organisation and structure of services outside hospitals, and for the first time SSNAP is pushing to change this.

The report highlights information provided by commissioners in England and Northern Ireland and health boards in Wales about what services are being commissioned. It gives important information about the number and range of services and to what extent co-commissioning with other areas or with social services is happening. The second report, expected by the end of the year, will demonstrate in more detail what a patient might expect to receive in waiting times for treatment and intensity and duration of treatment. The report will cover resources needed to provide service including team numbers and expertise.

Participation in the SSNAP inaugural organisational audit of post-acute stroke care commissioning has been excellent, with 222 out of 223 commissioners and health boards providing data. This partnership and commitment between commissioners and providers towards auditing the organisation of stroke care provides a firm foundation for service improvement challenges ahead. The results reflect services commissioned on 1 December 2014.

Main findings and recommendations for commissioners include:
there is widespread variation, both by region and country, in the types of post-acute stroke care currently being provided

there is a concern that care home residents may be being denied access to stroke rehabilitation services in some areas

all commissioners should draw up consistent service specification with their provider organisations and include participation in SSNAP clinical audit as a requirement – the report found that 186 (61 per cent) of services identified were already participating on SSNAP for collection of clinical data

all commissioners should support a six month post-stroke assessment for all patients as recommended in the National Stroke Strategy and required by the CCG Outcome Indication Set (CCG OIS) – 120 (54 per cent) of participating organisations are commissioning the six month post-stroke assessment

all commissioners should be commissioning stroke-specific Early Supported Discharge (ESD) – 180 (81 per cent) of participating organisations are commissioning ESD Service, with 92 per cent being stroke specific

all commissioners should consider joint health and social care collaboration to address major shortfalls in provision of emotional and psychological support after stroke and vocational rehabilitation

all commissioners should consider joint health and social care collaboration to address major shortfalls in provision of emotional and psychological support after stroke and vocational rehabilitation

commissioners should participate with providers in using SSNAP as part of a programme of managed quality service improvement.

The audit programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP), as part of the National Clinical Audit Programme (NCA). The audit is led by the Royal College of Physicians Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party.

SSNAP is the first national stroke register in the world to collect information about the entire stroke pathway, from being admitted to hospital to the six month follow-up appointment. SSNAP aims to improve stroke care by measuring the quality of stroke services against evidence-based standards and supporting staff to make improvements. The post-acute organisational audit complements the continuous SSNAP clinical audit which reports every three months in England and Wales, together with two hospitals in Northern Ireland, on the process and outcomes of stroke care and includes post-acute stroke teams. It is the most comprehensive and reliable source of information about the performance of stroke services.

Source: [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk) 8 June 2015

**Integrated care cannot succeed without radical changes to commissioning**

A new report from The King's Fund argues that the fragmentation of commissioning is a major obstacle to integrating health and social care and improving outcomes for people.

The report, entitled 'Options for integrated commissioning: Beyond Barker' follows on from the final report of the independent Commission on the Future of Health and Social Care in England (the Barker Commission), chaired by economist Kate Barker, which called for an end to the historic divide between the NHS and social care. It recommends that all areas of the country work towards having a single local commissioner and single budget for health and social care by 2020. This would be an essential step towards delivering the new settlement for health and social care outlined by the Barker Commission.

The report sets out the key principles that should drive these changes including:
• no top-down reorganisation – any changes in commissioning arrangements should be locally led, not managed as a top-down reorganisation
• one size does not fit all – there are different options for implementing integrated commissioning so local authorities and clinical commissioning groups (CCGs) should work together to choose the best approach for their area
• change must happen at scale and pace – areas that can move quickly should do so from 2017, and all areas should implement new arrangements by 2020.

The report was written following extensive stakeholder engagement and analyses evidence from previous joint commissioning initiatives. It identifies three main options for moving to a single commissioner and single budget:

• maintain current structures and develop local agreements, building on existing initiatives such as the Better Care Fund
• require areas to assign responsibility for commissioning to either the local authority or CCG
• revamp health and wellbeing boards so they have the membership, capacity and powers to take on the single commissioner role.

The report finds that all these options have advantages and disadvantages – all could work in some places but none could work everywhere. Rather than prescribe a single model, it therefore recommends the approach should be agreed locally by CCGs and local authorities, based on a clear national policy framework.

Source: www.kingsfund.org.uk 9 June 2015

Hospital productivity report shows how NHS can make large savings

Lord Carter has said that hospitals could save billions of pounds by better use of staff, medicines, supplies and more efficient processes.

Lord Carter has worked with 22 leading hospitals to see how the NHS could save money by doing things more efficiently and spreading best practice. His report entitled, 'Review of operational productivity in NHS providers' (the Carter Report) finds that the NHS could save up to £5 billion every year by 2020 by making better use of staff, using medicines more effectively and getting better value from the huge number of products it buys.

Health Secretary Jeremy Hunt has now called on the NHS to ensure every penny is spent in the most effective way for patients to improve standards of care while reducing costs. The Government particularly wants to see lessons learnt by hospitals who are not being as efficient as they could be across all areas of their work, and could therefore make bigger gains for patients.

The Prime Minister has set out that the NHS must modernise and move to a seven day service. The size of the NHS means that by doing several small things better, huge savings are possible to help achieve that aim. These include

• better management of staff, rotas and shifts
• improving the management of annual leave and sickness absence
• optimising the medicines used in hospitals
• cutting the number of product lines of every day consumables that the NHS uses from more than 500,000 to less than 10,000 and being better at procurement – this could save up to £1 billion by 2020.

The report also finds:
• one hospital could save up to £750,000 a year by improving the way it dealt with staff rosters, annual leave, sickness and flexible working – this regained the £10,000 a month the hospital was losing due to people claiming too much annual leave
• making sure every hospital pays the best price for medicines and supplies could save money that can be invested in frontline care. One hospital with 23 operating theatres improved the way it tracks the products used during surgery and saved £230,000 in the first year alone
• a hospital using the soluble version of a steroid used for multiple illnesses was paying £1.50 per tablet, compared to just 2p for the solid version. By using the soluble version only for children and patients who have trouble swallowing, it is saving £40,000 every year
• hip operations are costing some parts of the NHS more than double the amount they should. The hips used don't last as long as less expensive versions, resulting in patients needing more replacements and follow-up care – that difference costs the NHS up to £17 million extra every year.

Lord Carter will follow his report by identifying what an efficient 'model hospital' looks like and producing a measure of efficiency called the 'adjusted treatment index'. This will be the first time such a measure has been published.

