Health & Social Care Bulletin

Written by: Janey Kemsley BA (Hons) Lib

In this issue No 58/October 2013

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New proposals to ensure care and compassion in the NHS and in social care
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The NHS belongs to the people: a call to action
NHS England has called on the public, NHS staff and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients. This is set against a backdrop of flat funding which, if services continue to be delivered in the same way as now, will result in a funding gap which could grow to £30 billion between 2013/14 to 2020/21.

Further work needed to improve care for people with dementia in hospital, says national clinical audit
The second report of the National Audit of Dementia has identified continuing problems in the quality of care received by people with dementia in hospitals in England and Wales. The Audit shows that many patients are not receiving key health assessments. It describes these assessment rates as “alarmingly low”. A third of hospitals do not have guidance in place on involving the person’s carer and sharing information with them.

Overhaul of End of Life Care system
The Government is to replace the Liverpool Care Pathway (LCP) and will ask senior clinicians to sign off all end of life care plans, as part of its response to the findings of an Independent Review. The Government has published an initial response to the Review, which includes a series of actions for the health and care system.

The Keogh Review into 14 hospital trusts in England published
All 14 trusts investigated by Professor Sir Bruce Keogh’s Review team will have to undertake strict improvement plans and 11 will be placed into “special measures” to ensure that Sir Bruce’s recommendations are fully implemented and patient care improves. Sir Bruce found that, while there were some examples of good care, none of the 14 hospitals investigated was providing consistently high quality care to patients.

Dementia risk in UK going down, suggests study
Older people’s risk of getting dementia is going down in the UK, research suggests. A study in the Lancet reveals a smaller proportion of older people living in Britain now have the condition than experts had predicted. Researchers say it could be a reflection of improving public health.

Care Quality Commission: Chief Inspector of Hospitals announces inspection plans
The Chief Inspector of Hospitals, Professor Sir Mike Richards has introduced radical changes to the way hospitals in England are inspected. There will be significantly bigger inspection teams headed up by clinical and other experts that include trained members of the public. They will spend longer inspecting hospitals and cover every site that delivers acute services and eight key services areas.

Improving primary care is the key to improving emergency care across London
More than 200 NHS and social care leaders from across London have met to plan how urgent and emergency care services could work better to prevent patients experiencing unco-ordinated or unsafe care following an accident or emergency. The event, organised by NHS England, challenged health and social care professionals to look at how all parts of the NHS and social care system could work in a more joined-up way for patients and to prevent pressure building up in hospital A&E departments.

Call to action on health checks
More than 650 lives a year could be saved if simple NHS Health Checks were offered throughout the country and taken up, Health Secretary Jeremy Hunt has said in a call to action for people to start thinking more seriously about their health.

Report on urgent and emergency services
Growing demand on A&E departments will make them unsustainable if effective action is not taken quickly to relieve the pressures on them, according to MPs on the Health Committee. Examining the daily operation of emergency departments in England, the Committee was particularly concerned at low staffing levels in emergency departments. MPs also question the role NHS 111 will play in the emergency and urgent care system.
Launch of pioneering dementia care pilot projects
Over a hundred hospitals and care homes across England have been awarded a share of a £50 million fund to create pioneering care environments designed with the needs of people with dementia in mind. A total of 116 projects have been granted funding: 42 projects within the NHS (including hospital wards) and 74 within a local authority setting (including care homes).

First results from NHS Friends and Family test published
New data from the NHS Friends and Family Test (FFT) survey, which asks patients whether they would recommend A&E and inpatient wards to their nearest and dearest based on their own experience, has been released. The survey, which will grow into the most comprehensive ever undertaken, covers around 4,500 NHS wards and 144 A&E services. It allows hospital trusts to gain real-time feedback on their services down to individual ward level and increases the transparency of NHS data to drive up choice and quality.

Global expert publishes world-leading safety plan for NHS
NHS staff should be supported to learn from mistakes and patients and carers must be put above all else in an attempt to make the NHS a world leader in patient safety, according to an independent Report. Professor Don Berwick, a renowned international expert in patient safety, was asked by the Prime Minister to carry out the review following publication of the Francis Inquiry into the breakdown of care at Mid Staffordshire Hospitals.

£500 million to relieve pressures on A&E
Accident & Emergency departments will benefit from an additional £500 million over the next two years to ensure they are fully prepared for winter, Prime Minister David Cameron has announced. The new funding will go to A&E departments identified as being under the most pressure and be targeted at 'pinch points' in local services.

Local Government Association and NHS England publish vision for £3.8 billion integrated care fund
The Local Government Association (LGA) and NHS England have published their planning ‘vision’ for how the pooling of £3.8 billion of funding, announced by the Government in the June Spending Round, will ensure a transformation in integrated health and social care. The ‘Integration Transformation Fund’ is a single pooled budget for health and social care services to work more closely together in local areas.

CQC warns Barts Health NHS Trust that it has failed to protect the safety and welfare of patients at Whipps Cross University Hospital
The Care Quality Commission (CQC) has told Barts Health NHS Trust that it must make urgent improvements to protect patients at Whipps Cross University Hospital. CQC has issued three formal warnings to the Trust following unannounced inspections at the hospital in Leytonstone in May and June 2013.

Merger of London hospital trusts cleared on competition grounds
The Co-operation and Competition Panel (CCP) – an independent panel that provides advice to health regulator Monitor – has published its findings on a proposed merger between the Royal Free London NHS Foundation Trust and Barnet & Chase Farm Hospitals NHS Trust. The Panel has concluded that the merged organisation would continue to face a range of competitors for its services, and therefore the merger was unlikely to give rise to significant costs to patients or taxpayers as a result of a loss of choice or competition.

Millions of patients to benefit from easier access to medication and fewer trips to hospitals
New legislation has come into force which means that physiotherapists and podiatrists in the UK will be the first to be able to independently prescribe medication to their patients. The move will mean patients will no longer have to go back to their doctors to get medication after visiting the physiotherapist or podiatrist.

UK to host G8 dementia summit
The UK is making the fight against dementia global by hosting the first G8 summit dedicated to seeking an ambitious level of international co-ordination and an effective response to tackling the condition on 11 December 2013.

