<table>
<thead>
<tr>
<th>In this issue No 71/January 2017</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
</tr>
<tr>
<td>Local performance rating data for cancer launched</td>
<td>9</td>
</tr>
<tr>
<td>Ratings showing the performance of different local areas for cancer diagnosis, survival and waiting times have been launched by the Department of Health. The data will be available on the MyNHS.uk, allowing people to search using their postcode to find their local clinical commissioning group’s (CCG) rating for early diagnosis, one-year survival, patient experience and performance against the target waiting time of 62 days from GP referral to treatment.</td>
<td>9</td>
</tr>
<tr>
<td>Up to 1,500 extra medical training places announced</td>
<td>9</td>
</tr>
<tr>
<td>The number of medical training places available to students each year will be expanded to ensure the NHS has enough doctors to continue to provide safe, compassionate care in the future, Health Secretary Jeremy Hunt has announced. From September 2018, the Government will fund up to 1,500 additional student places through medical school each year</td>
<td>9</td>
</tr>
<tr>
<td>NHS England announces major boost for general practice</td>
<td>9</td>
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<td>NHS England has set out the latest measures it is implementing to help general practice cope with increasing demand – boosting GP numbers and tackling burnout as part of the General Practice Forward View (GPFV). A nationwide, £19.5 million NHS GP Health service will be introduced in January 2017, aimed at improving access to mental health support for general practitioners and trainee GPs while the Induction and Refresher scheme will be revamped to speed up the time it takes for GPs to return to practice in England.</td>
<td>9</td>
</tr>
<tr>
<td>Hospital bed squeeze is being miscounted and causing congestion</td>
<td>11</td>
</tr>
<tr>
<td>With performance falling below targets and Winter approaching, a Nuffield Trust briefing has warned the NHS can no longer find enough bed space to move patients through hospitals quickly and meet key A&amp;E targets – and that its practice of counting patients at midnight means we are missing the true scale of the squeeze.</td>
<td>11</td>
</tr>
<tr>
<td>Summer 2016 ‘worse than most Winters for A&amp;E’</td>
<td>11</td>
</tr>
<tr>
<td>Waiting times in A&amp;E units in England this Summer have been worse than every winter for the past 12 years bar one, figures show. The colder months have traditionally been the most difficult for hospitals. But pressures have grown so much that this Summer saw one in 10 patients wait for over four hours in A&amp;E during June, July and August 2016.</td>
<td>11</td>
</tr>
<tr>
<td>Commitments to increase mental health funding not reaching the front line</td>
<td>12</td>
</tr>
<tr>
<td>Promised increases in funding for mental health services have not materialised in many areas of the country, according to a new analysis by The King’s Fund. The analysis shows that 40 per cent of mental health trusts saw their income fall in 2015/16. This is despite the Government’s commitment to parity of esteem for mental health and assurances from NHS England that almost 90 per cent of plans submitted by clinical commissioning groups (CCGs) in 2015 included mental health funding increases. NHS England had made it clear that it expected CCGs to increase mental health funding in 2015/16.</td>
<td>12</td>
</tr>
</tbody>
</table>
### New RCP advice aims to reduce inpatient injury from trips and falls

The Royal College of Physicians (RCP) has produced ‘Falls Prevention in Hospital: a Guide for Patients, their Families and Carers’, a guide designed to help prevent serious injury and unnecessary cost to the NHS caused by older people tripping or falling when they are in hospital. Aimed at older patients and their families and carers, the guide provides easy to follow advice on what patients and those in contact with them can do to help prevent inpatient falls.

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### New plans to modernise community pharmacies

Plans to modernise community pharmacies, which will ensure a better quality service for patients and relieve pressure in other parts of the NHS, have been announced by the Government. This forms part of the Government’s ambition to modernise the community pharmacy sector and make the most of pharmacists’ skills in all healthcare settings, including GP surgeries and care homes, to provide the highest level of care to patients. New measures, supported by NHS England, will include the first ever reward system for pharmacies that are providing a high quality service.

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### Health professions calling for greater leadership and action to tackle early deaths of people living with severe mental illness

A joint report published by the Royal College of Psychiatrists and the Academy of Medical Royal Colleges sets out essential actions to improve the physical health of adults with severe mental illness across the NHS. Although the health of the general population in the UK has improved significantly over the past 50 years, the life expectancy of adults with severe mental illness (SMI) in 2016 is lagging behind. The report makes eight recommendations to key bodies and inspectorates.

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### NHS England launches biggest upgrade to NHS cancer treatment in 15 years

NHS England chief executive Simon Stevens has announced a £130 million investment to kickstart the upgrade of radiotherapy equipment and transform cancer treatment across England. Around four in 10 of all NHS cancer patients are treated with radiotherapy, which typically uses high-energy radiation from a machine called a linear accelerator (‘Linac’). Radiotherapy is one of the three main cancer treatments, alongside cancer surgery and chemotherapy. Over the next two years older Linac radiotherapy equipment being used by hospitals across the country will be upgraded or replaced.

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### Lack of investment in new services puts NHS plan at risk

The absence of ring fenced funding for investing in new services could jeopardise plans to improve patient care outlined in the NHS Five Year Forward View (Forward View), according to a new report from The King's Fund. The report argues that most progress in implementing the Forward View has been made in the new care models programme, in work on sustainability and transformation plans, and in plans to devolve more responsibility to public sector leaders in Greater Manchester. But with two out of the five years covered by the Forward View already elapsed, much remains to be done to align national policies with the improvements in care it is seeking to bring about.

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### Public unaware of the factors that increase the risk of dementia

Just two per cent of people in Britain can identify all the health and lifestyle factors that can increase risk of developing dementia. More than a quarter (28 per cent) of the British public is unable to correctly identify any potentially modifiable risk factor for developing dementia, according to new findings from the British Social Attitudes survey, which was commissioned by Public Health England (PHE).

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### Report shows prevalence of conditions across England

Figures released by NHS Digital provide information on the prevalence of 21 conditions, including heart disease, hypertension, dementia, diabetes, and depression. The annual report entitled, ‘Quality and Outcomes Framework (QOF) - Prevalence, Achievements and Exceptions Report, England 2015-16’ also identifies how the prevalence of these conditions has changed since the previous year. Prevalence data on these conditions can be broken down sub-nationally to regional and general practice level.

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### CQC finds St George’s University Hospitals NHS Foundation Trust to be Inadequate

England’s Chief Inspector of Hospitals has recommended that St George’s University Hospitals NHS Foundation Trust in Tooting, South West London, should be placed into special measures after an inspection by the Care Quality Commission (CQC) rated the Trust as Inadequate overall. A team of inspectors found St George’s Inadequate for being safe and well-led. It was rated Requires Improvement for being effective and responsive. However, it was rated Good for caring.
**CQC calls for improvements to emergency and medical care at Queen Elizabeth Hospital, Woolwich**

England's Chief Inspector of Hospitals has told the Queen Elizabeth Hospital (QEH) at Woolwich that it must make improvements to the emergency department and medical care. Both are rated Requires Improvement. The Care Quality Commission (CQC) undertook an unannounced inspection in June 2016 at the hospital in South East London because of concerns raised by patients and a high number of safeguarding incidents. Queen Elizabeth Hospital is part of Lewisham & Greenwich NHS Trust. It provides hospital services for people living in Greenwich, Bexley and other neighbouring boroughs.

**Adult social care underfunding is increasing the strain on A&E**

The Government urgently needs to address the underfunding of adult social care to relieve pressure on A&E departments, says the Health Committee in its report on Winter planning in A&E departments entitled, “Winter pressure in accident and emergency departments.” The report says that, unless the shortfall in social care provision is addressed, people will continue to face avoidable admission and delayed discharge from hospital.

**NHS staff and public want reforms to end confusion in current national health and social care system**

PwC is calling for local areas to be given the power to raise funds for their regional health service. New research finds that 70 per cent of NHS staff in England do not understand the role of the national bodies in the healthcare system. The report calls for the Government to clarify the roles of these bodies and move to a more devolved system where local areas are given more accountability and responsibility. The report also calls for health and social care to be brought under one department.

**Hospital admissions hit record high as population ages**

Hospital admissions in England rose to record levels last year, with 16.2 million admissions during 2015/16 - up from 12.7 million ten years ago. Patients aged 65 to 69 - so called “baby boomers” - made up the single largest group of patients, with some 1.3 million admissions in 2015/16, according to figures released by NHS Digital.

**Dementia is now the leading cause of death**

Dementia, including Alzheimer’s disease, has overtaken heart disease as the leading cause of death in England and Wales, latest figures reveal. Last year, more than 61,000 people died of dementia - 11.6 per cent of all recorded deaths. The Office for National Statistics (ONS) says the change is largely due to an ageing population.

**Controversial plans are the right way forward for the NHS**

Sustainability and Transformation Plans (STPs) offer the best hope to improve health and care services, despite having been beset by problems so far, according to a new report from The King’s Fund. STPs – plans for the future of health and care services being developed in 44 areas of England – have been strongly criticised by politicians, local authority leaders and patient groups. The new report, based on interviews with senior leaders in four STP areas, supports many of the criticisms.

**NHS faces difficult winter as demand for care increases**

Big rises in demand for healthcare mean the NHS is heading into Winter with its finances under pressure and performance against several key indicators at their worst level for more than a decade, according to the latest quarterly monitoring report (QMR) from The King’s Fund. The report, which covers the period July to September 2016, shows that the NHS is now treating more patients than ever before. Increasing demand for services is reflected in the number of GP referrals, which increased by about three per cent over the past year, while emergency admissions via A&E are four per cent higher than in the same quarter last year.

**Financial sustainability of the NHS**

The financial performance of NHS bodies worsened considerably in 2015/16 and this trend is not sustainable, according to the National Audit Office (NAO). In 2015/16, NHS commissioners, NHS trusts and NHS foundation trusts reported a combined deficit of £1.85 billion, a greater than three-fold increase in the deficit position of £574 million reported in 2014/15. Provider trusts’ overall deficit grew by 185 per cent to £2.45 billion, up from £859 million in 2014/15, against total income of £75.97 billion. In addition, two thirds of NHS trusts (65 per cent) and NHS foundation trusts (66 per cent) reported deficits in 2015/16, up from 44 per cent of NHS trusts and 51 per cent of NHS foundation trusts in the previous financial year. The number of clinical commissioning groups reporting cumulative deficits was 32 in 2015/16, up from 19 in both 2014/15 and 2013/14.
Dementia rates show signs of falling

There is growing evidence that the dementia crisis may not be as bad as first feared, say researchers. A study suggests the proportion of older people developing dementia is falling in the US - backing up similar findings in the UK and Europe. Data from 21,057 people over the age of 65 in the US showed the proportion with dementia fell from 11.6 per cent in 2000 to 8.8 per cent in 2012. The findings were published in the journal JAMA Internal Medicine. There is a suggestion that higher levels of education are protecting the brain from the disease.

UK’s pathology services at tipping point

Pathology services in the UK are struggling to cope with the increasing number of patient samples that need to be tested, according to a Cancer Research report. A growing and ageing UK population means that more people than ever before are being referred for cancer tests including biopsies and blood tests. One in two people will develop cancer at some point in their lifetime. But pathology staff numbers are not growing to meet the rising demand for tests, resulting in a lack of capacity for pathology services.

Winter deaths 'halve to 24,000'

There were 24,300 excess deaths in England and Wales last Winter - about half the number of the previous year. This means the number of extra deaths from December to March fell to traditional levels after the spike seen during the winter of 2014/15. The extra deaths last winter represent a 15 per cent increase on the average for the rest of the year, according to the Office for National Statistics (ONS) data.

Stroke in the UK: Mind the Gap!

The third annual Sentinel Stroke National Audit Programme (SSNAP) report entitled, 'Mind the Gap!' reveals that, despite stroke care continuing to improve year on year, much more work is still required to ensure that all patients have access to high quality care regardless of where they live or when they are admitted to hospital. SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit), including staffing levels against evidence-based standards. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients.

Ambulances 'too slow to reach 999 calls'

Ambulance services are struggling to reach seriously ill and injured patients quickly enough after rising demand has left the system over-stretched, a BBC investigation has found. Patients with life-threatening conditions - like cardiac arrests - are meant to be reached in eight minutes. But only one of the UK's 13 ambulance trusts is currently meeting its target. Ambulance bosses are blaming rising demand and pressure in the system.

South West London & St George’s Mental Health NHS Trust rated as Good says the CQC

The Chief Inspector of Hospitals has rated South West London & St George’s Mental Health NHS Trust as Good overall after the latest focused inspection by the Care Quality Commission (CQC). A team of inspectors, including specialist advisors and experts by experience had visited the Trust during March 2016, as part of its programme of inspections of all NHS mental health trusts, rating the Trust as Requires Improvement overall. However, after a subsequent inspection during September 2016 inspectors found significant improvements. The Trust is now rated Good for being effective, caring, responsive and well-led. It is rated Requires Improvement for being safe.

'Deeply worrying' waits for hospital beds

More than one in 10 patients in England face long delays for a hospital bed after emergency admission. BBC analysis of NHS figures showed nearly 475,000 patients waited for more than four hours for a bed on a ward in 2015/16 - almost a five-fold increase since 2010/11. Hospitals reported using side rooms and corridors to cope with the growing number of "trolley waits". NHS bosses acknowledged problems, blaming "growing demand" on the system.

Health of the ‘baby boomer’ generation

In her annual report on the state of the public’s health entitled, ‘Baby Boomers: Fit for the Future’ Professor Dame Sally Davies, the Chief Medical Officer (CMO) for England, focuses on the health of people aged between 50 and 70. It considers topics such as the impact of lifestyle choices on current and future health, mental health, sexual health, and screening and immunisation programmes.
NHS vulnerable to serious lapses in care even as healthcare quality improves in some areas, report warns

‘Quality at a cost’, the latest annual statement from the Nuffield Trust and Health Foundation’s QualityWatch programme, looks at a range of care quality measures across the NHS in England. The report highlights several areas of healthcare where standards have improved, but the authors point to slowing improvement in other areas, growing waiting times and continuing financial pressures as evidence that the NHS could face serious challenges in maintaining standards in care.

The CQC calls for action to end missed opportunities to learn from patient deaths

A national review by the Care Quality Commission (CQC) has found that the NHS is missing opportunities to learn from patient deaths and that too many families are not being included or listened to when an investigation happens. In a report, the quality regulator has raised significant concerns about the quality of investigation processes led by NHS trusts into patient deaths and the failure to prioritise learning from these deaths so that action can be taken to improve care for future patients and their families.

NHS England announces £101 million of new funding for new care model vanguards

NHS England has announced £101 million of new funding to support and spread the work of the new care model vanguards. The vanguards are partnerships of NHS, local government, voluntary, community and other organisations that are implementing plans to improve the healthcare people receive, prevent ill health and save funds. In addition to the funding, the vanguards will continue to receive support from NHS England and other national bodies to implement their plans, including how they harness new technology including apps and shared computer systems.

Whipps Cross University Hospital rated Inadequate by the CQC

England’s Chief Inspector of Hospitals has again rated Whipps Cross University Hospital in East London as Inadequate overall after a comprehensive inspection by the Care Quality Commission (CQC) in July and August 2016. Whipps Cross was rated Inadequate for being responsive and well-led. It was rated Requires Improvement for being safe, effective and caring.

The Royal London Hospital rated Requires Improvement by the CQC

England’s Chief Inspector of Hospitals has told The Royal London Hospital it must make further improvements after a comprehensive inspection by the Care Quality Commission (CQC) in July 2016. The hospital has been rated as Requires Improvement overall. The Royal London was rated Requires Improvement for being for being safe, effective, caring, responsive and well-led.

Pressure on NHS beds could risk patient safety, Nuffield Trust warns

Pressure on beds in the NHS in England has become so acute that on any given day last Winter, the equivalent of more than five extra hospitals’-worth of beds had to be brought into service to cope with surges in demand. On the single busiest day last Winter, an extra 4,390 beds had to be opened, equivalent to more than seven extra hospitals in one day. And, on average, over 95 per cent of beds across English hospitals were occupied every day last Winter, despite evidence that once bed occupancy rates exceed 85 per cent to 90 per cent, there is an increasing risk of infection. Given that pressures on the health service have not lessened over the last 12 months, trusts will face similarly high bed occupancy rates this Winter. These are the findings of a new analysis by the Nuffield Trust health think tank, the first of a new short series of briefings from the Trust examining the extra pressures on the NHS in Winter.