Later in 2015, Lord Carter and the Department of Health will then set out the amounts that each hospital is expected to save as a result of putting in place the report's recommendations.

Source: www.gov.uk 11 June 2015

Government announces Monitor and Trust Development Authority move to single leadership to deliver increased support to hospitals
The Health Secretary Jeremy Hunt has announced the move to a single leader of Monitor and the Trust Development Authority (TDA), the organisations who are together responsible for providing increased support to hospitals to continue to improve care and boost efficiency.

The NHS, along with Monitor and TDA, have risen to the challenge presented by the Francis Report in the wake of Mid Staffs, but this new move will embed hospital safety as a key priority. The closer working between Monitor and TDA will encompass those functions and duties carried out by both organisations.

This change will mean that all NHS providers, whether they are foundation trusts or trusts, are under the oversight of one chief executive, overseeing teams working closely together. All hospitals need access to the same kinds of support, and should be subject to the same kinds of intervention if their performance isn't delivering the level of care that patients have a right to expect.

The principle of closer working between Monitor and the TDA has been a subject of growing consensus among healthcare leaders and NHS providers. In the interests of patients and staff, the Department of Health has said that it is now time to go further and ensure that staff in both organisations report to a single leader. Patients rightly expect the same very high standards of care wherever they are in the country and whatever the organisational status of the hospital delivering their care.

This change will support hospitals with the crucial work they have already started to balance their books and clamp down on spending on expensive staffing agencies. Closer working between the two organisations will enable the system to work together to achieve the best
value for money, avoid wastage and deliver the efficiencies needed for a sustainable health system.

Similarly, no changes to the foundation trust model are currently envisaged. The Department strongly supports the principle that NHS organisations should have access to greater freedoms as their delivery for patients and taxpayers improves.

The chairs of both Monitor and the TDA have been asked to run an open and competitive process to identify a chief executive. The Department's intention is that this appointment will be made by the end of the Summer of 2015.

In advance of a new joint chief executive being appointed, the current chief executives of Monitor and TDA, David Bennett and Bob Alexander, will oversee early steps to begin bringing the two organisations together with immediate effect. David Bennett will remain in place to steer the transition for Monitor but has said he will step down in due course.

Source: [www.gov.uk](http://www.gov.uk) 11 June 2015

### Care Act first-phase reforms

The Department of Health has implemented the first phase of the 2014 Care Act well, according to a new report from the National Audit Office (NAO) entitled ‘Care Act first-phase reforms’. Ninety-nine per cent of local authorities were confident that they would able to carry out the Act reforms from April 2015.

However, the spending watchdog warns that the Department's cost estimates and chosen funding mechanisms have put local authorities under increased financial risk given the uncertain level of demand for adult social care. In a challenging financial environment, with pressure on all services, authorities may not have enough resources to respond if demand for care exceeds expectations. The Care Act, which aims to reduce reliance on formal care, promote people's independence and wellbeing and give people more control of their own care and support, will increase demand for assessments and services at a time when local authority provision has been falling and the number of people in need is rising. The NAO estimates that phase 1 of the Act will cost £2.5 billion to carry out from 2013/14 to 2019/20, more than half of which is for carers' assessments and services – a new entitlement and the largest single cost.

The report finds that the Department consulted carefully on the Act, to understand the main risks and respond to sector concerns, and there is wide support for the Act. Other departments implementing programmes could learn from this approach. Local authorities identified two big risks: cost and, secondly, uncertain additional demand from self-funders and carers. The Department estimates that there are some 455,000 people paying for care in their own homes.

The Department may, however, have underestimated the demand for assessments and services for carers. It based its estimate of take-up on the number actually receiving Carer’s Allowance, which it compared with other sources. The NAO repeated the Department’s calculation concluding that it was as reasonable to assume that those carers who have applied for Carer's Allowance and are eligible, but do not receive it because they receive other allowances, are as likely to seek an assessment. This equates to a risk of £27 million (26 per cent) in extra assessments and services if these people also come forward.

Source: [www.nao.org.uk](http://www.nao.org.uk) 11 June 2015
Public services must ‘wake up’ to gaps in mental health crisis care, warns the CQC

In a national report entitled, ‘Right here, right now’ the Care Quality Commission (CQC) has raised concerns that public services, such as local authorities, NHS trusts and clinical commissioning groups (CCGs), are failing to work together to make sure that people in their local areas have access to crisis care around the clock. Also, it found that healthcare professionals, such as those in A&E, can appear to lack compassion and warmth in how to care for and speak to people who are having a crisis, including those who have harmed themselves.

As part of its review, the CQC sought views from people who have experienced different types of mental health crisis care. It found that while 86 per cent of those who had received care and support from charities and volunteers felt that their concerns had been taken seriously by them, only 37 per cent said that they felt this from A&E staff. This is worrying as these professionals should be trained in how to care for and respond to them. In particular, people often reported poor attitudes from staff towards their injuries caused by self-harm. Overall, only 14 per cent of people thought the care they received provided the right response and helped them to resolve their crisis.

Although it is difficult to determine the exact number of people who have a mental health crisis, more than 68,800 people were admitted to a mental health ward for urgent care in England as inpatients in 2013/14.

The experience of a mental health crisis can include suicidal behaviour or intention, extreme anxiety and panic attacks, psychotic episodes (when people may experience delusions, hearing voices and a loss of sense of reality), and behaviour that is considered 'out of control' or irrational to the extent that the person poses a risk to themselves or others.

When people experience, or are close to experiencing, a mental health crisis, there should be services available to provide urgent help and care at short notice. This includes advice from telephone helplines, assessment by a mental health professional, intensive support at home or urgent admission to hospital.

The CQC has reviewed the quality of these services in England to identify what is working well and what must improve. The review team inspected a sample of locations across England; received a survey return from 1,800 people who have experienced a crisis; and examined national data.

As well as staff training, the CQC has identified that there is a clear need for better 24-hour support for people having a crisis, particularly during the hours of 11pm and 5am, as the CQC found that during these hours availability and accessibility is poor. This means that people often have to go to A&E departments or even to police cells while a ‘place of safety’ is found for them, rather than receive specialist care straight away.

