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<th>Health</th>
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<td><strong>One year on, new commissioning groups are an improvement on their predecessors but do not reflect the views of members, say GPs</strong></td>
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<td>Less than half of GPs feel decisions made by clinical commissioning groups (CCGs), the doctor-led bodies created by the Coalition Government's NHS reforms hold local health budgets, reflect their views, shows a survey by the Nuffield Trust and The King's Fund. However, the research also suggests that three times as many GPs think they can influence the work of their CCG than could influence their predecessors – primary care trusts.</td>
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| Right to ‘ask’ for personal health budgets begins |
| People with complex healthcare needs from 1 April 2014 have the ‘right to ask’ for a personal health budget. The scheme is being rolled out across the country after the budgets were trialled in a national pilot programme between 2009 and 2012 at sites all over the country. They give people more independence over how their healthcare money is spent, be that on carers to provide intensive help at home, equipment to improve quality of life or therapies like counselling. |
| 10 |

| Suffering in silence |
| Older people are some of the most frequent users of the NHS but they are less likely to complain about their treatment and care when standards slip to unacceptable levels, according to a new report by the Parliamentary and Health Service Ombudsman, Julie Mellor. The research shows that a quarter of older people don’t know where to go to complain about the NHS, despite using the service more often than people under 65. Older people should be encouraged to complain and should be taken seriously when they do. But Ms Mellor’s fear is that too many older people are suffering in silence. |
| 11 |

| Survey suggests hospital experiences improving |
| The results of the national survey of hospital patients by the Care Quality Commission (CQC) suggests that people are generally having a better experience in hospital compared to a year ago. However, the CQC’s findings also show there is room for improvement, with some variation in the quality of people’s stay. The CQC gathered the views of over 62,400 people who had stayed in hospital for at least one night last year. The CQC asked them about the care they had received, including the information they were given by staff, whether they were given enough privacy, the cleanliness of their wards, and their discharge arrangements. |
| 12 |

| Depression in old age not being diagnosed because doctors struggle to spot the symptoms |
| Almost nine out of ten older people with depression are getting no help because doctors struggle to spot the symptoms or confuse it with dementia. This is according to a leading expert from the Royal College of Psychiatrists. Speaking in the Times newspaper Dr James Warner, Chairman of the Old Age Faculty at the Royal College of Psychiatrists said that depression was not picked up because older people often had symptoms such as agitation and forgetfulness, which were not commonly recognised as signs of depression. |
| 13 |
### Change has to be 'turbo-charged' says NHS watchdog
The NHS must accelerate the pace and scale of change in the way health is delivered in England if it is to seize the opportunity to significantly improve care for patients, according to Monitor, the health sector regulator. Setting out its corporate strategy for 2014-17, Monitor said there is a growing consensus about the fundamental changes required to achieve “nothing short of a complete redesign of how care is delivered in England.” This includes integrating access to care around the needs of patients; breaking down traditional barriers between providers; doing less in hospitals and more in the community; and inventing new models of hospital care.

### Millions to benefit from improved GP care
Extended opening hours and enhanced care for older people will soon be available at doctors’ surgeries across many parts of the country, according to the Department of Health. Millions of people will now be able to see their GP outside of working hours, including late night and weekend appointments, while older people and those with more serious health complaints will get tailored care, coordinated by just one local GP. The Transforming Primary Care programme will be supported by dedicated funding of almost £500 per patient in GP time and a commitment to train 10,000 more frontline community staff, including GPs, nurses and other professionals, by 2020.

### NHS financial crunch getting closer says latest quarterly report from The King’s Fund
Financial confidence within the NHS is ebbing away, with a financial crisis looming in 2015/16, according to the latest Quarterly Monitoring Report published by The King’s Fund. One in eight trusts and clinical commissioning groups (CCGs) will overspend their budgets for the financial year just ended, based on a survey of NHS finance directors carried out for the report. Although this is an improvement on the findings from the previous quarter, it reinforces concerns that the NHS provider sector will end the year in deficit for the first time since 2006/07.

### NHS England outlines new measures to tackle cancer in London
Lowering the age of referrals, speedier access to tests, and more community programmes to help people spot the early signs of cancer are among a raft of new measures unveiled by London’s health leaders to tackle the capital’s biggest cause of premature death. The plans for the first year will mainly focus on early detection, in a bid to cut the substantial number of Londoners who are diagnosed late. The strategy also sets out measures to improve the care and support for the increasing numbers of people living with and beyond cancer.

### "Unacceptable" variations in uptake of bowel cancer screening revealed
Wide variations and poor uptake of bowel cancer screening is leading to late cancer diagnosis and preventable deaths, according to the charity Beating Bowel Cancer. New figures released by the charity have revealed a 24 per cent difference between the highest and lowest areas of uptake for bowel cancer screening across England. The percentages vary from 66 per cent in the highest performing area to 42 per cent in the lowest.

### Doctors and nurses must redouble hygiene efforts to bring down 'unacceptable and avoidable' infection rates
Around 300,000 people get an infection while being cared for within the NHS in England each year. These ‘healthcare associated infections’ include pneumonia and infections of the lower respiratory tract, urinary tract infections and surgical site infections. Doctors, nurses and other healthcare professionals can follow simple actions to bring down infection rates in the NHS. The National Institute for Health and Clinical Excellence (NICE) has produced a set of specific, concise and measurable statements. When delivered collectively, the statements should improve the effectiveness, quality, safety and experience of care that people get.

### One thousand hospital patients die each month from avoidable kidney problems
At least 1,000 hospital patients in England die each month from avoidable kidney problems, according to a study commissioned by the NHS. Researchers found that 15,000-40,000 excess deaths every year are caused by acute kidney injury (AKI), which causes a loss of kidney function and can develop very quickly. It can occur in people who are already ill with conditions such as heart failure or diabetes and those admitted to hospital with infections.
<table>
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<tr>
<th>Services run by St George's Healthcare NHS Trust rated Good by CQC's Chief Inspector of Hospitals following inspection</th>
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<tr>
<td>England's Chief Inspector of Hospitals has published his first report on the quality of the services provided by St George’s Healthcare NHS Trust. St George’s Hospital was rated as Good overall. It was rated as Outstanding for its intensive and critical care and Good for most other services inspected. End of life care, while found to be effective and caring, was rated as Requires Improvement because the completion of resuscitation forms requires further work to ensure that people receive the treatment they choose. Queen Mary’s Hospital was rated as Good across the three services offered at that site. St John’s Therapy Centre and the community inpatient service at Queen Mary’s Hospital have not been rated because the Care Quality Commission (CQC) is not yet rating community services.</td>
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<th>Homerton University Hospital, Hackney, rated as Good by CQC’s Chief Inspector of Hospitals following inspection</th>
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<td>England’s Chief Inspector of Hospitals has published his first report on the services provided by Homerton University Hospital NHS Foundation Trust at Homerton University Hospital, in Hackney, East London. The Care Quality Commission (CQC) rated the hospital as Good with an Outstanding Accident and Emergency (A&amp;E) department. Staff told inspectors that they felt valued and enjoyed working in the hospital, and patients told inspectors that they felt cared for and had faith in the staff looking after them.</td>
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<tr>
<th>PHE publishes end of life care profiles for clinical commissioning groups</th>
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<tr>
<td>Public Health England’s (PHE) National End of Life Care Intelligence Network (NEoLCIN) has published end of life care profiles for clinical commissioning groups (CCGs) for the first time. The profiles draw together a wide range of information to give an overview of variations in cause and place of death, by age and sex, for each CCG in England.</td>
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<th>Half of all cancer patients now survive at least 10 years</th>
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<td>Fifty per cent of people diagnosed with cancer today will survive their disease for at least 10 years, according to figures published by Cancer Research UK. In the early 1970s just a quarter of people diagnosed with cancer survived 10 years. Cancer Research UK has set out a new strategy to accelerate progress with the ambition that three-quarters (75 per cent) of all cancer patients diagnosed in 20 years time will survive at least 10 years.</td>
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<th>NHS funding increase needed as financial crisis looms</th>
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<td>A significant increase in funding is needed to prevent a financial crisis in the NHS, according to a new report from The King’s Fund. The report finds that there are still significant opportunities to improve efficiency within the health service, for example by improving procurement and changing clinical practice. However, with more than a quarter of trusts already in deficit, the report warns that a financial crisis is now inevitable by 2015/16 and could arrive sooner than this, with damaging consequences for patient care.</td>
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<th>Thousands run the risk of stroke by ignoring early warning signs</th>
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<td>Thousands of people are putting themselves at risk of a stroke by dismissing their passing symptoms as ‘just a funny turn’, and are unaware that they are having a mini-stroke, according to a new report launched by the Stroke Association. If mini-strokes are treated in time, around 10,000 strokes could be prevented annually and the NHS and care services could save more than £200 million.</td>
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<th>World Dementia Council meets for the first time</th>
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<td>The first members of the World Dementia Council have met for the first time in London in a bid to stimulate the innovation and development of life-enhancing drugs, treatments and care for people with dementia within a generation. The Council members have been appointed by the UK Government to support the World Dementia Envoy, Dr Dennis Gillings CBE, to champion dementia research and development and unlock investment in countries across the globe including throughout the G7 and OECD.</td>
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<th>NHS must care for the carers, says new NHS England CEO</th>
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<td>The new Chief Executive of NHS England has paid tribute to carers for their “immense contribution” as he pledged to do more to help them. Simon Stevens launched NHS England’s Commitment to Carers to coincide with the Carers UK State of Caring Conference in London. He has committed his organisation to do more to support the millions of people providing unpaid care, their number having grown by 600,000 over the past decade.</td>
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<td>No change in public satisfaction with the NHS but satisfaction with A&amp;E has dropped, according to latest British Social Attitudes survey data</td>
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<td>Public satisfaction with the way the NHS runs remained unchanged from last year at 60 per cent, according to British Social Attitudes (BSA) survey data for 2013. Published by The King’s Fund a year before the 2015 general election, the data confirms that public satisfaction with the NHS has stabilised after a record fall in 2011 from its all-time high of 70 per cent in 2010.</td>
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<th>NICE issues first draft guideline to help the NHS determine safe staffing for nursing on adult inpatient wards</th>
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<tr>
<td>The National Institute for Health and Clinical Excellence (NICE) has issued draft recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals. The draft guideline recognises that if each registered nurse is caring for more than eight patients during the day time on a regular basis, there is an increased risk of harm. It stresses the importance of checking if patient needs are adequately being met in these situations. The lead nurse should consider any ‘red flag events’ as indicators of the ward becoming in danger of being under-staffed and therefore tailor the number of available nursing staff as needed.</td>
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<th>Chief Inspector of Hospitals finds that Lewisham &amp; Greenwich NHS Trust requires improving</th>
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<td>England’s Chief Inspector of Hospitals has published his first reports on the quality of the services provided by Lewisham &amp; Greenwich NHS Trust at University Hospital Lewisham and Queen Elizabeth Hospital, Woolwich. University Hospital Lewisham was rated as Requires Improvement overall. It was rated as Good for its intensive and critical care and children’s care, and Requires Improvement for all other services inspected. Queen Elizabeth Hospital was also rated as Requires Improvement overall. It was rated as Inadequate for its A&amp;E department, Good for its maternity and family planning services, and Requires Improvement for all other services inspected.</td>
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<th>Significant variation in standards of care for people dying in hospital</th>
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<td>A new audit on the provision of care for people dying in hospitals has found significant variations in care across hospitals in England. The National Care of the Dying Audit for Hospitals was led by the Royal College of Physicians (RCP) in collaboration with the Marie Curie Palliative Care Institute Liverpool (MCPCIL), and funded by Marie Curie Cancer Care and Public Health England. The audit shows that major improvements need to be made to ensure better care for dying people, and better support for their families, carers, friends and those important to them.</td>
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<th>More health providers to be inspected under new approach</th>
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<td>The next batch of acute, community healthcare and mental health providers will face an inspection between July and September 2014 as part of the Care Quality Commission’s (CQC) new approach to inspection. This batch of 18 inspections will include ambulance trusts and an independent provider. The inspections will assess the providers to see if the service overall is: safe, effective, caring, responsive to people’s needs and well-led.</td>
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<th>Call for new policy focus on brain health to reduce the risk of dementia</th>
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<td>Action to tackle smoking, drinking, sedentary behaviour and poor diet could reduce the risk of dementia in later life alongside other conditions such as heart disease, stroke and many cancers, according to the UK Health Forum and Public Health England in a joint consensus statement. The agreement, known as the Blackfriars Consensus Statement, highlights the need for a new national focus on dementia risk reduction.</td>
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<tr>
<th>A new route to good dementia care</th>
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<td>Aimed at doctors and providers of community care, the Dementia Roadmap (<a href="http://www.dementiaroadmap.info/">www.dementiaroadmap.info/</a>) is a comprehensive ‘one stop shop’ designed to reflect a patient’s needs as they progress through the disease and signpost them to relevant local resources at the right time, from diagnosis onwards. The Dementia Roadmap provides a platform to help clinical commissioning groups (CCGs) and other local organisations to bring together information for patients in their area for the first time, so that GPs can refer them to the best care to meet their needs as quickly as possible.</td>
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<th>Hospital admissions cut plan ‘risky’</th>
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<td>A £3.8 billion scheme to cut hospital admissions in England and treat more people at home is risky, and “overly optimistic”, health researchers warn. Writing for the BBC News website’s Scrubbing Up column, Nigel Edwards from the Nuffield Trust says the Better Care Fund, due to start in 2015, could even lead to more hospital admissions. He says cutting the length of hospital stays would be more effective. The Government says pilots in 14 areas are already working well.</td>
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New NHS chief Simon Stevens backs more local hospitals
Smaller community hospitals should play a bigger role especially in the care of older patients, the new head of the NHS in England has said. In an interview in the Daily Telegraph, Simon Stevens signalled a marked change in policy by calling for a shift away from big centralised hospitals. The health service chief executive said there needed to be new models of care built around smaller local hospitals.

Specialist palliative care services lead to more deaths at home
Specialist palliative care services in the community are continuing to lead to more people being able to die at home, according to a new report from the National Council for Palliative Care (NCPC) and Public Health England (PHE). Latest figures from the new report, National Survey of Patient Activity Data for Specialist Palliative Care Services, Minimum Data Set for 2012 to 2013 (MDS), show that nearly half the people receiving specialist palliative care in the community (46.2 per cent) died in their own home – the place where most people say they want to die. This compares with just over one in five (21.8 per cent) nationally.

Elderly patients are being failed by NHS, says new chief executive
The care of frail elderly patients has become fragmented because of the drive for hospital doctors to specialise, the new chief executive of NHS England says. Simon Stevens suggested he wanted to see a European model of “generalists” adopted to work alongside specialists. He told a conference of health managers that the rise in multiple conditions required greater co-ordination of care.

It’s time to end top-down reform of the NHS
Politicians’ role in the running of the NHS needs to be better defined to counter interventionist and centralising tendencies that have hampered effective reform to date, says a new report by The King’s Fund. The report entitled, “Reforming the NHS from within: beyond hierarchy, inspection and markets”, argues that a new political settlement is needed that clarifies the strategic role of ministers in determining funding, establishing priorities and providing accountability to Parliament, and leaves local NHS leaders with the space to innovate and lead service change. This settlement should reflect lessons learnt from the experience of the present Government’s health reforms, which have failed to distance ministers from the operational management of the NHS as originally intended.

CQC’s Chief Inspector of Hospitals publishes his findings on the quality of care provided by South West London & St George’s Mental Health NHS Trust
England’s Chief Inspector of Hospitals has published his first report on the quality of care provided by South West London & St George’s Mental Health NHS Trust. Overall, the Care Quality Commission (CQC) found that the Trust’s staff were caring and had a good approach to patient care. They interacted positively and compassionately with people using services, and much of the care delivered followed best practice guidance. Where no such guidance existed, staff were working with the National Institute for Health and Care Excellence (NICE) to produce this.