North Middlesex University Hospital Requires Improvement says the CQC

The Chief Inspector of Hospitals has published a report on North Middlesex University Hospital (NMUH) NHS Trust after a comprehensive inspection by the Care Quality Commission (CQC) in September 2016. The Trust has been rated as Requires Improvement overall. The Trust has been rated Requires Improvement for being safe, effective, caring, responsive and well-led.

Demand for hospital services outstripping NHS funding

The number of admissions to hospital are rising steeply and are outstripping increases in the NHS budget, according to new analysis published by The King’s Fund. The analysis finds that admissions to hospital have increased by 3.6 per cent a year since 2003/4. In contrast, real terms increases in NHS funding have shrunk to an average of just 1.2 per cent a year since 2010/11, compared to average increases of 4.8 per cent a year between 2003/4 and 2010/11.
### Reducing infections in the NHS

The Health Secretary Jeremy Hunt has launched new plans to reduce infections in the NHS. He announced Government plans to halve the number of gram-negative bloodstream infections by 2020 at an infection control summit. Alongside the plan to reduce E. coli rates, an additional £60 million will be allocated to the 'Getting It Right First Time' programme. First pioneered by Professor Tim Briggs in orthopaedics, the programme will now be expanded to another 18 surgical specialties, building on the initial investment of £2.5 million.

### National health organisations publish a shared commitment to quality

The National Quality Board (NQB) has published a new framework that will promote improved quality criteria across all national health organisations for the first time. The new publication provides a nationally agreed definition of quality and guide for clinical and managerial leaders wanting to improve quality. The approach has been agreed by the national bodies that form the NBQ to provide more consistency and to enable the system to work together more effectively. It is part of work to cut unnecessary red tape by reducing duplication and aligning demands on professionals for information on the quality of services.

### Barcode technology helping to improve patient safety

The barcode technology used in major industries such as aerospace and retail is being introduced to the NHS in England to improve patient safety. Barcodes are being placed on breast implants, replacement hips, medication and surgical tools. The £12 million Department of Health 'Scan4Safety' project is already helping staff to quickly and easily track each patient through their hospital journey.

### Social Care

#### Three reports providing official adult social care statistics released by NHS Digital

NHS Digital has published three reports which include the latest statistics on the safeguarding and care of vulnerable adults in England. ‘Safeguarding Adults Annual Report, England 2015-16’ contains information about safeguarding referrals, which were opened and/or concluded during the reporting period. ‘Measures from the Adult Social Care Outcomes Framework (ASCOF), England - 2015-16’, which reports on how well care and support services provided by the adult social care system achieve the outcomes that matter most to people involved in delivering care. ‘Community Care Statistics: Social Services Activity, England 2015-16’ contains information taken from council administrative systems used to record the process of assessing eligibility for state-funded social care and providing services where people are eligible.

#### Adult social care 'approaching tipping point', warns the CQC

Most health and adult social care services in England are providing people with safe, high quality and compassionate care - but with pressures rising on demand, access and cost, the quality regulator is raising concerns about how long this can last. The CQC has raised concerns that the sustainability of the adult social care market is approaching a tipping point. This view is based on the evidence of inspections, information received through the CQC’s market oversight function, and a variety of external data.

#### £2.6 billion could be needed to fix social care - LGA warns

Social care for the elderly and disabled could be facing a potential funding gap of at least £2.6 billion, the Local Government Association (LGA) has warned. As part of its Autumn Statement submission to the Treasury, the LGA says that based on "fair price of care" calculations, the immediate pressures threatening the stability of the care provider market could amount to at least £1.3 billion. On top of that, councils also estimate that by 2019/20, a further £1.3 billion will be required to deal with the additional pressures brought about by an ageing population, inflation, and the cost of paying the National Living Wage.

#### Councils 'don't pay fair price for care'

Nine out of 10 councils in the UK are failing to pay realistic prices to support older and disabled people in their own homes, the industry says. The UK Home Care Association (UKHCA) calculated the minimum price councils should be paying was £16.70 per hour, but the average was over £2 less. Councils said they had been left with little choice given the squeeze on their finances by the Government. But the UKHCA said the situation was threatening the future of the market.
Latest figures released on local councils' adult social care spending
New official figures have been published which outline the total money spent by local authorities on adult social care. ‘Personal Social Services: Expenditure and Unit Costs, England 2015-16’ is published by NHS Digital and collects data from the 152 local authorities across England, which are responsible for adult social services. The detailed analysis includes the gross current expenditure for all local authorities in England, as well as a breakdown of each individual council’s social care spends. It also breaks down short and long term support, the expenditure by primary support reason and the type of service being accessed.

Quarter of people do not need to be admitted to hospital, new research reveals
Up to one in four people admitted to hospital do not need to be there and could be looked after elsewhere if better use was made of services available to treat people in the community, council leaders have stated. Almost half (45 per cent) of decisions about patients' care could be improved, new research by consultants Newton Europe commissioned by the Local Government Association (LGA) has found.

Local authorities urged to make personal budgets dementia friendly
Alzheimer’s Society is calling on all local authorities in England to urgently break down the barriers preventing people with dementia accessing personal budgets. An Alzheimer’s Society audit of local authorities' personal budgets processes has highlighted how the majority are failing at the first hurdle, with many failing to make people with dementia aware of their entitlement to a personal budget. The charity is urging all local authorities with adult social care responsibilities to sign the Dementia-Friendly Personal Budgets Charter to demonstrate their commitment.

Health charities warn of £1.9 billion social care funding gap
Three leading health charities have issued a call for the Government to address a £1.9 billion social care funding gap through the Autumn Statement of November 2016. In a new briefing the Health Foundation, The King’s Fund and the Nuffield Trust analyse the state of health and social care finances, concluding that cuts and rising demand will leave adult social care facing a £1.9 billion funding gap in 2017. The three organisations conclude that, despite mounting pressures on the NHS, finding money to plug this gap is the most urgent priority. They urge the Government to bring forward increases in social care funding planned for later in the Parliament through the Better Care Fund to 2017.

Ombudsman’s annual review highlights concerns about quality of home care
The Local Government Ombudsman (LGO) has seen a 25 per cent rise in complaints about the home care received by some of the most vulnerable people in England over the past year. The statistic is just one of the findings included in the LGO’s ‘Review of Adult Social Care Complaints 2015/16’. Complaints about home care received by the Ombudsman include care workers being late for or missing appointments, not staying long enough and not doing what they should – including not treating people with the dignity they deserve.

Councils angry at the Government's social care offer
Councils say it is "hugely disappointing" that the Government has not given them extra money to tackle shortfalls in social care funding. Ministers will let local authorities bring forward council tax rises, and money cut from a housing scheme will be spent on social care instead. The Government said it would create a "sustainable" system for everyone who needs social care. But the Local Government Association (LGA) said the measures "fall well short".

For further info
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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.
## Index

A&E... 1, 3, 11, 14, 20, 21, 22, 25, 30, 31, 35, 38, 41, 46  
admissions ........... 3, 5, 23, 25, 29, 32, 41, 46, 49, 50  
Ambulance .................................. 4, 29, 30  
Baby Boomers .................................. 4, 32  
Bed occupancy .................................. 31  
best practice .................................. 35, 38, 40  
Better Care Fund 7, 47, 48, 51, 53  
cancer 1, 2, 4, 9, 12, 15, 16, 24, 27, 28, 40  
Care Quality Commission 2, 3, 4, 5, 18, 20, 26, 30, 34, 36, 37, 39, 42, 43, 45  
Carers .................................. 2, 12  
Chief Inspector of Hospitals 2, 3, 4, 5, 18, 19, 20, 30, 36, 37, 38, 39, 40  
clinical commissioning groups 1, 3, 12, 25, 26  
complaints .................................. 7, 52  
deaths ............ 2, 3, 4, 5, 14, 23, 24, 27, 28, 34, 35  
delayed discharges .................................. 21, 25  
dementia 2, 3, 4, 7, 14, 17, 18, 20, 23, 24, 26, 27, 41, 50, 51  
dignity .................................. 7, 19, 33, 40, 52  
emergency department 3, 19, 20, 36, 38, 40  
end of life care .................................. 36, 37, 39, 41  
falls .................................. 2, 12, 13  
finance .................................. 43, 53  
financial 3, 5, 10, 21, 25, 26, 32, 41, 44, 46, 51, 53  
Five Year Forward View 2, 16, 41, 43, 51  
funding 1, 2, 5, 6, 7, 10, 11, 12, 14, 16, 21, 22, 23, 26, 35, 41, 47, 48, 49, 50, 51, 52, 53  
general practice 1, 2, 9, 10, 11, 18, 25  
General Practice Forward View 1, 9  
GP 1, 2, 3, 9, 10, 13, 14, 15, 18, 25, 35, 45, 47  
Home Care .................................. 6, 48  
infections .................................. 6, 31, 34, 42  
inspection 2, 3, 4, 5, 18, 19, 20, 30, 31, 36, 37, 38, 39, 40, 45, 46  
London 2, 3, 4, 5, 7, 16, 18, 20, 30, 36, 37, 38  
long term conditions .................................. 18, 41, 46  
medical training .................................. 1, 9  
Mental Health 4, 12, 30  
mental illness 2, 14, 15  
model vanguards .................................. 5, 35  
National Institute for Health and Care Excellence 16  
NHS England 1, 2, 5, 9, 10, 11, 12, 13, 14, 15, 16, 17, 21, 22, 26, 31, 32, 34, 35, 39, 40, 51  
NHS Improvement .................................. 22, 26, 36, 40  
Nuffield Trust 1, 5, 7, 11, 33, 38, 39, 51  
pathology 4, 27, 28  
patient safety 5, 6, 21, 34, 35, 36, 37, 38, 43  
performance 1, 3, 9, 11, 12, 16, 21, 25, 26, 37, 46, 49  
personal budgets 7, 50, 51  
pharmacies 2, 13, 14  
providers 16, 17, 29, 43, 45, 46, 47, 50, 52  
Public Health .................................. 2, 15, 17  
Public Health England 2, 15, 17  
quality 2, 4, 5, 6, 7, 12, 13, 14, 15, 16, 18, 19, 26, 28, 29, 30, 33, 34, 36, 37, 42, 43, 44, 45, 46, 47, 48, 52  
Quality and Outcomes Framework 2, 18  
referrals 3, 6, 25, 44  
safeguarding 3, 6, 19, 20, 44  
social care 3, 6, 7, 21, 22, 24, 25, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53  
Social Care .................................. 7  
Social Services 6, 7, 45, 49  
Stroke 4, 28, 29  
Sustainability and Transformation Plans 3, 16, 24, 43  
technology 5, 6, 15, 35, 43, 44  
The King’s Fund 1, 3, 5, 7, 12, 25, 41, 51  
vulnerable people 7, 47, 50, 52  
waiting times 1, 5, 9, 20, 33, 40  
winter .................................. 1, 3, 4, 11, 28  
Winter 1, 3, 4, 5, 11, 12, 21, 22, 25, 28, 31, 38, 39  
workforce 10, 11, 26, 27, 32, 35, 38
Health

Local performance rating data for cancer launched
Ratings showing the performance of different local areas for cancer diagnosis, survival and waiting times have been launched by the Department of Health.

The data will be available on the MyNHS.uk, allowing people to search using their postcode to find their local clinical commissioning group’s (CCG) rating for early diagnosis, one-year survival, patient experience and performance against the target waiting time of 62 days from GP referral to treatment.

The site will show which CCGs are performing well and which need to improve.

The measure is part of the Government’s drive for greater transparency and builds on previous commitments to improve cancer diagnosis and care.

Source: www.gov.uk 4 October 2016

Up to 1,500 extra medical training places announced
The number of medical training places available to students each year will be expanded to ensure the NHS has enough doctors to continue to provide safe, compassionate care in the future, Health Secretary Jeremy Hunt has announced.

From September 2018, the Government will fund up to 1,500 additional student places through medical school each year. Students will be able to apply for the extra places from 2017 in order to take them up from the academic year 2018/19.

The Health Secretary also pledged to reform the current cap on the total number of places that medical schools can offer, which is set at just over 6,000 a year. Currently, universities can only offer places to half of those who apply to study medicine, but this new measure will allow all domestic students with the academic grades, skills and capability to train as a doctor to have the chance to do so.

Source: www.gov.uk 4 October 2016

NHS England announces major boost for general practice
NHS England has set out the latest measures it is implementing to help general practice cope with increasing demand – boosting GP numbers and tackling burnout as part of the General Practice Forward View (GPFV).

A nationwide, £19.5 million NHS GP Health service will be introduced in January 2017, aimed at improving access to mental health support for general practitioners and trainee GPs while the Induction and Refresher scheme will be revamped to speed up the time it takes for GPs to return to practice in England.

The General Practice Forward View pledged to simplify the current Induction and Refresher (I&R) scheme, aiming to slash the time it can take doctors to return to practice, with the ambition to support at least an extra 500 doctors back into practice by 2020/21, as part of a broader plan to see an additional 5,000 doctors in general practice by 2020/21.

A working group, including Health Education England (HEE), the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) was established in 2016 to review the scheme and deliver a package of improvements.
These improvements focus on three key areas. Firstly increased financial support from November 2016 that will:

- increase the monthly bursary for doctors on the Induction and Refresher scheme from £2,300 to £3,500. This will be available to new or existing doctors on the scheme
- provide a time limited financial top up to the bursary of £1,250 to assist with the costs of indemnity whilst on the scheme (available until 31 October 2018)
- provide a time limited reimbursement (worth £464) to doctors on the scheme for the costs of GMC membership and DBS fees (available until 31 October 2018)
- remove assessment fees for first time applicants (worth up to £1,000).

Secondly, increased practical support means a new national support team for the scheme, based in Liverpool. The team will provide each I&R doctor with a dedicated account manager and contact point to support them through the entire process. The team will also provide support including:

- assistance and advice with completing forms and paperwork
- assistance with arranging occupational health assessments
- advice on arranging indemnity
- co-ordinating assessments and placements on behalf of doctors.

Finally, to make it easier for doctors to return to practice and cutting down the time involved, the process will be made more flexible. Over the next few months NHS England will work with stakeholders to develop a national framework so that suitably qualified and experienced doctors can be added to the Medical Performers List without the need to complete the I&R process.

NHS England will also provide additional funding to increase the frequency of assessments under the I&R scheme from quarterly to bi-monthly. This will mean that doctors on the scheme have less time to wait until they can sit next the next round of assessments.

The second major part of the announcement focuses on helping GPs who may be suffering from mental ill-health including stress and burnout. The Hurley Clinic Partnership, who currently provide the NHS Practitioner Health Programme, has been appointed to run a free, confidential service for any GP or trainee registered on the National Performers List or looking to return to clinical practice.

Available in 13 areas across the country, the NHS GP Health Service will be accessible via a confidential national self-referral phone line, website and app, enabling GPs and GP trainees to seek information about the services available, access self-help tools, and access clinical support.

The service is the world’s first nationally-funded health service of its kind for general practice, a signal of NHS England’s commitment to help retain a healthy and resilient workforce and in supporting GPs and GP trainees who wish to remain in or return to clinical practice after a period of ill health.

NHS England has worked closely with its partners, including the BMA’s General Practitioner Committee, HEE, the RCGP and the GMC to develop a service that responds to issues that GPs have highlighted as priorities.

Some examples of the support that will be available include face-to-face services offering:

- General Psychiatric assessment and treatment
- support for addiction related health problems
- psychotherapy one to one and group sessions.
The service will launch in January 2017 and forms an important part of NHS England’s commitment to retain a healthy and resilient workforce for the benefit of both staff and patients. The announcement builds on recent measures NHS England has already taken to help put general practice on to a more sustainable footing for the future. This includes running the Winter indemnity scheme again this year while rolling out a £60 million, two-year package to help with rising indemnity costs.

NHS England’s latest planning guidance further detailed recurrent funding to improve and increase capacity in general practice, totalling £138 million by 2017/18 and increasing to £258 million by 2018/19.

Source: www.england.nhs.uk 6 October 2016

**Hospital bed squeeze is being miscounted and causing congestion**

With performance falling below targets and Winter approaching, a Nuffield Trust briefing has warned the NHS can no longer find enough bed space to move patients through hospitals quickly and meet key A&E targets – and that its practice of counting patients at midnight means we are missing the true scale of the squeeze.