As part of its national review, the CQC has inspected mental health crisis care across twelve areas. Among these, the CQC found crisis care and support arrangements within the London Borough of Lambeth to be particularly commendable; for example, inspectors noted the way that primary and social care services, voluntary organisations and housing advice services in the area worked together to provide appropriate support, referral and triage for people in need. Also, inspectors praised the joint commissioning of preventative services between Lambeth Clinical Commissioning Group and South London & Maudsley NHS Foundation Trust and its setting up of a ‘crisis house’ in response to the lack of available beds for people experiencing a crisis who needed inpatient care.
The report has been carried out as part of the CQC’s commitment to the Crisis Care Concordat.

Other findings include:

- many people will go to see their local GP first when they are having a mental health crisis. The majority (60 per cent) of people who visited their GP during a crisis were satisfied with the experience. It is vital that GPs access specialist training to help them to identify underlying mental health conditions early, in order to help prevent crises from occurring.
- most people reported that they came into contact with at least three different services when they had a mental health crisis. Twelve per cent said that they had come in to contact with between six and 10 services, which indicates a need for them to work more closely together in areas.
- encouragingly, there has been a significant reduction in the use of police custody as a ‘place of safety’ for people in crisis, as supported by figures released by the National Police Chiefs Council. However, the CQC has found that there can still be problems with people under 18 being able to access a suitable place of safety. In 2013/14, nearly a third (31 per cent) of people under 18 who were detained, were taken into police custody.

In response to its findings, the CQC has placed a greater focus on how mental health crisis care services are provided, including within A&E departments, during its comprehensive inspections of acute NHS trusts. Also, the CQC will continue to ensure that it considers the issues of people who need specialist mental healthcare while in acute hospitals, and it will provide training for its inspection staff on the key issues that have emerged.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 12 June 2015

**New figures show more people across the country are having health checks**

More people from high-risk and hard to reach groups are having a free NHS Health Check after local authorities took over the responsibility for delivering them.

New Public Health England (PHE) figures show that 1,485,339 people were given check-ups last year after 3,042,478 - some 19.7 per cent of the eligible population - were offered them.

The figures show a 7.9 per cent increase in the number of people who were offered checks and a 7.4 per cent increase in the number of people who undertook them, compared to year 2013/14.

Councils took on responsibilities for public health in April 2013 and now many consider NHS Health Checks as a core programme within adult health improvement programmes.

The programme offers eligible people, between the ages of 40 and 74, advice to help delay or prevent conditions such as heart disease, stroke, diabetes, kidney disease and some cancers and dementia.

Significant work is taking place to target hard to reach groups around the country including:

- London Borough of Southwark, where about 300 different languages are spoken, and council-trained volunteers are increasing health check uptake. Some of the volunteers are medical professionals who have trained overseas but cannot practice in the UK until they have completed conversion training. Outreach work has taken place in libraries,
shops and pubs. Some 55 per cent of targeted eligible population completed a health check last year, up from 36 per cent in 2012/13 before the council took on the responsibility.

Source: [www.local.gov.uk](http://www.local.gov.uk) 12 June 2015

**Reduce reliance on financial incentives to improve GP services, Nuffield Trust says**

Financial rewards and incentives to improve GP services risk being overused in the NHS and are not the best way to encourage lasting change and widespread reform, a new briefing from the Nuffield Trust says. Policymakers instead need to supplement these financial incentives with a more enabling approach to improving general practice.

The briefing entitled, 'Transforming general practice: What are the levers for change?' argues that this approach should involve developing new skills and working practices across the whole GP workforce, investing properly in equipping organisations to change and ensuring that better data is available to evaluate impact.

The briefing, authored by Dr Rebecca Rosen, examines how policymakers and regulators can support change in general practice in the context of national policies aimed at improving and developing GP services including the Five Year Forward View and the Prime Minister's Challenge Fund. It draws on academic evidence on the use of financial incentive schemes - such as the Quality and Outcomes Framework (QOF) – and other approaches to driving change, as well as expert testimonials and case studies.

The briefing concludes that the current combination of national and local incentive schemes and contract performance measures risk overwhelming GPs and limiting their ability to engage with efforts to achieve sustainable change.

The Nuffield Trust concludes such an approach to reforming GP services should be based on:

- better equipping the GP workforce to meet the changing needs of patients, including the development of specialist skills within primary care and cultivating strong leaders
- ensuring that time to redesign and transform services is built into change programmes
- insisting on the development of a minimum dataset for general practice to permit a better understanding of impact.

Source: [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk) 17 June 2015

**Chief Inspector of Hospitals finds that Central & North West London NHS Foundation Trust requires improvement**

England's Chief Inspector of Hospitals has told Central & North West London NHS Foundation Trust that it must improve the quality of some of its services following an inspection by the Care Quality Commission (CQC).

Overall, the Trust has been rated as Requires Improvement. Although the Trust provided services that were outstanding for being caring and good for being effective and well led, improvements were needed for services to be consistently safe and responsive.

Central & North West London NHS Foundation Trust provides health and social care, including mental health services, to three million people in London, Milton Keynes and Buckinghamshire. More than half of the Trust's services are provided in the community, in people's homes, clinics
and schools. The Trust also has specialist inpatient services for people needing intensive treatment.

During the inspection in February 2015, a team of inspectors and specialists including doctors, nurses, managers and experts by experience visited 137 of the Trust’s hospital wards and clinics, spoke to 285 patients, relatives and carers and interviewed 913 members of staff.

Full reports on all core services are available at www.cqc.org.uk/provider/RV3

The CQC found considerable variation in the quality of the services provided by Central & North West London NHS Foundation Trust. The community health services were rated as Good with the sexual health services rated as Outstanding. As a whole, the Trust was rated Outstanding for caring reflecting the individualised care provided in the community dental and sexual health services. Overall, mental health services were rated as Requires Improvement.

Inspectors found the Trust had worked to meet the needs of diverse communities, providing care which was sensitive to the cultural backgrounds of patients. Inspectors saw the Trust working well with the statutory and voluntary sectors.

The reports highlight several areas of outstanding practice including:

- a homelessness prevention initiative in Westminster, and a street triage scheme in Milton Keynes, a joint initiative with the police to help reduce the number of people being taken to a police cell as a place of safety.

The reports which the CQC has published are based on a combination of its inspection findings, information from the CQC’s Intelligent Monitoring system, and information provided by patients, the public and other organisations including Healthwatch.

Source: www.cqc.org.uk 19 June 2015

GPs offered 'new deal' if they agree seven day opening

The Government is promising a "new deal" for GPs in England - if they sign up to seven day opening.

In a speech on 19 June, Health Secretary Jeremy Hunt promised extra investment and help for under pressure services.