Smaller hospitals have a future in the NHS, but need to change
Small district general hospitals can thrive but the way services are provided to local patients must change to guarantee quality care, according to a report from Monitor. Its economists analysed a comprehensive range of clinical and financial indicators to test whether any special factors affected the performance of hospitals with fewer than 700 beds (typically in trusts with an income of less than £300 million). The research found no clear evidence that smaller acute hospitals performed any worse clinically than larger counterparts.

Academy publishes guidelines on Responsible Consultant/Clinician
New guidance from the Academy of Medical Royal Colleges (the Academy) will, for the first time, make doctors responsible for the whole of a patient’s care during their stay in hospital. The so-called ‘name over the bed’ initiative will make it clear to patients, their carers, nurses and relatives, which doctor is ultimately responsible for all aspects of their care. The guidelines also say a ‘Named Nurse’ should be available to provide patients with information about their care and should be a primary point of contact.

New draft guidance to help prevent people becoming ill or dying in the winter
Living in a cold home significantly increases the risk of someone becoming ill or dying especially during the winter months - so year-round action is needed to help tackle this problem, according to the National Institute for Health and Clinical Excellence (NICE). NICE has begun a consultation on draft guidance on how to reduce the risk of death and ill health associated with living in a cold home.
### Older HIV patients 'need more support'
The older generation of people with HIV need better support to keep them well, nurses say. About a quarter of the 100,000 people with HIV in the UK are aged over 50. Two-thirds of these are on treatment for other long-term conditions - twice the rate for the general population, Terrence Higgins Trust data shows. The charity and the Royal College of Nursing (RCN) said this "silent generation" of older HIV patients need better co-ordinated care to stay healthy.

### UK commits to new action to find breakthrough on dementia
The Prime Minister David Cameron has pledged a new drive by the UK to discover new drugs and treatment that could slow down the onset of dementia or even deliver a cure by 2025. Speaking at a summit of world health and finance leaders in London, Mr Cameron said that immediate action is needed to address a market failure on dementia research and drug development, which had seen global spending on dementia at five times below research on cancer, with only three drugs making it onto the market in the last 15 years. The UK will bring forward specific proposals on patent extensions, earlier access to new drugs for patients, greater research collaboration and facilitating much high-levels of investment, by October 2014.

### NHS rated on open and honest reporting culture in world leading transparency drive
New data published on 24 June 2014 will, for the first time, allow the public the opportunity to compare key safety measures across hundreds of NHS trusts in England. It shows that the vast majority of NHS hospitals are rated as "good" or "OK" for their reporting culture. However, around one in five acute trusts, or 20 per cent have been rated as "poor" for open and honest reporting, underlining the need to support NHS staff to report and raise safety concerns.

### New approach to care for the dying published
A new approach to caring for dying people based on the needs and wishes of the person and those close to them has been launched and welcomed by Care and Support Minister Norman Lamb. It takes the form of five new Priorities for Care which succeed the Liverpool Care Pathway (LCP) as the new basis for caring for someone at the end of their life. The new approach focusses on giving compassionate care and is a move away from previous processes and protocols. It recognises that in many cases, enabling the individual to plan for death should start well before a person reaches the end of their life and should be an integral part of personalised and proactive care.

### National report sheds new light on the health and care of older people
New official statistics by the Health and Social Care Information Centre have been published to broaden the insight into the health and care of people aged 65 or over in England. The report aims to provide a wider picture of older people's health and lifestyle and pulls together data on hospital activity, mental health, social care, prescribing, NHS workforce, census data and life expectancy. The report also explores the use of health and social care services among older people and gives insight into the impact an ageing population has on these services and how this compares to previous generations.

### Social Care

#### More people needing social care than family carers available from 2017
The number of older people in need of care is expected to outstrip the number of family members able to provide informal care for the first time in 2017, according to a new report published by the think tank Institute for Public Policy Research (IPPR). By 2030, an estimated 230,000 older people in England who need care of more than twenty hours a week could be left without family to help. The report says that the number of people aged 65 and over without children to care for them will almost double before the end of the next decade and that by 2030, there will be more than two million people in England without a child to care for them if needed.

#### New care workers will have to earn certificate
New care workers will have to earn a training certificate within 12 weeks of starting a job, the BBC has learned. The scheme comes in from March 2015 in England for staff including assistants in hospitals, care homes and those who look after people in their own homes. Topics will include infection control, dementia care and patient dignity. This follows the independent Cavendish Review in July 2013 in the wake of the Stafford Hospital scandal, which highlighted inconsistencies in training.
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<tr>
<td><strong>Care agencies ‘must ensure recruits can speak English’</strong></td>
<td>Agencies should ensure people recruited as carers can speak English before placing them in vulnerable people’s homes, a Government adviser has said. Dr Shereen Hussein, scientific adviser to the Department of Health, told BBC Radio 5 live that poor language skills could lead to bad care and abuse. King’s College London says that 20 per cent of carers are migrant workers.</td>
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<td><strong>New dementia campaign launches as research reveals the true cost to business of dementia</strong></td>
<td>Public Health England (PHE) and Alzheimer’s Society have joined forces in a new campaign to help create a more dementia friendly society. The campaign has released new research showing signs of a shift in willingness from business to become more dementia friendly. The research was released on the same day that some of England’s best known performers starred in a new short music film, part of which was aired as an advert for the first time on 7 May, that will urge the public to become Dementia Friends.</td>
<td>48</td>
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<td><strong>CQC joins forces with partners to strengthen roles and responsibilities in adult safeguarding</strong></td>
<td>The Care Quality Commission’s (CQC) Chief Inspector of Adult Social Care, Andrea Sutcliffe, has announced an important step forward clarifying the roles and responsibilities of everyone involved in safeguarding adults. In partnership with NHS England, the Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the Association of Chief Police Officers (ACPO), the ‘Safeguarding Adults – Roles and Responsibilities in Health and Care Services’ document sets out how individuals and organisations should work together to prevent abuse and neglect from happening and ensure the safety and wellbeing of anyone who has been affected.</td>
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<td><strong>Working together to help people raise concerns about adult social care</strong></td>
<td>Together with the Local Government Ombudsman (LGO), the Care Quality Commission (CQC) has announced a new arrangement for people who want to raise concerns about adult social care in England which will make it easier for people to complain about their care. While the CQC has different remits to the LGO for investigating social care issues each organisation can receive around 20 enquiries a day that should be directed towards the other body. From 12 May 2014, the new process will transfer enquiries between the organisations, saving people’s time and reducing the need for people to repeat information.</td>
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<td><strong>Proposed guidance to help prosecutors spot signs of domestic violence against older people</strong></td>
<td>The Director of Public Prosecutions, Alison Saunders, has proposed changes to the way the Crown Prosecution Service (CPS) considers domestic violence cases. Under the new proposals prosecutors looking at alleged domestic violence against an older person would also consider the specific context in which the abuse is occurring, for example following retirement, as a result of social isolation or ‘care-giver’ stress or anxiety. Older people may also enter into abusive relationships later in life. New draft guidance, but has not yet come into force, explains the potential impact of domestic abuse on different groups to help prosecutors adopt a tailored approach taking into account their particular support needs.</td>
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<td><strong>Care Act 2014 becomes law</strong></td>
<td>Parliament has approved the Care Act 2014. Care Minister Norman Lamb said the Act, which has now received Royal Assent, “represents the most significant reform of care and support in more than 60 years.” The Act introduces numerous changes including putting personal budgets on a legal footing and placing a duty on councils to provide preventive services to support people’s health. The legislation also introduces a national minimum eligibility threshold council-funded social care and a limit on the amount people will have to pay towards their own care costs.</td>
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<td><strong>A third of victims of accidental fires in London last year were receiving social care</strong></td>
<td>One in three people who died in accidental fires in London last year were in receipt of social care services, research published by the London Fire Brigade (LFB) has revealed. Eight of the 31 victims of accidental fires had a home care package and a further two died in care home fires, the research found. The LFB said social care and fire professionals must work together more closely in order to cut fire deaths among vulnerable older people.</td>
<td>51</td>
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<td><strong>Focus on Enforcement review leads to more effective regulation of care homes</strong></td>
<td>The Government has welcomed commitments from the Care Quality Commission (CQC) to improve regulatory enforcement, in partnership with the adult care sector. The CQC said that it will continue to work with the adult care sector to develop and test a new approach to regulating adult social care that is effective in protecting the best interests of patients without placing unnecessary burdens on providers.</td>
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**Local Government Ombudsman publishes complaints statistics on all English adult social care providers for first time**

For the first time, the Local Government Ombudsman (LGO) has published its complaints statistics for private social care providers and local authorities in a new report. The LGO has seen a 130 per cent increase in adult social care complaints since it took on responsibility for registered private care providers in 2009; making it the fastest growing area of the LGO’s work, with the highest uphold rate for all areas of complaints. In the last year, there has been a 14 per cent increase in the number of complaints and enquiries received about adult social care.

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**Health Committee backs HCPC over regulation for social care workers**

In its first report on the work of the Health and Care Professions Council (HCPC), the Health Committee backs the HCPC’s approach to regulation of social care workers in opposing the Government’s plans for a voluntary register and supporting a negative register, a barring process for those found to be unfit to practise, as a first step to regulation in this sector. Beyond that first step, the Committee recommends that the Government, working with the HCPC and the Professional Standards Authority “should develop further proposals for more effective regulation to provide proper safeguards in this area”.

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**Postcode lottery on free social care at the end of life, finds report**

People who should get free social care at the end of life are not always being referred for it, a report has found. The NHS continuing healthcare (CHC) fast-track pathway designed to enable people whose conditions are entering a terminal phase to gain rapid access to fully-funded care, was open to local interpretation based on local resources when it should not be, found the study.

The report, by consultancy OPM, said there needed to be better guidance around the CHC fast-track funding which was “less open to interpretation at a local level”.

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**For further info**

For further information on anything in this issue of the Health & Social Care Bulletin please contact:

Gordon Deuchars on: gdeuchars@ageuklondon.org.uk

**Disclaimer**

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.
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Health

One year on, new commissioning groups are an improvement on their predecessors but do not reflect the views of members, say GPs

Less than half of GPs feel decisions made by clinical commissioning groups (CCGs), the doctor-led bodies created by the Coalition Government's NHS reforms hold local health budgets, reflect their views, shows a survey by the Nuffield Trust and The King's Fund.

However, the research also suggests that three times as many GPs think they can influence the work of their CCG than could influence their predecessors – primary care trusts.

The research, published on the first anniversary of the enactment of the NHS reforms, provides the top-line results from a survey of GPs in six CCG areas. Key findings include:

- GPs have kept up their overall levels of involvement with CCGs compared to a similar survey carried out last year – 71 per cent feel at least somewhat engaged. But the proportion saying they are "highly engaged" fell from 19 per cent to 12 per cent, and GPs without a formal role in the CCG still feel much less engaged with their CCG than those with a formal role
- less than four in 10 GPs without a formal role thought decisions made by CCGs reflected the views of their membership, and just one in three felt the new groups were owned by their members. Meanwhile, only a minority of those GPs who did have a formal role thought they had enough support, time, and training to carry out their roles properly
- an increasing number of GPs agreed that CCGs have a legitimate role to play in influencing their clinical practice including prescribing, referrals and the quality of the care they provide to patients
- GPs were positive about how CCGs could change and improve general practice itself. Just over half felt that being part of a CCG had already improved their relations with other practices, and had changed the way they referred and prescribed. Although fewer felt that being part of the CCG had improved the overall quality of care they provide
- respondents felt CCGs were much more likely to listen to them than the primary care trusts (PCTs) which held the same role before the reforms. Forty per cent said they could influence the work of the CCG, compared with only 13 per cent who had felt the same about PCTs
- GPs were more likely to rate CCGs as "very" or "quite" influential over their work (73 per cent) than any other body, including NHS England. Meanwhile, just 13 per cent felt that Health and Wellbeing Boards, set up to oversee better joined-up care in the new system, were very or quite influential over their work at this stage.

Source: www.nuffieldtrust.org.uk 1 April 2014

Right to ‘ask’ for personal health budgets begins

People with complex healthcare needs from 1 April 2014 have the 'right to ask' for a personal health budget.

The scheme is being rolled out across the country after the budgets were trialled in a national pilot programme between 2009 and 2012 at sites all over the country.

They give people more independence over how their healthcare money is spent, be that on carers to provide intensive help at home, equipment to improve quality of life or therapies like counselling.
Over the past year every clinical commissioning group (CCG) in England has signed up to NHS England’s support programme and more than 80 per cent have attended the Accelerated Development Programme helping them prepare to offer the budgets and support patients to plan their care.

A personal health budget is an amount of NHS money available to some people with long term conditions to meet their healthcare and wellbeing needs. People design and agree a plan with their healthcare team that shows how they will use the budget to meet their goals, which could include therapies, personal care and equipment. The budgets can be managed in the form of a notional budget, direct payments or a third party arrangement.

Personal health budgets are not new money – they are a way of using NHS money differently, where people want to and where it is clinically safe.

The budgets were trialled in a national pilot programme between 2009 and 2012 which showed that they led to better quality of life and psychological wellbeing, and, particularly for people with complex healthcare needs who use a lot of NHS services, led to a reduction in hospital use.

The Government’s Mandate to the NHS also states that from April 2015 people with long term conditions who could benefit will have the option of one. This policy is expected to be further developed in 2014/15.

NHS Continuing Healthcare is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital but have complex ongoing healthcare needs. This is a relatively small number of people, around 58,000 nationally, who have the most complex long term health needs and potentially have the most to benefit from a more personalised and flexible approach to managing their health needs. Taking up a personal health budget will be optional, and anyone who does not want to manage their healthcare needs in this way can leave their care arrangements as they are now.

Source: www.england.nhs.uk 1 April 2014

Suffering in silence

Older people are some of the most frequent users of the NHS but they are less likely to complain about their treatment and care when standards slip to unacceptable levels, according to a new report by the Parliamentary and Health Service Ombudsman, Julie Mellor.

The research shows that a quarter of older people don’t know where to go to complain about the NHS, despite using the service more often than people under 65. Complaints are a gift to the NHS because that is how improvements are achieved. Older people should be encouraged to complain and should be taken seriously when they do.

But Ms Mellor’s fear is that too many older people are suffering in silence. Almost 80 per cent of all the investigations the Ombudsman carries out are about NHS services. Even though nearly half of NHS care and services are given to older people, only a third of the health complaints the Ombudsman investigates are about the care of older people.

The Parliamentary and Health Service Ombudsman is the final step for people who have been treated unfairly or received a poor service from the NHS in England, or a Government department or agency.

Its role is to investigate complaints without taking sides and make recommendations to put things right. But older people’s reluctance to complain coupled with their not knowing where to
go to make a complaint could mean that the Ombudsman is just seeing the tip of the iceberg of serious failings in the care of people who are 65 and over.

Of the cases it does see, there are common themes running through the complaints about the care of older people. These are: misdiagnosis; staff attitudes; poor communication with patients and families; substandard nutrition; and patients not being treated with dignity. The Ombudsman believes there still needs to be a significant cultural shift in the way complaints are handled across the health and social care system. More needs to be done to tackle the toxic cocktail of reluctance by patients, carers and families to complain and a defensive response from the NHS, when they do.

Making a complaint should be easy and transparent. And people should be supported to do so. Often, older people fear negative repercussions when they make a complaint or they simply don't like to 'make a fuss'. But complaining can make a difference and often people tell the Ombudsman that they made a complaint because they don't want the same thing happening to somebody else. If people aren't satisfied with the way the complaint has been handled by the NHS, then they can make a complaint to the Parliamentary and Health Service Ombudsman.

The Ombudsman knows that older people often rely on both NHS and social services and its joint investigations of treatment and care failings, with the Local Government Ombudsman - which scrutinises complaints about local authorities and social care services - have highlighted the consequences when older people fall through the gaps between health and social care services. In one of these cases, an older man suffering from Alzheimer's and diabetes, was prevented from going home to die beside the brother he had lived with his whole life, because of a string of errors by the five organisations across health and social care tasked with looking after him. They left it a month before they had a meeting about his care, by which time he'd passed away without his dying wish being honoured.