New NICE kidney guideline to save thousands of lives
The National Institute for Health and Care Excellence (NICE) has published a new guideline which promises to save thousands of lives and hundreds of millions of pounds each year. The new guideline will help prevent, detect and treat acute kidney injury (AKI), a condition that affects one in six people who are admitted to hospital and, although it is completely preventable, can lead to death in one in four of those.
**Professor Steve Field to be CQC's Chief Inspector of General Practice**
The Care Quality Commission (CQC) has appointed Professor Steve Field as its first Chief Inspector of General Practice. The Chief Inspector of General Practice will lead CQC's inspection and regulation of providers of primary care services across the public, private and independent sectors.  

**People aged 70 to 79 years offered shingles vaccine**
People aged 70 and 79 will be offered a shingles vaccination this year, as part of a vaccination programme to reduce the incidence and severity of shingles disease in older people. A catch-up programme to protect those aged 70 to 79 years will also be rolled out over several years.  

**£1 billion to help A&E departments and NHS staff access medical records in hi-tech hospital revolution**
The Government and NHS are to invest £1 billion in technology to improve patient care and ease pressure on A&E departments. The money will form part of the Government’s solution to pressures on A&E by freeing up care professionals’ time to care for patients and cut down on paperwork. It will help to allow everyone to book GP appointments and order repeat prescriptions online by March 2015, as well as give everyone who wants it online access to their GP record.  

**NHS must fundamentally change to solve A&E problems**
The Health Secretary, Jeremy Hunt has outlined radical changes to improve care for vulnerable older people and alleviate pressure on A&E. Alongside specific plans to support NHS A&E departments in the short term this Winter, the Health Secretary has set out proposals to fundamentally tackle increasing pressures on NHS A&E services in the long term – starting with care for vulnerable older patients with complex health problems.  

**Future Hospital Commission: Care comes to the patient in the future hospital**
A new report from the Future Hospital Commission recommends that, in future, care should come to the acutely ill patient, rather than the patient being moved around the hospital. This is one of 50 recommendations aimed at improving care for acute medical patients in the report.  

**Abuse of vulnerable adults: council investigations up four per cent last year**
English councils referred 112,000 cases of alleged abuse against vulnerable adults (AVA) for investigation in 2012/13 provisional figures from the Health and Social Care Information Centre (HSCIC) show. This is a four per cent rise (from 108,000 in 2011/12) for the 151 councils submitting data in both years.  

**New guidance published for NHS and care staff as Government responds in full to Caldicott Review**
People will be able to feel confident that information about their health and care is secure, protected and shared appropriately to create better services and deliver better care, Health Secretary, Jeremy Hunt has confirmed. The Government’s full response to the Caldicott Review on information governance has been published, alongside new guidance from the Health and Social Care Information Centre (HSCIC) that sets out the responsibilities of health and care staff towards personal confidential data.  

**Time to act, says Health Service Ombudsman in report which reveals failings in the urgent treatment of sepsis**
A new report by the Health Service Ombudsman (HSO) has revealed that not enough is being done to save the lives of sepsis patients. The report highlights significant failings in the diagnosis and treatment of severe sepsis. It focuses on ten cases investigated by the Ombudsman where patients did not receive the treatment they urgently needed. In every case, the patient died. Complainants highlighted the need for change in the NHS care and treatment of patients.  

**Independent commission to be set up to investigate health and care services in London**
An independent commission is to be set up to investigate the provision and resourcing of health and care services in the capital. Led by Lord Ara Darzi, the London Health Commission (LHC) will be established by the Mayor of London to help support the work of the London Health Board (LHB), which was set up earlier in 2013 by London Councils, the Mayor and key health partners to provide strategic leadership across the capital.  

**Hospital assessment: first results published from new patient led programme**
Hospitals score on average around eight out of 10 for their non-clinical services like catering and the condition of buildings, fixtures and fittings according to the first ever results from a new patient-led assessment programme. The Health and Social Care Information Centre (HSCIC) report considers the new Patient-Led Assessments of the Care Environment (PLACE) programme, a voluntary initiative covering both the NHS and the independent sector.
Future of the NHS rests on wholesale shift to an open culture, warn MPs
Discussion of the Francis Inquiry on the Mid Staffordshire NHS Foundation Trust has tended to focus on the need for candour when things go wrong, but this is only part of the story, according to the Health Committee of MPs in a report entitled, ‘After Francis: Making a difference’. The report also announces that the Health Committee will in future work closely with the Professional Standards Authority (PSA) to develop the accountability process for professional regulators in healthcare.

Care is improving for hip fracture patients, latest national report shows
The latest National Hip Fracture Database (NHFD) report from the British Orthopaedic Association (BOA), the British Geriatrics Society (BGS) and the Royal College of Physicians (RCP), finds that care for patients with hip fracture is improving. More patients are receiving surgery within 48 hours of admission than in 2012 and almost all patients (94 per cent) are receiving a falls assessment before being discharged from hospital.

Health Secretary sets out tough new approach to turn around NHS hospitals
In the wake of the scandal over standards at Mid Staffordshire NHS Foundation Trust and subsequent Keogh Review which looked at 14 NHS trusts with high mortality rates, 11 of those trusts have already been placed in ‘special measures’. Now, the Health Secretary has set out a new approach to ensure progress at those NHS trusts, which could be applied to any NHS trust that is placed in special measures under a new, tougher inspection regime.

Public Health England’s 2013 Local Health profiles published
Public Health England’s (PHE) 2013 Local Health Profiles give a snapshot overview of health for each local authority in England. The profiles draw together information to present a picture of health in each local area in a user-friendly format. There is a four-page profile for each local authority in England.

Social Care

Residential care funding: £877 million shortfall by 2019
A new report from London Councils warns that the capital’s local authorities face additional costs of £877 million by 2019/20 in order to deliver the proposed changes to adult social care funding contained in the Care Bill. The report calls for appropriate funding to meet the new responsibilities and draws attention to the higher cost of residential care in the capital.