‘Understanding patient flow in hospitals, a briefing for NHS managers’, estimates that 5.5 per cent of beds need to be free for cleaning and preparation if patients are to be moved through quickly enough to meet the high profile commitment to admit or transfer emergency patients within four hours. Yet many hospitals are unable to provide this much of the time, making target breaches inevitable. With a growing number of patients coming and going during the day, counting bed occupancy at midnight means that crunch times are often invisible.

The authors, Sasha Karakusevic and Nigel Edwards, show how space has been squeezed over the last five years as the number of hospital beds has flatlined even as thousands more have been needed. The NHS is now so far from the 85 per cent occupancy rate once considered ideal that 12,000 extra beds would be needed to return to it. They expect pressure to continue due to rising number of patients with multiple conditions, and a predicted rise in the death rate from 600,000 each year to 800,000 by 2050.

The report finds that the 10 per cent of patients who stay for more than a week account for 65 per cent of bed use, and concludes that a strong focus on earlier discharge for these people may help to free up space.

It tracks how bed use changes through the day, with the most beds full in the morning, and the highest rate of patient movements seen in the afternoon. The authors argue that IT systems and management must adapt to tracking how beds are used on a minute by minute basis, so that hospitals can react when staff and space are under most pressure.

Source: www.nuffieldtrust.org.uk 11 October 2016

**Summer 2016 ‘worse than most Winters for A&E’**

Waiting times in A&E units in England this Summer have been worse than every winter for the past 12 years bar one, figures show.

The colder months have traditionally been the most difficult for hospitals.

But pressures have grown so much that this Summer saw one in 10 patients wait for over four hours in A&E during June, July and August 2016.
Only last Winter saw a worse performance since the target started in 2004, figures from NHS England showed.

During the summer months 90.6 per cent of patients were seen in four hours. Hospitals are meant to deal with 95 per cent in four hours.

The data also showed hospitals are missing a number of other key targets for cancer, routine operations and ambulance response times.

And the delays hospitals experienced in August 2016 discharging patients reached a record high during August. There were over 188,000 days of delays - a 30 per cent rise on the same month the year before.

These delays occur when there are no services available in the community to care for frail patients on release.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 13 October 2016

Commitments to increase mental health funding not reaching the front line

Promised increases in funding for mental health services have not materialised in many areas of the country, according to a new analysis by The King’s Fund.

The analysis shows that 40 per cent of mental health trusts saw their income fall in 2015/16. This is despite the Government’s commitment to parity of esteem for mental health and assurances from NHS England that almost 90 per cent of plans submitted by clinical commissioning groups (CCGs) in 2015 included mental health funding increases. NHS England had made it clear that it expected CCGs to increase mental health funding in 2015/16.

The findings are based on analysis of the annual accounts of all 58 mental health trusts in England. Given that mental health trusts provide about 80 per cent of all mental health care, the fact that income fell in so many trusts in 2015 provides a clear indication that the promised funding increases are not reaching the front line, according to The King’s Fund. The analysis also showed that a higher proportion of trusts ended the year in deficit than in previous years.

The King’s Fund’s findings are a warning that the funding required to improve mental health care is not reaching the frontline services where it is most needed, which will have a direct impact on access to treatment and the quality of patient care. The Fund is also concerned that this will jeopardise plans to deliver targeted service improvements outlined by the Mental Health Taskforce earlier in 2016. The Taskforce’s report called for increased investment in vital services such as crisis intervention and early intervention in psychosis services.

Source: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) 14 October 2016

New RCP advice aims to reduce inpatient injury from trips and falls

The Royal College of Physicians (RCP) has produced ‘Falls Prevention in Hospital: a Guide for Patients, their Families and Carers’, a guide designed to help prevent serious injury and unnecessary cost to the NHS caused by older people tripping or falling when they are in hospital.

Aimed at older patients and their families and carers, the guide provides easy to follow advice on what patients and those in contact with them can do to help prevent inpatient falls. ‘Falls Prevention in Hospital: a Guide for Patients, their Families and Carers’ provides jargon free information on the care patients can expect to receive in hospital, as well as advice on how to
be alert to potential dangers and what to do to avoid them. It sets out a check list of simple measures that, when undertaken, can minimise the risk of falling or tripping.

Advice in the checklist includes:

- tips on exercises to improve circulation when getting out of bed or before standing
- how to use walking aids in hospital safely
- ensuring the bedside environment is uncluttered and prescription glasses and walking aids are to hand when standing
- when to ask for help with standing or walking
- the importance of patients informing medical staff if they have fallen in the last year, are worried about falling, have a history of falls or feel dizzy.

Inpatient falls are the most commonly reported hospital safety incidents. More than 240,000 falls are reported in acute hospitals and mental health trusts in England and Wales every year, which equates to more than 600 a day. Around seven falls a day occur across England, Wales and Northern Ireland result in serious injuries, such as hip fracture or head injury. Falls in hospitals are costly to the NHS, as they increase the length of patient stay and may require increased care costs upon discharge.

The RCP’s recent National Audit of Inpatient Falls revealed that simple measures, such as ensuring a bedside call bell is in sight and within reach, can greatly reduce the risk of older patients falling.

The RCP falls prevention guide incorporates the audit’s findings and key recommendations. It also advises on clinically led interventions that should be adopted to minimise risks, including the importance of fall prevention risk assessments and medication reviews.

Source: www.rcplondon.ac.uk 17 October 2016

New plans to modernise community pharmacies

Plans to modernise community pharmacies, which will ensure a better quality service for patients and relieve pressure in other parts of the NHS, have been announced by the Government. These changes follow an extensive consultation during 2016.

This forms part of the Government’s ambition to modernise the community pharmacy sector and make the most of pharmacists’ skills in all healthcare settings, including GP surgeries and care homes, to provide the highest level of care to patients.

New measures, supported by NHS England, will include the first ever reward system for pharmacies that are providing a high quality service.

The Government currently funds community pharmacies at £2.8 billion a year. The way community pharmacies are rewarded and funded for NHS services was last reviewed 10 years ago.

Over the last 10 years, the budget for community pharmacy has gone up by more than 40 per cent. The number of community pharmacies in England is over 11,500, which is up by 18 per cent in 10 years, and two-fifths of pharmacies in England are within 10 minutes’ walk of two or more other pharmacies.

The average pharmacy costs £220,000 a year for NHS pharmaceutical services, including fixed £25,000 ‘establishment payments’ that most pharmacies receive annually, regardless of the service they provide. The new package will phase out the establishment payment and
place greater emphasis on rewarding pharmacies for the quality of services provided to the public.

Government spending for pharmacy will remain at around £2.6 billion a year, and it will ensured that those people in isolated areas with higher health needs will have access to a pharmacy through a new pharmacy access scheme.

Pharmacies that might have narrowly missed out on the pharmacy access scheme funding through the distance criteria, but are in an area of high deprivation, will be eligible to ask for a review. This will cover pharmacies that are located in the top 20 per cent most deprived areas in England and are 0.8 miles or more from another pharmacy and are critical to access. Funding for successful reviews will be made available as required from outside of this package.

The savings made will go into improved NHS services throughout the country, to ensure that patients get the highest quality provision possible.

New measures, supported by NHS England, will include the first ever reward system for pharmacies. The £75 million Quality Payment Scheme will see pharmacies receive funding based on their ability to provide a quality service to the public. Some of the measures that will be used to demonstrate this quality include:

- showing that they are a ‘healthy living-pharmacy’ to prevent health problems developing
- publishing the results of their patient experience surveys so people can make an informed choice about which pharmacy to go to
- training their staff in how to support patients with conditions such as dementia.

NHS England are also introducing a £42 million Pharmacy Integration Fund to improve how pharmacists, their teams and community pharmacy operates within the NHS as a whole. This will help relieve the pressure on GPs and A&E departments. By incentivising pharmacists to make their services available in a range of settings such as GP surgeries and care homes, patients will receive the right service in the right place and this will ultimately lead to fewer people having to go to A&E or attending emergency GP appointments.

Beginning in December 2016, NHS England will be working to embed pharmacy into NHS urgent care by expanding the services already provided by community pharmacies in England for those who need urgent repeat prescriptions and treatment for urgent minor ailments and common conditions. This will help to relieve GPs’ workloads, and help to bring about real practical long term change, according to the Department of Health.

Source: www.gov.uk 20 October 2016

Health professions calling for greater leadership and action to tackle early deaths of people living with severe mental illness

A joint report published by the Royal College of Psychiatrists and the Academy of Medical Royal Colleges sets out essential actions to improve the physical health of adults with severe mental illness across the NHS.

Although the health of the general population in the UK has improved significantly over the past 50 years, the life expectancy of adults with severe mental illness (SMI) in 2016 is lagging behind. Nearly half (46 per cent) of people with SMI have a long term physical health condition and are at risk of losing on average 10 to 20 years of their lifespan due to physical ill health.
The report entitled, ‘Improving the physical health of adults with severe mental illness: essential actions’ was written in partnership with the Academy of Medical Royal Colleges and the Royal Colleges of General Practitioners, Nursing, Pathologists, Physicians, the Royal Pharmaceutical Society and Public Health England. The report makes practical recommendations for changes that will help adults with SMI to receive the same standards of physical healthcare as the general population and reduce the risk of premature death.

The report makes eight recommendations to key bodies and inspectorates, including:

- the creation of a new national steering group to lead and link key stakeholders with experts from the professions so that important aspects of physical healthcare are addressed and monitored at a national level
- each mental health service, acute hospital, general medical practice or GP federation should develop a physical health strategy for patients with SMI which is approved by the board and reviewed annually; they should also appoint a lead clinician at board level to be responsible for its implementation
- training for healthcare staff should be reviewed to ensure healthcare professionals are equipped to fulfil the physical health needs of people with SMI, such as being able to recognise physical illness and take appropriate action
- infrastructure should be improved; e.g. systems for recognising acute illness; improved Information Technology to help with meeting current health needs; better access to investigation results to help to improve standards of both physical and mental healthcare.


NHS England launches biggest upgrade to NHS cancer treatment in 15 years

NHS England chief executive Simon Stevens has announced a £130 million investment to kickstart the upgrade of radiotherapy equipment and transform cancer treatment across England.

Around four in 10 of all NHS cancer patients are treated with radiotherapy, which typically uses high-energy radiation from a machine called a linear accelerator (‘Linac’). Radiotherapy is one of the three main cancer treatments, alongside cancer surgery and chemotherapy.

Over the next two years older Linac radiotherapy equipment being used by hospitals across the country will be upgraded or replaced, ensuring patients get access to the latest leading edge technology regardless of where they live.

It is recommended that Linacs are replaced after around 10 years in operation. However, the last time there was a major national investment in NHS radiotherapy machines was in the early 2000s.

The new £130 million fund will over the next two years enable half of the five year modernisation programme recommended by the Independent Cancer Taskforce. The investment will pay for over 100 replacements or upgrades of radiotherapy machines in hospitals around England.

Recent advances in radiotherapy using cutting-edge imaging and computing technology have helped target radiation doses at cancer cells more precisely. As a result, they enable better outcomes, with improved quality of life for patients and reduced NHS costs in the long term, through patients experiencing fewer side effects.
The NHS is successfully treating more people with cancer – with 134,000 radiotherapy treatment episodes, and over 150,000 patients receiving chemotherapy last year – and overall, patients continue to report a very good experience of care.

NHS England as the national commissioner of radiotherapy services will use the national purchasing power of the NHS to drive improved pricing and value from equipment manufacturers and suppliers.

The investment pledge comes as NHS England provided an update at its Annual General Meeting on 26 October 2016 on progress made in the first of a five year programme to implement the cancer strategy set by the independent Cancer Taskforce. Specifically, over the last year NHS England has:

- brought together GPs, hospital clinicians and other local leaders to establish 16 Cancer Alliances across England to lead implementation of the strategy locally and test more effective and efficient ways to plan, pay for, direct and deliver services for patients. They will support the new Sustainability and Transformation Plans (STPs) being developed in 44 areas across the country
- launched three cancer vanguard sites in London and Manchester to test a clinical network model for designing, planning and providing care that the Taskforce recommended
- begun to test rules for a new 28 day faster diagnosis standard in four areas of the country, and awarded funding to support long term change in diagnosing cancer earlier
- started to pilot multi-disciplinary diagnostic centres at six sites, to speed up early diagnosis for patients
- together with the National Institute for Health and Care Excellence (NICE), launched a new approach to funding cancer drugs through the Cancer Drugs Fund. The first new drug, osimertinib has now come through the new system, benefiting lung cancer patients
- made available as standard six genetic diagnostic tests, to ensure each patient can access the best personalised treatment
- supported the launch of a new national Be Clear on Cancer campaign for lung cancer symptoms
- begun to develop a Quality of Life indicator for the first time, so we can ensure we improve quality of life for patients after treatment
- launched a new Cancer Dashboard, which gathers together all data and intelligence about performance and patient outcomes in one place, enabling the new Cancer Alliances to see where improvements need to be made in the patient pathway.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 26 October 2016

**Lack of investment in new services puts NHS plan at risk**

The absence of ring fenced funding for investing in new services could jeopardise plans to improve patient care outlined in the NHS Five Year Forward View (Forward View), according to a new report from The King's Fund.

£2.1 billion has been allocated to a Sustainability and Transformation Fund (STF), which ministers said would enable the NHS to transform services and meet the ambitions set out in the Forward View. However, £1.8 billion of this funding is being used to reduce deficits among NHS providers, leaving just £300 million to invest in new services this year.
New guidance published by NHS England states that £1.8 billion has also been set aside to cover deficits in 2017/18 and 2018/19, leaving little to invest in transforming services. The King's Fund’s report warns that this could put the plans outlined in the Forward View at risk.

The report argues that most progress in implementing the Forward View has been made in the new care models programme, in work on sustainability and transformation plans, and in plans to devolve more responsibility to public sector leaders in Greater Manchester. But with two out of the five years covered by the Forward View already elapsed, much remains to be done to align national policies with the improvements in care it is seeking to bring about.

More rapid progress is needed in the development of payment systems to support new care models, such as capitated budgets, in the regulation of care systems as well as organisations, and in the use of contracts to support primary and acute systems and multispecialty community providers. The law on procurement and tendering also needs to be clarified to avoid unnecessary delays and cost in implementing new care models.

The report argues that national leaders must allow time for the changes outlined in the Forward View to become established, with a continuing emphasis on these changes being led from within the NHS rather than being imposed top down.

Source: www.kingsfund.org.uk 26 October 2016

Public unaware of the factors that increase the risk of dementia

Just two per cent of people in Britain can identify all the health and lifestyle factors that can increase risk of developing dementia.

More than a quarter (28 per cent) of the British public is unable to correctly identify any potentially modifiable risk factor for developing dementia, according to new findings from the British Social Attitudes survey, which was commissioned by Public Health England (PHE).

There is growing evidence that a third of dementia cases could be a result of factors potentially in our control, and actions like taking regular exercise and not smoking can reduce your risk of developing it. This means there is huge potential for prevention.

The survey, carried out by the National Centre for Social Research (NatCen), asked the public if they could identify any of the following risk factors: heavy drinking, smoking, high blood pressure, depression and diabetes as well as the protective factor of taking regular exercise and found just two per cent of the public is able to identify all of them.

Also, more than one in four people (27 per cent) in Britain incorrectly believe that there is nothing anyone can do to reduce their risks of getting dementia.

Respondents were asked whether they agreed with the statement “there is nothing anyone can do to reduce their risks of getting dementia”. Twenty seven per cent incorrectly agree that there is nothing anyone can do; a further 26 per cent neither agree nor disagree; and only 43 per cent correctly disagreed with the statement.

Older people are more likely to agree that there is nothing anyone can do to reduce their risk of developing dementia: Thirty three per cent of those aged 65 and over said this compared with 26 per cent of those under 65.

Source: www.gov.uk 26 October 2016
Report shows prevalence of conditions across England

Figures released by NHS Digital provide information on the prevalence of 21 conditions, including heart disease, hypertension, dementia, diabetes, and depression.

The annual report entitled ‘Quality and Outcomes Framework (QOF) - Prevalence, Achievements and Exceptions Report, England 2015-16’ also identifies how the prevalence of these conditions has changed since the previous year.