People need and deserve a joined-up complaints system that covers health and social care services so they only need to raise their complaint once and so it can be dealt with by the same person throughout the complaints process. And that's why the Ombudsman wants a single Public Ombudsman Service for England and the United Kingdom, which puts people at the centre of the complaints process, to be responsible for all complaints concerning public services, including health and social care. It should cover all public services delivered in England and provide a common approach to the investigation of complaints.

Only with a significant change in attitudes towards complaints and a drive to reforming the complaints system will the NHS make the improvements it needs to ensure all older people are treated with dignity and respect.

Source: www.ombudsman.org.uk 7 April 2014

Survey suggests hospital experiences improving
The results of the national survey of hospital patients by the Care Quality Commission (CQC) suggests that people are generally having a better experience in hospital compared to a year ago. However, the CQC’s findings also show there is room for improvement, with some variation in the quality of people’s stay.
The CQC gathered the views of over 62,400 people who had stayed in hospital for at least one night last year.

The CQC asked them about the care they had received, including the information they were given by staff, whether they were given enough privacy, the cleanliness of their wards, and their discharge arrangements.

People were more positive about their stay in hospital, with most responses in the survey having improved or stayed the same since 2012. Key findings were:

**Overall experience:**
- seventy one per cent rated their overall experience as eight or above and 27 per cent as 10 out of 10 (up from 69 per cent and 25 per cent in 2012).

**Dignity and respect:**
- eighty one per cent of people felt they were always treated with dignity and respect (up from 80 per cent in 2012).

**Discharge arrangements:**
- fifty four per cent felt that they were "definitely" involved in decisions about their discharge from hospital (an increase from 53 per cent in 2012 but this still leaves 46 per cent who did not feel fully involved).

**Providing information to patients:**
- three out of four said that they were given the "right amount" of information about their condition or treatment by staff when they went through A&E (up from 74 per cent in 2012 to 75 per cent) and 80 per cent said the same about their hospital ward (79 per cent in 2012)
- however, almost two fifths (39 per cent) felt they were not given enough information about the side effects of their medication before being sent home.

What were the main differences between trusts?

Although the survey showed improvements on a national scale, some of the responses in the survey show a wide range in performance between NHS trusts. Areas where there was variation include:

- patients seeing, or being given, information explaining how to make a complaint
- whether they received copies of letters sent between their hospital doctors and GPs
- whether staff told them about any danger signals they should watch out for after being discharged.

Areas that showed the least variation – and where NHS trusts scored well overall – included:

- whether patients felt threatened by other patients or visitors during their stay
- whether they had enough privacy when they were being examined or treated
- whether handwash gels were available.

The survey also showed little variation over whether people had confidence in their doctors.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 8 April 2014

**Depression in old age not being diagnosed because doctors struggle to spot the symptoms**
Almost nine out of ten older people with depression are getting no help because doctors struggle to spot the symptoms or confuse it with dementia.

This is according to a leading expert from the Royal College of Psychiatrists. Speaking in the Times newspaper Dr James Warner, Chairman of the Old Age Faculty at the Royal College of Psychiatrists said that depression was not picked up because older people often had symptoms such as agitation and forgetfulness, which were not commonly recognised as signs of depression.

The Royal College of Psychiatrists has estimated that two thirds of older people with a mental health problem have a condition other than dementia and that 85 per cent of older people with depression get no help from the NHS.

Source: www.alzheimers.org.uk 8 April 2014

**Change has to be 'turbo-charged' says NHS watchdog**

The NHS must accelerate the pace and scale of change in the way health is delivered in England if it is to seize the opportunity to significantly improve care for patients, according to Monitor, the health sector regulator.

Setting out its corporate strategy for 2014-17, Monitor said there is a growing consensus about the fundamental changes required to achieve "nothing short of a complete redesign of how care is delivered in England."

This includes integrating access to care around the needs of patients; breaking down traditional barriers between providers; doing less in hospitals and more in the community; and inventing new models of hospital care.

The regulator, which has powers to promote the interests of patients including by regulating NHS foundation trusts, said the challenge was now to ensure that these changes were introduced as swiftly as possible, which means faster than the NHS has been able to achieve so far.

Monitor’s strategy identifies four themes that will lie at the heart of the regulator’s work over the next three years:

- encouraging individuals and organisations to develop skills and capabilities
- supporting radical change while also managing the risks of failure
- ensuring the system’s rules operate in the best interests of patients
- working closely with partners, nationally and locally.

Source: www.monitor-nhsft.gov.uk 10 April 2014

**Millions to benefit from improved GP care**

Extended opening hours and enhanced care for older people will soon be available at doctors’ surgeries across many parts of the country, according to the Department of Health.

Millions of people will now be able to see their GP outside of working hours, including late night and weekend appointments, while older people and those with more serious health complaints will get tailored care, co-ordinated by just one local GP.

The Health Secretary Jeremy Hunt and NHS England Chief Executive Simon Stevens have set out the proposals for:
• more GP access – More than 7.5 million people in England will be offered increased access to their GP services, including seven-day opening and 8am-8pm appointments. The Prime Minister’s £50 million GP Access Fund will support 1,147 practices covering every region to offer extra services for those who struggle to find appointments that fit in with their family and work life. GP groups will now bring in a variety of forward-thinking services to suit busy lifestyles, including greater use of Skype, email and phone consultations for those who would find it easier. The Fund was originally expected to help just 500,000 people but has been expanded as a result of a high level of interest from surgeries across the country.

• personalised care for the most vulnerable – 800,000 people with the most complex needs, mostly aged over 75, will also be enrolled onto a separate Transforming Primary Care programme of proactive, personalised care in the community. These patients will be offered a proactive enhanced service including: individual care plans reviewed regularly with patients and carers by GPs, nurses, carers and other health professionals; a named GP responsible for their care; and same-day access to a GP when they need it.

People are living longer with more complex needs, which is putting pressure on the NHS. The 4.2 million people over 75 in England is expected to rise to 6.3 million by 2026. And by 2018, three million people will have three or more long term conditions. However, more than a quarter of people with long term conditions say they are not well cared for by the NHS, and two-fifths say they expect their care to get worse over the coming years.

These plans represent the start of a fundamental shift in care from hospital to home, in which people will be given more on-going support to better manage conditions in the community rather than being admitted to hospital.

Other GP services that will be rolled out from May 2014 into next year include:

- electronic prescriptions and online booking of appointments
- easier, online registration and choice of practice
- joining-up of urgent care and out-of-hours care to ensure rapid walk-in access to care
- greater flexibility about how people access general practice, for instance with the option to visit a number of GP surgery sites in their area
- better access to telecare to help sick people stay comfortable at home, as well as to healthy living apps.

The Transforming Primary Care programme will be supported by dedicated funding of almost £500 per patient in GP time and a commitment to train 10,000 more frontline community staff, including GPs, nurses and other professionals, by 2020. The enhanced service also includes:

- offering paramedics, A&E doctors and care homes a dedicated hotline to advise how to treat patients quicker
- co-ordinating care for vulnerable patients discharged from hospital
- reviewing how individual patients can avoid emergency admissions in future.

Source: [www.gov.uk](http://www.gov.uk) 14 April 2014

**NHS financial crunch getting closer says latest quarterly report from The King’s Fund**

Financial confidence within the NHS is ebbing away, with a financial crisis looming in 2015/16, according to the latest Quarterly Monitoring Report published by The King's Fund.
One in eight trusts and clinical commissioning groups (CCGs) will overspend their budgets for the financial year just ended, based on a survey of NHS finance directors carried out for the report. Although this is an improvement on the findings from the previous quarter, it reinforces concerns that the NHS provider sector will end the year in deficit for the first time since 2006/07.

Looking ahead, only 40 per cent of finance directors in hospitals and other providers are confident their organisation will achieve financial balance in 2014/15. This figure plunges to just 16 per cent in 2015/16. CCG finance leads are more optimistic, although only a third are confident of balancing the books in 2015/16.

This lack of confidence reflects concerns about the implementation of the £3.8 billion Better Care Fund, which will see an additional £1.9 billion transferred from the NHS to support joint working between health and social care from April 2015. To compensate for this, NHS England has estimated that hospitals will need to reduce emergency admissions by 15 per cent - a prospect rated as very unlikely by nearly 70 per cent of hospital finance directors responding to this part of the survey.

Despite growing financial pressures, the NHS continues to hold up well against key performance indicators. The proportion of patients waiting longer than four hours in A&E stayed within the Government's five per cent target range over the quarter, although this continues to mask significant local variation - more than 60 per cent of hospitals with major A&E units missed the target over the quarter.

Meanwhile, pressures on hospital waiting lists are growing, with more than 360,000 additional people waiting for treatment in January 2014, compared to the same month last year. Key findings from this quarter’s analysis of performance data include:

- 4.8 per cent of patients spent four or more hours in A&E during the quarter to the end of March 2014
- 9.6 per cent of patients waited longer than 18 weeks for inpatient treatment in January, the highest proportion since June 2011
- healthcare-acquired infections remain at historically low levels with just 382 cases of C difficile and 36 cases of MRSA reported in January 2014
- the number of delayed transfers of care remains stable, with 4,266 patients recorded as delayed on the last Thursday of February, an increase of 2.6 per cent over the year.

Source: www.kingsfund.org.uk 15 April 2014

**NHS England outlines new measures to tackle cancer in London**

Lowering the age of referrals, speedier access to tests, and more community programmes to help people spot the early signs of cancer are among a raft of new measures unveiled by London’s health leaders to tackle the capital’s biggest cause of premature death.

More than 13,600 people die of cancer every year in London and survival rates are lower than many other countries. The announcement forms part of a five year collaborative strategy from NHS England (London) to boost early detection of the disease, improve survival rates and transform cancer services.

The plans for the first year will mainly focus on early detection, in a bid to cut the substantial number of Londoners who are diagnosed late. Currently, more than a quarter of cancers are diagnosed in A&E or as an emergency referral, and it is estimated that at least 1,000 lives could be saved if cancers were spotted earlier.
The strategy also sets out measures to improve the care and support for the increasing numbers of people living with and beyond cancer, as cutting-edge treatments and advancements in care across the NHS mean numbers are set to double in London to 400,000 by 2030.

The plans for the coming year in the finalised five year Cancer Commissioning Strategy include:

- ensuring more people are diagnosed earlier with bowel cancer by recommending clinical commissioning groups (CCGs) go beyond the national guidelines by cutting the age for referring patients with symptoms from 60 to 55 years, with the aim of reducing this further to 45 the following year
- getting ovarian cancer diagnosed and treated faster, by encouraging CCGs to change the way in which tests are done, so that two tests can be done at once, instead of one at a time – going beyond current National Institute for Health and Clinical Excellence (NICE) guidelines
- rolling out new risk assessment tools for GPs so cancers are diagnosed quicker and earlier
- training GP trainers across London in signs and symptoms of cancer and how to use simple tools to improve referral rates for suspected cancer
- providing all patients with a holistic assessment and care plan to address any long term health conditions caused by either the disease or the treatment, as well as offer practical support and advice on finances and careers. Cancer survivors are 37 per cent more likely to be unemployed and many struggle to return to work, at a time when income has diminished drastically.

The NHS in London also wants to build on the success of its ‘Get to Know Cancer’ campaign – which has already trained 1,077 volunteer cancer activists to share information in their local communities – and is now learning from successful schemes in America where barbers and beauticians were recruitd to raise awareness of cancer signs.

Improving the understanding of cancer symptoms is critical to early detection – yet most Londoners can only name a lump as a potential symptom. Research shows that more than three quarters of people nationally failed to mention either pain, coughing or problems with bowels or bladder. To help tackle this, the NHS England (London) Get to Know Cancer campaign formed a season-long partnership with Tottenham Hotspur Football Club to raise awareness and promote early diagnosis among fans.

Other recommendations for commissioners include:

- holding workshops with trusts to examine why there are sometimes delays in diagnostics
- auditing how many women are having mastectomies as day surgery
- assessing transport options for each trust, particularly around parking and public transport
- examining chemotherapy waiting times across the capital
- sharing best practice on how trusts are improving standards of behaviour and the patient experience
- allowing patients to view and contribute to their electronic medical records.

Source: www.england.nhs.uk 15 April 2014
"Unacceptable" variations in uptake of bowel cancer screening revealed

Wide variations and poor uptake of bowel cancer screening is leading to late cancer diagnosis and preventable deaths, according to the charity Beating Bowel Cancer.

New figures released by the charity have revealed a 24 per cent difference between the highest and lowest areas of uptake for bowel cancer screening across England. The percentages vary from 66 per cent in the highest performing area to 42 per cent in the lowest.

Overall uptake for bowel cancer screening in England is 58 per cent, which lags behind other cancer screening programmes including a 72 per cent uptake for breast cancer screen and 79 per cent for cervical cancer screen. The charity, which obtained the figures through a Parliamentary Question, said thousands of lives could be saved if uptake was increased.

Top findings from the data include:

- Dorset screening centre had the highest uptake at 66 per cent
- West London screening centre had the lowest update at 42 per cent.

The current bowel cancer screening tests, called faecal occult blood tests (FOB), are sent in the post to everyone aged between 60 and 74 every two years. The latest figures publically available show that between July 2006 and December 2010, 7,065 cancers were detected through the programme and over 40,000 patients had undergone polyp removal. The targets set for the programme is 60 per cent uptake.

Source: [www.beatingbowelcancer.org](http://www.beatingbowelcancer.org) 16 April 2014

Doctors and nurses must redouble hygiene efforts to bring down 'unacceptable and avoidable' infection rates

Around 300,000 people get an infection while being cared for within the NHS in England each year. These 'healthcare associated infections' include pneumonia and infections of the lower respiratory tract (22.8 per cent), urinary tract infections (17.2 per cent) and surgical site infections (15.7 per cent). Doctors, nurses and other healthcare professionals can follow simple actions to bring down infection rates in the NHS.

The National Institute for Health and Clinical Excellence (NICE) has produced a set of specific, concise and measurable statements (based on the Institute’s guidance and other guidance accredited by NICE). When delivered collectively, the statements should improve the effectiveness, quality, safety and experience of care that people get.

The quality standard contains six statements, including:

- people are prescribed antibiotics in accordance with local antibiotic formularies - as part of a system to stem resistance of infections to antibiotics (this is known as antimicrobial stewardship)
- patients are looked after by healthcare workers who always clean their hands thoroughly, both immediately before and immediately after contact or care
- healthcare workers minimise the risk of infection to people who need a urinary catheter or a vascular access device by following procedures to make sure they are inserted, looked after and removed correctly and safely.

These procedures include cleaning hands, assessing the need for a catheter, using a lubricant when inserting a catheter, using sterile procedures when inserting a vascular access device,
emptying the catheter drainage bag when necessary, and removing catheters and vascular access devices as soon as they are no longer needed.

Source: www.nice.org.uk 16 April 2014

One thousand hospital patients die each month from avoidable kidney problems
At least 1,000 hospital patients in England die each month from avoidable kidney problems, according to a study commissioned by the NHS.

Researchers found that 15,000-40,000 excess deaths every year are caused by acute kidney injury (AKI), which causes a loss of kidney function and can develop very quickly. It can occur in people who are already ill with conditions such as heart failure or diabetes and those admitted to hospital with infections.

AKI can also develop after major surgery, such as some kinds of heart surgery, because the kidneys can be deprived of normal blood flow during the procedure. Severe dehydration is one of the main causes of the condition.

AKI costs the health service more than £1 billion every year, according to a study commissioned by NHS Improving Quality.

The research, carried out by kidney disease experts and Insight Health Economics, found that AKI is five times more prevalent in English hospitals than previously thought.