Audit Commission analyses cost of social care for older people in a Value for Money briefing
The Audit Commission has released ‘Social care for older people: Using data from the VFM Profiles’, a briefing drawn from its Value for Money (VFM) Profiles. In 2011/12, spending levels varied from £630 to £2,715 per head across all types of council. On average, London boroughs spent substantially more, and county councils, substantially less, than other types of council.

New fairer capped funding system to help everyone plan for the cost of care
Plans to help people better prepare for the cost of their future care needs have been published alongside details of how the new fairer funding system will protect homes and savings.

CQC announces Chief Inspector of Adult Social Care
The Care Quality Commission (CQC) has appointed Andrea Sutcliffe as its first Chief Inspector of Adult Social Care. Andrea joined CQC from the Social Care Institute for Excellence (SCIE), where she was its chief executive.

Independent living is key to future of adult social care, say council bosses
Efficiency savings in adult social care are becoming harder to identify as councils struggle to protect support for the elderly and vulnerable while tackling the £14.4 billion pound funding gap facing the nation’s public services by 2020, according to a new report by the Local Government Association (LGA).

New housing to help older and disabled people to live independently
Building projects up have been given the green light to start producing homes that will support older and disabled people to live independently for as long as possible, Care and Support Minister Norman Lamb has announced. In London, the Department of Health will award the Greater London Assembly just over £29 million for 35 successful bidders who will be building 669 homes.
Data collection shake-up as social care moves into the 21st century

An overhaul of the way social care data is collected will be brought in to help improve the way that care and support is measured, Care and Support Minister, Norman Lamb has announced. The Department of Health has agreed to give local authorities an extra £11.13 million of funding for implementation. The data will be collected by the Health and Social Care Information Centre (HSCIC) and published annually.

Carers should ‘choose work hours’, Health Secretary says

Employers should let staff who care for elderly parents choose their working hours, the Health Secretary has said. Jeremy Hunt said Britain was facing a “dementia time bomb” and said many employers were not doing enough to offer flexible working hours to carers.

Support for working carers needed to help businesses and boost the economy

Better support for working carers would give businesses and the UK economy a much needed boost and would save taxpayers £1.3 billion a year, according to a new report. The Supporting Working Carers Report is warning that as well as losing money, businesses risk losing valuable, experienced employees if action is not urgently taken to enable people with caring responsibilities to remain in work.

Report highlights the need for communities to become dementia-friendly

Up to 180,000 people with dementia feel trapped in their own homes according to a major new report launched by Alzheimer’s Society. The report shows that one in three people (35 per cent) with dementia surveyed only leave their homes once a week and one in 10 get out just once a month.

Two per cent fall in adult social care spend by local authorities, provisional data show

Local authorities across England spent £17.1 billion on adult social care in 2012/13, according to provisional figures published by the Health and Social Care Information Centre (HSCIC). This is a two per cent real terms decrease (or one per cent cash terms decrease) on 2011/12 spending (£17.2 billion) and a one per cent real terms decrease (but a 12 per cent cash terms increase) on 2007/08 (£15.3 billion).
Health

Online feedback to drive CQC inspections

The Care Quality Commission (CQC) is inviting websites to share their reviews of care services, as a vital part of its monitoring and inspection activities.

A new scheme will allow reviews, both good and bad, posted on care and health ratings sites to be fed into the picture that CQC holds on care services and ultimately inform decisions on whether or not to inspect.

The scheme is open to health and care feedback websites and directories that gather and capture reviews of care services in England. For a rating site to take part in this initiative it must:

- accept reviews and/or ratings of CQC regulated services from the public
- take both good and bad reviews - not just testimonials
- receive more than 50 reviews per month
- not give any preferential treatment in how it publishes or moderates reviews or replies to providers with whom it has a commercial relationship.

This digital initiative follows on from the CQC email alert service, which allows people to sign up for the most up-to-date standards and quality reports about care providers and the CQC widget, which gives one click access to the latest CQC inspection reports and findings; both were launched in 2012.

Source: www.cqc.org.uk 1 July 2013

Number of people with dementia in minority ethnic groups could rise seven fold by 2051 and yet awareness and support is lacking

The estimated numbers of people with dementia in Black, Asian and Minority Ethnic (BAME) groups in England and Wales are far higher than previously thought, yet their needs are often being overlooked. This is according to a new report published by The All-Party Parliamentary Group (APPG) on dementia's inquiry entitled 'Dementia does not discriminate'.

The report states that there are nearly 25,000 people with dementia from BAME communities. This number is set to increase seven-fold to over 170,000 by 2051. This is a significantly bigger leap than the two-fold increase expected amongst the rest of the population, as people who moved here between the 1950s and 1970s are reaching their 70s and 80s. Despite this increase, awareness of the condition in minority ethnic groups is low and current provision of appropriate support is lacking.

The APPG is now calling for Public Health England (PHE) to raise awareness of dementia amongst minority ethnic groups by funding a pilot awareness campaign to inform communities about the condition whilst challenging existing stigma. 'Dementia does not discriminate' also urges commissioners to ensure appropriate dementia support services are provided in minority ethnic communities.

The APPG commissioned Ethnos - specialist in minority ethnic research - to interview carers, people with dementia and service providers to create new evidence which explores the experiences of people with dementia from BAME communities. 'Dementia does not discriminate' found that many did not receive a diagnosis of dementia, preventing them from having access to support and treatments that could help them live well with the condition. In addition to this, stigma surrounding the condition meant people with dementia and their families face social isolation, feeling unable to reach out for support. Amongst those who did
seek help, there is generally felt to be a lack of culturally-sensitive dementia services. One Indian carer talked about their negative experience of visiting a local support service, feeling like they couldn't relate to the activities and were unable to talk to people because of language barriers.

In order to raise awareness and improve existing services for people from minority ethnic groups, the report also recommends:

- commissioners ensure local services meet the needs of people with dementia from minority ethnic groups, ensuring that specially designed services are provided locally to suit people from a diverse range of backgrounds
- Public Health England should lead preventative work to protect people from BAME communities who are at greater risk from developing dementia
- it's important for ethnic community groups and specialist dementia services to share knowledge and expertise to improve the quality of services.