Prevalence data on these conditions can be broken down sub-nationally to regional and general practice level.

This dataset is made up of information voluntarily provided by 97 per cent of general practices in England. It is collected through the QOF, which is primarily used to improve the care patients receive by rewarding practices for the quality of care they provide.

Conditions are grouped into categories known as indicator groups, with each group focussing on a particular disease or set of conditions. These are:

- cardiovascular
- respiratory
- lifestyle
- high dependency and other long term conditions
- mental health and neurology
- musculoskeletal
- fertility, obstetrics and gynaecology.

Prevalence of some conditions is measured as a proportion of the total number of people registered at a surgery, whereas others are age-specific.

In addition to prevalence, QOF also provides information on the activity of GPs in relation to 25 measures overall - this is expressed as achievement.

Achievement scores are used to calculate what payment a general practice should receive according to the services it delivered.

QOF also provides information on exception reporting. Patients can be 'excepted' for a number of reasons, but usually as a result of a patient or a GP decision at a personal level. This ensures that practices are not inappropriately financially penalised.

The full report is available at: https://www.digital.nhs.uk/catalogue/PUB22266

Source: www.digital.nhs.uk 27 October 2016

CQC finds St George’s University Hospitals NHS Foundation Trust to be Inadequate

England’s Chief Inspector of Hospitals has recommended that St George’s University Hospitals NHS Foundation Trust in Tooting, South West London, should be placed into special measures after an inspection by the Care Quality Commission (CQC) rated the Trust as Inadequate overall.

A team of inspectors found St George’s Inadequate for being safe and well-led. It was rated Requires Improvement for being effective and responsive. However, it was rated Good for caring.

Immediately after the inspection in June and July 2016, the CQC issued a Warning Notice to the Trust highlighting breaches in regulations related to: safe and fit premises at St George’s
Hospital; obtaining consent under the Mental Capacity Act, 2005; good governance and the fit and proper person requirement.

Inspectors have published a full report of the inspection which includes the ratings for individual services at the Trust.

Professor Sir Mike Richards, the Chief Inspector of Hospitals, said:

“I am disappointed that we have found a marked deterioration in the safety and quality of some of the Trust’s services since we inspected two years ago, as well as in its overall governance and leadership.

“Our inspectors found that several of the Trust buildings – including operating theatres – were in a state of disrepair which meant they were not fit for purpose. There were poor fire detection systems and a heightened risk of water contamination, which meant that people were put at risk.

“We also observed that not all staff followed infection control procedures, even when challenged by colleagues.

“Worryingly, we found that areas in which children and young people with mental health conditions were cared for had not been checked for ligature points, and that half of the medical staff working with children and young people had not completed level three safeguarding training, which is a requirement for all staff working with children.

“We took urgent action requiring the Trust to address the most immediate of our concerns, and the Trust has now introduced a range of supportive measures as a means of stabilising the organisation. I am aware that significant steps have been taken to strengthen leadership within the Trust with an experienced interim chair having been appointed and several recent additions to the executive team.

“I am satisfied that the executive team acknowledge the need for significant improvement across the board and are clear about the challenges they face. They will need external support which is why I have recommended that the Trust be placed into special measures.”

The emergency department was not large enough for the number of patients that passed through it and privacy and dignity were compromised. Inspectors also found that there was a lack of formal mental capacity assessments.

Leadership across several departments was weak. Black and minority ethnic staff were not given the opportunities that less experienced white staff had in some areas.

Fit and proper persons, which is a legal requirement for trusts to undertake, was not fully embedded in the Trust.

The inspection has identified a number of areas for improvement including:

- the Trust must develop a long term strategy and vision, with a stable, substantive leadership team
- ensure all premises and facilities where healthcare is delivered and accommodates staff are safe, well-maintained and fit for purpose
- medicines must be stored in an appropriate manner.

However, there were though several areas of outstanding practice. Outcomes for renal patients in relation to survival rates and transplants were excellent and one of the best in the country.
Other areas of outstanding practice included: the effectiveness of maternity care; the outcomes achieved by specialist medical and surgical services and the involvement of children of various ages on the interview panel as part of the recruitment process for emergency department paediatric nurses.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 1 November 2016

CQC calls for improvements to emergency and medical care at Queen Elizabeth Hospital, Woolwich

England’s Chief Inspector of Hospitals has told the Queen Elizabeth Hospital (QEH) at Woolwich that it must make improvements to the emergency department and medical care. Both are rated Requires Improvement.

The Care Quality Commission (CQC) undertook an unannounced inspection in June 2016 at the hospital in South East London because of concerns raised by patients and a high number of safeguarding incidents.

Queen Elizabeth Hospital is part of Lewisham & Greenwich NHS Trust. It provides hospital services for people living in Greenwich, Bexley and other neighbouring boroughs.

During a comprehensive inspection in February 2014, the CQC rated the Trust as Requires Improvement overall, with the QEH A&E department being rated as Inadequate and medical care as Requires Improvement.

In June 2016, inspectors found that the emergency department had made some progress since the last inspection including an improved pathway to the urgent care centre, opening a clinical decision unit and a frailty assessment unit.

However, inspectors found some aspects of the service had not improved. Rapid assessment and treatment was not being provided for all patients. Patients’ vital signs were not always monitored. Patients were being cared for in chairs (and in public corridors during this inspection), and were experiencing long waiting times in the emergency department.

The Trust had introduced some initiatives to help improve patient flow including a discharge lounge but, on the first two days of the inspection, the discharge lounge was being used as overflow area for patients who were unwell rather than those who were ready for discharge.

On the medical wards, inspectors observed some patients being treated with a lack of kindness. The inspectors were told by patients and staff of some instances of poor personal care being given and support for patients with dementia was limited.

Professor Sir Mike Richards, Chief Inspector of Hospitals, said:

“Queen Elizabeth Hospital had made some progress since the last inspection in 2014, but other changes had not been embedded.

“During our inspection, we witnessed long waiting times in the emergency department. The emergency department was full and patients were being cared for in public corridors and transferred to areas that did not meet their needs.

“We observed some instances of poor care on the medical wards. The leadership in medical services was variable. Some of the problems we found were not being adequately managed.

“It is disappointing that these shortfalls remain. The Trust needs to come back with a plan which addresses these issues in full. We will continue to monitor the Trust and we will return at some time in the future to check on their progress.”

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 1 November 2016
Adult social care underfunding is increasing the strain on A&E

The Government urgently needs to address the underfunding of adult social care to relieve pressure on A&E departments, says the Health Committee in its report on Winter planning in A&E departments entitled, “Winter pressure in accident and emergency departments.”

Shortfall in social care provision

The report says that, unless the shortfall in social care provision is addressed, people will continue to face avoidable admission and delayed discharge from hospital.

Dr Sarah Wollaston MP, Chair of the Health Committee, says:

"Accident and Emergency departments in England are managing unprecedented levels of demand. The pressures are now continuing year round without the traditional respite over the Summer months as departments try to cope with increasing numbers of patients with complex needs."

For major emergency departments in 2015, only 88 per cent of patients were admitted, transferred or discharged within four hours; well short of the 95 per cent standard set by the Government. This figure masks great variation in the performance of trusts which cannot be explained by financial challenge, demographics and demand alone.

Patient flow

Some trusts are supporting patient flow out of their hospitals by creating their own services that provide social care in order to address the problem of delayed discharges. These initiatives, however, have a limited scope when trusts are themselves under such financial pressure. Investing in social and intermediate care should be a priority.

The current level of variation in meeting the four hour waiting time standard is also due to differences in the way that trusts manage flows within hospitals. Whilst there are examples of excellent practice and systems alongside a culture of all staff supporting the A&E department because of its importance to patient safety, there are also examples of poor performance worsened by inadequate systems which have been allowed to continue for too long. Long waits for ambulance staff to transfer patients to A&E departments are unacceptable and must be addressed.

Struggle to manage demand

As identified by NHS England’s chief executive, emergency departments will struggle to manage demand unless additional infrastructure funding is made available to those struggling in inadequate premises.

It is essential that the Government ensures that sufficient capital funding is available for trusts to develop the infrastructure that will enable them to meet performance levels demanded by Ministers.

The first step will be an assessment of the infrastructure investment required to ensure that type 1 emergency departments are fit for purpose, which should be completed through the Sustainability and Transformation Plan process.

Call for sufficient funding
The report calls on the Government to make sure that sufficient funding is available to support the infrastructure investment required to ensure that type 1 emergency departments are fit for purpose, and to review the real terms cuts to NHS capital budgets in the Spending Review.

The Committee calls for NHS Improvement to consider the steps that it can take this Winter to ensure that all A&E departments are properly staffed and for Health Education England to look again at the long term sustainability of staffing, including for paramedics, within major emergency departments and the ambulance service.

Source: www.parliament.uk 3 November 2016

NHS staff and public want reforms to end confusion in current national health and social care system

PwC is calling for local areas to be given the power to raise funds for their regional health service. New research finds that 70 per cent of NHS staff in England do not understand the role of the national bodies in the healthcare system. The report calls for the Government to clarify the roles of these bodies and move to a more devolved system where local areas are given more accountability and responsibility.

The report also calls for health and social care to be brought under one department, away from the current system where social care sits with the Department for Communities and Local Government (DCLG). The research shows that staff are also confused by the division between health and social care in the healthcare system.

PwC’s latest report entitled, ‘Redrawing the health and social care architecture’ looks at the future role of national bodies in the healthcare system and calls for radical devolution to local areas. PwC surveyed more than 1,000 NHS staff and over 2,000 members of the public in England to gain the views of both those within and outside of the system. The results show a high level of confusion and frustration across the board with the majority of NHS staff believing the entire system should be reformed:

- 71 per cent of NHS staff in England want the healthcare system reformed
- 66 per cent of NHS staff in England are frustrated by the division between health and social care.

To address the confusion between the roles of the national local bodies in the NHS and the system overall, PwC makes a series of recommendations in the report:

Short term:

- create a new care management board or merging NHS Improvement and NHS England - to simplify the structure of the current health and care system
- clarify and co-ordinate the work of local institutions
- delegate responsibility for managing the health and care system in their areas to Sustainability and Transformation Planning (STPs)
- clarify the role of the Department for Health and the Department of Communities and Local Government in healthcare.

Longer term:

- shift accountability to the local level by allowing Regional Care Groups to evolve into democratically accountable bodies and have responsibility for commissioning health and social care
- give local democratically accountable leaders powers to raise additional funds through taxation
- shift control of healthcare to local areas.

The report frames a vision in which the system remains a national service, where standards and majority of the funding is determined at a national level. However, increasingly this balance of power should be devolved so local areas have greater responsibility and accountability, the report suggests. This will require phased changes to the architecture of the NHS.

Source: www.pwc.blogs.com 3 November 2016

Hospital admissions hit record high as population ages
Hospital admissions in England rose to record levels last year, with 16.2 million admissions during 2015/16 - up from 12.7 million ten years ago.

Patients aged 65 to 69 - so called "baby boomers" - made up the single largest group of patients, with some 1.3 million admissions in 2015/16, according to figures released by NHS Digital.

The report entitled, ‘Hospital Admitted Patient Care Activity 2015-16’ shows that the average age of hospital patients has been rising steadily for many years. Between 2005/06 and 2015/16, the number of admissions for patients aged 44 and under increased by less than nine per cent (from 5.8 million to 6.3 million), whilst for patients aged 45 and over it increased by nearly 44 per cent (from 6.9 million to 9.9 million).

Over the same time period, the population has also grown, although at a much lower rate than hospital admissions - around eight per cent (50.6 million to 54.8 million) - compared with an overall growth of nearly 30 per cent for hospital admissions (12.7 million to 16.2 million).

While the total number of admissions with procedures and interventions has increased by 56 per cent since 2005/06 (6.8 million to 10.6 million), the average length of a hospital admission reduced from 6.6 days in 2005/06 to 4.9 days in 2015/16.

Admissions with procedures and interventions involving the lower digestive tract (including the colon) have nearly doubled (an increase of 94 per cent from 521,000 to 1.0 million), whilst those involving the upper digestive tract (including the stomach) and respiratory tract have also increased, with a rise of 81 per cent (431,000 to 782,000) and 74 per cent (181,000 to 315,000) respectively over the same time period.

View the full report at: http://digital.nhs.uk/pubs/apc1516

Source: www.digital.nhs.uk 9 November 2016

Dementia is now the leading cause of death
Dementia, including Alzheimer’s disease, has overtaken heart disease as the leading cause of death in England and Wales, latest figures reveal.

Last year, more than 61,000 people died of dementia - 11.6 per cent of all recorded deaths.

The Office for National Statistics (ONS) says the change is largely due to an ageing population.

People are living for longer and deaths from some other causes, including heart disease, have gone down.
Also, doctors have got better at diagnosing dementia and the condition is now given more weight on death certificates.

The bulk of the dementia deaths seen were among women - 41,283, compared to 20,403 dementia deaths in men in 2015.

Dementia, including Alzheimer's disease, accounted for 15.2 per cent of all female deaths, up from 13.4 per cent in 2014.

For men, however, heart disease remained the leading cause of death in 2015.

All types of cancer as a group was still the most common cause of death overall.

Source: www.bbc.co.uk/news 14 November 2016

Controversial plans are the right way forward for the NHS

Sustainability and Transformation Plans (STPs) offer the best hope to improve health and care services, despite having been beset by problems so far, according to a new report from The King's Fund.

STPs – plans for the future of health and care services being developed in 44 areas of England – have been strongly criticised by politicians, local authority leaders and patient groups. The new report, based on interviews with senior leaders in four STP areas, supports many of the criticisms. Its findings include:

- involvement of local government has been patchy
- there has not been enough time to adequately involve clinicians and frontline staff
- patients and the public have been ‘largely absent’ from the process
- STP leads are struggling with a confused process, with unclear or changing deadlines and instructions from national NHS bodies
- there is a lack of governance structure or formal authority for STP leaders that has led one STP lead to describe their role as being like ‘operating in a sea of fog’.

The report also finds they have been introduced against a difficult backdrop, as the Health and Social Care Act 2012 has created a complex system and its focus on competition makes it more difficult for organisations to work collaboratively. It is also a time of huge pressure on NHS finances, which has led to some plans being based on assumptions and projections that local leaders lack confidence in.

Despite these problems, the report urges the Government and the NHS to continue to back STPs as the best hope for delivering long term improvement in health and social care.

At the same time as supporting the idea behind STPs, the report makes recommendations for making them work better. These include the need for:

- all parts of the health and care system, as well as the public, to be involved in the plans
- improved governance, with the role of STP leaders strengthened and clarified, and NHS regulation changed to make it easier for organisations to work collaboratively
- national bodies in the NHS to ‘stress test’ STPs to ensure the assumptions behind them are credible and the proposed changes realistic.

Source: www.kingsfund.org.uk 14 November 2016
NHS faces difficult Winter as demand for care increases

Big rises in demand for healthcare mean the NHS is heading into Winter with its finances under pressure and performance against several key indicators at their worst level for more than a decade, according to the latest quarterly monitoring report (QMR) from The King's Fund.

The report, which covers the period July to September 2016, shows that the NHS is now treating more patients than ever before. Increasing demand for services is reflected in the number of GP referrals, which increased by about three per cent over the past year, while emergency admissions via A&E are four per cent higher than in the same quarter last year.

This is putting increasing pressure on NHS services, which are struggling to maintain standards of care as a result. The QMR shows:

- 9.4 per cent of those attending A&E waited more than four hours, which is the worst performance for this time of year for more than a decade
- 9.4 per cent of patients waited longer than 18 weeks to begin hospital treatment, the worst performance since targets were revised in 2012
- July to September saw a record high of 568,774 bed days lost as a result of delays in discharging patients from hospital; this is 29 per cent higher than in the same quarter last year.

The rise in the number of delayed discharges underlines the impact on the NHS of cuts to social care budgets and other problems in co-ordinating care. The critical state of social care has led a number of health organisations, including The King’s Fund, to call for the Chancellor to make more money available for social care.

2016/17 is also meant to be the year the NHS stabilises its finances, but this is also proving a challenge with nearly a third of NHS trusts forecasting that they will miss their ‘control totals’ (new financial targets set for each NHS organisation); this is up from 13 per cent in the last quarter.