The package includes plans to recruit 5,000 new GPs and another 5,000 support staff, including practice nurses.

Financial incentives may be offered to those willing to work in the most deprived areas.

Those who have left the profession or want to work part time will be given more help, Mr Hunt promised.

But he said that, in return, GPs need to get on board with his plans for weekend opening, which involves groups of practices pooling together to share the extended hours.

It builds on plans set out at the start of this year for NHS England to make the profession more attractive as the NHS is struggling to recruit new doctors.

More than one in 10 GP training places remained vacant last year.

A survey of more than 15,000 GPs by the British Medical Association (BMA) before the General Election in May suggested a third were considering retiring in the next five years and one in 10 was thinking about moving abroad.
Mr Hunt urged GPs to work with him. "I want to be upfront: this is not about change I can deliver on my own," he said.

"If we are to have a new deal, I will need your co-operation and support.

"Within five years, we will need to look after a million more over-70s.

"Put simply, if we do not find better, smarter ways to help our growing elderly population remain healthy and independent, our hospitals will be overwhelmed."

Dr Chaand Nagpaul, of the British Medical Association, said GPs were "ready to work with the Government".

But he warned seven day services may not be the right idea to push forward with.

"Pilots of seven day routine working are increasingly demonstrating a low uptake of routine weekend appointments," he said.

"Therefore, to make the most of the limited GP workforce and precious NHS resource, the Government should focus on supporting practices during the day and further develop the current 24/7 urgent GP service so that patients can be confident of getting access to a quality GP service day and night."

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 19 June 2015

**NICE’s new symptom–based approach will help to save thousands of lives from cancer**

Thousands of lives in England could be saved each year if the NHS follows updated guidance to help it diagnose cancer earlier, the National Institute for Health and Care Excellence (NICE) has said.

One in two people will be diagnosed with cancer in their lifetime. The disease is responsible for more than a quarter of all deaths in the UK; for many terminal cancer cases this will be due to a late diagnosis.

It is estimated that around 5,000 lives could be saved each year in England by making an earlier diagnosis of cancer.

Often patients present at primary care with symptoms that are non-specific. Signs of cancer may also not be clear or obvious and GPs see, on average, only around eight new cases a year.

NICE has updated and redesigned its guideline to support GPs to recognise the signs and symptoms of 37 different cancers and refer people for the right tests faster.

In a change to its 2005 predecessor, the updated guideline uses a new approach – focusing on the symptoms that a patient might experience and go to their doctor with - to make its recommendations easier for GPs to use. It sets out clear tables linking signs and symptoms to possible cancers and includes simple recommendations about which tests to perform and the type of referral to specialist services that should be made.

NICE says this will make it easier for GPs to think about the possibility of cancer sooner and refer people for tests quicker. This, in turn, will mean more people receive an early diagnosis and subsequently, more cancers could be cured.

Source: [www.nice.org.uk](http://www.nice.org.uk) 23 June 2015
Scheme to improve patient safety is on track to save 6,000 lives
A year after the launch of Sign up to Safety scheme, 260 NHS organisations have set out ambitious plans to save lives by reducing avoidable harm.

The Department of Health said that this figure far exceeds the campaign’s target to get 180 organisations to sign up in its first year. It means that Sign up to Safety is in a strong position to reach its aim of saving up to 6,000 lives over three years through the reduction of preventable harm such as medication errors, blood clots and bed sores.

Successful organisations have already been engaging staff and patients in the scheme. For example, Rotherham, Doncaster & South Humber NHS Foundation Trust is using its Healthbus to ask people across 200 sites in the North West to make a pledge to improve patient safety by reducing falls in care homes or being aware of suicide risk. At County Durham & Darlington Foundations NHS Trust, junior doctors are learning about Sign up to Safety as part of training, clinical forums and induction sessions.

As part of Government’s drive to make the NHS the safest and most transparent healthcare system in the world, the Government has already introduced

- a statutory duty of candour
- a new Care Quality Commission (CQC) inspection regime
- 21,000 extra clinical staff in hospitals since May 2010
- 1,000 more GPs since September 2010
- the MyNHS website, which holds around 45,000 pieces of data on health and care in England (for example, on staffing, patient safety and mental health)
- a Health Education England programme to ensure that patient safety is at the heart of the education and training of the health and healthcare workforce.

Source: [www.gov.uk](http://www.gov.uk) 24 June 2015

End of life care improving according to report
There is a growing understanding within the health sector of what is important to people at the end of life, according to a report from Public Health England’s (PHE) national end of life care intelligence network (NEoLCIN).

The ‘What We Know Now 2014’ report finds that home continues to be the preferred place of death for people in England, followed by hospices and care homes. The proportion of people dying at home or in care homes has increased from 35 per cent (166,749) in 2004 to 44 per cent (207,764) in 2013. The number of people dying in hospitals has dropped by 50,000 since 2004. In 2013, this was less than half of all deaths (227,748).

The factors most important to people at the end of their life are having pain and other symptoms managed effectively, being surrounded by loved ones and being treated with dignity.

Other findings include:

- more people want to be in a hospice the closer they get to death – rising from four per cent to 17 per cent to 28 per cent in the final year, months and days before death respectively. This shift is most dramatic for those with experience of hospice care; in last days of life, hospice becomes the preferred place to be for those with experience of hospices, 44 per cent say they want their last days at home, and 55 per cent in a hospice
• there is more evidence showing what works in end of life care. Patients with an electronic palliative care co-ordination system (EPaCCS) record and those receiving palliative care services are more likely to die in the place of their preference
• two in five people with dementia die in hospital. Since 2006, the trend has been decreasing for hospital deaths for people living with dementia
• the proportion of GPs reporting they had never initiated a conversation with a patient about their end of life wishes fell from more than a third (35 per cent) in 2012 to a quarter (25 per cent) in 2014.

Source: www.gov.uk 26 June 2015

**Employers urged to create conditions which encourage doctors, nurses and midwives to admit mistakes**

When things go wrong patients should expect a face to face explanation and apology from doctors, nurses and midwives according to new guidance from the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC).

But the regulators have also made clear that professionals need to have the support of an open and honest working environment where they are able to learn from mistakes and feel comfortable reporting incidents that have led to harm.

The new guidance sets out the standards expected of all doctors, nurses and midwives practising in the UK. It also aims to help patients understand what to expect from healthcare professionals.