Source: www.theguardian.com 22 April 2014

Services run by St George's Healthcare NHS Trust rated Good by CQC's Chief Inspector of Hospitals following inspection
England's Chief Inspector of Hospitals has published his first report on the quality of the services provided by St George’s Healthcare NHS Trust at St George’s Hospital, Tooting, Queen Mary’s Hospital, Roehampton, and St John’s Therapy Centre, Battersea.

St George’s Hospital was rated as Good overall. It was rated as Outstanding for its intensive and critical care and Good for most other services inspected. End of life care, while found to be effective and caring, was rated as Requires Improvement because the completion of resuscitation forms requires further work to ensure that people receive the treatment they choose.

Queen Mary’s Hospital was rated as Good across the three services offered at that site. St John’s Therapy Centre and the community inpatient service at Queen Mary’s Hospital have not been rated because the Care Quality Commission (CQC) is not yet rating community services.

Inspectors found that services across the Trust were safe and effective, and that patients were generally satisfied with the care that they received. Women and their partners in the maternity and critical care settings were particularly pleased with their care.

Inspectors did find, however, that staff knowledge of the Mental Capacity Act 2005 was limited. While this was not seen to be impacting on care during the inspection, this led to a risk that staff would not always be able to identify and take the correct steps to protect patients with limited capacity.

A few patients told inspectors they had received poor care; however, inspectors found that the Trust used complaints in a proactive way. The Trust had generally responded well to meet the
needs of local people, although specialist services sometimes had difficulty repatriating patients to their local hospital or home which affected the availability of services for others.

All staff displayed the values of the Trust, and most staff told inspectors that their leaders were supportive and listened to them. However, inspectors did find a few areas where staff felt bullied and harassed by local managers. Once reported to the senior management, action was undertaken to address these issues.

Intensive and critical care services at St George’s Hospital, where patients received safe, effective and responsive care from specialist staff on a 24 hour basis, were rated as Outstanding by inspectors.

Inspectors found a number of other areas of good practice across the trust, including:

- the leadership of intensive care unit and high dependency unit services with open and effective team working and a priority given to information, research and training
- maternity care, due to information provided to women, robust midwifery staffing levels and access to specialist midwives
- the provision of a comforting environment within the mortuary suite
- the hyper-acute stroke unit on William Drummond Ward
- the provision of advice at Queen Mary’s Hospital minor injuries unit
- the neonatal special care baby unit
- multi-professional team working in neurology theatres
- the local leadership of Richmond acute medical unit
- excellent multidisciplinary working, communication across teams, and relationship building with patients across community services.

The CQC has told the Trust that it must make improvements in a number of areas including:

- ensuring a better understanding of the principles of the Mental Capacity Act 2005 across both hospital sites
- ensuring that medical records are made available to staff working in the outpatient clinics.

An inspection team which included doctors, nurses, hospital managers, trained members of the public, CQC inspectors and analysts made announced visits to sites run by the Trust in February 2014. They examined the care provided in accident and emergency (A&E), medical care (including older people’s care), surgery, intensive/critical care, maternity, children’s care, end of life care and outpatients. Inspectors also visited a selection of health centres, looking at both acute and community services.

Inspectors also visited the sites unannounced as part of the inspection, held focus groups with staff, and held a public listening event. The report is based on a combination of their findings, information from CQC’s Intelligent Monitoring system, and information provided by patients, the public and other organisations.

CQC inspectors will return to the services run by the Trust in due course as part of its regulatory programme.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 24 April 2014

Homerton University Hospital, Hackney, rated as Good by CQC’s Chief Inspector of Hospitals following inspection
England’s Chief Inspector of Hospitals has published his first report on the services provided by Homerton University Hospital NHS Foundation Trust at Homerton University Hospital, in Hackney, East London.

The Care Quality Commission (CQC) rated the hospital as Good with an Outstanding Accident and Emergency (A&E) department. Staff told inspectors that they felt valued and enjoyed working in the hospital, and patients told inspectors that they felt cared for and had faith in the staff looking after them.

Inspectors found that the A&E – the first to be rated as Outstanding by CQC under its new ratings system – was safe, effective, caring, responsive to people’s needs and well led. The department had consistently met the Government’s 95 per cent target for admitting, transferring or discharging patients within four hours since April 2013, and initiatives were in place to ensure patients were seen in a timely way.

Inspectors observed staff taking the time to listen to patients and explain to them what was wrong and any treatment needed. Patients told inspectors they had all their questions answered and felt involved in making decisions about their care. Staff told inspectors they were proud to work in the department.

The hospital had initiatives in place to reduce the number of people attending A&E. The role of a non-clinical ‘navigator’ had been introduced to support patients attending the Primary Urgent Care Centre to locate and register with their local GP so they could have their primary medical needs met in the community. There was also a team that identified the support needs of people who attended A&E on a regular basis, so these could also be met in the community.

All other services inspected across the hospital were rated as Good, and inspectors found a number of other areas of good practice, including:

- the elderly care unit had dementia care assistants to support patients
- the palliative care nursing team and the bereavement team provided a supportive service that was that was well known to medical, nursing and therapy staff. Staff working on the medical wards told inspectors how their own knowledge and practice had been improved by the confidence and competence of individuals within these teams
- the pharmacy department was involved in joint working with London Ambulance Service and the Hackney Clinical Commissioning Groups to introduce ‘green bags’ so that patients’ own drugs could be brought into hospital safely and transferred safely
- access to maternity services was also provided through a maternity telephone helpline that was available from 10am till 6pm, seven days a week. This was staffed by experienced midwives who had specific training about domestic violence, confidentiality, and handling difficult and emotional calls
- the outpatients’ service used technology to ensure patients’ relatives and carers could be involved in their care. A clinic appointment had been organised so that a close relative could join the consultation from another country via Skype.

CQC has also told the Trust that it must make improvements in a number of areas including:

- ensuring that at all times there are enough suitably qualified, skilled and experienced staff employed on the medical wards
- ensuring that patient records are always accurate and include appropriate information and documents in relation to the care and treatment planned and provided
- ensuring that patients and/or their relatives are involved in ‘do not attempt cardiopulmonary resuscitation’ decisions and that these decisions are adequately documented.
An inspection team which included doctors, nurses, hospital managers, trained members of the public, CQC inspectors and analysts carried out an announced inspection visit in February 2014. They examined the care provided in A&E, medical care (including older people's care), surgery, intensive/critical care, maternity, children's care, end of life care and outpatients.

Inspectors also visited the hospital unannounced as part of the inspection, held focus groups with staff, and held a public listening event. The report is based on a combination of their findings, information from CQC’s Intelligent Monitoring system, and information provided by patients, the public and other organisations.

CQC inspectors will return to Homerton University Hospital in due course as part of its regulatory programme.

Source: www.cqc.org.uk 24 April 2014

**PHE publishes end of life care profiles for clinical commissioning groups**

Public Health England’s (PHE) National End of Life Care Intelligence Network (NEoLCIN) has published end of life care profiles for clinical commissioning groups (CCGs) for the first time.

The profiles draw together a wide range of information to give an overview of variations in cause and place of death, by age and sex, for each CCG in England.

The profiles will help commissioners and providers of end of life care get a clearer picture of the end of life care needs of their local populations. They will help with the planning and delivery of services and will support drives locally towards improving end of life care. In total, there are 170 indicators, presented in four separate tools, using Office for National Statistics mortality data from 2010 to 2012. Data can be viewed in the following ways:

- interactive map showing a single indicator and enabling comparison with CCGs across England
- spine chart showing multiple indicators for each CCG comparing to the minimum, maximum and average values for England.

The profiles are available at.


Source: www.gov.uk 28 April 2014

**Half of all cancer patients now survive at least 10 years**

Fifty per cent of people diagnosed with cancer today will survive their disease for at least 10 years, according to figures published by Cancer Research UK.

In the early 1970s just a quarter of people diagnosed with cancer survived 10 years.

Cancer Research UK has set out a new strategy to accelerate progress with the ambition that three quarters (75 per cent) of all cancer patients diagnosed in 20 years time will survive at least 10 years.

Women with breast cancer now have a 78 per cent chance of surviving at least a decade, compared to only 40 per cent 40 years ago.

Ten year survival for men with testicular cancer has jumped from 69 to 98 per cent since the 1970s and, for people diagnosed with malignant melanoma, the most serious form of skin cancer, 10-year survival has leapt from 46 to 89 per cent.
However, just one per cent of pancreatic cancer patients and five per cent of lung cancer patients diagnosed today are expected to survive 10 years. Cancer Research UK has worked to increase research into these cancers but change has been slower than hoped – which is why a renewed focus is needed to make faster progress.

Survival from oesophageal cancer is still far too low at 12 per cent, although 40 years ago it was at around four per cent. Brain tumour survival is also very low at just 13 per cent, despite more than doubling in the last 40 years.

Saving more lives from all cancers, including those that are hard to treat, is the overriding focus of Cancer Research UK’s new strategy. The strategy details a raft of measures aimed at accelerating the speed of progress.

Ensuring cancer patients are diagnosed at the earliest possible stage of their disease, when treatment is more likely to be successful, is a key priority for the charity. And it plans to fund more scientists from different disciplines because collaboration is key to moving discoveries from the laboratory into the clinic to make sure patients will benefit sooner.

Source: www.cancerresearchuk.org 29 April 2014

NHS funding increase needed as financial crisis looms
A significant increase in funding is needed to prevent a financial crisis in the NHS, according to a new report from The King’s Fund.

The report finds that there are still significant opportunities to improve efficiency within the health service, for example by improving procurement and changing clinical practice. However, with more than a quarter of trusts already in deficit, the report warns that a financial crisis is now inevitable by 2015/16 and could arrive sooner than this, with damaging consequences for patient care.

The report highlights the progress made in improving efficiency in the face of the unprecedented slowdown in NHS funding since 2010. But it warns that the main ways of reducing costs - holding down salaries, reducing the prices paid to hospitals and cutting management costs - have now almost been exhausted.

Analysis conducted for the report shows that the NHS budget is under huge pressure. This will be exacerbated by the introduction of the Better Care Fund in 2015/16, which will divert a further £1.8 billion in NHS funding to support joint working with social care. In the long term, the report finds that on current projections, NHS spending as a proportion of GDP will fall to six per cent by 2021, its lowest level since 2003.

Crucially, the report argues that new funding should not be used to disguise the need for change by propping up unsustainable services. Instead it should be used for two distinct purposes:

- to establish a health and social care transformation fund to meet the costs of service changes and invest in developing new models of care outside hospitals
- to make emergency funding available to provide temporary support for otherwise sound NHS organisations experiencing difficulties as a result of the unprecedented pressures on their budgets.

The report, which is partly based on detailed research carried out in six NHS trusts, also identifies four key ways in which efficiency can be increased:
• a stronger national focus on collating and disseminating good practice in improving efficiency
• more emphasis on encouraging doctors, nurses and other frontline staff to identify and lead changes in clinical practice
• stronger leadership at a regional level to plan and implement changes to services across large geographical areas
• a more sophisticated approach to the way in which hospitals are paid and NHS organisations are incentivised to improve efficiency.

Source: www.kingsfund.org.uk 1 May 2014

Thousands run the risk of stroke by ignoring early warning signs

Thousands of people are putting themselves at risk of a stroke by dismissing their passing symptoms as 'just a funny turn', and are unaware that they are having a mini-stroke, according to a new report launched by the Stroke Association.

If mini-strokes (also known as a TIA or transient ischaemic attack) are treated in time, around 10,000 strokes could be prevented annually and the NHS and care services could save more than £200 million.

The charity’s latest report entitled, 'Not just a funny turn', is based on a UK-wide survey of people who had a mini-stroke in the past five years. Findings from the report, which is supported by Legal & General, show:

• over a third of people (37 per cent) having a mini-stroke thought it was a ‘funny turn’
• only one in five people (22 per cent) experiencing symptoms of a mini-stroke rang 999
• almost half of people (47 per cent) said the symptoms didn’t feel like an emergency
• a fifth of people (20 per cent) went on to have a major stroke.

Every year, around 46,000 people in the UK have a mini-stroke for the first time. The symptoms are the same as stroke but last for a short time and people appear to return to normal.

The survey also revealed:

• a quarter of people (25 per cent) said that healthcare professionals had not recognised the symptoms as that of a mini-stroke
• nearly a quarter of people (23 per cent) were given no information or advice about changes they needed to make to their lifestyle to prevent a stroke
• although there may appear to be no after effects of mini-stroke, more than two out of five (45 per cent) reported that their mini-stroke had affected them physically, resulting in problems with their communication, memory or vision.

The Stroke Association is calling for:

• better awareness amongst the public of the passing symptoms of mini-stroke in order to prevent a stroke
• professionals in health and social care, including GP receptionists, hospital registrars and health visitors, to recognise the signs of mini-stroke and the importance of rapid referral to specialist assessment and treatment
• improved support, information and advice for patients to make necessary lifestyle changes to reduce their risk of further mini-strokes and strokes
• provision of appropriate support for people to make their best possible recovery.
World Dementia Council meets for the first time
The first members of the World Dementia Council have met for the first time in London in a bid to stimulate the innovation and development of life-enhancing drugs, treatments and care for people with dementia within a generation.

The Council members have been appointed by the UK Government to support the World Dementia Envoy, Dr Dennis Gillings CBE, to champion dementia research and development and unlock investment in countries across the globe including throughout the G7 and OECD.

At the inaugural meeting, the Council considered how it could unlock the brainpower and financial muscle required to meet the objective from the 2013 G8 Dementia Summit to identify a cure or disease modifying therapy by 2025.

The World Health Organization (WHO) estimates 36 million people worldwide are living with dementia, with the global cost of dementia estimated at US$604 billion.

The economic impact that dementia is having globally highlights the urgent need for global experts to come together to encourage new research into dementia. To this end the Council will work over the next year to identify the barriers to innovation and improve the conditions around investment.

The work of the World Dementia Council follows on from the 2013 G8 dementia summit hosted in London in December 2013, in which the countries agreed to work together to build an international effort to double funding for dementia research, increase the number of people involved in clinical trials and to set an ambition to identify a cure or disease-modifying therapy for dementia by 2025.

Source: www.gov.uk 1 May 2014

NHS must care for the carers, says new NHS England CEO

The new Chief Executive of NHS England has paid tribute to carers for their "immense contribution" as he pledged to do more to help them.

Simon Stevens launched NHS England's Commitment to Carers to coincide with the Carers UK State of Caring Conference in London.

He has committed his organisation to do more to support the millions of people providing unpaid care, their number having grown by 600,000 over the past decade.

NHS England has for the first time asked carers on a national basis what support they would like from the NHS.

Carers, charities and partner organisations have worked with NHS England to draw up eight priorities – and 37 commitments – that will help the NHS to deliver the care and support carers have said they need.

These include a national event for young carers, a carers' champion on the board of NHS England, and promoting carers' interests through, for example, work on personalised care planning, end of life care and dementia.

NHS England’s eight priorities in its Commitment to Carers publication are:
• raising the profile of carers among staff, stakeholders and partners, making them aware of what carers do and how they can be helped
• improving education, training and information for staff, stakeholders and partners, increasing awareness of what it means to be a carer
• developing services, with NHS England investigating how carers are involved and where initiatives may be developed to make their role easier.
• providing person-centred, well co-ordinated care – this includes providing better information, involving carers and patients and giving them more control
• considering how carers may be helped through primary care, working with our partners to identify, measure and share best practice
• evaluating commissioning support, assessing the impact of services and policies on the role of carers
• helping to build, sustain and develop links between health, social services, charities and other key partners that will support carers
• continuing to offer policies on flexible working, leave and employment to support the carers among NHS England staff.

Source: www.england.nhs.uk 7 May 2014

No change in public satisfaction with the NHS but satisfaction with A&E has dropped, according to latest British Social Attitudes survey data

Public satisfaction with the way the NHS runs remained unchanged from last year at 60 per cent, according to British Social Attitudes (BSA) survey data for 2013. Published by The King’s Fund a year before the 2015 general election, the data confirms that public satisfaction with the NHS has stabilised after a record fall in 2011 from its all-time high of 70 per cent in 2010.