While most clinical commissioning groups (CCGs) continue to forecast surpluses and have also set aside one per cent of their budget in a ‘risk reserve’ to help manage NHS deficits, 20 per cent of CCGs say they are relying on this money being released to meet their own financial targets and over 70 per cent are concerned about meeting efficiency targets. This creates the risk that the position may worsen later in the year.

For the first time, the QMR includes analysis of demand and activity in general practice. Analysis of data from more than 200 practices shows an almost 10 per cent increase in patient contacts (including telephone consultations) over the past two years, confirming the huge pressures on general practice.

Source: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) 16 November 2016

Financial sustainability of the NHS

The financial performance of NHS bodies worsened considerably in 2015/16 and this trend is not sustainable, according to the National Audit Office (NAO).

In 2015/16, NHS commissioners, NHS trusts and NHS foundation trusts reported a combined deficit of £1.85 billion, a greater than three-fold increase in the deficit position of £574 million reported in 2014/15. Provider trusts’ overall deficit grew by 185 per cent to £2.45 billion, up from £859 million in 2014/15, against total income of £75.97 billion. In addition, two thirds of NHS trusts (65 per cent) and NHS foundation trusts (66 per cent) reported deficits in 2015/16,
up from 44 per cent of NHS trusts and 51 per cent of NHS foundation trusts in the previous financial year. The number of clinical commissioning groups reporting cumulative deficits was 32 in 2015/16, up from 19 in both 2014/15 and 2013/14.

According to the NAO, the NHS entered the current financial year from a worse than expected starting point. This year’s plans were based on trusts ending 2015/16 with a combined deficit of £1.8 billion. The fact that trusts ended the year with an even larger deficit means that they will, overall, need to make more savings than planned to reach the intended starting position. Many of the savings made by NHS England in 2015/16 were one-off in nature.

NHS trusts and NHS foundation trusts under financial stress continue to rely on financial support from the Department and NHS England. The total amount of financial support funding provided by the Department and NHS England in the last financial year was £2.4 billion. This was an increase of 32 per cent from £1.8 billion in 2014/15.

The Department has transferred £950 million of its £4.6 billion budget for capital projects, such as building works and IT, to funding for day-to-day spending. While this helped it to manage the NHS’ financial position in 2015/16, it could risk trusts’ ability to achieve sustainable service provision.

There are indications that financial stress is having an impact on access to services and quality of care. Trusts’ performance against important NHS access targets has worsened, and the NAO found an association between trusts’ financial performance and their overall Care Quality Commission (CQC) rating, with those that achieved lower quality ratings also reporting poorer average financial performance. The 14 trusts rated ‘inadequate’ had a net deficit equal to 10.4 per cent of their total income in 2015/16.

Trusts’ spending on agency and contract staff has slowed but is still significant at £3.7 billion in 2015/16, compared with £3.3 billion in 2014/15. According to the NAO, it may take years to resolve workforce issues that affect the successful recruitment and retention of permanent staff, and reduce the need for agency staff.

Together, the Department, NHS England and NHS Improvement estimate that they can make £6.7 billion of efficiencies by capping public sector pay, renegotiating contracts, implementing income generating activities, and reducing running costs. They estimate that trusts and commissioners can make a further £14.9 billion by moderating the growth in demand for healthcare services and achieving two per cent productivity and efficiency improvements.

Source: www.nao.org.uk 22 November 2016

Dementia rates show signs of falling

There is growing evidence that the dementia crisis may not be as bad as first feared, say researchers.

A study suggests the proportion of older people developing dementia is falling in the US - backing up similar findings in the UK and Europe.

Data from 21,057 people over the age of 65 in the US showed the proportion with dementia fell from 11.6 per cent in 2000 to 8.8 per cent in 2012.

The findings were published in the journal JAMA Internal Medicine.

There is a suggestion that higher levels of education are protecting the brain from the disease. One expert said the results were "incredibly important for the world".
Similar studies in Europe, published in the Lancet Neurology in 2015, suggested dementia rates had fallen in the UK and among Spanish men and had stabilised in other European countries.

The slow decline in brain function is irreversible - there are no drugs or treatments - so finding ways of preventing the condition is hugely important.

Education has long been suspected to play a role, and the study found that while the dementia rate fell, the average time older adults had spent in school or university increased from 11.8 years in 2000 to 12.7 years in 2012.

It is possible that the mental challenge of education helps protect brain cells from dying later in life, or that once neurons start to die, education helps the rest of the brain rewire and compensate to prevent the symptoms of dementia appearing.

Good physical health is also thought to help protect the brain.

However, the study showed levels of diabetes, obesity and high blood pressure all increased between 2000 and 2012.

It is possible that better medication dampened their negative impact.

However, the number of people affected could still soar. The falling rate could be overwhelmed by the rising numbers of people living into old age.

Despite a falling dementia rate, the disease still became the biggest killer in England and Wales in 2015.

There are also fewer people dying from other diseases, as well as changes to the way deaths are being recorded that move dementia up the rankings.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 22 November 2016

**UK’s pathology services at tipping point**

Pathology services in the UK are struggling to cope with the increasing number of patient samples that need to be tested, according to a Cancer Research report.

A growing and ageing UK population means that more people than ever before are being referred for cancer tests including biopsies and blood tests. One in two people will develop cancer at some point in their lifetime.

But pathology staff numbers are not growing to meet the rising demand for tests, resulting in a lack of capacity for pathology services. These problems are similar to those seen for other cancer tests such as scans or endoscopies, and the report highlights the growing pressures on services performing tests.

As the number of new cancer cases continues to rise, the demand for these diagnostic tests will grow. Well-resourced testing services are crucial to the early diagnosis of cancer, which in turn is vital to increase survival from the disease. It’s important that cancer is diagnosed at an early stage when treatment is more likely to be successful.

The Cancer Research UK report recommends that action is taken now to address current and future workforce shortfalls. Those in charge of medical education need to train and employ more people in pathology, as well as other diagnostic health professionals, to meet the increasing demand for tests and to ensure a stable future for pathology services. The report also recommends that the Royal College of Pathologists update their guidance and look at ways to attract staff to train in pathology.
Up to 70 per cent of healthcare decisions taken in the NHS involve pathology based tests and investigations, and the concerns highlighted in this report aren’t just limited to cancer patients.

Source: www.cancerresearchuk.org 23 November 2016

Winter deaths 'halve to 24,000'
There were 24,300 excess deaths in England and Wales last Winter - about half the number of the previous year.

This means the number of extra deaths from December to March fell to traditional levels after the spike seen during the winter of 2014/15.

The extra deaths last winter represent a 15 per cent increase on the average for the rest of the year, according to the Office for National Statistics (ONS) data.

Death rates rise in the colder weather because of more respiratory illnesses.

The Winter before last there were nearly 44,000 extra deaths - the highest since 1999.

Experts blamed that on the flu vaccine being less effective than previously.

But during the most recent Winter, flu attacked younger groups.

Source: www.bbc.co.uk/news 23 November 2016

Stroke in the UK: Mind the Gap!
The third annual Sentinel Stroke National Audit Programme (SSNAP) report entitled, 'Mind the Gap!' reveals that, despite stroke care continuing to improve year on year, much more work is still required to ensure that all patients have access to high quality care regardless of where they live or when they are admitted to hospital.

SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services ( organisational audit), including staffing levels against evidence-based standards. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients.

Written with patient representatives, stroke clinicians, and stroke research professionals, this annual report uses results from both the clinical and organisational audits run by SSNAP to show what aspects of stroke care are improving or getting worse over time. Both important acute interventions like scanning and clot busting treatment (thrombolysis) and the services that are available to patients after leaving hospital are covered in this report.

In addition, SSNAP data have also been used and published in scientific journals to provide evidence for how the processes and structure of stroke care could be organised to provide better quality of care to people with stroke and improve chances of recovery. This report illustrates the power of SSNAP data and demonstrates how it can be used to influence future practices of healthcare for stroke patients, policy decisions, and decisions on the future direction of stroke within the NHS. This report, coupled with the National Clinical Guideline for Stroke 2016, could also inspire researchers to identify some key questions on stroke that still need to be answered.

Important headlines from this annual report for 2016 include:
- there have been remarkable improvements in stroke care since guidelines were first produced for stroke and audited stroke services against them nearly 20 years ago
- there have also been improvements in stroke care evident since SSNAP began collecting patient data in January 2013
- brain scanning times have improved (47.5 per cent of people are now scanned within an hour of arrival in hospital, compared to 41.9 per cent in 2014), and more than 90 per cent scanned within 12 hours of arrival
- average (median) door to needle times for thrombolysis has improved to 55 minutes in 2015/16 compared to 58 minutes in 2013/14. The faster thrombolysis is administered the better the chances of recovery for patients
- patients are being assessed by stroke consultants and nurses faster than in previous years. This is encouraging as it allows rapid delivery of important treatments that patients need
- only 16.6 per cent of patients are having intermittent pneumatic compression applied, which has been shown to reduce the frequency of deep vein thrombosis, which is a much lower than expected uptake
- there are concerns that 40 per cent of acute trusts report at least one vacant stroke consultant post
- there is a concern that not all units have enough specialist nurses to ensure high quality care for all patients
- while more therapists are working at weekends, very few sites (six per cent) have availability of speech and language therapists seven days a week. These specialists are needed not just to provide advice about communication problems, but are vital for the management of swallowing difficulties after stroke
- there remain significant regional variations in the services that people receive following discharge from hospital. Early supported discharge, a highly valued service which reduces length of stay in hospital, is not available throughout the country and only a minority of patients are being assessed at six months after stroke (29.9 per cent) to review recovery progress and decide if further care is needed.

Since SSNAP started collecting patient level data in January 2013, more than 235,000 patient records have been reported on. Over 95 per cent of expected stroke cases are being entered to SSNAP by providers in England and Wales, with case ascertainment in Northern Ireland now steadily improving. There was also 100 per cent participation in this year’s acute organisational audit. This means that the data presented in this report from both of these complementary audits are complete and robust.

SSNAP is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme (NCA). The audit is led by the Royal College of Physicians Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party. It covers over 95 per cent of all stroke admissions in England, Wales, and Northern Ireland and involves all stroke units.

Source: www.rcplondon.ac.uk 29 November 2016

Ambulances 'too slow to reach 999 calls'
Ambulance services are struggling to reach seriously ill and injured patients quickly enough after rising demand has left the system over-stretched, a BBC investigation has found.

Patients with life-threatening conditions - like cardiac arrests - are meant to be reached in eight minutes.
But only one of the UK’s 13 ambulance trusts is currently meeting its target. Ambulance bosses are blaming rising demand and pressure in the system.

Freedom of information requests by the BBC to ambulance trusts showed over 500,000 hours of ambulance crews' time in England, Wales and Northern Ireland was lost last year waiting for A&E staff to be free to hand over their patients to - a rise of 52 per cent in two years.

This is the equivalent of 286 crews being taken out of the system for a whole year or enough to increase the number of ambulance journeys by 10 per cent.

Senior paramedics said the situation had become so critical that it was not uncommon to run out of ambulances at peak times.

The Welsh ambulance service is the only one that is hitting its targets to respond to life-threatening calls - and that is only after it reduced the number of cases it classed as an emergency from a third to about five per cent so it could prioritise the most critical calls.

Figures provided by two trusts in England also showed average times topping eight minutes for the second highest priority calls, including strokes and fits.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 30 November 2016

### South West London & St George's Mental Health NHS Trust rated as Good says the CQC

The Chief Inspector of Hospitals has rated South West London & St George’s Mental Health NHS Trust as Good overall after the latest focused inspection by the Care Quality Commission (CQC).

A team of inspectors, including specialist advisors and experts by experience had visited the Trust during March 2016, as part of its programme of inspections of all NHS mental health trusts, rating the Trust as Requires Improvement overall. However, after a subsequent inspection during September 2016 inspectors found significant improvements.

The Trust is now rated Good for being effective, caring, responsive and well-led. It is rated Requires Improvement for being safe.

South West London & St George’s Mental Health NHS Trust provides services to a population of over 1.1 million people. It also provides a number of specialist services used by people from across the UK.

In March 2016, the CQC rated seven of the core services as Good. Now another core service - community based mental health services for older people - has been upgraded to Good as well.

In addition, the CQC carried out a ‘well led’ review and found that the Trust had continued to strengthen its senior leadership team and refine governance processes.

Paul Lelliott, the Deputy Chief Inspector of Hospitals and the CQC’s lead for mental health, said:

“I am very pleased with the significant improvements achieved at South West London & St George’s Mental Health NHS Trust, which means people that use the Trust’s services, will be getting better quality care.

“There is much for the Trust to be proud of. The senior executive team are committed to improving services and providing a high standard of care for patients. We have changed the
rating for community mental health teams for older people from Requires Improvement to Good. This is because the service had addressed the problems concerning how they manage and transport medicines that we identified during the March 2016 inspection. They have also made sure that their administrative systems are working well and important letters are reaching GPs and patients in a timely manner.

“We also carried out a ‘well led’ review and found that the Trust had continued to strengthen its senior leadership team and refine the Trust governance processes.”

Source: www.cqc.org.uk 2 December 2016

'Deeply worrying' waits for hospital beds
More than one in 10 patients in England face long delays for a hospital bed after an emergency admission.

BBC analysis of NHS figures showed nearly 475,000 patients waited for more than four hours for a bed on a ward in 2015/16 - almost a five-fold increase since 2010/11.

Hospitals reported using side rooms and corridors to cope with the growing number of “trolley waits”.

NHS bosses acknowledged problems, blaming “growing demand” on the system.

But doctors said hospitals were now dangerously overcrowded, with three quarters of hospitals reporting bed shortages as Winter hits.

Bed occupancy is not meant to exceed 85 per cent - to give staff time to clean beds, keep infections low and ensure patients who need beds can be found them quickly.

But 130 out of 179 hospital trusts are reporting rates exceeding this for general hospital beds.

Hospital managers said the problem was causing "deeply worrying" delays for these patients.

They are people who have already faced a wait to be seen in A&E but whose condition is deemed to be so serious they need to be admitted on to a ward.

About one in five people who come to A&E fall into this category and it includes the frail elderly and patients with chest pains, breathing problems and fractures.

The BBC analysed official NHS England figures and found 473,453 patients waited more than four hours for a bed between October 2015 and September 2016 – 11 per cent of the 4.2 million patients admitted in total during the period. More than 1,400 of them faced delays of more than 12 hours.

It compares with 97,559 "trolley waits" in 2010/11 - although NHS England pointed out a small fraction of the rise could be attributed to a change in the way the waits were measured in December 2015.

Directly comparable figures are not available for other parts of the UK, although data suggests there is an increasing strain on beds.

While the delays are known as "trolley waits" not all patients find themselves on one. Hospitals use all sorts of areas, including side rooms, seats in the A&E department and spare cubicles depending on what is available.

Siva Anandaciva, of NHS Providers which represents hospitals, said:

“These figures are deeply worrying. We are heading into Winter in a more fragile state than I have seen in the past 10 years or so.
"Even the historically top-performing trusts are being challenged, which shows that this is an issue affecting all parts of health.

"No-one wants to see people waiting in corridors, side rooms and emergency bays when they should be admitted to a hospital bed. These patients are still under the care of doctors and nurses of course, but it is not ideal for them and we know overcrowding leads to worse outcomes."

Dr Chris Moulton, of the Royal College of Emergency Medicine, echoed the concerns.

"Patients who are delayed like this are still being monitored by staff. But we know that the overcrowding we are seeing is dangerous. It leads to worse outcomes for patients - higher infection rates, patients ending up on the wrong wards and generally a negative experience."

Dr Moulton believes there are too few beds. There are just over 100,000 general beds in England - a fall of 40,000 in the past 20 years.

"We simply don't have enough. If you compare us to other European countries we are really short and the demands being placed on the health service means we are now struggling to cope," he added.

A spokesman for NHS England said "growing demand" was putting pressure on the system - the number of emergency admissions having risen by more than 500,000 in five years to 4.2 million.

But he added it was "a tribute to frontline staff" that the NHS was able to handle so many patients.

Source: www.bbc.co.uk/news 7 December 2016

**Health of the ‘baby boomer’ generation**

In her annual report on the state of the public’s health entitled, ‘Baby Boomers: Fit for the Future’ Professor Dame Sally Davies, the Chief Medical Officer (CMO) for England, focuses on the health of people aged between 50 and 70.

It considers topics such as the impact of lifestyle choices on current and future health, mental health, sexual health, and screening and immunisation programmes.