The APPG on Dementia sought evidence from a range of people, including those with dementia and their carers, health and social care providers and practitioners, and experts in dealing with challenges that can arise for people living in minority groups. Commissioners and providers of dementia support services gave examples of services that have been tailored for people in minority groups.

For more information about the inquiry and to read the findings in full, visit alzheimers.org.uk/appginquiry

Source: www.alzheimers.org.uk 1 July 2013

New proposals to improve care for vulnerable older people

The Health Secretary, Jeremy Hunt has announced he is seeking views on a set of proposals to radically improve care for vulnerable older people.

The proposals set out improvements in primary care and urgent and emergency care. They look at establishing ways for NHS and social care services to work together more effectively for the benefit of patients, both in and out of hospital.

Comments are being sought from NHS, social care and public health staff, carers and patients. People can discuss and comment on the proposals through the better health and care site at www.betterhealthandcare.readandcomment.com

The proposals include every vulnerable older person having a named clinician responsible for their care outside of hospital, ensuring accountability is clear and care packages are personalised and tailored around individual needs.

The other proposals include:

- better early diagnosis and support to stay healthy by improving the role GPs play in supporting people to stay healthy and taking an active role in managing the health of their local populations
- improving access to primary care through new types of services such as rapid walk-in access services, helping patients connect with their GP in different ways through new technology, making booking appointments easier and building on existing services and opening hours
- providing consistent and safe out-of-hours services
enhancing choice and control by rolling out the friends and family test to general practice by December 2014, giving more choice about location and type of service such as seeing a preferred GP or nurse and the option of doing this face to face or by email and telephone

better sharing of information and joining up services so care can be provided in a co-ordinated way.

Over the Summer of 2013, the Department of Health will seek views on the proposals, test them and the best ways to implement them. It will work with NHS England to set out a plan for improving out of hospital care for vulnerable older people.

The final plan will be published in October 2013 and will be reflected in the refreshed Mandate to NHS England for 2014 to 2015.

Source: [www.gov.uk](http://www.gov.uk) 5 July 2013

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**NICE consults on advice to help care homes support mental wellbeing of vulnerable older people**

The National Institute for Health and Care Excellence (NICE) is developing advice for care homes to help them promote the mental wellbeing of older people by supporting and empowering those they look after.

In 2011, there were just over 10 million people over the age of 65 living in the UK with more than 400,000 living in care homes. In the next 20 years, the number of older people in the UK is expected to rise to 16 million. With so many people over the coming years likely to need extra care and support in their old age, the draft quality standard published for public consultation by NICE aims to support care homes to provide consistent and high quality services to ensure all people in their charge lead lives that are as happy and fulfilled as possible.

The draft standard is being developed by an independent committee involving specialists in social care (including a care home representative and a director of adult social services) and public health as well as people with their own experience of the social care system.

Proposed measures include:

- putting older people at the heart of decisions about their care
- ensuring they are seen as individuals and that their care reflects this
- giving them opportunities to participate in activities to promote their health and wellbeing
- spotting possible signs of ill-health before problems get too serious.

The draft quality standard on the mental wellbeing of older people in residential care will, when published, consist of specific, concise and measurable statements that, when delivered collectively, should contribute to improving the effectiveness, quality, safety and experience of care of older people living in care homes.

Source: [www.nice.org.uk](http://www.nice.org.uk) 5 July 2013
Patients Association annual report shows continued trend of reduced operations for some procedures

The Patients Association has published its third annual review into elective surgical procedures in the UK. The report shows a mixed picture, with the trend of declining numbers of operations and longer waiting times being reversed for some procedures, but increasing in others.

The report investigates the average waiting time, and number of procedures carried out, in ten elective surgical procedures on a trust by trust basis. Previous reports have shown both a decline in waiting times and number of procedures carried out in both 2010 and 2011. However, this report shows that, in 2012, the number of operations being carried out reduced only slightly compared to the previous year, and waiting times also saw a slight fall.

Despite this apparent stability, the report still highlighted several areas of potential concern. The total number of operations conducted in several areas (cataracts, myringotomies, varicose veins and knee replacements) fell by nearly one per cent, or 2,994 cases.

This means that since 2009, the number of procedures carried out in trusts responding to the survey have fallen by 20,000 for cataracts and 1,905 for knee replacements. This is the first time varicose veins and myringotomies have been included in the survey.

Untreated cataracts can lead to blindness, but also infection, bleeding in the eye, inflammation and tearing of the lens capsule. It is estimated that in 2008, 218,000 people suffered blindness in the United Kingdom, with cataracts estimated to be the cause of 12.5 per cent of cases.

The generally stable figures in the report also suggest an element of rationing given the frequent concerns raised about the pressure that an ageing population is putting on the NHS. The figures actually show that the situation is broadly stable. It is hard to see how this could have been achieved without some degree of rationing.

Source: www.patients-association.com 5 July 2013

CQC warns Queen’s Hospital in Romford that its emergency department is still failing to meet patients’ needs

The Care Quality Commission (CQC) has told Barking, Havering & Redbridge University Hospitals NHS Trust that it must make urgent improvements to the emergency department at Queen’s Hospital in Romford.

CQC has issued a formal warning to the trust following an unannounced inspection at which it failed to meet two of the three national standards which were reviewed.

A team of inspectors spent two days at the hospital in May 2013 to check if improvements had been made in response to the major concerns which were identified at an inspection in December 2012. They were supported by an A&E nurse, an A&E consultant and an expert by experience – a person with experience of using services. A full report of this inspection has been published on the CQC website at www.cqc.org.uk

At the latest inspection, CQC inspectors found that patients who arrived at the hospital by emergency ambulance were waiting too long to be assessed. During April 2013, one in 20 people were waiting 45 minutes even though patients should be seen in 15 minutes.

Matthew Trainer, Regional Director of CQC in London, said:

“The emergency department at Queen's Hospital in Romford is failing local people. This situation has been going on for far too long. Radical thinking is needed, led by the Trust
Development Authority and commissioners. The trust’s Board needs to work with them to make sure patients get the care they deserve.

“Patients are entitled to be treated in services which are safe, effective, caring, well run, and responsive to their needs. We have seen several recovery plans come and go in the emergency department at Queen’s and there is little evidence of any impact.