While public satisfaction with most services also remain high, satisfaction with accident and emergency (A&E) services dropped by six percentage points from 59 per cent (2012) to 53 per cent (2013), its lowest level since 2008. This is the lowest satisfaction rate of any NHS service in 2013. This fall follows the well-publicised breaches in the four-hour A&E waiting time target in 2013. In contrast, satisfaction with hospital outpatient services climbed to a record high of 67 per cent, while satisfaction with inpatient services jumped six percentage points to 58 per cent.

The survey, conducted by NatCen Social Research, also showed that public satisfaction in GP services was unchanged at 74 per cent, while satisfaction with dentists remained steady at 57 per cent. In contrast to the high levels of satisfaction with the NHS, satisfaction with social care remains low. Just 29 cent of respondents were very or quite satisfied with social care with an equal proportion being dissatisfied.

The data shows satisfaction levels beginning to diverge along party lines. Between 2012 and 2013, satisfaction increased slightly amongst Conservative supporters (by three percentage points to 66 per cent), remained the same among Liberal Democrats at 63 per cent, and dropped slightly among supporters of the Labour party (reducing by four percentage points to 59 per cent).

Source: www.kingsfund.org.uk 7 May 2014
NICE issues first draft guideline to help the NHS determine safe staffing for nursing on adult inpatient wards

More than a year after the Francis Report revealed care failings at the Mid Staffordshire NHS Trust, there are still concerns about how best to ensure there are enough nurses to provide safe care for patients. The National Institute for Health and Clinical Excellence (NICE) has issued draft recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals.

The draft guideline recognises that if each registered nurse is caring for more than eight patients during the day time on a regular basis, there is an increased risk of harm. It stresses the importance of checking if patient needs are adequately being met in these situations. The lead nurse should consider any 'red flag events' as indicators of the ward becoming in danger of being under-staffed and therefore tailor the number of available nursing staff as needed.

The draft guideline also calls for hospital boards and senior management to take greater responsibility and includes step-by-step guidance on how to determine the number of nursing staff that should be funded. Ensuring there are enough appropriately trained staff should be a consideration as the evidence shows providing a higher proportion of registered nurses in the skill mix contributes to better outcomes for patients.

To support use of the guideline in hospitals NICE will be assessing a range of practical toolkits designed to assist in estimating staffing requirements. Staffing toolkits which comply with guideline recommendations and meet specified criteria will be given the NICE endorsement.

Source: www.nice.org.uk 12 May 2014

Chief Inspector of Hospitals finds that Lewisham & Greenwich NHS Trust requires improving

England’s Chief Inspector of Hospitals has published his first reports on the quality of the services provided by Lewisham & Greenwich NHS Trust at University Hospital Lewisham and Queen Elizabeth Hospital, Woolwich.

University Hospital Lewisham was rated as Requires Improvement overall. It was rated as Good for its intensive and critical care and children’s care, and Requires Improvement for all other services inspected.

Queen Elizabeth Hospital was also rated as Requires Improvement overall. It was rated as Inadequate for its A&E department, Good for its maternity and family planning services, and Requires Improvement for all other services inspected.

Inspectors found that the A&E at Queen Elizabeth Hospital was not fit for purpose. Capacity in the department was limited and there was a heavy reliance on agency staff. This was leading to delays in further investigation taking place and specialist advice being sought following patient admission via A&E at Queen Elizabeth Hospital.

Both hospitals were using different models of acute medical pathway, and neither of these led to efficient patient movement between different services. In some wards, patients told inspectors that they felt there was a lack of staff as it could take up to 30 minutes for call bells to be answered. Although recruitment programmes were in place to try and fill vacancies, inspectors observed staff shortages in many areas.

Inspectors found that staff on both sites were committed to delivering good care, and a number of areas of good practice were identified. Representatives of the Patients Association, a national healthcare charity, joined the inspection team to look at how complaints were handled.
in the Trust. They found some areas of good practice and that the trust had a clear focus on meeting the needs of patients, but that complaints handling needed to be streamlined.

CQC has told the Trust that it must make improvements in a number of areas including:

- ensuring that it has enough staff in all areas to allow them to work safely and effectively
- ensuring that appropriate hand hygiene procedures and 'bare below the elbow' practices are followed at all times by all staff groups
- improving the management and storage of clinical waste
- reviewing medical and upper gastro-intestinal pathways to ensure that they are effective
- reviewing capacity in radiology to ensure timely and responsive scans
- reviewing the capacity, constraints and escalation process for A&E.

Inspectors also found some areas of good practice across the trust, including:

- a volunteer programme on the dementia ward which provided patients with help in eating their meals
- the process for managing and learning from complaints, and the programme to learn from incidents
- a commitment to staff development and training
- the staff culture and staff engagement developed through the recent merger.

An inspection team which included doctors, nurses, hospital managers, trained members of the public, CQC inspectors and analysts made announced visits to sites run by the Trust in February 2014. They examined the care provided in A&E, medical care (including older people’s care), surgery, intensive/critical care, maternity, children's care, end of life care and outpatients. Inspectors also visited a selection of health centres, looking at both acute and community services.

Inspectors also visited the sites unannounced as part of the inspection, held focus groups with staff, and held a public listening event. The report is based on a combination of their findings, information from CQC’s Intelligent Monitoring system, and information provided by patients, the public and other organisations.

CQC inspectors will return to both hospitals in due course to check that the required improvements have been made.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 13 May 2014

**Significant variation in standards of care for people dying in hospital**

A new audit on the provision of care for people dying in hospitals has found significant variations in care across hospitals in England. While every patient has different needs, and some will need more pain relief than others for example, there should be no variation in the quality and provision of services, or training in the care of people dying in hospitals. The audit shows that major improvements need to be made to ensure better care for dying people, and better support for their families, carers, friends and those important to them.

Around half of all deaths in England happen in hospitals. Hospitals have a responsibility to provide high quality care for patients in their final days of life, and support families, carers and those close to them. The National Care of the Dying Audit for Hospitals was led by the Royal College of Physicians (RCP) in collaboration with the Marie Curie Palliative Care Institute Liverpool (MCPCIL), and funded by Marie Curie Cancer Care and Public Health England.
While previous audits had been based on the goals of care within the Liverpool Care Pathway for the Dying Patient (LCP), the new audit sampled the care of dying people in hospital, regardless of whether they were supported by the LCP or other care pathways or frameworks, and included more hospitals than the previous audits. The questions were also changed from previous audits to reflect the recommendations of the Neuberger Review of the Liverpool Care Pathway. The new audit assessed:

- the quality of care received directly by 6,580 people who died in 149 hospitals in England between 1 May and 31 May 2013. This was done by reviewing the case notes of a sample of patients and is not the total number of people who died in hospital during this time. The audit only covered expected deaths.
- results from questionnaires completed by 858 bereaved relatives or friends, asking about the treatment of their relative, their involvement in decision making, and the support available to them. The questionnaire was distributed by some hospitals involved in the audit, and the results were aggregated nationally.
- the organisation of care including availability of palliative care services, numbers of staff, training, and responsibilities for care.

The results provide data for hospitals to identify good and poor practice, and enable them to make changes that will enhance learning and improve care for dying patients. They also provide commissioners with an evidence base to make commissioning decisions.

Findings on the quality of care:

- for most patients (87 per cent), healthcare professionals had recognised that they were in the last days of life, but had only told less than half (46 per cent) of patients capable of discussing this.
- communication with family and friends about the death of their relative/friend occurred in 93 per cent of the cases, on average 31 hours before their relative or friend died.
- most patients (63 to 81 per cent) had medication prescribed 'as required' for the five key symptoms often experienced near the end of life – pain, agitation, noisy breathing, difficulty in breathing (shortness of breath or dyspnoea), and nausea and vomiting. Not all patients need the medication, and in the last 24 hours of life 44 per cent received pain relief and 17 per cent medication for shortness of breath.
- fifty nine per cent of patients were clinically assessed to see if they needed artificial hydration, but discussions with the patient was only recorded with 17 per cent of patients capable of having the conversation. The situation was discussed with more than twice as many relatives and friends – 36 per cent.
- artificial hydration was in place for 29 per cent of patients at the time of death.
- forty five per cent of patients were clinically assessed to see if they needed artificial nutrition, but discussions with the patient was only recorded with 17 per cent of patients capable of having the conversation. The situation was discussed with 29 per cent of relatives and friends.
- artificial nutrition was in place for seven per cent of patients at the time of death.
- only 21 per cent of patients capable of having the conversation were asked about their spiritual needs, and only 25 per cent of relatives/carers asked about their own needs.
- most patients – 87 per cent, were assessed five or more times in the final 24 hours of life, in line with national guidance.

Findings from the bereaved relatives survey:
seventy six per cent of those completing the questionnaire reported being very or fairly involved in decisions about care and treatment of their family member, and 24 per cent did not feel they were involved in decisions at all

only 39 per cent of bereaved relatives reported being involved in discussions about whether or not there was a need for artificial hydration in the last two days of the patient's life. For those for whom the question was applicable, 55 per cent would have found such a discussion helpful

sixty three per cent reported that the overall level of emotional support given to them by the healthcare team was good or excellent. Thirty seven per cent thought it only fair or poor

overall, 76 per cent felt adequately supported during the patient’s last two days of life; 24 per cent did not

based on their experience, 68 per cent were either likely or extremely likely to recommend their trust to family and friends. Eight per cent were extremely unlikely to do so.

Findings on the organisation of care:

only 21 per cent of sites had access to face-to-face palliative care services, seven days per week, despite a longstanding national recommendation that this be provided; most (73 per cent) provided face-to-face services on weekdays only

mandatory training in care of the dying was only required for doctors in 19 per cent of trusts and for nurses in 28 per cent, despite national recommendations that this be provided. Eighty two per cent of trusts had provided some form of training in care of the dying in the previous year; 18 per cent had not provided any

fifty three per cent of trusts had a named board member with responsibility for care of the dying; 47 per cent did not. In 42 per cent of trusts care of the dying had not been discussed formally at the trust board in the previous year and only 56 per cent of trusts had conducted a formal audit of such care, despite previous recommendations that this be carried out at least annually

only 47 per cent of trusts reported having a formal structured process in place to capture the views of bereaved relatives or friends prior to this audit.

Recommendations:

based on these findings, the report makes 10 key recommendations aimed at driving up the quality of care for dying people across all trusts. The recommendations reflect key themes in the evidence base on care for dying people and those in the Neuberger Review. The recommendations are also in keeping with the work of the Leadership Alliance for the Care of Dying People, a partnership of organisations brought together to produce a system-wide response to address the issues raised by the Neuberger Review. The Royal College of Physicians, Marie Curie and Public Health England are members of the Alliance

hospitals should provide a face-to-face specialist palliative care service from at least 9am to 5pm, seven days per week, to support the care of dying patients and their families, carers or advocates

education and training in care of the dying should be mandatory for all staff caring for dying patients. This should include communication skills training and skills for supporting families and those close to dying patients

all hospitals should undertake local audit of care of the dying, including the assessment of the views of bereaved relatives, at least annually
• all trusts should have a designated board member and a lay member with specific responsibility for care of the dying. Trust boards should formally receive and discuss the report of local audit at least annually
• the decision that the patient is in the last hours or days of life should be made by the multidisciplinary team and documented by the senior doctor responsible for the patient’s care. This should be discussed with the patient where possible and appropriate, and with family, carers or other advocate
• pain control and other symptoms in dying patients should be assessed at least four hourly and medication given promptly if necessary. Interventions should be discussed with the patient where possible and appropriate, and with family, carers or other advocate
• decisions about the use of clinically assisted (artificial) nutrition and hydration are complex and should be taken by a senior experienced clinician supported by a multidisciplinary team. They should be discussed with the patient where possible and appropriate, and with family, carers or other advocate
• hospitals should have an adequately staffed and accessible pastoral care team to ensure that the spiritual needs of dying patients and those close to them are met.

Source: www.rcplondon.ac.uk 14 May 2014

More health providers to be inspected under new approach
The next batch of acute, community healthcare and mental health providers will face an inspection between July and September 2014 as part of the Care Quality Commission’s (CQC) new approach to inspection. This batch of 18 inspections will include ambulance trusts and an independent provider.

The inspections will assess the providers to see if the service overall is: safe, effective, caring, responsive to people’s needs and well-led

They will also be carried out by a mixture of inspectors, clinicians and Experts by Experience.

Following the inspection, each provider will receive an overall rating of either: Outstanding, Good, Requires Improvement or Inadequate.

Additionally, each of the eight core services such as maternity and A&E, will also be rated in the same way to provide performance information at a service, hospital and trust level.

The providers listed below are being inspected for different reasons. These include following-up on an earlier inspection, trusts that are hoping to secure foundation status, hospitals that are priorities for inspection and those that are low risk, following CQC's analysis of evidence.

• The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust
• Northern Devon Healthcare NHS Trust
• North West Ambulance Service NHS Trust
• Chelsea & Westminster Hospital NHS Foundation Trust
• Lancashire Teaching Hospitals NHS Foundation Trust
• Kettering General Hospital NHS Foundation Trust
• Mid Yorkshire NHS Trust
• Imperial College Healthcare NHS Trust
• Wirral Community NHS Trust
• South Central Ambulance Service Foundation Trust
• University Hospital Bristol NHS Foundation Trust
Call for new policy focus on brain health to reduce the risk of dementia

Action to tackle smoking, drinking, sedentary behaviour and poor diet could reduce the risk of dementia in later life alongside other conditions such as heart disease, stroke and many cancers, according to the UK Health Forum and Public Health England in a joint consensus statement. Fifty-nine organisations and experts from across the dementia and public health community, including practitioners and researchers, have signed the consensus statement which is accompanied by a correspondence in The Lancet journal. The agreement, known as the Blackfriars Consensus Statement, highlights the need for a new national focus on dementia risk reduction. It was drawn up following a meeting held earlier this year by the UK Health Forum and Public Health England (PHE) in Blackfriars, London.

The Blackfriars Consensus Statement says that the scientific evidence on dementia risk reduction is evolving rapidly and is now sufficient to justify action to incorporate dementia risk reduction into health policies and to raise wider awareness about which factors can reduce the risk of developing dementia. The Statement is intended to help raise awareness among policy makers and the wider health and care workforce as well as the public that dementia is amenable to risk reduction in similar ways to other non-communicable diseases.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 19 May 2014

A new route to good dementia care

Aimed at doctors and providers of community care, the Dementia Roadmap ([www.dementiaroadmap.info/](http://www.dementiaroadmap.info/)) is a comprehensive ‘one stop shop’ designed to reflect a patient’s needs as they progress through the disease and signpost them to relevant local resources at the right time, from diagnosis onwards.

Produced in collaboration with the Alzheimer’s Society and funded by the Department of Health, the Dementia Roadmap provides a platform to help clinical commissioning groups (CCGs) and other local organisations to bring together information for patients in their area for the first time, so that GPs can refer them to the best care to meet their needs as quickly as possible.

It provides information about understanding dementia, memory worries, the diagnostic process, post-diagnosis support, living well with dementia, carer health and planning for the future.

This is supplemented by details of local information and services for patients, such as memory clinics, hospitals, care homes, and specialist residential housing.

Designed by GPs and other primary care staff, the Dementia Roadmap project has been piloted in Devon, North Somerset and South Gloucester so far, with more pilots planned across England in the future.
Hospital admissions cut plan 'risky'
A £3.8 billion scheme to cut hospital admissions in England and treat more people at home is risky, and "overly optimistic", health researchers warn.

Writing for the BBC News website's Scrubbing Up column, Nigel Edwards from the Nuffield Trust says the Better Care Fund, due to start in 2015, could even lead to more hospital admissions.

He says cutting the length of hospital stays would be more effective.