Professor Sally Davies said:

“People are living longer than ever and so retirement presents a real opportunity for baby boomers to be more active than ever before. For many people it is a chance to take on new challenges, it is certainly not the start of a slower pace of life it once was.

“Staying in work, volunteering or joining a community group can make sure people stay physically and mentally active for longer. The health benefits of this cannot be underestimated.”

The CMO outlines the opportunities baby boomers have to improve their health: 45 per cent of the disease burden in this age group is attributable to lifestyle choices (for example poor diet, smoking, being overweight).

By 2020, estimates show that a third of British workers will be aged over 50.

More than 75 per cent of people aged between 50 and pension age are still in active employment; 12 per cent of those older than pension age are also still working.

More women now work too: women now represent 46 per cent of the workforce.
Findings from the report include:

Health and work
The report finds that good quality work is good for baby boomers' health and that employers have a role to play by helping their staff to remain healthy enough to stay in employment.

Mental health
The mental health needs of baby boomers are substantial in many respects, with 18 per cent reported to have depression or anxiety disorder. This is twice the proportion in the generation born before 1945. Men around the age of 50 have the highest suicide rate of all age groups.

Sexual health
Baby boomers are sexually active but some are experiencing problems with sexual function. Health professionals can give advice.

Source: www.gov.uk 8 December 2016

NHS vulnerable to serious lapses in care even as healthcare quality improves in some areas, report warns
Ongoing pressures on the NHS risk making the health service more vulnerable to serious lapses in care in future, despite impressive achievements in maintaining and improving care quality in important areas, the Nuffield Trust and Health Foundation have warned.

'Quality at a cost', the latest annual statement from the Nuffield Trust and Health Foundation’s QualityWatch programme, looks at a range of care quality measures across the NHS in England. The report highlights several areas of healthcare where standards have improved, but the authors point to slowing improvement in other areas, growing waiting times and continuing financial pressures as evidence that the NHS could face serious challenges in maintaining standards in care.

The report explains that the deterioration in waiting times we see now did not begin until some years into the current decade of austerity. Work by NHS staff to increase productivity and meet targets may have delayed the impact of financial pressures upon the quality of healthcare. The authors conclude that other areas of patient care may experience a similar delayed decline as the financial squeeze continues.

Key findings indicating improvements in healthcare quality include:
- improvements in some areas of public health and prevention, including childhood obesity at age four to five years and reductions in smoking in pregnancy
- improvements in patients’ experience of hospital care, with 84 per cent reporting they were treated with dignity and respect in 2015, compared to 80 per cent in 2011
- improved processes in stroke care, including more patients than three years ago having brain scans within an hour, having their swallowing assessed, and having occupational therapy input into their rehabilitation.

Areas of concern include:
- growing waiting times for emergency and planned care, with nearly four in 10 ambulances taking longer than eight minutes to reach life threatening emergencies in September 2016, and patients waiting a week longer to see a consultant in 2016 than in 2012
• a slowdown in the progress towards eradicating some healthcare associated infections and an increase in the number and rate of less well monitored infections, which in combination with very high levels of bed occupancy, risks patient safety. For example, cases of E.coli increased by almost a fifth between 2012/13 and 2015/16
• people with mental ill health reporting much lower rates of satisfaction for inpatient care than those without mental ill health last year.

Source: www.nuffieldtrust.org.uk 8 December 2016

The CQC calls for action to end missed opportunities to learn from patient deaths

A national review by the Care Quality Commission (CQC) has found that the NHS is missing opportunities to learn from patient deaths and that too many families are not being included or listened to when an investigation happens.

In a report, the quality regulator has raised significant concerns about the quality of investigation processes led by NHS trusts into patient deaths and the failure to prioritise learning from these deaths so that action can be taken to improve care for future patients and their families.

The CQC’s review looked at how NHS trusts across the country identify, report, investigate and learn from the deaths of people using their services. The review found that there is no consistent national framework in place to support the NHS to investigate deaths that may be the result of problems in care. This can mean that opportunities to help future patients are lost, and families are not properly involved in investigations - or are left without clear answers.

The CQC’s review was carried out at the request of the Secretary of State for Health following the findings of the NHS England commissioned report into the deaths of people with a learning disability or mental health problem who were being cared for by Southern Health NHS Foundation Trust. The CQC was asked to review how NHS trusts across the country investigate and learn from deaths to find out whether similar opportunities to learn from problems in care, which result in patient deaths were being missed elsewhere. While the review looked at trusts providing acute, community and mental health services, it placed a particular focus on people with mental health conditions and learning disabilities.

The regulator is now calling on its national partners to work together to develop a national framework, so that NHS trusts have clarity on the actions required when someone in their care dies. This will ensure that learning is promoted and used to improve care, and so that families are consistently listened to as equal partners alongside NHS staff.

The review was based on evidence gathered during visits to a sample of 12 NHS trusts, a national survey of all NHS trusts providing acute, mental health and community services and interviews and discussions with over 100 families and carers, as well as information from charities and NHS professionals.

The review highlighted that the extent to which families and carers are involved in investigations of their relatives’ death varies considerably. Of the 27 investigation reports reviewed by the CQC across the 12 NHS trusts, only three could demonstrate that they had considered the families’ perspectives. Inspectors found that families and carers were not always informed or kept up to date about investigations – often causing them further distress. Many families and carers reported that they were not treated with kindness, respect or sensitivity during the investigation process, despite many NHS trusts stating that they value family involvement and have policies and procedures in place to support it.
Also, the CQC found wide variation in the way NHS organisations become aware of the deaths of people in their care and inconsistencies in how decisions are made on whether to carry out a review or investigation after a patient has died. While healthcare staff seemed to understand the expectation to report patient safety incidents, there is no agreed process that recognises which deaths may require a specific response. This lack of clarity and consistency means that there will be some deaths which have not been investigated which should have been.

The review also found that when caring and responding to patients’ physical health concerns, acute and community NHS trusts do not always record whether that patient also had a mental health illness or learning disability. These groups of patients will often be receiving care from multiple organisations that would need to be aware of their death, in order to be in a position to consider whether the care they had provided may require a review to identify problems.

Another concern the CQC identified was that specialised training and support is not universally provided to staff completing investigations and that many staff completing reviews and investigations do not have protected time to carry out investigations which can reduce consistency in approach, even within the same services.

Alongside the national agreed framework to inform best practice, the CQC has made a number of recommendations to support a change in approach from all parts of the system. These have been presented to the Secretary of State for Health for consideration.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 13 December 2016

**NHS England announces £101 million of new funding for new care model vanguards**

NHS England has announced £101 million of new funding to support and spread the work of the new care model vanguards.

The vanguards are partnerships of NHS, local government, voluntary, community and other organisations that are implementing plans to improve the healthcare people receive, prevent ill health and save funds.

Considerable progress has been made since the vanguards were launched in 2015 and there is emerging evidence that they are making significant improvements at a local level. This includes reducing pressure on busy GP and A&E services.

In addition to the funding, the vanguards will continue to receive support from NHS England and other national bodies to implement their plans, including how they harness new technology including apps and shared computer systems. They are also receiving help to develop their workforce so that it is organised around patients and their local populations.

The total funding allocated matches that of 2016/17 and will be matched by funds and resources from the vanguards themselves.

New models of care, including the work of the vanguards, are key to the delivery of sustainability and transformation plans (STPs) which are being developed across the country. In order to secure their allocated funds, vanguards will need to meet a number of conditions including:

- spread of their new care models within and across STPs, including production of guidance and materials for others to use
- full implementation of the published care model frameworks – what good looks like within their vanguard type
Whipps Cross University Hospital rated Inadequate by the CQC

England’s Chief Inspector of Hospitals has again rated Whipps Cross University Hospital in East London as Inadequate overall after a comprehensive inspection by the Care Quality Commission (CQC) in July and August 2016.

Whipps Cross was rated Inadequate for being responsive and well-led. It was rated Requires Improvement for being safe, effective and caring.

Eight core services at Whipps Cross were inspected. Surgery and outpatients and diagnostic imaging were rated as Inadequate. Urgent and emergency services, medical care (including older people’s care), critical care and end of life care were all rated as Requires Improvement. Maternity and gynaecology and services for young people and children were rated as Good. A full report of the inspection has been published on the CQC website.

Whipps Cross University Hospital in Waltham Forest is part of Barts Health NHS Trust, the largest NHS trust in the country, serving 2.5 million people across Tower Hamlets and surrounding areas of the City of London and East London.

CQC inspectors returned to inspect the hospital to follow up on previous inspections of Barts Health NHS Trust in 2014 and 2015, which had identified a number of concerns around patient safety and the quality of care.

As a result of that inspection, Barts Health NHS Trust was placed in to special measures. NHS Improvement has been working with the Trust to support improvement and there were significant changes made to the leadership of the organisation at both an executive and site level.

Professor Sir Mike Richards, Chief Inspector of Hospitals, said:

“Overall, we have rated the service provided by Whipps Cross as Inadequate. In particular, surgery was rated Inadequate because of concerns around safety, responsiveness and leadership. Quite clearly the Trust must now focus on these areas as a priority.

“In the past year, there have been some big changes in the management at Whipps Cross and the hospital is moving in the right direction.

“Since our last inspection, we have noted tangible improvements in safety and effectiveness. We did find important improvements had been made in maternity and gynaecology and services for young people.

“But there is still a long way to go and the CQC will be closely monitoring the hospital’s progress to make sure the quality of care there improves for all patients.”

The inspectors found that changes to the leadership structure of the Trust and the hospital management were beginning to make a positive impact on standards, but the pace was too slow. Most staff spoke optimistically of the new leadership structure, although there were pockets of poor culture with evidence of bullying and inequality.

There was no dedicated place of safety room in the emergency department for patients with psychiatric conditions.
The Trust did not provide all patients with one-to-one care during labour which is recommended by the Department of Health.

Inspectors found many examples of a lack of compassion towards patients nearing the end of their lives. Some patients were visibly in pain, but staff did not respond to this by providing them with adequate painkillers.

Emergency department performance against the national four hour target for treatment and discharge was well below the national 95 per cent target.

The report identifies a number of areas for improvement:

- the Trust must improve bed management, theatre management and discharge arrangements to facilitate a more effective flow of patients across the hospital
- the Trust must work towards improving the organisational culture to reduce instances of unprofessional behaviour and bullying and ensure all staff feel sufficiently supported by their managers
- it must ensure that patients’ pain levels are monitored and acted on appropriately and that pain relief is provided to patients when required
- the Trust must ensure staff have the skills they need to identify, record, escalate and mitigate identified health and safety risks. This should include the recognition and management of the deteriorating patient.

Source: www.cqc.org.uk 15 December 2016

The Royal London Hospital rated Requires Improvement by the CQC

England’s Chief Inspector of Hospitals has told The Royal London Hospital it must make further improvements after a comprehensive inspection by the Care Quality Commission (CQC) in July 2016. The hospital has been rated as Requires Improvement overall.

The Royal London was rated Requires Improvement for being for being safe, effective, caring, responsive and well-led.

Eight core services at The Royal London were inspected. Maternity and gynaecology was rated as Inadequate. Urgent and emergency services, medical care (including older people’s services), surgery, services for children and young people, end of life care and outpatients and diagnostic imaging were all rated as Requires Improvement. Critical care was rated as Good.

The Royal London Hospital in Whitechapel, East London, is part of Barts Health NHS Trust, the largest NHS trust in the country, serving 2.5 million people across Tower Hamlets and surrounding areas of the City of London and East London.

CQC inspectors returned to inspect the hospital to follow up on previous inspections of Barts Health NHS Trust in 2014 and 2015 which had identified a number of concerns around patient safety and the quality of care. Following the last inspection, significant changes were made to the leadership of the organisation at both an executive and site level.

On the latest inspection, the CQC found that nursing staff vacancies across the hospital and theatre staff vacancies impacted on staff morale and in some case the quality of patient care.

A shortage of midwives meant that maternity wards were at times inadequately covered. There was also a low level of maternity consultant cover.

The security system for babies was not robust, with poor compliance to the wearing of baby name bands. The infant abduction policy had not been distributed to staff. The policy assumed the use of an electronic baby tagging system which was not in use in the hospital.
Professor Sir Mike Richards, Chief Inspector of Hospitals, said:

“We were most concerned about the standard of care around maternity and gynaecology services. Staffing on maternity wards was sometimes inadequately covered – but most worrying of all was the lack of a safe and secure environment for new born babies. At the time of our inspection, we raised this with the Royal London Hospital as a matter for their urgent attention.

“On a positive note we saw several areas of outstanding practice. There was a strong record of innovation in the hospital’s trauma service and the Trust was internationally recognised as an innovator and leader in research in this field. The emergency department had introduced a ‘Code Black’ protocol for patients who had severe head injuries. This was the first of its kind in the country and meant that appropriate patients had care led by neurological surgeon from the first time that they arrived in the department.

“We found the adult critical care unit delivered outstanding care. The service had also developed a programme of learning to ensure best practice and improve patient care for a frequently changing medical workforce.

The report identifies a number of areas for improvement including:

- the Trust must urgently improve security in the maternity services
- there must be enough midwives on the delivery suite to provide safe care for all women and enough suitably qualified staff to meet the needs of patients across all core services
- the Trust must ensure there are enough recovery staff suitably trained in high dependency support and advanced life support to safely care for post-operative patients at all times.

Source: www.cqc.org.uk 15 December 2016

Pressure on NHS beds could risk patient safety, Nuffield Trust warns

Pressure on beds in the NHS in England has become so acute that on any given day last Winter, the equivalent of more than five extra hospitals’-worth of beds had to be brought into service to cope with surges in demand. On the single busiest day last Winter, an extra 4,390 beds had to be opened, equivalent to more than seven extra hospitals in one day. And, on average, over 95 per cent of beds across English hospitals were occupied every day last Winter, despite evidence that once bed occupancy rates exceed 85 per cent to 90 per cent, there is an increasing risk of infection. Given that pressures on the health service have not lessened over the last 12 months, trusts will face similarly high bed occupancy rates this Winter.

These are the findings of a new analysis by the Nuffield Trust health think tank, the first of a new short series of briefings from the Trust examining the extra pressures on the NHS in Winter. The report explains that high bed occupancy rates are a real problem for both patients and staff in the NHS:

Firstly, as occupancy levels rise, it gets harder and harder to find beds for emergency patients who need to be admitted from A&E – affecting a hospital’s ability to meet the standard that 95 per cent of patients attending A&E should be treated, admitted or discharged within four hours.

Secondly, high rates of occupancy lead to problems in maintaining cleanliness and infection control.

Thirdly, high levels of bed use can make patients’ experience of hospital unpleasant and disruptive, as patients are moved around to accommodate others, or placed on inappropriate
wards (elderly patients on obstetrics wards, for example) when there are no free beds on the right ward for them.

Finally, hospitals need some slack in the system to be able to deal quickly and efficiently with outbreaks such as flu and norovirus, where numbers affected can rise very quickly.

The report finds that:

- the average number of extra beds brought into service on any given day last Winter was 3,466, equivalent to at least five and half extra hospitals’-worth of beds
- on the single busiest day last Winter, Tuesday 26th January 2016, the number of extra beds hospitals had to make available to accommodate patients reached its highest level, when 4,390 extra beds were opened – equivalent to bringing on stream an extra seven entire hospitals on that one day
- the previous day, Monday 25th January, one in seven trusts reported that all their acute beds were full, and nearly four out of 10 had bed occupancy levels of over 98 per cent. This was after opening nearly 4,200 extra beds that day.
- throughout that week, nine trusts were all full every day with 100 per cent of their acute beds – including extra escalation beds brought in temporarily – occupied
- the following Monday, 1st February, 72 per cent of all trusts recorded bed occupancy levels exceeding 95 per cent
- on average across the whole of last Winter, around 95 per cent of the almost 100,000 available beds in England were occupied, even with all the extra escalation beds pressed into service.

The research analyses bed availability and occupancy numbers for each trust from the daily situation reports (‘sit reps’) NHS England published last Winter, as they have each Winter since 2010/11. These sit reps cover every weekday from Monday to Thursday during the period 1st December to the last day of February, with a combined figure for the period from Friday to Sunday each week. The data provides figures for the number of core beds available each day (the number of beds a trust has available under normal circumstances), the number of escalation beds available (the additional beds each trust has to bring into service to cope with extra patients), and the number of beds occupied by patients. From these figures, the Nuffield Trust calculated the proportion of total occupied beds (the ‘bed occupancy rate’) each day last Winter at each trust, and the average for England as a whole on each day.