Under the new guidance doctors, nurses and midwives should:

• speak to a patient, or those close to them, as soon as possible after they realise something has gone wrong with their care
• apologise to the patient - explain what happened, what can be done if they have suffered harm and what will be done to prevent someone else being harmed in the future
• use their professional judgement about whether to inform patients about near misses – incidents which have the potential to result in harm but do not
• report errors at an early stage so that lessons can be learned quickly, and patients are protected from harm in the future
• not try to prevent colleagues or former colleagues from raising concerns about patient safety. Managers must make sure that if people do raise concerns they are protected from unfair criticism, detriment or dismissal.

The guidance follows a call from the Francis Report for a more open and transparent culture within healthcare following the failures in patient care at Mid Staffordshire NHS Foundation Trust. It has been jointly produced by the GMC and NMC to make sure that doctors, nurses and midwives are working together to a common professional standard and behaving in the same way – especially when mistakes are made. In England the professional duty of candour will sit alongside a legal obligation on organisations with similar measures being introduced in Scotland, Wales and Northern Ireland.

Source: www.gmc-uk.org 29 June 2015
Social Care
CQC inspectors publish reports on adult social care services in London

The Care Quality Commission (CQC) has published a series of reports on a weekly basis on the quality of care provided by adult social care services across London.

Under the CQC’s new programme of inspections, all of England’s adult social care services are being given a rating according to whether they are safe, effective, caring, responsive and well led.

Full reports on all inspections are available at: http://www.cqc.org.uk

Adult social care services by date of publication, local authority area and rating:

7 April 2015

Barking & Dagenham
- Liberty Centre – Inadequate.

Barnet
- Fairford Court – Good
- St Margaret's – Good.

Bexley
- Baugh House – Requires improvement.

Bromley
- Antokol – Good.

Camden
- Maitland Park Care Home – Good.

Croydon
- Carlene House – Good
- Hunters Lodge – Good.

Ealing
- The AICS Group – Good.

Enfield
- Amberley House - London – Good
- Five Oaks – Good
- Murrayfield Care Home – Inadequate
- Trent Lodge Residential Care – Inadequate.

Haringey
- Ashness Two – Requires improvement
- Newstead Nursing Home – Requires improvement.

Hillingdon
- Poplars Care Home – Good
- Ruislip Nursing Home – Good
- Panacea Care – Requires improvement.
Hounslow
- No 36 – Good
- HomeAid Community Care Services, a division of Lloyds Concepts & Solutions Limited – Requires improvement.

Kensington & Chelsea
- Hope Care Agency – Inadequate.

Lewisham
- Peartree Care Centre – Good
- Fieldside Care Limited t/a Fieldside Care Home – Requires improvement.

Merton
- Rosebank Lodge – Requires improvement.

Redbridge
- Vibrance - 16 Sylvan Road – Good
- Churchfields Nursing Home – Inadequate.

Richmond upon Thames
- Cedars Road – Good.

Sutton
- Gable Lodge – Requires improvement.

Wandsworth
- Ashmead Care Centre – Inadequate.

Westminster
- Carewatch (Kensington & Chelsea) – Good.

14 April 2015

Good
- Boniville House, Brent
- Kenton House, Brent
- Abbey Lodge – Coulsdon, Croydon
- Purley View Nursing Home, Croydon
- Care Management Group - 23 Perryn Road, Ealing
- Ealing Mencap Enterprise Lodge, Ealing
- Support for Living Limited - 13 Newburgh Road, Ealing
- Ashford House, Enfield
- Southgate Beaumont, Enfield
- Clover Residents - 63 Kingsley Road, Harrow
- Limetree Care Centre, Lambeth
- Royal Mencap Society - Domiciliary Care Services - West London, Merton
- Cordant Care - Stratford, Newham
- Meadoway Homes Limited - 613 Barking Road, Newham
- The Chase, Newham
- George Davis Lodge, Redbridge
- Lodore Nursing Home, Sutton
- Miss Sunita Larka t/a Direct Care and Support Services, Sutton
- Prestige Nursing – Sutton, Sutton.

**Requires improvement**

- Appletree Care Home, Barnet
- Southside Partnership - 227 Norwood Road, Lambeth.

**Inadequate**

- Sycamore Lodge, Hounslow.

**21 April 2015**

- Practical Care, Barnet: Good
- Seaforth Lodge, Barnet: Good
- Brent Shared Lives, Brent: Good
- Raj Nursing Home, Ealing: Good
- Threen House Nursing Home, Ealing: Good
- Chiswick Care Limited, Enfield: Good
- Ridgeview, Enfield: Good
- Green Lanes Projects, Haringey: Good
- Hillgreen Care Ltd - 13 Ruskin Road, Haringey: Good
- 2 Headstone Lane, Harrow: Good
- Clover Independent Living, Harrow: Good
- Clover Residents - 6 Harrow View, Harrow: Good
- Harrow Council - Harrow Shared Lives, Harrow: Good
- Newjart Care, Harrow: Good
- Derham House, Havering: Good
- Oakwood Lodge, Redbridge: Good
- Orione House, Richmond upon Thames: Good
- Crossways Nursing Home, Sutton: Good
- The Bungalow, Waltham Forest: Good
- Share A Family, Wandsworth: Good.

- Nazareth House - East Finchley, Barnet: Requires improvement
- Shila House, Enfield: Requires improvement
- Gifted Care Services Limited, Hackney: Requires improvement
- Ernest Dene Residential Care Home, Haringey: Requires improvement
- Rowanweald Nursing Home, Harrow: Requires improvement
- Abbcross Nursing Home, Havering: Requires improvement
- Grange House, Hillingdon: Requires improvement
- Brendoncare Ronald Gibson House, Wandsworth: Requires improvement.

- Riverdale Court, Bexley: Inadequate
Lynton Hall Nursing Centre, Kingston upon Thames: Inadequate
Park Lodge, Kingston upon Thames: Inadequate.

27 April 2015

• Hart Lodge, Barking & Dagenham: Good
• Shivam Nursing Home, Brent: Good
• St Mungo's Broadway - 53 Chichester Road, Brent: Good
• Community Options Limited - 4 Sandford Road, Bromley: Good
• The Old Manse, Bromley: Good
• Prince of Wales Respite (Breakaway Hotel), Camden: Good
• Carewatch (Croydon & Sutton), Croydon: Good
• Henran Lodge, Enfield: Good
• Priscilla Wakefield House, Haringey: Good
• Harrow Council - Roxborough Park, Harrow: Good
• Holly Bush Nursing Home, Harrow: Good
• Heatherbrook, Havering: Good
• The White House, Hounslow: Good
• 148 Hornsey Lane, Islington: Good
• Wimbledon Beaumont, Merton: Good
• Wimbledon Beaumont DCA, Merton: Good
• London Care Partnership Limited - 1 Lichfield Lane, Richmond upon Thames: Good
• City Breaks, Southwark: Good
• Lakeside House Residential Care Home, Waltham Forest: Good.