“The fundamental problems we first raised in 2011 – not enough doctors in the emergency department, and unacceptable delays in getting specialists from elsewhere in the hospital to see people admitted through A&E – are still there. This means excessive waits and ambulances being diverted to other hospitals. The staff who work there told us they feel under siege despite their best efforts to deliver good care.”

In the first four months of 2013, there were multiple occasions where ambulances had to be diverted away from Queen’s to other hospitals in London. Some patients waited more than an hour between arriving in an ambulance and being handed over to a doctor.

The trust has not had enough permanent consultants or middle grade doctors for several years. Their own data shows that use of non-permanent staff creates delays and they have not managed to address this issue. At the time of the inspection, the average waiting time for consultations with a specialist was more than three hours, even though the trust’s own policy is that all patients should be seen by a specialist doctor within 30 minutes.

On some occasions, patients who needed to be admitted to the hospital were waiting more than 14 hours in the emergency department because there were no beds available. Some of the problems identified had been ongoing for more than two years with little improvement.

Inspectors found that Barking, Havering & Redbridge University Hospitals NHS Trust was failing to meet two standards at Queen’s Hospital:

- care and welfare of people who use services
- staffing.

The trust was meeting one standard checked at this inspection:

- records.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 10 July 2013

**New proposals to ensure care and compassion in the NHS and in social care**

All healthcare assistants and social care support workers should undergo the same basic training, based on the best practice that already exists in the system, and must get a standard Certificate of Fundamental Care before they can care for people unsupervised, according to a new independent report.

The independent Cavendish Review, carried out in the wake of the Francis Report into Mid-Staffordshire NHS Foundation Trust, makes a number of recommendations on how the training and support of healthcare assistants who work in hospitals and social care support workers who are employed in care homes and people’s own homes can be strengthened to ensure they provide care to the highest standard.
Healthcare assistants and social care support workers provide some of the most personal and fundamental care to people when they are ill or help people with long term conditions to live as independently as possible in their own home. This may include turning people in bed so they do not get pressure sores, helping people to eat and wash, to get out of bed and to get dressed. Such care should be done by competent professionals who treat people with compassion and dignity. But the Review finds that the quality of training and support that care workers receive in the NHS and social care system currently varies between organisations.

The recommendations the Review makes include:

- common training standards across health and social care, along with a new Certificate of Fundamental Care, written in language that is meaningful to patients and the public. For the first time, this would link healthcare assistant training to nurse training
- the opportunity for talented care workers to progress into nursing and social care through the creation of a Higher Certificate of Fundamental Care. This will ensure they have a route to progress in their careers and an opportunity to use their vocational experience of working as healthcare assistant to enter the nursing profession
- Health Education England (HEE), with Skills for Health and Skills for Care, should develop proposals for a rigorous system of quality assurance for training and qualifications, which links to funding outcomes, so that money is not wasted on ineffective courses
- healthcare assistants should be allowed to use the title Nursing Assistant on completion of the Certificate of Fundamental Care to improve clarity and communication between staff and patients, enhance the status of support workers and reduce the number of job titles - which currently stands at more than 60
- the Nursing and Midwifery Council should make caring experience a prerequisite to starting a nursing degree and review the contribution of vocational experience towards degrees
- trusts should empower directors of nursing to take full responsibility for the recruitment, training and management of healthcare assistants. Employers should also be supported to test the values, attitudes and aptitude of future staff for caring at the recruitment stage
- the legal processes for challenging poor performance should be reviewed so that employers can be more effective in identifying and removing any unsatisfactory staff.

The Review was produced following visits to hospitals and care homes, meetings with nurses, domiciliary care workers, healthcare assistants and care home staff across the country. The recommendations draw on the experience of a wide number of people and organisations, including those who use these services, the staff that provide this care, leaders and supervisors, as well as employers.

The Government will provide a formal response to the Review, along with its response to the Francis Report, in the Autumn of 2013.

Source: [www.gov.uk](http://www.gov.uk) 10 July 2013

**The NHS belongs to the people: a call to action**

NHS England has called on the public, NHS staff and politicians to have an open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients. This is set against a backdrop of flat
funding which, if services continue to be delivered in the same way as now, will result in a
funding gap which could grow to £30 billion between 2013/14 to 2020/21.

A new publication entitled, ‘The NHS belongs to the people: a call to action’ sets out these
challenges facing the NHS, including more people living longer with more complex conditions,
increasing costs whilst funding remains flat and rising expectation of the quality of care. The
document says that the NHS must change to meet these demands and make the most of new
medicines and technology and that it will not contemplate reducing or charging for core
services.

The document sets out a number of latest facts on the NHS, including demand, the changing
demographics of the patients being treated and the growth in long term conditions. These
include:

- the NHS treats around one million people every 36 hours
- between 1990 and 2010, life expectancy in England increased by 4.2 years
- the difference in life expectancy between the richest and poorest parts of the country is
  now 17 years
- around 80 per cent of deaths from major diseases, such as cancer, are attributable to
  lifestyle risk factors such as smoking, excess alcohol and poor diet
- one quarter of the population (just over 15 million people) has a long term condition
  such as diabetes, depression, dementia and high blood pressure – and they account for
  fifty per cent of all GP appointments and seventy per cent of days in a hospital bed
- hospital treatment for over 75s has increased by 65 per cent over the past decade and
  someone over 85 is now 25 times for likely to spend a day in hospital that those under
  65
- the number of older people likely to require care is predicted to rise by over 60 per cent
  by 2030
- around 800,000 people are now living with dementia and this is expected to rise to one
  million by 2021
- since it was formed in 1948, the NHS has received around four per cent of national
  income
- modelling shows that continuing with the current model of care will lead to a funding gap
  of around £30 billion between 2013/14 and 2020/21.

NHS England along with other national partner organisations will be providing support to local
GPs, charities and patient groups to hold meetings to discuss these issues. These meetings
will provide the mechanism for patients and the public to have a genuine say in how the NHS
of the future will look.

All feedback from these meetings, as well as national events and online contributions via NHS
Choices, will be published and used to help shape a longer term strategy for the NHS. This
will need to be in place by early 2014 to feed into commissioning plans for GP-led clinical
commissioning groups in 2014/15 and 2015/16.