Source: [www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk) 16 December 2016

North Middlesex University Hospital Requires Improvement says the CQC

The Chief Inspector of Hospitals has published a report on North Middlesex University Hospital (NMUH) NHS Trust after a comprehensive inspection by the Care Quality Commission (CQC) in September 2016. The Trust has been rated as Requires Improvement overall.

The Trust has been rated Requires Improvement for being safe, effective, caring, responsive and well-led.

Eight core services at North Middlesex were inspected. Seven have been rated as Requires Improvement. They are: urgent and emergency services; medical care (including older people’s care); critical care; maternity and gynaecology; services for children and young people; end of life care and outpatients and diagnostic imaging. Surgery was rated Good.

Earlier in 2016, the CQC had rated urgent and emergency care services at North Middlesex University Hospital as Inadequate following an unannounced inspection in May 2016. At the
time, the CQC issued a Warning Notice requiring significant improvements in the emergency department.

Professor Sir Mike Richards, Chief Inspector of Hospitals, said:

“I am pleased to report that the situation in North Middlesex’s emergency department has improved from when we inspected in May 2016. While services are no longer Inadequate, there is still a long way to go at the hospital as a whole.

“CQC has worked in partnership with other health sector bodies including NHS Improvement and NHS England to ensure there has been support for the Trust over the months since our Warning Notice was issued.

“We have found improvements since the inspection in May. There is improved clinical governance and leadership at department level as well as better oversight at Trust level. A new chief executive and senior managers have been appointed and they are making a difference.

“We saw several areas of outstanding practice at North Middlesex. Outpatient and diagnostic services had strong leadership and staff were inspired to provide an excellent service, with patients at the centre of all that they do. Surgery was impressive too and we gave it a Good rating. However, there is still a lot to do. The task now is to ensure that the improvements we have seen are sustained and built on for the future. I have no doubt that before long we will return to check on the Trust’s progress.”

Inspectors found that feedback on caring from patients and relatives was generally good and they felt they were treated with courtesy, respect and compassion by staff. Staff maintained patients’ privacy and dignity. In the Friends and Family Test the percentage of patients who said they would recommend the Trust was consistently equal to or slightly lower than the England average.

The hospital consistently met the referral to treatment standard and performed better than an average English hospital. Care and treatment was consultant led and medical staffing levels met national best practice guidance. The percentage of patients seen within two weeks for all cancers was higher than the national average. Also, the cancer waiting times for people waiting less than 31 days from diagnosis to first definitive treatment were higher than the national average and above the standard target of 96 per cent.

However, some of the key findings of the inspection team did highlight areas that do need to improve. These included:

- too many patients were waiting to be assessed after they arrived in the emergency department (ED), and they were also waiting too long to be dealt with. The ED was not meeting the target time to admit, transfer or discharge 95 per cent of patients within four hours of their arrival
- in maternity services, inspectors observed that privacy and dignity were not always protected and staff did not always address patients in the appropriate manner
- nurse staffing levels could be unpredictable and did not always meet national guidance. Safety checks on agency nurses were inconsistent and poorly managed. Inspectors were not assured that patients were being cared for in the right place at the right time, by adequately qualified staff.
- the culture was not consistently one of fairness, openness, transparency, honesty, challenge and candour. Staff reported bullying, harassment and discrimination amongst staff at all levels in the maternity unit. They said when they raised concerns they felt they were not treated with respect. The culture was in places defensive with poor
collaboration between staff working in different departments. High levels of conflict in some departments were reported to the CQC.

Included in the actions the Trust must now take are:

- it must produce and ratify an end of life care strategy
- the Trust must send out bereavement surveys to the relatives of patients who have died within the hospital. The Trust developed a survey 18 months ago but did not send it out. The Trust has acknowledged this and said the survey will be introduced as soon as possible
- it must ensure medical and nursing staff are fully trained and able to identify and support the needs of patients living with dementia
- it must provide one to one care to all women in labour
- it must improve mandatory training levels for medical and nursing staff
- the Trust must ensure medical and nursing staff are fully trained and able to identify and support the needs of patients with learning disabilities.

Source: www.cqc.org.uk 16 December 2016

**Demand for hospital services outstripping NHS funding**

The number of admissions to hospital are rising steeply and are outstripping increases in the NHS budget, according to new analysis published by The King’s Fund.

The analysis finds that admissions to hospital have increased by 3.6 per cent a year since 2003/4. In contrast, real terms increases in NHS funding have shrunk to an average of just 1.2 per cent a year since 2010/11, compared to average increases of 4.8 per cent a year between 2003/4 and 2010/11.

Detailed analysis of hospital activity data over the past 13 years shows that:

- emergency admissions from major A&E departments have increased by an average of 4.3 per cent a year since 2003/04
- attendances at outpatient clinics have risen by an average of 3.8 per cent a year since 2007/08
- admissions for planned treatment have increased by an average of 4.3 per cent a year since 2003/04.

The analysis also finds that rising hospital admissions could jeopardise the plans set out in the NHS Five Year Forward View. This assumed that growth in hospital activity would be reduced to 1.3 per cent a year. In the first half of 2016/17, admissions to hospital increased by three per cent compared to the same period last year. With NHS budgets set to tighten further over the next three years, this suggests that the financial and operational pressures facing the NHS will intensify.

Given the growing gap between activity and funding, the analysis highlights the importance of finding ways to moderate demand for hospital care. It argues that the best hope for this lies in strengthening community services by building on the new ways of delivering care being developed under the Forward View. It also suggests that sustainability and transformation plans could provide the means to deliver the changes needed, as long as they are accompanied by sufficient investment.

The analysis highlights a number of reasons for the increase in demand for hospital services, including population growth, the rising number of older people and an increase in the number of people living with one or more long term conditions.
Reducing infections in the NHS

The Health Secretary Jeremy Hunt has launched new plans to reduce infections in the NHS. He announced Government plans to halve the number of gram-negative bloodstream infections by 2020 at an infection control summit.

E. coli infections – which represent 65 per cent of what are called gram-negative infections – killed more than 5,500 NHS patients last year and are set to cost the NHS £2.3 billion by 2018. There is also large variation in hospital infection rates, with the worst performers having more than five times the number of cases than the best performing hospitals.

Infection rates can be cut with better hygiene and improved patient care in hospitals, surgeries and care homes, such as ensuring staff, patients and visitors regularly wash their hands. People using insertion devices such as catheters, which are often used following surgery, can develop infections like E. coli if they are not inserted properly, left in too long or if patients are not properly hydrated and going to the toilet regularly.

These new plans build on the progress made in infection control since 2010 – the number of MRSA cases has been reduced by 57 per cent and C. difficile by 45 per cent.

The Government’s plans to prevent NHS infections include:

- more money for hospitals making the most progress in reducing infection rates with a new £45 million quality premium
- independent Care Quality Commission (CQC) inspections focusing on infection prevention based on E. coli rates in hospitals and in the community, and taking action against poor performers
- the NHS publishing staff hand hygiene indicators for the first time
- displaying E. coli rates on wards, making them visible to patients and visitors in the same way that MRSA and C. difficile are currently
- improving training and information sharing so NHS staff can learn from the best in cutting infection rates
- appointing a new national infection lead, Dr Ruth May.

Alongside the plan to reduce E. coli rates, an additional £60 million will be allocated to the ‘Getting It Right First Time’ programme. First pioneered by Professor Tim Briggs in orthopaedics, the programme will now be expanded to another 18 surgical specialties, building on the initial investment of £2.5 million.

The Getting It Right First Time programme seeks to improve patient experience by replicating the work of the best clinicians across the health service, including cutting infection rates resulting from surgery. The expansion of the programme will focus on infection control and aims to save the NHS £1.5 billion each year.

These new plans are also part of the Government’s commitment to tackle antimicrobial resistance, which includes resistance to antibiotics.

E. coli infections have increased by a fifth in the last five years. Targeting preventable infections like E. coli helps to make surgeries and care homes safer for patients and reduce the need for antibiotics, therefore reducing the opportunity for infections to develop a resistance to them.

Source: www.gov.uk 20 December 2016
National health organisations publish a shared commitment to quality
The National Quality Board (NQB) has published a new framework that will promote improved quality criteria across all national health organisations for the first time.

The new publication provides a nationally agreed definition of quality and guide for clinical and managerial leaders wanting to improve quality.

The approach has been agreed by the national bodies that form the NQB to provide more consistency and to enable the system to work together more effectively.

It is part of work to cut unnecessary red tape by reducing duplication and aligning demands on professionals for information on the quality of services.

The document sets out a range of measures to achieve higher and consistent standards including:

- the need for a common language that people who use services understand
- to ensure commissioners and providers experience a coherent system of assurance, measurement and regulation
- that professionals and staff are equipped and empowered to deliver safe, effective, and responsive care
- leaders should create a culture where people feel free to speak up when something goes wrong.

Reducing variation in the quality of services and applying consistent quality criteria is one of the most important challenges facing health and care services, as they seek to deliver services to a growing and ageing population.

Despite improvements in quality in recent years, there is still variation in quality within and between organisations, areas and populations, as noted in the Care Quality Commission's (CQC) recent State of Care report. Improving quality alongside health and wellbeing, finance and efficiency is a key ambition of the Five Year Forward View and underpins the development of Sustainability and Transformation Plans (STP) at a local level.

The National Quality Board was established to provide leadership on quality on behalf of the national health bodies.

Source: www.cqc.org.uk 21 December 2016

Barcode technology helping to improve patient safety
The barcode technology used in major industries such as aerospace and retail is being introduced to the NHS in England to improve patient safety. Barcodes are being placed on breast implants, replacement hips, medication and surgical tools.

The £12 million Department of Health ‘Scan4Safety’ project is already helping staff to quickly and easily track each patient through their hospital journey. From the unique barcodes on wristbands patients receive when they enter hospital, to the barcodes used to record their medication and the equipment used in their treatment, each code can be scanned to show which member of staff administered each treatment, at what time and where.

By using barcodes, anything that might develop a fault years later, for example a screw used in a knee operation or breast implant, can be traced. The details, such as when it was used and the surgeon who carried out the procedure, can be found quickly and easily.
This technology will also help to eliminate avoidable harm in hospitals, including errors such as patients being administered the wrong drugs and surgery being performed on the wrong part of the body.

Scan4Safety is being piloted in six NHS trusts in Derby, Leeds, Salisbury, Cornwall, North Tees and Plymouth. These sites have reported that the scheme is reducing unnecessary waste and effectively managing medical stocks, saving valuable staff time and giving the patient more information about their treatment.

Early results from six pilot projects show Scan4Safety has the potential to save lives and save up to £1 billion for the NHS over seven years.

On average, nurses spend one hour a day on every shift searching for stock – by using the barcode technology, NHS staff can keep track of hospital goods and order them automatically when they need them.

Scan4Safety removes human inventory errors, and registers ‘use-by’ dates on medicines and equipment so that stock can be managed easily and patients given the most appropriate medicines. Scan4Safety can also be used to see how effective different equipment is, for example, if one type of hip replacement wears out more easily than another, improving patient outcomes and helping to make the health system more effective.

Source: www.gov.uk 29 December 2016

Social Care

Three reports providing official adult social care statistics released by NHS Digital

NHS Digital has published three reports which include the latest statistics on the safeguarding and care of vulnerable adults in England.

‘Safeguarding Adults Annual Report, England 2015-16’ contains information about safeguarding referrals, which were opened and/or concluded during the reporting period.

This is the first time that such information has been published since local authorities were given new safeguarding duties under the safeguarding adults section of the Care Act 2014.

The report details the number of referrals raised with councils for adults at risk of abuse and breaks them down by gender, location of risk and the results of the investigations.

Also included are the types of alleged abuse, which range from physical, sexual and psychological to financial, neglect, discrimination and institutional.

Also published is ‘Measures from the Adult Social Care Outcomes Framework (ASCOF), England - 2015-16’, which reports on how well care and support services provided by the adult social care system achieve the outcomes that matter most to people involved in delivering high quality, personalised care and support.

The measures are split into four domains:

1. Enhancing quality of life for people with care and support needs.
2. Delaying and reducing the need for care and support.
3. Ensuring that people have a positive experience of care and support.
4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.
The ASCOF is part of a range of outcomes frameworks (alongside those of public health and the NHS) which is used (both locally and nationally) to set priorities for care and support, and to strengthen transparency and accountability.

‘Community Care Statistics: Social Services Activity, England 2015-16’ is the third report to be published. It contains information taken from council administrative systems used to record the process of assessing eligibility for state-funded social care and providing services where people are eligible.

The report is based on data which have been taken from the Short and Long Term Services (SALT) collection which covers short and long term social care and provides information on the primary reason people need support.

The full reports are at:


Source: [www.digital.nhs.uk](http://www.digital.nhs.uk) 5 October 2016

**Adult social care ‘approaching tipping point’, warns the CQC**

Most health and adult social care services in England are providing people with safe, high quality and compassionate care - but with pressures rising on demand, access and cost, the quality regulator is raising concerns about how long this can last.

In its annual assessment of the quality of health and adult social care in England, the Care Quality Commission (CQC) has found that, despite challenging circumstances, as at 31 July 2016:

- 71 per cent of the adult social care (ASC) services that the CQC had inspected were rated ‘good’ and one per cent were ‘outstanding’
- 83 per cent of the GP practices inspected were ‘good’ and four per cent were ‘outstanding’
- 51 per cent of the core services provided by NHS acute hospital trusts were ‘good’ and five per cent were ‘outstanding’.

However, some people still received very poor care; two per cent of adult social care services, three per cent of GP practices and five per cent of hospital core services were rated ‘inadequate’.

Around three-quarters (76 per cent) of NHS services, care homes, general practices and other services that had been rated as ‘inadequate’ by the CQC were able to improve their ratings following re-inspection. Twenty three per cent went from ‘inadequate’ to ‘good’ and 53 per cent went from ‘inadequate’ to ‘requires improvement’.

While this shows that regulation can support providers to offer people better care, the CQC’s analysis also reveals that some services are failing to improve despite being given clear information on where improvement is needed.
Forty seven per cent of providers that were re-inspected following a rating of ‘requires improvement’ were not able to improve their rating. Most worryingly, in eight per cent of cases, the quality of care had deteriorated so much that the rating was downgraded to ‘inadequate’.

The CQC has raised concerns that the sustainability of the adult social care market is approaching a tipping point. This view is based on the evidence of inspections, information received through the CQC’s market oversight function, and a variety of external data.

- although three quarters of ASC services that were initially rated ‘inadequate’ improved following re-inspection, nearly a quarter of re-inspected services were not able to improve their ratings. Half of services rated as ‘requires improvement’ that were re-inspected (904 out of 1,850) had no change to their rating. In 153 cases the CQC found that the care had become inadequate
- CQC data shows that a five-year period of steady increase in the number of nursing home beds – going from 205,000 beds in 2009 to 224,000 beds in March 2015 – has now stalled, with numbers remaining static since that time
- already, the CQC has seen examples of providers starting to hand back contracts as being undeliverable; local authorities warn of more to come. This is due to pressures on fees that funders of care are able or willing to pay, and cost pressures that include the impact of the national living wage (introduced in April 2016)
- in 2015, Age UK estimated that more than a million older people in England were living with unmet social care needs (such as not receiving assistance with bathing and dressing); a rise from 800,000 in 2010
- the number of older people receiving local authority-funded social care fell 26 per cent from more than 1.1 million in 2009 to around 850,000 in 2013/14. Also, 81 per cent of local authorities have reduced their real term spending on social care for older people over the last five years.

The fragility of the adult social care market is now beginning to impact both on the people who rely on these services and on the performance of NHS care. The combination of a growing and ageing population, more people with long term conditions, and a challenging economic climate means greater demand on services and more problems for people in accessing care.

This is translating to increased A&E attendances, emergency admissions and delays to people leaving hospital which, in turn, is affecting the ability of a growing number of trusts to meet their performance and financial targets.

Despite the well-documented financial challenges that the NHS faces, the CQC found much good and outstanding care – particularly in children’s and young people’s services and critical care. The CQC has awarded ‘outstanding’ ratings to five acute NHS trusts and two mental health NHS trusts. Also, five NHS trusts have exited special measures since April 2015.