Medway House, Brent: Requires improvement
• Benedict House Nursing Home, Bromley: Requires improvement
• Nettlestead Care Home, Bromley: Requires improvement
• Gibson's Lodge Limited, Croydon: Requires improvement
• Professional Angels Limited, Hammersmith & Fulham: Requires improvement
• Bradbury Court, Harrow: Requires improvement
• Oakleigh House Nursing Home, Harrow: Requires improvement
• Jessie Place, Lambeth: Requires improvement
• Brownhill Care Limited, Lewisham: Requires improvement
• Greenfield Care Home, Merton: Requires improvement
• 52-60 Grosvenor, Southwark: Requires improvement
• Raola House, Sutton: Requires improvement
• Meadbank Nursing Centre, Wandsworth: Requires improvement.

The Arkley Nursing Home, Barnet: Inadequate
• Charlton Park Care Home, Greenwich: Inadequate
• Sevacare - Lewisham, Lewisham: Inadequate
• York Court, Wandsworth: Inadequate.

5 May 2015
- Langdon Community - Edgware, Barnet: Good
- Caremark (Ealing), Brent: Good
- Sidney Corob House, Camden: Good
- Avenue Road, Croydon: Good
- MiHomecare - Thornton Heath, Croydon: Good
- Warren Court, Croydon: Good
- Green Trees Care Home, Enfield: Good
- One Lyric Square, Hammersmith & Fulham: Good
- Flexserve UK Limited, Haringey: Good
- Ashchurch House, Havering: Good
- Ashington House, Kingston upon Thames: Good
- Bourne House Nursing Home, Kingston upon Thames: Good
- Jennifer's Lodge, Lewisham: Good
- Vancouver Road, Lewisham: Good
- Woodlands House, Merton: Good
- Barnardo's West London Short Breaks, Sutton: Good
- Outlook Care - Waterside Lodge Recovery Centre, Waltham Forest: Good
- Parkview House, Waltham Forest: Good
- Primrose Road, Waltham Forest: Good
- Able Homecare Marylebone, Westminster: Good.

- Cherry Orchard, Barking & Dagenham: Requires improvement
- Fairlight and Fallowfield, Bromley: Requires improvement
- Talgarth Road, Hammersmith & Fulham: Requires improvement
- Haringey Respite Outreach Service, Haringey: Requires improvement
- Faringdon Lodge, Havering: Requires improvement
- Islington Social Services - 4 Orchard Close, Islington: Requires improvement
- Nightingale House Care Home, Richmond upon Thames: Requires improvement.

- Jansondean Nursing Home, Bromley: Inadequate
- Hail - Granville Road, Haringey: Inadequate

11 May 2015
- Strathfield Gardens, Barking & Dagenham: Good
- Ashton Lodge Care Home, Barnet: Good
- Lyndhurst Nursing Home, Bexley: Good
- Jerome House, Brent: Good
- Milverton Road, Brent: Good
- Real Life Options - 96 Harrowdene Road, Brent: Good
- Tanfield House, Brent: Good
- MiHomecare - Hampstead, Camden: Good
- Certain Care Ltd, Croydon: Good
- Harrow Council - Roxborough Park, Harrow: Good
- Support for Living Limited - 79 Harrow View, Harrow: Good
- Candid Care Service (Branch Agency), Havering: Good
- Coppermill Care Centre, Hillingdon: Good
- United Response - 16 Curtis Road, Richmond upon Thames: Good
- The London Borough of Sutton Shared Lives Team, Sutton: Good
- Homewards Limited - 20 Leonard Road, Waltham Forest: Good.

- Mosaic House, Brent: Requires improvement
- Pettsgrove Care Home, Brent: Requires improvement
- St Theresa's Rest Home, Enfield: Requires improvement
- Concept Care Solutions - 1st Floor Middlesex House, Harrow: Requires improvement
- Honister Gardens Care Home, Harrow: Requires improvement
- Piper House, Kensington & Chelsea: Requires improvement
- Ranyard at Dowe House, Lewisham: Requires improvement
- Haven Care, Redbridge: Requires improvement.

- Foxbridge House, Bromley: Inadequate
- VitalCare Services Limited, Ealing: Inadequate.

**18 May 2015**

- Beth Ezra, Croydon: Good
- Divine Motions Acacare Limited, Croydon: Good
- Top Carers Nursing Agency, Croydon: Good
- Tentelow Lane, Ealing: Good
- Tentelow Lane, Ealing: Good
- Roland Residential Care Homes - 6 Old Park Ridings, Enfield: Good
- Residential Care Providers Limited, Harrow: Good
- Carewatch (East London), Havering: Good
- Priory Supporting Care Limited, Havering: Good
- Bargery Road, Lewisham: Good
- London Borough of Richmond upon Thames - 26 Egerton Road Respite Care Service, Richmond upon Thames: Good
- Culture Care Agency Limited, Tower Hamlets: Good
- Abba Residential Home, Waltham Forest: Good
- The Greenway, Waltham Forest: Good.

- Archers Point Residential Home, Bromley: Requires improvement
- Ashwood Care Centre, Hillingdon: Requires improvement
- Mooncare Limited (Domiciliary Agency), Tower Hamlets: Requires improvement.

- Rainbow Homes London Limited, Barnet: Inadequate
- Sevacare - Haringey, Haringey: Inadequate
- Samuelson Lodge, Havering: Inadequate.
26 May 2015

- Unit 2 Watling Gate, Brent: Good
- Beech Tree Care Home Limited, Croydon: Good
- CareTech Community Services Limited - 7 Russell Hill, Croydon: Good
- Eldon Housing Association Limited, Croydon: Good
- Heavers Court, Croydon: Good
- Northampton Lodge, Croydon: Good
- Parkview Nursing Home, Croydon: Good
- Blossom Community Care, Enfield: Good
- Springview, Enfield: Good
- Ashking House, Havering: Good
- New Horizon Care Home Ltd, Hillingdon: Good
- The Old Vicarage, Hillingdon: Good
- The Glow Rest Home, Kingston upon Thames: Good
- Cumberland, Merton: Good
- Merton Shared Lives Scheme, Merton: Good
- Rainbow Homecare Limited, Newham: Good
- The Beeches (The Drive), Redbridge: Good
- CRG Homecare - Richmond, Richmond upon Thames: Good
- United Response - 198 Powder Mill Lane, Richmond upon Thames: Good
- United Response - 45a Hampton Road, Richmond upon Thames: Good
- 100 Grosvenor Terrace, Southwark: Good
- Montclair Residential Home, Sutton: Good
- 136 Langthorne Road, Waltham Forest: Good
- Plan Care Putney, Wandsworth: Good.