Source: www.england.nhs.uk 11 July 2013

Further work needed to improve care for people with dementia in hospital,
says national clinical audit

The second report of the National Audit of Dementia has identified continuing problems in the
quality of care received by people with dementia in hospitals in England and Wales.
Although there has been positive change, the Audit shows that many patients are not receiving key health assessments. While many elderly patients with dementia develop acute confusion during a stay in hospital, less than half of the 7,987 patients in the audit sample had been assessed for delirium, and only half had received an assessment of their mental state. The Audit report describes these assessment rates as “alarmingly low”. A third of hospitals do not have guidance in place on involving the person’s carer and sharing information with them.

The Audit also reveals that less than half of hospital executive boards are routinely involved in reviewing hospital performance data on quality of care received by people with dementia, and two in five hospitals do not provide dementia awareness training to new staff. Problems with the quality of information and communication are also an issue. The Audit shows patients’ case notes often do not include information that could aid communication with them, and information important to future care is not routinely summarised at the point of discharge.

But encouragingly, the second report shows several aspects of care that have improved since the first report in 2011. There has been a 10 per cent drop in the overall number of prescriptions of antipsychotic drugs, and patients are now more likely to receive an assessment of their nutrition. Overall results show that hospitals are working to improve the quality of care that people with dementia receive – but that further improvements are still required.

The Audit was commissioned by the Healthcare Quality Improvement Partnership (HQIP) and carried out by the Royal College of Psychiatrists’ Centre for Quality Improvement in partnership with other organisations. The Audit looked at data collected from 210 hospitals across England and Wales, including casenotes of 7,987 patients with a diagnosis or current history of dementia.

Key findings from the report include:

- forty-one per cent of hospitals do not include dementia awareness training in staff induction. Forty per cent of hospitals did not provide any awareness training to support staff (such as receptionists) in the 12 months prior to audit, and 11 per cent did not provide this training to nurses
- thirty-six per cent of hospitals now have a care pathway in place for people with dementia – up from six per cent - and a further 51 per cent have one in development
- less than 50 per cent of hospital executive boards are routinely involved in scrutinising hospital performance data on delayed discharges, readmissions and falls, relating to people with dementia. Previously, less than 25 per cent of boards reviewed this information
- information important to future care is not being provided at the point of discharge. Less than half of the patients who had had symptoms of delirium, or of behavioural or psychological symptoms of dementia (including agitation, distress or aggression) during admission had this recorded in their discharge summary
- in a quarter of casenotes, there was no record that notice of discharge from hospital had been given to carers or family
- case notes often do not include information that could help staff communicate better with the patient, and information relevant to future care is not routinely summarised at the point of discharge. There has been very little improvement in these areas.

The report restates many of the recommendations made previously in the first report of the National Audit of Dementia, and now also recommends that all hospitals should have a care pathway in place under the leadership of a senior clinician by June 2014. Other new recommendations in the second report include:
- Dignity leads, dementia champions and dementia specialist nurses should be employed in all hospitals.
- Ward managers should ensure that there is clear leadership and supervision available to staff on the ward regarding the care of people with dementia, and that this is supported with appropriate training and learning resources. A skills gap analysis should be conducted in each hospital, across different staff groups, and an action plan drawn up.
- A personal information document (such as ‘This is me’, published by the Alzheimer’s Society) should be in use throughout the hospital to ensure that staff are aware of each patient’s individual needs and preferences.
- Any instances of discharge of people with dementia from hospital after midnight, or when carers/family receive less than 24 hours notice, should be reported to and reviewed by trust boards.
- Hospital chief executives should ensure routine audit of in-hospital antipsychotic prescribing is carried out, allowing for comparison of practice between wards and departments.
- The director of nursing in each hospital should regularly review protected mealtimes in the hospital.
- Commissioners/health boards should ensure that liaison psychiatry services are in place to provide adequate access over 24 hours for treatment and referral of people with dementia in hospital.

Source: www.rcpsych.ac.uk 12 July 2013

Overhaul of End of Life Care system
The Government is to replace the Liverpool Care Pathway (LCP) and will ask senior clinicians to sign off all end of life care plans, as part of its response to the findings of an Independent Review, Care and Support Minister Norman Lamb has announced.

The Review, headed by Baroness Julia Neuberger, was established by Norman Lamb after concerns were raised by patients, families, carers and a number of clinicians that the system for providing care in the last days and hours of people’s lives was flawed.

In its report, the Review found that in the right hands and when operated by well-trained, well-resourced and sensitive clinical teams the LCP does help patients have a dignified and pain-free death. But its findings included too many cases of poor practice, poor quality care of the individual, with families and carers not being properly engaged in the patient’s care. Because of these failings in its use, the Review has recommended it should be phased out.

The Government has published an initial response to the Review, which includes a series of actions for the health and care system, including that:

- All NHS hospitals should immediately undertake clinical reviews of all care given to dying patients. Led by senior clinicians, these reviews will ensure the care all patients are receiving is appropriate.
- All NHS hospitals should ensure that arrangements are put in place as soon as possible so that now and in the future every patient has a named senior clinician responsible for their care in their final hours and days of life.
- NHS England should work with clinical commissioning groups (CCGs) to bring about an immediate end to local financial incentives for hospitals to promote a certain type of care for dying patients, including the LCP.
• the LCP is phased out over the next six to 12 months and replaced with an individual approach to end of life care for each patient, which will include a personalised end of life care plan backed up by condition-specific good practice guidance, agreed with a named senior clinician
• the Care Quality Commission (CQC) will undertake a thematic review into end of life care and the three new Chief Inspectors – of Hospitals, Social Care and General Practice – will consider end of life care issues as they develop their new approaches to inspections.

In addition, The Government will give greater assurance to families that their complaints or concerns are being properly listened to. Anyone with worries about how their loved one has been treated at the end of their life will have access to an independent assessment of their case. To support this independent assessment, the Government will make available a list of experts to provide local support for patients if needed - and all NHS hospitals will be asked to appoint a board member with responsibility for overseeing any complaints about end of life care and for reviewing how end of life care is provided.