The Government says pilots in 14 areas are already working well.

Mr Edwards says there is a proportion - perhaps around 15 per cent of hospital admissions - who could be cared for in the community if GP and nursing services were improved.

Then, he says, there are a number of patients who may be admitted to hospital for a day or two and, while they could be cared for at home, the diagnostic and expert resources needed may well be the same.

He says the real issue is about those patients who remain in hospital for longer.

Writing in Scrubbing Up Mr Edwards says: "Most beds are occupied by relatively small numbers of patients who stay a long time.

"In fact, in medical wards 10 per cent of the patients that stay in hospital for more than a week use over 71 per cent of the beds.

"More can be done quickly by reducing patients' length of stay.

"A large proportion of patients could be more effectively cared for elsewhere. This will require better social care, community services and new types of care."

Source: www.bbc.co.uk/news 23 May 2014

New NHS chief Simon Stevens backs more local hospitals
Smaller community hospitals should play a bigger role especially in the care of older patients, the new head of the NHS in England has said.

In an interview in the Daily Telegraph, Simon Stevens signalled a marked change in policy by calling for a shift away from big centralised hospitals.

The health service chief executive said there needed to be new models of care built around smaller local hospitals.

The NHS said he was not suggesting the return of 50s-style cottage hospitals.

In recent years the health service has emphasised the benefits of centralised services.

This has paid dividends in areas such as stroke care and major trauma where significant benefits have been gained by concentrating specialist care.

But this has raised questions about the future of the many smaller district general hospitals across the NHS.

In the interview, Mr Stevens said they should play an important part in providing care, especially for the growing number of older patients who could be treated closer to home.
Mr Stevens said older patients were increasingly ending up in hospital unnecessarily because they had not been given care which could have kept them at home.

Mr Stevens also told the Telegraph:

- the NHS needed to abandon a fixation with "mass centralisation" and instead invest in community services to care for older people
- waiting targets introduced by Labour became "an impediment to care" in too many cases
- the European Working Time Directive damaged health care in the NHS, making it harder to keep small hospitals open
- businesses should financially reward employees for losing weight and adopting healthy lifestyles.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 30 May 2014

**Specialist palliative care services lead to more deaths at home**

Specialist palliative care services in the community are continuing to lead to more people being able to die at home, according to a new report from the National Council for Palliative Care (NCPC) and Public Health England (PHE).

Latest figures from the new report, National Survey of Patient Activity Data for Specialist Palliative Care Services, Minimum Data Set for 2012 to 2013 (MDS), show that nearly half the people receiving specialist palliative care in the community (46.2 per cent) died in their own home – the place where most people say they want to die. This compares with just over one in five (21.8 per cent) nationally.

The MDS report also finds that nearly half (45 per cent) of the people referred to a specialist palliative care inpatient service are discharged. Of these the majority (85 per cent) were discharged to their home, dispelling the myth that people only go into a hospice to die.

Continued progress has also been made in opening up specialist palliative care services to non-cancer patients, although there remains a long way to go. The most striking increase is in hospital support, where diagnoses other than cancer now account for over a quarter (27 per cent) of new patients. In outpatient and day care services people with diagnoses other than cancer also now account for over one in five of all diagnoses. For specialist palliative care inpatient units the proportion of new patients with a diagnosis other than cancer has increased from three per cent in 1997/98 to 12 per cent. Despite these increases the rates are still low as cancer accounts for around 29 per cent of all deaths.

Although almost two-thirds (66 per cent) of specialist palliative care providers responded to the MDS survey, response rates varied widely across the country, ranging from 89 per cent in Cheshire and the Mersey to just 33 per cent in Northern England. Once again it also proved difficult to capture comprehensive data of the ethnicity of people being seen by specialist palliative care services.

Source: [www.gov.uk](http://www.gov.uk) 3 June 2014

**Elderly patients are being failed by NHS, says new chief executive**

The care of frail elderly patients has become fragmented because of the drive for hospital doctors to specialise, the new chief executive of NHS England says.
Simon Stevens suggested he wanted to see a European model of "generalists" adopted to work alongside specialists.

He told a conference of health managers that the rise in multiple conditions required greater co-ordination of care.

The speech builds on comments he made last week [see article dated 30 May 2014] about ensuring there was a role for smaller hospitals in the NHS.

In recent years there has been a focus on creating larger, specialist hospitals.

But Mr Stevens said that while that was desirable in areas such as stroke care, smaller hospitals still had an important role to play.

Mr Stevens said the large expansion in consultant numbers - up by three-quarters since 2000 - had led to more and more specialisation by consultants.

He told the NHS Confederation's annual conference that while this was desirable it had sometimes "fragmented care for older inpatients".

He said: "One study has found that using single condition-specific guidelines a 79-year-old woman with type 2 diabetes, hypertension, respiratory problems, osteoarthritis and osteoporosis could be prescribed 19 doses of conflicting and adversely interacting medicines each day."

Having general physicians - or hospitalists, as they are sometimes known - is commonplace in countries such as Sweden and Germany.

Source: www.bbc.co.uk/news 4 June 2014

It's time to end top-down reform of the NHS

Politicians’ role in the running of the National Health Service (NHS) needs to be better defined to counter interventionist and centralising tendencies that have hampered effective reform to date, says a new report by The King’s Fund.

The report entitled, 'Reforming the NHS from within: beyond hierarchy, inspection and markets', argues that a new political settlement is needed that clarifies the strategic role of ministers in determining funding, establishing priorities and providing accountability to Parliament, and leaves local NHS leaders with the space to innovate and lead service change. This settlement should reflect lessons learnt from the experience of the present Government’s health reforms, which have failed to distance ministers from the operational management of the NHS as originally intended.

The report challenges the dominant approaches to NHS reform over the past 20 years – targets and performance management; inspection and regulation; and competition and choice. It argues for a fundamental shift in how the NHS is reformed. The NHS needs to move on from prescriptive, top-down approaches to change by progressing from:

- large-scale structural reforms towards locally derived solutions
- ‘heroic’ pace-setting leadership approaches towards supporting staff to lead change and improvement
- a focus on external pressures such as targets and inspection towards supporting improvement ‘from within’.

The report argues for a stronger emphasis on devolution within the NHS and a more proportionate approach to regulation, learning from the experience of foundation trusts.
Foundation trusts are an example of where ministers have previously attempted to devolve accountability and decision-making, but promised freedoms have failed to materialise, with the result that foundation trusts are now as likely to look up to regulators, as out to the communities they serve.

The report draws on examples of high-performing healthcare organisations here and abroad to show how appealing to the intrinsic motivation of staff to provide the best possible care and strengthening leadership can drive reform from within. These examples demonstrate that a shared culture and patient-centred vision are more important than structural changes in bringing about improvements in care.

The report suggests that future NHS reforms should focus on:

- embracing complementary approaches to reform
- demarcating the role of politicians
- promoting transparency
- enabling devolution
- being realistic about inspection and regulation
- seeing competition as one means to improve care rather than a guiding principle
- supporting integration of care
- promoting collaboration
- strengthening leadership and developing skills for improvement
- committing to continuous improvement over the longer term
- organisations and networks.

Source: www.kingsfund.org.uk 11 June 2014

CQC’s Chief Inspector of Hospitals publishes his findings on the quality of care provided by South West London & St George’s Mental Health NHS Trust

England’s Chief Inspector of Hospitals has published his first report on the quality of care provided by South West London & St George’s Mental Health NHS Trust.

Overall, the Care Quality Commission (CQC) found that the Trust’s staff were caring and had a good approach to patient care. They interacted positively and compassionately with people using services, and much of the care delivered followed best practice guidance. Where no such guidance existed, staff were working with the National Institute for Health and Care Excellence (NICE) to produce this.

There was a good working relationship between inpatient and community services, and inspectors saw good examples of people using services being engaged and involved in their care.

Inspectors found that, where people needed to be detained under the Mental Health Act, they were lawfully detained and had their rights read to them at the appropriate times, although some of the actions identified in the monitoring of the Act had not been completed by the trust.

The inspectors found a number of other areas of good practice, including:

- the Behaviour and Communication Support Service in Wandsworth and the Challenging Behaviour Service in Sutton and Merton, which provided specialist outreach services to older people in residential and nursing homes. These interventions were proving effective in reducing the use of anti-psychotic medication
• the Intensive Home Treatment Team in Sutton and Merton, which provided a specialist service to older people into the evenings and through the weekends and helped to avoid hospital admissions
• positive work was noted in ensuring that people could access services through the use of CAPA (Choice and Partnership Approach) with a single point of referral scheme and single point of access scheme.

Inspectors did, however, find some areas where the Trust needed to make improvements.

Many of the staff working in older people’s services had not undertaken dementia training and this was having an impact on the quality of care.

Inspectors also said that the Trust must improve in several other areas:

• ensuring that planning and delivery of care always meets people's individual needs, and supports their safety and welfare
• ensuring that suitable storage, recording and monitoring systems are in place to make sure that medications are handled safely and appropriately
• continuing to monitor the mixed gender wards across the service to ensure they comply fully with the national guidance.

The Trust, which operates from more than 100 sites and serves more than a million people across the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth, was one of the first specialist providers of mental health services to be inspected under CQC’s new approach to inspections.

An inspection team which included CQC inspectors and analysts, doctors, nurses, social workers, Mental Health Act commissioners, psychologists, patient experts by experience, other specialists and senior managers, visited Springfield Hospital, Tooting, Queen Mary’s Hospital, Roehampton, and Tolworth Hospital, Surbiton, in March 2014.

Source: www.cqc.org.uk 12 June 2014

Smaller hospitals have a future in the NHS, but need to change

Small district general hospitals can thrive but the way services are provided to local patients must change to guarantee quality care, according to a report from Monitor.

Monitor economists analysed a comprehensive range of clinical and financial indicators to test whether any special factors affected the performance of hospitals with fewer than 700 beds (typically in trusts with an income of less than £300 million).

The research carried out by Monitor found no clear evidence that smaller acute hospitals performed any worse clinically than larger counterparts.

However, the analysis showed that there is evidence that smaller providers may be starting to face greater financial challenges, with performance worsening more than the sector as a whole in the last two years.

The report concludes that size is likely to become more of an issue as hospitals face greater pressures to recruit staff to further improve the quality of care. Monitor recommends that the healthcare sector should:

• identify new models of care for patients, for example re-designing services to improve the integration of care and move it closer to home
• come up with creative ways to address the scale challenges, such as sharing staff with nearby trusts, using new technology, or building networks between smaller hospitals and major centres
• make sure that the right balance is struck in local communities between redesigning services and making sure patients are treated near to where they live

Source: www.gov.uk 13 June 2014

Academy publishes guidelines on Responsible Consultant/Clinician
New guidance from the Academy of Medical Royal Colleges (the Academy) will, for the first time, make doctors responsible for the whole of a patient's care during their stay in hospital. The so-called 'name over the bed' initiative will make it clear to patients, their carers, nurses and relatives, which doctor is ultimately responsible for all aspects of their care. The guidelines also say a 'Named Nurse' should be available to provide patients with information about their care and should be a primary point of contact.

The move follows one of the Francis Report's key recommendations that if a named clinician were accountable throughout a patient's treatment in hospital then patient safety and the overall quality of care could be improved. It will help make sure that patients are only discharged if it is in their best interests, with appropriate support from friends, family or carers and when it is safe and clinically appropriate to do so, particularly if a patient is vulnerable.

The guidelines have been produced by the Academy following a request by Jeremy Hunt MP, The Secretary of State for Health, in 2013 to examine ways to improve the accountability of clinicians and communication with patients and families. The Academy has worked closely with patient groups, employers and nurses' representatives and NHS England throughout the process.

Source: www.aomrc.org.uk 13 June 2014

New draft guidance to help prevent people becoming ill or dying in the winter
Living in a cold home significantly increases the risk of someone becoming ill or dying especially during the winter months - so year-round action is needed to help tackle this problem, according to the National Institute for Health and Clinical Excellence (NICE).

NICE has begun a consultation on draft guidance on how to reduce the risk of death and ill health associated with living in a cold home.

Cold weather has a direct effect on the number of people experiencing heart attacks, stroke, respiratory disease and flu. Around 24,000 more people die each year in England and Wales between December and March and three in four of these deaths are in the over 75 population. As well as those who are already living with an existing respiratory or circulatory disease, people most likely to be affected often have a low income or a home which is hard to heat.

Draft recommendations issued for consultation include:

Provide services via a one stop local health and housing referral service for people living in cold homes

Health and wellbeing boards and their partners should ensure the referral service provides access to housing insulation and heating, more affordable fuel options (where available) and advice on how to avoid the health risks of cold homes. This includes:
access to insulation and heating improvement programmes and grants
- tailored solutions to address identified needs (rather than providing off-the-shelf solutions)
- access to, and co-ordination of, services that address common barriers to tackling cold homes. For example, access to a home improvement agency service that can fix a leaking roof, or to a voluntary group that can help clear a loft ready for insulation
- help to ensure all due benefits are being claimed.

Identify people at risk of ill health from living in a cold home

Health and social care professionals should use existing data and professional contacts and knowledge to identify people who live in a cold or hard-to-heat home, or are particularly vulnerable to the cold because of a medical condition and include this information in the person's records. Use it to assess their risk and take action, where necessary.

Ensure vulnerable hospital patients are not discharged to a cold home

Those responsible for arranging someone's discharge from hospital should co-ordinate efforts to ensure their housing is warm enough. This could include simple measures, such as turning on the heating before discharge, providing advice on the ill effects of cold on health, or providing advice on how to use the heating system.

Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home

Employers who install and maintain heating systems, electricity and gas meters and building insulation should ensure employees who visit vulnerable people are:

- trained to deal sensitively with their needs. For instance, they should provide information about the work they are doing in a form that can easily be understood by the recipient. Ensure these skills are accredited
- able to spot if someone is vulnerable to the cold and the risks they are facing at home
- aware of who to call if there is a problem.

Source: www.nice.org.uk 13 June 2014

Older HIV patients 'need more support'
The older generation of people with HIV need better support to keep them well, nurses say.

About a quarter of the 100,000 people with HIV in the UK are aged over 50.

Two-thirds of these are on treatment for other long term conditions - twice the rate for the general population, Terrence Higgins Trust data shows.

The charity and the Royal College of Nursing (RCN) said this "silent generation" of older HIV patients need better co-ordinated care to stay healthy.

With people living for longer with HIV thanks to advances in treatment, nurses have reported they are seeing more patients with the condition seek help for conditions associated with old age.

RCN public health forum chairman Jason Warriner said:
"For the first time, we have a generation of older people living with HIV and having to cope with the ageing process.

"They have respiratory problems, diabetes and heart disease. That is proving challenging. You have to be careful about drug interactions and other complications."

"Nurses need more training and we need to ensure patients are not getting passed around from health professional to health professional. Their care needs to be better co-ordinated."

Dr Rosemary Gillespie, Chief Executive at the Terrence Higgins Trust charity, said:

"As the people living with HIV in this country grow older, many of them will face a number of related health issues.

"They will be looking to healthcare staff to treat their condition sensibly and sensitively. Nurses have a central role to play in this, to ensure that people with HIV are not just living longer but living well, and receive the care they deserve."

Dr Mark Lawton, a sexual health consultant at Royal Liverpool Hospital, said there was some data which suggested that some people who worked in care homes had a negative attitude, and also that there was an "overwhelming lack of knowledge and understanding".

"There are still problems - people not getting tested because they don't think they're at risk of getting HIV and HIV doesn't discriminate and we shouldn't," he added.

Source: www.bbc.co.uk/news 15 June 2014

UK commits to new action to find breakthrough on dementia

The Prime Minister David Cameron has pledged a new drive by the UK to discover new drugs and treatment that could slow down the onset of dementia or even deliver a cure by 2025.

Speaking at a summit of world health and finance leaders in London, Mr Cameron said that immediate action is needed to address a market failure on dementia research and drug development, which had seen global spending on dementia at five times below research on cancer, with only three drugs making it onto the market in the last 15 years.