- Compton Lodge, Camden: Requires improvement
- PillarCare Agency, Camden: Requires improvement
- Acorn Lodge - Croydon, Croydon: Requires improvement
- Crowthorne Care, Ealing: Requires improvement
- Brook House Care Centre, Greenwich: Requires improvement
- Hail - Great North Road, Haringey: Requires improvement
- Crossroads Care - Harrow, Harrow: Requires improvement
- Stanmore Residential Home, Harrow: Requires improvement
- Willows Care Home, Havering: Requires improvement
- Princess Louise Nursing Home, Kensington & Chelsea: Requires improvement
- Haven Social Care Limited, Newham: Requires improvement
- Seabrooke Manor Residential and Nursing Home, Redbridge: Requires improvement
- Care UK Homecare Limited (London Bridge), Southwark: Requires improvement
- Edward Gibbons House, Tower Hamlets: Requires improvement
- Highams Lodge, Waltham Forest: Requires improvement.

- Service to the Aged, Barnet: Inadequate
- Northolt, Ealing: Inadequate
- Charlton Park Care Home, Greenwich: Inadequate
- Ellesmere House, Kensington & Chelsea: Inadequate
- Burgess Park, Southwark: Inadequate
- The Margaret Centre, Waltham Forest: Inadequate.

2 June 2015
- Athenaeum Residential Care Home, Barnet: Good
- Community Options Limited - 33 Albemarle Road, Bromley: Good
- Community Options Limited - 56 High Street, Bromley: Good
- Care Management Group - 72 Croydon Road, Croydon: Good
- Positive Community Care Limited, Ealing: Good
- Hazelwood Lodge Limited, Enfield: Good
- Millenium Care Limited - 89 Fox Lane, Enfield: Good
- Precious Homes Limited, Enfield: Good
- Sidney Avenue Lodge Residential Care Home, Enfield: Good
- 694 Pinner Road, Harrow: Good
- Mawney Road, Havering: Good
- The Devonshire Care Home, Kingston upon Thames: Good
- St Peter's Residence, Lambeth: Good
- Unit 4B, Holistic Community Care, Lambeth: Good
- Vibrance 138 All Saints Road, Merton: Good
- Laurel Dene, Richmond upon Thames: Good
- Gable Lodge, Sutton: Good
- York Road, Sutton: Good
- Harold Lodge, Waltham Forest: Good.

- Roseacres, Barnet: Requires improvement
- The Limes Residential Care Home, Barnet: Requires improvement
- Northbourne Court, Bexley: Requires improvement
- Holt Road, Brent: Requires improvement
- The Oaks, Greenwich: Requires improvement
- Hillgreen Care Ltd - 6 Stoke Newington Common, Hackney: Requires improvement
- Cherry Tree, Havering: Requires improvement
- Upminster Nursing Home, Havering: Requires improvement
- Kingsbridge Road Short Breaks Service, Kensington & Chelsea: Requires improvement
- NAS Community Services (Central London), Kensington & Chelsea: Requires improvement

- Charlton Park Care Home, Greenwich: Inadequate
- Cascade 4 - Newick Road, Hackney: Inadequate
- Wood House, Wandsworth: Inadequate.

8 June 2015
- Fred Tibble Court, Barking & Dagenham: Good
• The Lavenders, Barnet: Good
• Burrell Mead, Bromley: Good
• Nash FE College, Bromley: Good
• Belleview, Croydon: Good
• Lakeside Nursing Home, Croydon: Good
• Hawthorn Farm, Ealing: Good
• Glen Pat Homes, Enfield: Good
• The Chiswick Nursing Centre, Hammersmith & Fulham: Good
• Unit 4, Bentinck Court, Hillingdon: Good
• Aster House, Lewisham: Good
• London Mental Health Centre, Lewisham: Good
• Waterfield Supported Homes Limited - 23 Broadfield Road, Lewisham: Good
• Community Home Care Provider, Merton: Good
• Eastwood Lodge, Redbridge: Good
• Maple House, Redbridge: Good
• Meadow Court, Redbridge: Good.

• Abbey Ravenscroft Park Nursing Home, Barnet: Requires improvement
• Beech Haven Residential Care Home, Ealing: Requires improvement
• The Fairways, Hillingdon: Requires improvement
• Alan Morkill House, Kensington & Chelsea: Requires improvement
• Woodbury, Kingston upon Thames: Requires improvement.

• Kent House, Harrow: Inadequate
• Cloisters Care Home, Hounslow: Inadequate.

15 June 2015
• Senior Care Solutions @ Home Limited, Brent: Good
• Willett House, Bromley: Good
• Person Centred Care Homes - 1 Bodiam Close, Enfield: Good
• Abacus Care (Greenwich), Lewisham: Good
• Waterfield Supported Homes Limited - 10 Dowanhill Road, Lewisham: Good
• MIG House Residential Care Homes, Redbridge: Good
• St Josephs Rest Home, Redbridge: Good
• Ebony House, Waltham Forest: Good
• Shared Care Services Limited, Waltham Forest: Good.

• Abilities Short Breaks - Respite & Residential, Brent: Requires improvement
• Carewatch (Camden & Haringey), Camden: Requires improvement
• Clarendon Nursing Home, Croydon: Requires improvement
• Croham Place, Croydon: Requires improvement
• Telford Lodge Care Limited, Ealing: Requires improvement
• Blossom Community Care, Enfield: Requires improvement
• Puddingstone Grange, Greenwich: Requires improvement
Hayes Cottage Care Centre, Hillingdon: Requires improvement
Ranyard at Mulberry House, Lewisham: Requires improvement.