In addition, patients and families who have previously made complaints about care received on the Liverpool Care Pathway but whose cases were not resolved satisfactorily will have the opportunity to have their case reviewed.

In all those cases where evidence of poor care or malpractice is found, professional regulators will be asked to consider action. Families also will be able to pursue other routes of redress including making negligence claims against the trust.

The Review made a number of recommendations to Government and other health and care organisations. The Government will consider fully the recommendations of the Review and over the coming months will be working with these organisations, stakeholders and charities to inform a full system-wide response to the Review’s recommendations in the Autumn of 2013.

To support these improvements to end of life care, Norman Lamb has also written to the General Medical Council and the Nursing and Midwifery Council to highlight both the need for effective guidance on supporting nutrition, hydration and sedation for the dying, and also to stress the importance of professional regulation issues raised by the report.

The Independent Review has also identified themes highlighted by the Francis Inquiry, such as the need to put people first in decisions about their care and the need for staff to be more compassionate. The Government has already implemented a number of key reforms to improve care and compassion standards including:

• a new set of simpler fundamental standards that make explicit the basic standards beneath which care should never fall
• a failure regime for quality as well as finance, and where the fundamental standards of care are breached, firm action is taken to ensure they are properly and promptly resolved
• improving the quality of training and expected conduct of healthcare assistants to ensure safer and compassionate care
• a new barring system for the small number of managers who let their patients and the NHS down through gross misconduct
• a new criminal offence on providers responsible for wilfully generating misleading information or withholding information they are required to provide
• helping to implement ‘Compassion in Practice’, a three-year strategy for building the culture of compassionate care for nursing, midwifery and care staff
• working with Skills for Care and Skills for Health to develop minimum training standards and a code of conduct for care workers - both will stress the importance of dignity and respect
• spending £40 million to help nurses and midwives develop leadership skills and to help them and their staff provide high quality care.

The Independent Review into the Liverpool Care Pathway can be found at: https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients

Source: www.gov.uk 15 July 2013

The Keogh Review into 14 hospital trusts in England published

All 14 trusts investigated by Professor Sir Bruce Keogh’s Review team will have to undertake strict improvement plans and 11 will be placed into “special measures” to ensure that Sir Bruce’s recommendations are fully implemented and patient care improves, Health Secretary Jeremy Hunt has announced.

Following the Francis Inquiry into the tragedy at Mid-Staffordshire NHS Foundation Trust, the Prime Minister asked Professor Sir Bruce Keogh, the NHS Medical Director, to conduct a series of ‘deep-dive’ reviews into other hospitals with mortality rates which have been consistently high for two years or more.

The process was thorough, expert-led and consisted of both planned and unannounced and out-of-hours visits, placing particular weight on the views of staff and patients.

Sir Bruce found that, while there were some examples of good care, none of the 14 hospitals investigated was providing consistently high quality care to patients. They identified patterns across many of the hospitals (the individual reports and recommendations can be found at www.nhs.uk) including:

• professional and geographic isolation
• failure to act on data or information that showed cause for concern
• the absence of a culture of openness
• a lack of willingness to learn from mistakes
• ineffectual governance and assurance processes. In many cases Trust Boards were unaware of problems discovered by the review teams.

Specific examples include:

• patients being left on trolleys, unmonitored for excessive periods and then being talked down to by consultants
• poor maintenance in operating theatres, potentially putting patients in danger
• patients often being moved repeatedly between wards without being told why
• staff working for 12 days in a row without a break
• blood being taken from patients in full view of the rest of the ward
• low levels of clinical cover – especially out of hours.

As a result of the reviews, the NHS Trust Development Authority and Monitor have placed all 14 trusts on notice to fulfill all the recommendations made by the Review about their hospitals. All will be inspected again within the next year by the new Chief Inspector of Hospitals, Professor Sir Mike Richards.
In addition, the Secretary of State has announced that 11 of the 14 trusts will be placed into “special measures”, which will mean that:

- each hospital will be required to implement the recommendations of the Keogh Review, with external teams sent in to help them do this. Their progress will be tracked and made public
- the Trust Development Authority or Monitor will assess the quality of leadership at each hospital, requiring the removal of any senior managers unable to lead the improvements required
- each hospital will be partnered with high-performing NHS organisations to provide mentorship and guidance in improving the quality and safety of care.

Since 2010, each of the trusts has seen substantial changes to its management, including a new chief executive or chair at nine of the 14. However, while some have improved, others have failed to do so, making the additional measures necessary.

Three of the 14 hospitals are not going into special measures. Whilst there were still concerns about the quality of care provided, the foundation trust regulator, Monitor, has confidence that the leadership teams in place can deliver the recommendations of the Keogh review.

As well as specific action to support the 14 hospital trusts, the Government will also legislate to make sure it will be no longer possible for failed managers to get new jobs elsewhere in the NHS. And, drawing inspiration from education where superheads have helped to turn failing schools into outstanding ones, the NHS Leadership Academy will develop a programme that will identify, support and train outstanding leaders.

Sir Bruce has also set out a vision for where the NHS can get to within two years. This includes:

- making demonstrable progress to reducing avoidable deaths in hospitals
- patients and clinicians will have confidence in the quality of assessments made by the Care Quality Commission (CQC), not least because they will have been active participants in inspections
- no hospital will be an island – professional, academic and managerial isolation will be a thing of the past
- nurse staffing levels and skill mix will appropriately reflect the caseload and the severity of illness of the patients they are caring for and be transparently reported by trust boards
- patients will not just feel like they have been listened to but will be able to see how their feedback is impacting on their own care and the care of others.

The 11 trusts in special measures are:

- North Cumbria University Hospitals NHS Trust
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Burton Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- George Eliot Hospital NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
Medway NHS Foundation Trust.
The other three investigated are:
- Blackpool Teaching Hospitals NHS Foundation Trust
- The Dudley Group NHS Foundation Trust
- Colchester Hospital University NHS Foundation Trust.

Sources: www.gov.uk and www.bbc.co.uk/news 16 July 2013

**Dementia risk in UK going down, suggests study**
Older people's risk of getting dementia is going down in the UK, research suggests.