The UK will bring forward specific proposals on patent extensions, earlier access to new drugs for patients, greater research collaboration and facilitating much high-levels of investment, by October 2014.

The commitment comes as the new World Dementia Envoy, Dr Dennis Gillings, warned that if global leaders do not incentivise businesses to invest in research and bring in faster, cheaper clinical trials, they will not meet the ambition to find a cure or disease modifying therapy by 2025.

The Prime Minister said that much is already happening – with the UK doubling funding for dementia by 2015 and the Medical Research Council using the event to announce the creation of the world’s biggest study group for dementia, involving two million people, alongside a £100 million research pledge from Alzheimer’s Research UK – but that more is needed globally.

Dr Gillings, working directly with the UK, also committed to looking at ways of bringing forward a global fund that could draw billions in private and public investment specifically focussed on dementia.

The Prime Minister will use a follow-up conference to December 2013’s G8 Summit on Dementia to encourage leading nations to follow the UK’s commitment.
He will hold specific talks with leaders in business, finance and pharmaceuticals to say that the status quo is not good enough and that governments, business and the wider health sector must work together to accelerate progress on innovative drugs and treatments.

In consultation with Dr Gillings, the UK Government will focus on ways to encourage investment in new dementia drugs by helping innovative research and development thrive. The work will look at:

- giving patients earlier access to new drugs that would take years to become available in the current system
- working with manufacturers, regulators and developers to ensure there is a sliding scale that ensures new dementia medicines are affordable to countries across the globe
- working with the international community to discuss ways of creating a global fund to bring about new advances in drug development.

Source: www.gov.uk 19 June 2014

NHS rated on open and honest reporting culture in world leading transparency drive

New data published on 24 June 2014 will, for the first time, allow the public the opportunity to compare key safety measures across hundreds of NHS trusts in England.

It shows that the vast majority of NHS hospitals are rated as "good" or "OK" for their reporting culture. However, around one in five acute trusts, or 20 per cent have been rated as "poor" for open and honest reporting, underlining the need to support NHS staff to report and raise safety concerns.

The data has been published as the Health Secretary outlined a package of measures to ensure the NHS remains one of the safest healthcare systems in the world:

- Sir Robert Francis QC, will lead a review entitled, 'Freedom and Responsibility to Speak Up: An Independent Review into Creating an Open and Honest Reporting Culture in the NHS', to consider what further action is necessary to protect NHS workers who speak out in the public interest and help to create the kind of open culture that is needed to ensure safe care for patients
- NHS Choices safety website: a new microsite (www.nhs.uk) which gives patients, regulators and staff unprecedented safety data. The seven safety indicators will allow people to look at safety and staffing data across the country
- launch of the Sign up to Safety campaign: Sir David Dalton, Chief Executive of Salford Royal NHS Foundation Trust will lead a major patient safety campaign which aims to halve avoidable harm, and in doing so save up to 6,000 lives over the next three years. Following the Mid Staffordshire Inquiry, the Government introduced major reforms to the NHS. The measures will build on these and help create an open culture that will improve patient safety and give staff the confidence to know that they will be supported and listened to.

Sign up to Safety campaign

All trusts are invited to join the Sign up to Safety campaign which aims to drive up safety standards throughout the NHS, halve avoidable harm and save up to 6,000 lives over the next three years.
Twelve trusts are already developing plans that will outline how they will reduce avoidable harm and save lives. An essential part of the plans are that trusts must provide information on how they will plan to tackle two national patient safety priorities and two local priorities.

NHS trusts who sign up and develop plans will have their plans reviewed by the NHS Litigation Authority and, when approved, they will receive a financial incentive from the NHS Litigation Authority to support implementation of the plan.

The 12 trusts who have signed up to safety are:
- Central London Community Healthcare Trust
- Frimley Park Hospital NHS Foundation Trust (FT)
- NHS Nottingham University Hospitals
- North Bristol Trust
- Oxleas FT
- Royal Berkshire FT
- Royal United Hospital Bath Trust
- Salford Royal FT
- Sheffield Teaching Hospitals FT
- Staffordshire and Stoke Trent Partnership Trust
- Taunton and Somerset FT
- 2Gether FT.

**NHS Choices safety website**

The NHS Choices safety website has published patient safety information to allow patients, regulators and staff to see safety performance across a range of indicators.

The seven indicators are:
- CQC standards
- Patient safety reporting: "open and honest" reporting
- Safe staffing - the percentage of nursing and midwifery hours filled as planned
- Infection control and cleanliness
- Patients assessed for risk of blood clots
- Responding to patient safety alerts
- Recommended by staff to their relatives and friends.

**Freedom to speak up: An Independent Review into creating an open and honest reporting culture in the NHS**

Sir Robert Francis QC, the barrister who led the public inquiry into failings at Mid Staffordshire NHS Foundation Trust, will chair a new independent Review into the reporting culture in the NHS and how staff on the frontline can be supported to raise concerns.

The independent Review will look at what further action is necessary to protect NHS workers who speak out in the public interest and help to create the kind of open culture that is needed to ensure safe care for patients. It will issue a call for evidence from NHS whistleblowers, NHS frontline staff, NHS employers, trade unions, professional and systems regulators, amongst others and will use this evidence to learn lessons from historic cases so the NHS can learn for the future.

It will provide independent advice and recommendations to the Secretary of State for Health on measures to:
• build confidence to speak out: by ensuring that NHS staff in England can raise concerns about any aspect of the quality of care, malpractice or wrongdoing at work and be sure that they will be listened to and that appropriate action will be taken
• prevent mistreatment: staff should not suffer detrimental treatment as a result of raising concerns. The Review will explore whether there are appropriate remedies so that those mistreating can be held to account
• consider independent dispute resolution: the Review will consider whether new and/or independent mechanisms are needed to resolve disputes in the NHS that involve whistleblowers; and consider options so that where tribunals or courts find in favour of individuals who have raised concerns, arrangements are in place to help them go back to work in the NHS
• separate out concerns about care, malpractice or wrongdoing at work from personal grievance disputes: however complex cases become, in future, concerns about care need to be pulled out and dealt with separately
• seek out and learn from best practice: Sir Robert Francis QC will chair a new Review on whistleblowing and culture in the NHS. The Review will look at what further action is necessary to protect individuals who speak out and to help to create the kind of open culture that enhances safety.

Source: www.gov.uk 24 June 2014

**New approach to care for the dying published**

A new approach to caring for dying people based on the needs and wishes of the person and those close to them has been launched and welcomed by Care and Support Minister Norman Lamb.

It takes the form of five new Priorities for Care which succeed the Liverpool Care Pathway (LCP) as the new basis for caring for someone at the end of their life. The new approach focusses on giving compassionate care and is a move away from previous processes and protocols. It recognises that in many cases, enabling the individual to plan for death should start well before a person reaches the end of their life and should be an integral part of personalised and proactive care.

The new Priorities for Care mean that:

• the possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person's needs and wishes, and these are reviewed and revised regularly
• sensitive communication takes place between staff and the person who is dying and those important to them
• the dying person, and those identified as important to them, are involved in decisions about treatment and care
• the people important to the dying person are listened to and their needs are respected
• care is tailored to the individual and delivered with compassion – with an individual care plan in place. This priority includes the fact that a person must be supported to eat and drink as long as they wish to do so, and their comfort and dignity prioritised.

The aim is to promote a stronger foundation for good care and a culture of compassion in the NHS and social care. The priorities put people and their families at the centre of decisions about treatment.
The new priorities have been created by a coalition of 21 organisations known as the Leadership Alliance for the Care of Dying People (LACDP). The priorities form part of the Alliance’s overall response, called ‘One Chance to Get it Right’, to an independent review of the Liverpool Care Pathway led by Baroness Neuberger.

The Alliance response also sets out how compassionate care for all those approaching the end of their lives should be delivered. Each organisation in the Alliance has set out what it will do to support this. Alliance members will now work to embed the priorities into every aspect of their work on end of life care from initial training through to inspection. The Alliance has also called on members of the public to participate in a national conversation about dying, to raise awareness and understanding of this important part of life.

The Priorities for Care follow an independent review of the LCP carried out in 2013 by a panel led by Baroness Julia Neuberger. The review found that where the LCP was used well, it delivered good care, but also found examples of poor care. Issues included a lack of tailored, personalised care and in some cases, the LCP became regarded as a tick box exercise. In many cases relatives and their carers did not feel they were involved in discussions about the care plan. There were also cases of food and liquids unacceptably withheld. As a result, the review panel recommended that the LCP should be phased out.

The Panel will continue to have a role in providing independent advice to Ministers about implementation of the commitments in the Alliance response. The Panel’s views will inform a Government report to be published in 2015, which will set out progress on this.

Source: www.gov.uk 26 June 2014

National report sheds new light on the health and care of older people

New official statistics have been published to broaden the insight into the health and care of people aged 65 or over in England.

Key points according to the Health and Social Care Information Centre (HSCIC) included in the report entitled, Focus on the health and care of older people, June 2014’ show that, in England:

- people aged 65 or over account for one in six of the population (17 per cent in 2012) but one in two hospital bed days (54 per cent). People aged 85 or over account for one in 44 of the population (two per cent in 2012) and one in six hospital bed days (18 per cent)
- over the last 20 years, the total number of bed days has decreased in every age group apart from those aged 85 or over, where the number has increased by a tenth
- over the last 20 years, the total number of day cases has increased for all age groups. The biggest rise was for those aged 85 or over, where there has been a tenfold increase
- over seven in 10 people aged 65 or over are obese or overweight (this is a similar proportion to those aged 45 or over)
- eight in 10 people aged 85 or over (77 per cent) accessed at least one of inpatient, outpatient, or A&E services in 2012/13, and this was almost seven in 10 (65 per cent) for those aged 65 or over. Four in 10 people under 65 years (41 per cent) used at least one of inpatient, outpatient, or A&E services
• one in five people aged 85 or over (20 per cent) used all three of A&E, inpatient and outpatient services in 2012/13, for those aged 65 or over this was one in eight (12 per cent) and for those under 65 years this was one in 24 people (four per cent)
• two in three admissions to hospital for people aged 85 or over (65 per cent) were through emergency channels but for those under 65 years this was one in three (32 per cent)
• about 600 million (60 per cent) of the one billion drug items dispensed in the community in 2013 were for people aged 65 or over.

The report aims to provide a wider picture of older people’s health and lifestyle and pulls together data on hospital activity, mental health, social care, prescribing, NHS workforce, census data and life expectancy.

The new report also explores the use of health and social care services among older people and gives insight into the impact an ageing population has on these services and how this compares to previous generations.

The full report can be accessed at: http://www.hscic.gov.uk/pubs/opfocusjun14

Source: www.hscic.gov.uk 26 June 2014

Social Care

More people needing social care than family carers available from 2017

The number of older people in need of care is expected to outstrip the number of family members able to provide informal care for the first time in 2017, according to a new report published by the think tank Institute for Public Policy Research (IPPR). The report shows that the average annual cost for an older person who pays for a typical package of care has increased to £7,900 a year, an average £25,000 for home care and an average £36,000 for a nursing home.

The new report is the latest in a series from IPPR’s ‘Condition of Britain’ project on social policy. The final report from the Condition of Britain project will be published in June 2014.

By 2030, an estimated 230,000 older people in England who need care of more than twenty hours a week could be left without family to help, according to new analysis by IPPR. The report says that the number of people aged 65 and over without children to care for them will almost double before the end of the next decade and that by 2030, there will be more than two million people in England without a child to care for them if needed.

The report shows that older people are not simply recipients of care they are also providing it: intensive care provided by spouses and partners is expected to increase by 90 per cent over the next fifteen years also. The report says it is difficult to see how families will be able to provide even higher levels of care in the medium to long term. The report also shows that the fact that levels of employment for women with children and those over fifty are lower in the UK than in many other OECD countries suggests that if anything there is a problem of a lack of affordable, flexible and good quality formal care, rather than family members not providing enough to care.

The report argues that UK should follow Germany, Japan and Australia in finding alternative ways to fill this gap. The report also points to best practice in Leeds. The report argues that without enough care from adult children to meet demand, more older people will instead need help from other family members, friends and neighbours, or will rely on paid care and the NHS.
The report argues that the UK needs to plan ahead, learn from other countries and build:

- new neighbourhood networks for older people to give and receive support and offer an extra help to families and carers and reduce pressures on the NHS and social care
- house public services for different age groups (such as childcare and care for the elderly) under one roof, to bring generations together, as they do in Germany
- invest local public health budgets in strengthening community groups in those local authorities with the weakest record for community-based care
- stronger employment rights for those caring for people who need more than 20 hours of care a week, to make it easier for family members to combine work and care
- care co-ordinators providing a 'single local point of contact' to replace the 'care management' currently provided by adult social services in every area by 2020, for all but the most complex cases of care.

The report highlights innovative changes being made across the world as populations age:

- the German federal government is investing in over 500 'multi-generational homes' which bring together isolated groups like mothers and baby groups, childcare, youth groups and care for the elderly under one roof
- in Berlin, schemes encourage older people with no children or whose families live far away to become grandparents by 'adopting' children raised in single-parent families
- in Japan, a ten-year nationwide campaign has begun to train people about the condition called the 'The Nationwide Caravan to Train One Million Dementia Supporters'
- in Western Australia, social care is organised around a neighbourhood care co-ordinator who acts as a single point of contact for all those with care needs
- in Leeds, 'Neighbourhood Networks' are community-based voluntary organisations, run by older people, that cover the whole of the Leeds Metropolitan area and provide activities to reduce social isolation, as well as everyday care and support.

Source: [www.ippr.org](http://www.ippr.org) 24 April 2014

**New care workers will have to earn certificate**

New care workers will have to earn a training certificate within 12 weeks of starting a job, the BBC has learned.

The scheme comes in from March 2015 in England for staff including assistants in hospitals, care homes and those who look after people in their own homes.

Topics will include infection control, dementia care and patient dignity.

This follows the independent Cavendish Review in July 2013 in the wake of the Stafford Hospital scandal, which highlighted inconsistencies in training.

Care Minister Norman Lamb said it was "essential that we drive up standards", adding: "There's lots of great care out there but there are too many cases of care falling down."

And he confirmed the responsibility for the certificate would "rest with employers and I think that's where the training responsibility should lie".

Across England, there are more than a million care workers, many of whom look after vulnerable and elderly people in their own homes or in residential care.

The independent review, written by Times journalist and associate editor Camilla Cavendish, looked at training and support given to care workers and healthcare assistants.
It found some care workers were doing tasks usually performed by doctors or nurses, such as taking blood, despite no "compulsory or consistent" training.

Dr Shereen Hussein, an expert in social care at King's College London, welcomed the introduction of "a consistent certificate".

Camilla Cavendish's review called for workers in England to be given at least two weeks' training to prepare them for providing basic care in hospitals, care homes and for patients in their homes.

Ms Cavendish said healthcare assistants should have to earn a "certificate of fundamental care".

She called for all new recruits to obtain the certificate and for existing healthcare assistants to prove they had the equivalent training.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 3 May 2014

**Care agencies 'must ensure recruits can speak English'**

Agencies should ensure people recruited as carers can speak English before placing them in vulnerable people's homes, a Government adviser has said.

Dr Shereen Hussein, scientific adviser to the Department of Health, told BBC Radio 5 live that poor language skills could lead to bad care and abuse.

King's College London says that 20 per cent of carers are migrant workers.

Care Minister Norman Lamb said communication skills would be required for the new Care Certificate.

Dr Hussein, of King's College London's Social Care Workforce Research Unit, advises the Department of Health in England and said that changes to immigration policy and the relaxation of EU labour rules has altered the profile of migrants who work as carers in the UK.

She said: "Migrants from outside the European Union have a long history of working in the UK's care sector, and have always had to prove their efficiency in the English language before securing jobs in the industry, but this is not the case with new arrivals from EU countries."