The Abbeyfield East London Extra Care Society Limited, Barking & Dagenham: Inadequate
Lancam Nursing Home, Barnet: Inadequate
Sonia Heway Care Agency Ltd, Bexley: Inadequate
Kimberley Nursing Home, Kingston upon Thames: Inadequate
Lynton Hall Nursing Centre, Kingston upon Thames: Inadequate.

22 June 2015
MiHomecare - Finchley, Barnet: Good
MiHomecare - Welling, Bexley: Good
7 Kinch Grove, Brent: Good
Community Options Limited - 2a Fielding Lane, Bromley: Good
Greenhill, Bromley: Good
Care Management Group - Beulah Road, Croydon: Good
Caretech Community Services (No 2) Limited - 100 Woodcote Grove Road, Croydon: Good
Cheviots Childrens Centre, Enfield: Good
Nairn House Care Centre, Enfield: Good
Merchiston House, Hillingdon: Good
Cardinals Way, Islington: Good
St Anne’s Nursing Home, Islington: Good
The White House Nursing Home, Kingston upon Thames: Good
Conrad Court, Lewisham: Good
Bridge House Care Centre, Sutton: Good
St Jude’s Nursing Home, Sutton: Good
Vineyard Care Limited, Sutton: Good
Mark A Peake - 21 Totterdown Street, Wandsworth: Good.

Albany Lodge Nursing Home, Croydon: Requires improvement
Oak Tree Care Services, Enfield: Requires improvement
Stamford Nursing Centre, Enfield: Requires improvement
St Vincents House, Hammersmith & Fulham: Requires improvement
Barleycroft Care Home, Havering: Requires improvement
Peartree House Care Home, Waltham Forest: Requires improvement
Bhakti Shyama Care Centre, Wandsworth: Requires improvement.

Rainbow Homes London Limited, Barnet: Inadequate
Grove House Residential Dementia Care Home, Harrow: Inadequate.

29 June 2015
Bluebird Care (Barnet), Barnet: Good
Franklyn Lodge, Brent: Good
Acacia Care Centre, Croydon: Good
S.A.I Infinity Care, Croydon: Good
The Eadmund, Croydon: Good
Arthur Lodge Residential Care Home, Enfield: Good
Laurel House, Enfield: Good
The Conifers Healthcare Limited, Enfield: Good
Glengariff, Harrow: Good
Ashgate House, Havering: Good
Beech Court Care Centre, Havering: Good
The Highgate Nursing Home, Islington: Good
Forever Good Care Ltd, Merton: Good
Meadowsweet, Merton: Good
Sunrise Day Care Services Ltd, Merton: Good
Marling Court, Richmond upon Thames: Good
Walsingham Support - Supported Living and Community and Home Support Services, Sutton: Good
Bluebird Care (Croydon), Croydon: Requires improvement
Morven House, Croydon: Requires improvement
Westcombe Park Nursing Home, Greenwich: Requires improvement
Nightingale House, Havering: Requires improvement
Folkestone Nursing Home, Newham: Requires improvement
Acacia Lodge - London, Barnet: Inadequate
Clovelly House Residential Home Ltd, Barnet: Inadequate
Park Lodge, Kingston upon Thames: Inadequate
Welcome Care Home Limited, Lewisham: Inadequate.

Source: www.cqc.org.uk

Adult social care firms struggling for staff due to cuts
Adult social care firms are struggling to hire, retain and train staff as a result of cuts to council budgets, a survey of senior officials suggests.

Councils in England are facing a £1.1 billion shortfall this year, on top of "almost unendurable" cuts since 2010, the Association of Directors of Adult Social Services (ADASS) has warned.

Freezing care provider fees to save money was no long sustainable, it said.

Ministers say extra money will help NHS and social care services work together.

The survey, which was completed by 147 directors of adult social services for councils in England, suggests that funding reductions to social care budgets have totalled £4.6 billion since 2010 - a 31 per cent overall reduction.
Budgets for adult social care - which provides practical support to people due to illness, disability, old age or a low income - will reduce by a further £500 million in cash terms this year, it said.

"Taking the growth in numbers of older and disabled people into account, this means that an additional £1.1 billion would be needed to provide the same level of service as last year," the report warned.

It said some councils had made savings in the past by freezing fees paid to providers, but care providers were now also facing financial problems.

Some companies - particularly those in southern England - are struggling to attract staff, amid increasing concern about the quality of care, it said.

"What is at stake is the continuing capacity of adult social care to sustain services to those in greatest need," ADASS president Ray James said.

"In virtually all our authorities, the number in need is growing, while the complexity of their needs is increasing."

ADASS called for the Government to "protect essential care and support services to the most vulnerable members of our community."

Source: www.bbc.co.uk/news 4 June 2015

Invest £5.2 billion in prevention to overhaul health and social care, Government is urged

Investing a further £5.2 billion in prevention and helping people stay healthy is urgently needed to overhaul the way social care and health services are provided and reduce growing pressures on the system, according to a new report.

The report entitled 'Creating a better care system' by Ernst & Young (EY), commissioned by the Local Government Association (LGA) and based on sector views, proposes to the Government to use the Budget in July 2015 to divert £1.3 billion into a transformation fund each year until 2019/20, equalling a fund of £5.2 billion by the end of the decade, to develop a new health and social care system.

The report suggests a transformation fund should focus on preventative measures and aim to prevent complex and long term conditions, which can cost the system almost £88 billion each year - a cost that is growing with the ageing population.

It identifies the significant contribution that preventative measures can make. For example, spending just £1 on local friendship networks can save almost four times that amount on mental health services whilst £1 spent on school-based smoking and bullying prevention can save as much as £15.

The report also recommends that the transformation fund should be supported by a pooled health and social care budget of at least £6.6 billion in 2016/17, eventually leading to the pooling of all money for health and social care.

Figures show that 30 per cent of health and care service users use almost 70 per cent of the health and social care budget and the LGA has long warned that the adult social care system is under immense and growing pressure.
The necessity for further budget savings worth £1.1 billion this year combined with growing demand and escalating costs mean that despite councils' best efforts they are having to make tough decisions about the care services they can provide.

A transformation fund would help local government leaders to protect the future of social care for the elderly and disabled by investing resources into a system which focuses on keeping people healthy and out of hospital, rather than putting the majority of money into providing care for serious conditions. Local authorities and health partners recognise that social care must be properly funded to enable councils to alleviate pressure on health services.

The LGA will be using EY's findings to outline what councils need from the Government in the coming Comprehensive Spending Review.

Source:  [www.local.gov.uk](http://www.local.gov.uk) 24 June 2015