However, the CQC has also found too much acute care that has been ‘inadequate’ – particularly urgent and emergency services and medical services. It will be increasingly difficult for NHS trusts to make improvements to these services unless they are able to work more closely with adequately funded adult social care and primary care providers.

The annual State of Care report provides the most comprehensive view yet of the CQC’s inspection findings from its new regulatory approach, which it rolled out two years ago. This involves expert-led inspections, which in most cases then lead to ratings of ‘outstanding’, ‘good’, ‘requires improvement’ and ‘inadequate’ to help people make informed choices about their care.
The report finds that the quality of care received in NHS mental health trusts is broadly similar to that in acute trusts, but with an even higher level of variability within providers as well as between them – community services are more likely to be rated ‘good’ and ‘outstanding’ than inpatient services, such as wards for working age adults and psychiatric intensive care units. In particular, the CQC has concerns about the safety of acute mental health services. Problems with physical environments frequently contributed to ratings of ‘requires improvement’ or ‘inadequate’ for inpatient services.

The quality of care provided by primary medical services (PMS) remains high. Despite a context of increased demand, coupled with a shortage of GPs and increasing vacancy levels, 83 per cent of the GP practices that the CQC has rated so far are ‘good’ and four per cent are ‘outstanding’.

The challenge for PMS, as for the rest of the system, is to consider what responses to increasingly difficult conditions will maintain quality, now and in the future. There has been more evidence of collaboration in primary care, while general practices have formed new models of care, including joining together in federations, involving people who use their services in their conversations from an early stage.

Source: www.cqc.org.uk 13 October 2016

£2.6 billion could be needed to fix social care - LGA warns

Social care for the elderly and disabled could be facing a potential funding gap of at least £2.6 billion, the Local Government Association (LGA) has warned.

As part of its Autumn Statement submission to the Treasury, the LGA says that based on "fair price of care" calculations, the immediate pressures threatening the stability of the care provider market could amount to at least £1.3 billion.

The scale of underfunding in social care could see even more providers either pull out of the publicly-funded care market or go bust, placing vulnerable people at risk.

The LGA, which represents more than 370 councils in England and Wales, has called on the Government to urgently work with councils and providers to calculate and fully fund this immediate pressure and avoid a large scale crisis.

On top of that, councils also estimate that by 2019/20, a further £1.3 billion will be required to deal with the additional pressures brought about by an ageing population, inflation, and the cost of paying the National Living Wage.

The Government should allow local government to use some of the extra business rates income it will keep by the end of the decade to plug this gap, say council leaders.

The LGA has set out an urgent call for action and says that unless social care is properly funded, it could mean:

- growing difficulties meeting basic needs such as ensuring people are washed, dressed and helped out of bed
- shorter care visits
- potential reduction in quality and safety of care
- increase in people being stuck in hospital rather than cared for in the community.

The funding shortfall comes despite the extra money councils have been able to raise in 2016/17 by increasing council tax by two per cent to pay for social care, as well as the additional funding through the Better Care Fund at the end of the decade.
The LGA says the funding gap shows the scale of "the damage done" to the sector with councils having had to close a £5 billion funding gap within adult social care since 2010.

Councils have called on the Chancellor to use his first Autumn Statement to provide the funding to ensure a fair care system where everybody can receive safe, high quality care and support.

Unless this happens, the LGA is warning of the dangers of a two-tier system emerging between those able to choose and pay for their own care, and those reliant on increasingly overstretched council-funded care that is unable to meet people's needs.

In its Autumn Statement submission, the LGA also stresses the importance of putting overall council finances on a sustainable footing, to ensure adult social care is fully protected.

It warns that if councils have to make savings to fund pressures in other areas, a significant proportion of these would have to come from adult social care budgets, thereby exacerbating the problem.

Source: [www.local.gov.uk](http://www.local.gov.uk) 13 October 2016

**Councils 'don't pay fair price for care'**

Nine out of 10 councils in the UK are failing to pay realistic prices to support older and disabled people in their own homes, the industry says.

The UK Home Care Association (UKHCA) calculated the minimum price councils should be paying was £16.70 per hour, but the average was over £2 less.

Councils said they had been left with little choice given the squeeze on their finances by the Government.

But the UKHCA said the situation was threatening the future of the market.

It warned agencies were struggling to recruit staff and maintain quality, noting growing numbers of organisations were handing back contracts to councils.

The home care market looks after nearly 900,000 people, providing help for daily tasks such as washing and dressing. About 80 per cent are funded by local councils.

The UKHCA asked all 208 councils about the fees they paid, with 186 providing data under the Freedom of Information Act.

It bases its £16.70 minimum price on the cost of paying carers the national living wage and running costs for the businesses with a profit margin of 50p an hour.

The average paid by councils was £14.58 an hour, with Sefton, South Tyneside, North Tyneside and Blackburn paying the least at under £12.

The average is higher than it was 18 months ago when the UKHCA last did this survey, but the number of councils not paying a "fair price" has increased because the rise has not kept pace with the increased costs that come from paying the national living wage, the UKHCA said.

Colin Angel, of the UKHCA, said another £500 million needed to be invested in the market to bring the fees up to a sustainable level.

A Department of Health spokeswoman said the Government was "committed" to providing high quality and dignified home care.

She said money was coming into the sector through the Better Care Fund, which is largely funded by the NHS to encourage joint working between councils and the health service.
Local authorities have also been allowed to increase council tax by two per cent a year this Parliament to pay for social care - although councils have claimed this is not enough to plug the shortfall in their care budgets because of the wider squeeze on their funding.


Latest figures released on local councils' adult social care spending
New official figures have been published which outline the total money spent by local authorities on adult social care.

‘Personal Social Services: Expenditure and Unit Costs, England 2015-16’ is published by NHS Digital and collects data from the 152 local authorities across England, which are responsible for adult social services.

The report relates to the period 1 April 2015 to 31 March 2016 and is used by central Government for public accountability, policy monitoring and national accounts, and by local authorities to assess their performance in relation to one another.

The detailed analysis includes the gross current expenditure for all local authorities in England, as well as a breakdown of each individual council's social care spends. It also breaks down short and long term support, the expenditure by primary support reason and the type of service being accessed.

Also included are unit costs, which give an average cost per person per week for residential care, nursing care and short term care to maximise independence, broken down by age group and primary support reasons.

This is the first time that the report has included information on deferred payment agreements. However, these figures are experimental and caution is advised when interpreting this information as data completeness is currently low.

The full report is available at: http://digital.nhs.uk/pubs/pssexpcosts1516

Source: www.digital.nhs.uk 26 October 2016

Quarter of people do not need to be admitted to hospital, new research reveals
Up to one in four people admitted to hospital do not need to be there and could be looked after elsewhere if better use was made of services available to treat people in the community, council leaders have stated.

Almost half (45 per cent) of decisions about patients’ care could be improved, new research by consultants Newton Europe commissioned by the Local Government Association (LGA) has found.

Helping more people to be independent and looked after at home or in the community could save the health and care system more than £1 billion because hospital admissions cost more than looking after people in their own homes across England's health and social care system, it estimates.

The LGA, which represents over 370 councils in England and Wales, believes this saving would help ease some of the pressure on councils who have faced a 40 per cent reduction in funding over the last Parliament. More funding for adult social care is one of the key asks of the LGA’s submission to the Treasury ahead of the Autumn Statement of November 2016.
Health and social care workers examined thousands of anonymised case notes in five parts of England to inform the Newton Europe study which found one in four hospital admissions (26 per cent) could have been avoided if opportunities to intervene had been available or not missed. The research showed that where integration of health and social care was working, fewer people needed to be looked after in residential care.

The LGA’s Autumn Statement submission to Government warns social care for the elderly and disabled could be facing a potential funding gap of at least £2.6 billion by the end of the decade.

The LGA says that based on "fair price of care" calculations, the immediate pressures threatening the stability of the care provider market could amount to at least £1.3 billion. On top of that, councils also estimate that by 2019/20, a further £1.3 billion will be required to deal with the additional pressures brought about by an ageing population, inflation, and the cost of paying the National Living Wage.

The scale of underfunding in social care could see even more providers either pull out of the publicly-funded care market or go bust, placing vulnerable people at risk.

The LGA is calling on the Government to urgently work with councils and providers to calculate and fully fund this immediate pressure and avoid a large scale crisis. Councils also need to be able to use some of the business rates income it will keep by the end of the decade to plug the £1.3 billion gap.

Source: www.local.gov.uk 27 October 2016

Local authorities urged to make personal budgets dementia friendly

Alzheimer’s Society is calling on all local authorities in England to urgently break down the barriers preventing people with dementia accessing personal budgets.

Fewer than a third of people receiving social care support for problems with memory and cognition have a personal budget, despite the Government’s aspirations for a person-centred care and support system. The Care Act gives everyone who is receiving support from social services the legal right to a personal budget, offering them greater choice and control over their care and support.

An Alzheimer’s Society audit of local authorities’ personal budgets processes has highlighted how the majority are falling at the first hurdle, with many failing to make people with dementia aware of their entitlement to a personal budget.

The charity is urging all local authorities with adult social care responsibilities to sign the Dementia-Friendly Personal Budgets Charter to demonstrate their commitment.

Despite clear benefits, comparatively few people with dementia have a personal budget and face significant barriers when trying to access them. In 2015/16, a person receiving support for memory and cognition problems was almost half as likely to have a personal budget as someone receiving physical support, and over a third less likely than a person with learning disabilities. Of the 16,060 people with a personal budget for memory and cognition support, just 19 per cent managed this for themselves with a direct payment, the rest were managed by their local authority.

To understand this inequality, Alzheimer’s Society conducted a mystery shopping evaluation of 60 local authorities with adult social services responsibilities in England. The investigation uncovered a lack of information and support – nearly two thirds of local authorities failed to
provide information relevant to people with dementia. In some instances, local authority staff actively discouraged use of personal budgets for people with dementia.

Alzheimer’s Society’s Dementia Friendly Personal Budgets Charter enables local authorities to demonstrate their commitment to people with dementia. Pledges include:

- producing relevant and clear information on personal budgets for people with dementia that always explain all the available options and methods for receiving a personal budget
- training all staff involved in care and support planning in the personalisation agenda to ensure accurate and appropriate information is provided at all times
- having a timely and transparent assessment process that clearly explains how they have decided on the amount of money a person will receive
- collecting robust data on the uptake and outcomes of personal budgets for people with dementia so that services are continuously improved.

Source: [www.alzheimers.org.uk](http://www.alzheimers.org.uk) 3 November 2016

**Health charities warn of £1.9 billion social care funding gap**

Three leading health charities have issued a call for the Government to address a £1.9 billion social care funding gap through the Autumn Statement of November 2016.

In a new briefing the Health Foundation, The King’s Fund and the Nuffield Trust analyse the state of health and social care finances, concluding that cuts and rising demand will leave adult social care facing a £1.9 billion funding gap in 2017.

The three organisations conclude that, despite mounting pressures on the NHS, finding money to plug this gap is the most urgent priority. They urge the Government to bring forward increases in social care funding planned for later in the Parliament through the Better Care Fund to 2017, warning that without this, thousands more older and disabled people will be denied access to the care they need, with severe consequences for the NHS.

This follows a nine per cent real terms cut in social care spending by local authorities between 2009/10 and 2014/15, which has led to 400,000 fewer people accessing social care.

The three organisations also warn that the planned increase in the Department of Health’s budget between 2015/16 and 2020/21 will not be enough to meet rising demand for services, maintain standards of NHS care and deliver the changes to services set out in the NHS Five Year Forward View. The briefing warns that the pressures on the NHS will peak in 2018/19 and 2019/20, when there is almost no planned growth in real terms funding, and argues that the Government will also need to consider additional NHS funding in future financial statements, or be clear about the consequences for patient care.

The analysis shows that health spending in England will increase by £4.2 billion over this Parliament, an average rise of 1.1 per cent per year in real terms – almost identical to the increase in the last Parliament and much lower than average annual increases of nearly four per cent since the NHS was established, despite rising demand for services. This is much lower than the funding increases for the NHS cited by the Government as it covers all health spending, not just the budget for NHS England.

Source: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) 8 November 2016
Ombudsman’s annual review highlights concerns about quality of home care

The Local Government Ombudsman (LGO) has seen a 25 per cent rise in complaints about the home care received by some of the most vulnerable people in England over the past year. The statistic is just one of the findings included in the LGO’s ‘Review of Adult Social Care Complaints 2015/16’.

Complaints about home care received by the Ombudsman include care workers being late for or missing appointments, not staying long enough and not doing what they should – including not treating people with the dignity they deserve.

Of those complaints the Ombudsman investigated in detail, 65 per cent were upheld, which is seven per cent higher than for adult social care complaints in total. The data also reveals those people receiving care in their own home are less likely to be supported by a representative when making a complaint than those living in residential care.

During the year, the LGO received a six per cent increase in complaints and enquiries about all areas of adult social care (to 2,969). It upheld 58 per cent of all cases investigated in detail, increased from 55 per cent on the previous year. The LGO has also seen:

- twenty one per cent increase in complaints and enquiries about care arranged privately with independent providers (self-funded care)
- nineteen per cent increase in the number of independent providers about whom it has received a complaint
- seventy per cent of detailed investigations upheld about care planning - the area with the most significant uphold rate
- assessment and care planning remains the most complained about area, with 600 complaints and enquiries received.

As the Local Government and Social Care Ombudsman, the LGO looks at all types of complaints about adult social care, regardless of whether the local authority is involved. The report has analysed its complaints from 2015/16, and the trends and patterns the organisation has observed. It also provides data for every English local authority and registerable independent care provider about which it has received a complaint.

Source: [www.lgo.org.uk](http://www.lgo.org.uk) 10 November 2016

Councils angry at the Government's social care offer

Councils say it is "hugely disappointing" that the Government has not given them extra money to tackle shortfalls in social care funding.

Ministers will let local authorities bring forward council tax rises, and money cut from a housing scheme will be spent on social care instead.

The Government said it would create a "sustainable" system for everyone who needs social care.

But the Local Government Association (LGA) said the measures "fall well short".

LGA chairman Lord Porter said an "urgent injection of genuinely new additional Government funding" was needed.
He said the council tax change would help some areas in the short term but not be "anywhere near enough" to relieve pressure on the sector, adding that it would "add an extra financial burden on already struggling households".

He said changes to the New Homes Bonus, which rewards councils for building new homes, were "not new money but a redistribution of funding already promised to councils".

Communities Secretary Sajid Javid unveiled the measures as he set out the local government finance settlement in the Commons.

He said the settlement, which governs how councils in England will be funded, "recognises the cost of delivering adult social care and makes more funding available sooner".

Mr Javid told MPs the two measures would mean £900 million extra for local authorities over the next two years to fund social care services.

But the cash was described as "a drop in the ocean" by the Care and Support Alliance of charities, while the president of the Society of Local Authority Chief Executives said: "Simply robbing Peter to pay Paul will not tackle a systemic funding problem."

Mr Javid said that local authorities would be permitted to increase council tax by up to six per cent over two years, ringfenced for social care, with a maximum of three per cent each year. The six per cent previously had to be spread over three years. A one per cent increase would raise an estimated £200 million, although the effect would vary across the country.

Mr Javid added that more money was "not the only answer", saying some councils needed to work harder to reduce delays in discharging people from hospital beds caused by a lack of available social care.

Responding to Mr Javid, shadow communities and local government minister Gareth Thomas said the local government settlement would "leave people paying high taxes for worse public services".

He urged the Government to reconsider a planned corporation tax cut in order to plug the social care funding gap.

Conservative MP Sarah Wollaston, who chairs the Commons Health Select Committee, welcomed the Government measures but said they did not go far enough to address the increase in demand, urging ministers to start cross-party talks "urgently".

Former health minister and Lib Dem MP Norman Lamb, who has been calling for more investment in adult social care, described Mr Javid's statement as "feeble".

But the Government says it is investing in social care through its Better Care Fund, as well as taking steps to more closely integrate health and social care provision.

Council tax accounts for only about half of local authority income - the rest coming from central grants, which are being cut, and business rates, which are volatile - so it is unclear by how much care budgets will rise.

The numbers of older people going without care, paying for it themselves or relying on family and friends currently outstrip those getting council help by four to one.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 15 December 2016