"This means new migrants can be vulnerable when they're placed in people's homes - and carers have reported instances of racism and discrimination that stem from communication problems."

In some UK cities it is thought around half of care workers are foreign nationals.

Dr Hussein added: "It would be really beneficial to have a standard interview process to establish English language proficiency, communication skills and softer skills of all care workers aiming to work in the sector.

"At the moment, vulnerable workers are placed in the homes of vulnerable adults with complex needs, and sometimes communication problems can result in bad treatment for both parties."

Dr Hussein told 5 live Breakfast the onus should be on the care agencies to prove their recruits can speak the English required for the job, and not the workers themselves.

She said: "We know that migrants form a very considerable part of social care workforce and their work is really valuable and important to the system.

"But we also know the work is reliant on very good communication skills. This standardised interview would not be a deterrent for migrant workers, but it will mean care agencies identify
areas where induction and training is needed before they go to people's own homes and provide intimate care to them.”

Source: www.bbc.co.uk/news 7 May 2014

New dementia campaign launches as research reveals the true cost to business of dementia

Public Health England (PHE) and Alzheimer's Society have joined forces in a new campaign to help create a more dementia friendly society.

The campaign has released new research showing signs of a shift in willingness from business to become more dementia friendly. A report compiled by the Centre for Economics and Business Research (Cebr) for Dementia Friends showed that:

- most businesses have already provided or would consider providing a range of support to carers of someone living with dementia. A total of 87 per cent of businesses surveyed have or would consider letting carers work flexible hours
- more than half of businesses would consider providing a range of support to dementia carers such as flexible working hours (63 per cent), extended leave (61 per cent), working from different locations (53 per cent) and counselling and support (51 per cent)
- around 18 per cent would consider paying for respite care
- the average person diagnosed with dementia has been in their current job for at least nine years. The relatively rapid progression of the disease from diagnosis means that it is inevitable that many individuals affected while still working will have to take early retirement at some point. However, with support from employers they may be able to keep working for longer.

These proposed changes will be welcomed by England’s carers:

- carers spend 28 hours a week on average caring for someone with dementia
- most (51 per cent) are also working; these employed carers spend an average 18 hours a week caring on top of their jobs
- over a quarter (27 per cent) of businesses surveyed have employed someone who needed to make adjustments to their working patterns in order to care for someone living with dementia
- the hours lost due to carer commitments equates to £1.6 billion to English businesses each year.

The research was released on the same day that some of England’s best known performers starred in a new short music film, part of which was aired as an advert for the first time on 7 May, that will urge the public to become Dementia Friends.

Celebrities including Ray Winstone, Chris Martin, Lily Allen, Ruth Jones, Michael Vaughan, Ruth Langsfords and Eamonn Holmes, Leighton Baines, Meera Syal, Simon Pegg, Paul O’Grady, Fiona Phillips, Sir Terry Pratchett, Amanda Holden and Alesha Dixon will perform the iconic Beatles track "I get by with a little help from my friends".

The film will encourage viewers to become a Dementia Friend – which means gaining an understanding of the challenges faced by people with dementia and learning a few useful tips to help make life better for those living with the condition. To become a friend, individuals watch a short online film, which explains what dementia is, how it affects individuals and what people can do to help those living with the disease. Once they’ve watched the film, they then enter their details in order to receive a Dementia Friends badge (to show their support), and
'Little Book Of Friendship', which includes further ideas and tips on how to help people with dementia. Alternatively, people can attend a face-to-face awareness session run by Alzheimer's Society in their area.

The initiative forms part of the Prime Minister's Challenge on Dementia, and builds on commitments declared at the 2013 G8 Dementia Summit, which included a call to improve the quality of life for people living with the disease.

Source: [www.gov.uk](http://www.gov.uk) 7 May 2014

**CQC joins forces with partners to strengthen roles and responsibilities in adult safeguarding**

The Care Quality Commission's (CQC) Chief Inspector of Adult Social Care, Andrea Sutcliffe, has announced at the Carers UK State of Caring Conference an important step forward clarifying the roles and responsibilities of everyone involved in safeguarding adults.

In partnership with NHS England, the Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and the Association of Chief Police Officers (ACPO), the 'Safeguarding Adults – Roles and Responsibilities in Health and Care Services' document sets out how individuals and organisations should work together to prevent abuse and neglect from happening and ensure the safety and wellbeing of anyone who has been affected.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 8 May 2014

**Working together to help people raise concerns about adult social care**

Together with the Local Government Ombudsman (LGO), the Care Quality Commission (CQC) has announced a new arrangement for people who want to raise concerns about adult social care in England which will make it easier for people to complain about their care.

While the CQC has different remits to the LGO for investigating social care issues (the CQC actions concerns about care services, while the LGO manages complaints) each organisation can receive around 20 enquiries a day that should be directed towards the other body.

From 12 May 2014, the new process will transfer enquiries between the organisations, saving people's time and reducing the need for people to repeat information.

Previously, people would have been advised to contact the other organisation themselves. But now, following the introduction of the new process, each body can transfer callers directly, as well as share information securely so people do not have to repeat their details.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 12 May 2014

**Proposed guidance to help prosecutors spot signs of domestic violence against older people**

The Director of Public Prosecutions, Alison Saunders, has proposed changes to the way the Crown Prosecution Service (CPS) considers domestic violence cases.

Under the new proposals prosecutors looking at alleged domestic violence against an older person would also consider the specific context in which the abuse is occurring, for example following retirement, as a result of social isolation or 'care-giver' stress or anxiety. Older people may also enter into abusive relationships later in life.
New draft guidance, but has not yet come into force, explains the potential impact of domestic abuse on different groups to help prosecutors adopt a tailored approach taking into account their particular support needs.

The proposed guidance highlights the following common factors in domestic violence cases involving older people that prosecutors should be aware of:

- abuse may be triggered or intensify as a result of events occurring later in life, such as retirement. Previous research has shown that abusive relationships often intensify at retirement, as partners spend more time at home together
- another common example of a change in dynamics that might result in partner abuse is the ill-health of the victim, whether physical or mental, and abuse may begin as a result of 'care-giver' stress or anxiety
- older people may also have different reasons for not reporting abuse committed against them, for example lack of financial independence or health concerns. They may also be more concerned about protecting the sanctity of marriage and not wanting to involve outside parties in their private affairs.

Other specific sections in the guidance include:
- child to parent violence
- same sex or transgender relationship abuse
- minority ethnic community issues
- disability issues
- cases involving immigrants, refugees and asylum seekers.

Source: www.cps.gov.uk 14 May 2014

**Care Act 2014 becomes law**

Parliament has approved the Care Act 2014. Care Minister Norman Lamb said the Act, which has now received Royal Assent, "represents the most significant reform of care and support in more than 60 years."

The Act introduces numerous changes including putting personal budgets on a legal footing and placing a duty on councils to provide preventive services to support people's health.

The legislation also introduces a national minimum eligibility threshold council-funded social care and a limit on the amount people will have to pay towards their own care costs.

Other measures in the Act include:
- a duty on councils to consider the physical, mental and emotional wellbeing of individuals in need of care
- new powers for the Chief Inspector of Social Care to hold poor-performing providers to account
- a requirement for councils to offer deferred payment schemes so that individuals do not have to sell their homes to pay for residential care in their lifetime
- new rights for carers including the right to an assessment of their needs and the right to get support if they meet eligibility criteria.

Source: www.communitycare.co.uk 15 May 2014
A third of victims of accidental fires in London last year were receiving social care

One in three people who died in accidental fires in London last year were in receipt of social care services, research published by the London Fire Brigade (LFB) has revealed.

Eight of the 31 victims of accidental fires had a home care package and a further two died in care home fires, the research found. The LFB said social care and fire professionals must work together more closely in order to cut fire deaths among vulnerable older people.

Deputy Commissioner Rita Dexter said the Brigade wants to see more joint working in order to identify and safeguard people most at risk from fire. The LFB also wants residential care homes to be fitted with sprinkler systems.

The LFB believes that the issue could worsen unless action is taken, as the UK’s population ages and the proportion of people living with mobility problems and dementia rises.

Its figures show that more than half of people killed in fires in the capital are over 60. Alongside risk-magnifying factors such as smoking and living alone, many of them have restricted physical mobility or cognitive impairments.

Source: www.communitycare.co.uk 21 May 2014

Focus on Enforcement review leads to more effective regulation of care homes

The Government has welcomed commitments from the Care Quality Commission (CQC) to improve regulatory enforcement, in partnership with the adult care sector.

Issuing their full response to the Government’s Focus on Enforcement review of the sector – which raised industry concerns about bureaucratic burdens – CQC and the Department of Health have committed to:

- improve the co-ordination of inspection and monitoring visits, reducing unnecessary duplication, whilst still ensuring homes are delivering the required standard of care
- minimise wasteful inconsistency for providers that deal with multiple local authorities. New commissioning standards will help local authorities manage the commissioning of care places
- provide clearer grading of performance; greater recognition for better homes; and more incentive for poorer providers to improve through a new ratings system for the standard of care in homes
- ensure that providers are inspected by individuals who understand how the sector works, by increasing the number of specialist inspectors and strengthening the training arrangements
- support more consistent decision making for providers – by introducing a revised quality assessment framework that will enable inspectors to use their expert judgement within a structured system
- look at ways to help providers better manage their own performance and compliance in line with the requirements of the regulatory system – examining the scope to build independent accreditation into the regulation of the sector.

The Focus on Enforcement review identified concerns within the adult care sector about the effectiveness of regulatory enforcement. This included concerns among providers about duplication of monitoring activities carried out by the CQC in its capacity as the regulator, and local authorities which are responsible for managing contracts for the places they commission
on behalf of care patients. The sector raised concerns about unnecessary burdens – arising from the way in which some monitoring activity was conducted – which they felt took resources in care homes away from the core role of caring for residents.

The Focus on Enforcement review was considered alongside CQC’s own consultation underpinning their new strategy: Raising Standards, Putting People First. The findings of the Focus on Enforcement review were welcomed by the CQC and the Department of Health as identifying impacts of the regulatory model and of regulatory practices on providers - and on CQC’s ability to assess and report on the quality of care people receive.

CQC will continue to work with the adult care sector to develop and test a new approach to regulating adult social care that is effective in protecting the best interests of patients without placing unnecessary burdens on providers.

Source: www.gov.uk 21 May 2014

Local Government Ombudsman publishes complaints statistics on all English adult social care providers for first time

For the first time, the Local Government Ombudsman (LGO) has published its complaints statistics for private social care providers and local authorities in a new report.

The report highlights the impact that people feel when services let them down. The individual stories published in this report remind us that behind the statistics are the real experiences of people who are relying upon care providers to deliver the services they need.

As England’s social care ombudsman, the LGO receives complaints about a wide variety of issues across social care from the administration of blue badge schemes to safeguarding.

The LGO has seen a 130 per cent increase in adult social care complaints since it took on responsibility for registered private care providers in 2009; making it the fastest growing area of the LGO's work, with the highest uphold rate for all areas of complaints. In the last year, there has been a 14 per cent increase in the number of complaints and enquiries received about adult social care.

In 2013, the LGO received 2,456 complaints and enquiries about adult social care. This is a small number in the context of 1.3 million users of adult social care in England. Forty per cent of the total number of complaints the LGO receives relate to 25 council areas.

Source: www.lgo.org.uk 28 May 2014

Health Committee backs HCPC over regulation for social care workers

In its first report on the work of the Health and Care Professions Council (HCPC), the Health Committee backs the HCPC's approach to regulation of social care workers in opposing the Government's plans for a voluntary register and supporting a negative register, a barring process for those found to be unfit to practise, as a first step to regulation in this sector. Beyond that first step, the Committee recommends that the Government, working with the HCPC and the Professional Standards Authority "should develop further proposals for more effective regulation to provide proper safeguards in this area”.

A draft Law Commission Bill on the regulation of health and social care professions (published in April 2014) sets out the framework for a negative register, but it was not included in the Queen’s Speech either as a draft or a substantive Bill. There are a number of matters relating to regulators such as the General Medical Council and Nursing and Midwifery Council, as well
as the HCPC, which might have been legislated for in that Bill, and so the Committee has called on the Government to set out what changes to the powers of regulators is it is planning to make through secondary legislation instead.

Following up themes in the Francis Report, the Committee argues that, for the effective regulation of clinical and caring professions, regulators need to be visible and accessible to registrants, and also to patients and members of the public who wish to raise concerns about patient safety. Regulatory bodies must also collaborate effectively between themselves.

For those reasons, the Committee recommends that the HCPC continues to monitor its own profile both with patients and service users, with professionals, and with other relevant organisations, and will seek further evidence of the progress the HCPC and other professional regulators have made in implementing the recommendations of the Francis Report at its next accountability hearings in the Autumn of 2014.

Since 2003, the HCPC has recommended to Government that statutory regulation be extended to eleven other professions. Of these, the only groups to receive statutory regulation to date are operating department practitioners and practitioner psychologists [the other groups are Clinical Perfusion Scientists, Clinical Physiologists, Dance Movement Therapists, Clinical Technologists, Medical Illustrators, Maxillofacial Prosthetists & Technologists, Sports Therapists, Sonographers and Genetic Counsellors].

The Committee does not seek to make judgements on individual professions, but argues that if there are unregulated groups which need to be regulated on the grounds of patient safety, this should be dealt with swiftly.

The Committee recommends that the HCPC lists any professional groups for which they feel there is a compelling patient safety case for statutory regulation so that this can be pursued with the Department of Health as a matter of urgency. The Committee is also concerned at the length of time it can take for professional groups to gain statutory regulation. Given that new groups can be added to the HCPC’s register by means of secondary legislation, the Committee says that there should be no undue delay in extending statutory regulation to professional groups where there is a compelling patient safety case for doing so.

Source: www.parliament.uk 18 June 2014

**Postcode lottery on free social care at the end of life, finds report**

People who should get free social care at the end of life are not always being referred for it, a report has found.

The NHS continuing healthcare (CHC) fast-track pathway designed to enable people whose conditions are entering a terminal phase to gain rapid access to fully-funded care, was open to local interpretation based on local resources when it should not be, found the study.

The report, by consultancy OPM, said there needed to be better guidance around the CHC fast-track funding which was "less open to interpretation at a local level". Professionals referring clients for the fast-track pathway and case co-ordinators also needed training about entitlement, how to access support and funding and how to challenge a local commissioner if they were not following the guidelines.

The study, commissioned by charities Macmillan Cancer Support, the Motor Neurone Disease Association and Sue Ryder, was designed to examine how free social care at the end of life could work in practice.
All three charities are campaigning for free end of life social care, which was backed by the Government’s palliative care funding review in 2011 and is being tested by ministers through eight pilots before they commit to the policy.

The report looked at exiting models for free end of life social care, including the CHC fast-track scheme and the Stars Care Liverpool service commissioned by Liverpool Clinical Commissioning Group.

It said the access to care could be made more consistent through a simpler referral application and process, a common end of life outcomes framework and common triggers for free end of life social care. Options for a trigger include the Electronic Palliative Care Co-ordination System, which seeks to co-ordinate the care of people in their last year of life, or the DS1500 form, which is a medical report on a terminally ill person submitted with a benefits claim.

It said the current models of free end of life social care could be seen as a "sticking plaster", bridging the gap between free NHS care and means tested social care. "True integration", through a single, ring-fenced budget for health and social care with a single commissioning body, would remove many of the barriers to free end of life social care. It said local authority social care funding was "generally absent" from most of the models considered in the report which were funded jointly or solely by the NHS or charities.

However, the report said "true integration" was some time off, so in the meantime existing approaches to free end of life social care, such as the CHC fast track or Stars Care Liverpool, should be improved.

The report said even some innovative services, like Stars, were not reaching effectively people with a diagnosis other than cancer, homeless people, prisoners allowed home to die, and people from black and ethnic minority communities.

Source: [www.communitycare.co.uk](http://www.communitycare.co.uk) 25 June 2014