A study in the Lancet reveals a smaller proportion of older people living in Britain now have the condition than experts had predicted.

Researchers say it could be a reflection of improving public health.

The work looks at three areas of England - Cambridgeshire, Nottingham and Newcastle - and compares dementia rates in people born 20 years apart.

Based on 1991 trends, experts had predicted eight per cent of over-65s would have dementia in 2011.

The actual figure for 2011 turned out to be just over six per cent, the Cambridge University team discovered.

Applied to the whole UK, it would mean there are 214,000 fewer cases of dementia than predicted - a 24 per cent reduction.

This suggests there are 670,000 people living in the UK with dementia, rather than the 800,000 - 900,000 figure that experts currently cite.

Prof Carol Brayne and colleagues who carried out the analysis say the UK is still seeing more cases of dementia year on year as a whole because of the nation's ageing population.

More people are living to increasingly old ages, at which they are expected to be at the highest risk of dementia.

But for the individual, the study findings appear to be good news.

Co-researcher Prof Tony Arthur, from the University of East Anglia, said:
"When you compared the two cohorts born 20 years apart you see that dementia prevalence has gone down. This could be because known risk factors for dementia are on the decline."

He said there had been improvements in managing cardiovascular disease, which has been linked to an increased risk of dementia.

"More people are spending more time in education as well which might be protective," he added.

Dr Eric Karran of Alzheimer's Research UK said the study was robust and made reliable comparisons by looking at two groups of over-65s from the same geographical regions and using the same assessment and analysis tools, 20 years apart.

"One interpretation of the findings is that general health and health management has improved to the extent that it has helped reduce dementia risk, which is encouraging news for us all," he said.
"However, this study clearly demonstrates that the risk of dementia can change with time, and for future birth cohorts it will be important to track, for example, the effects of the increase in obesity in the general population."

The results are part of the MRC Cognitive Function and Ageing Study of more than 15,000 older people.

Source: www.bbc.co.uk/news 16 July 2013

Care Quality Commission: Chief Inspector of Hospitals announces inspection plans

The Care Quality Commission's (CQC) new Chief Inspector of Hospitals, Professor Sir Mike Richards has introduced radical changes to the way hospitals in England are inspected. Following on from the Keogh Review, the changes began in August 2013.

Sir Mike said that he will lead significantly bigger inspection teams headed up by clinical and other experts that include trained members of the public. They will spend longer inspecting hospitals and cover every site that delivers acute services and eight key services areas:

- A&E
- maternity
- paediatrics
- acute medical and surgical pathways
- care for the frail elderly
- end of life care
- outpatients.

The inspections will be a mixture of unannounced and announced and they will include inspections in the evenings and weekends when CQC knows people can experience poor care.

Each inspection will provide the public with a clear picture of the quality of care in their local hospital, exposing poor and mediocre care and highlighting the many hospitals providing good and excellent care. Sir Mike will decide whether hospitals are to be rated as outstanding, good, requires improvement and inadequate. Where there are failures in care, Sir Mike will highlight what needs to be addressed and ask the trusts along with, Monitor, the NHS Trust Development Authority and NHS England to make sure a clear programme is put in place to deal with the problems.

Sir Mike has identified 18 NHS trusts representing the variation of care in hospitals in England. These will be the first hospitals to test the new inspection regime. This work will take five months to carry out.

The first 18 NHS trusts to be inspected represent the variation in hospital care. For at least three of the trusts the Chief Inspector will provide a 'shadow'rating.

By the end of 2015 CQC will have inspected all acute hospitals.

The variety of trusts selected will help to test CQC’s inspection model, which will be developed and refined this year, alongside the new ratings scheme for hospitals. For hospitals not covered by the new approach, CQC will complete its inspection programme for 2013/14, focussing on one or a small number of specific services with the hospital that CQC thinks are most in need of inspection.

CQC will publish the results of all inspections.
The 18 trusts are:

**High risk**
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Barts Health NHS Trust
- Croydon Health Services NHS Trust
- Nottingham University Hospitals NHS Trust
- South London Healthcare NHS Trust
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

**Low risk rating**
- Airedale NHS Foundation Trust
- Frimley Park Hospital NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Salford Royal NHS Foundation Trust
- Taunton and Somerset NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust.

**Variety of risk points in between**
- Dartford and Gravesham NHS Trust
- Heart of England NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Royal Surrey County Hospital NHS Foundation Trust
- Royal United Hospital Bath NHS Trust
- The Royal Wolverhampton NHS Trust.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 18 July 2013

**Improving primary care is the key to improving emergency care across London**
More than 200 NHS and social care leaders from across London have met to plan how urgent and emergency care services could work better to prevent patients experiencing uncoordinated or unsafe care following an accident or emergency.

The event, organised by NHS England, challenged health and social care professionals to look at how all parts of the NHS and social care system could work in a more joined-up way for patients and to prevent pressure building up in hospital A&E departments.

In response to data showing that some A&E departments struggled to deliver the four hour minimum A&E standard last winter, all local health economies across London are developing ‘Recovery & Improvement Plans’ showing how GPs, social care providers and community services can provide better out-of-hospital care for people with long term conditions or non-life threatening but urgent care needs. The plans also contain details about how hospitals will ensure their A&Es provide fast and safe care and prepare them for next winter. The plans will strengthen emergency department's performance, improve the quality of care and improve clinical outcomes for patients. The plans also describe how local health services, as a whole, can respond better as many people attending A&E departments could receive better, more localised care, from their GP or other provider.
The conference builds on the outcome of a meeting of the London Clinical Senate, which looked at the risks to the quality and safety of urgent and emergency care services and endorsed the need for greater join up between different parts of the NHS. The Senate also highlighted the London Quality Standards for Adult Emergency Standards and agreed they were critical to drive improvements in hospitals.

The conference looked at innovative projects from across London including:

- Chelsea & Westminster’s work to deliver joined up care across three boroughs with their clinical commissioning groups (CCGs), an independent company and the local community trust have started a project that will systematically align responsiveness both in the community and in hospital.
- Southwark and Lambeth Integrated Care (SLIC) is a federation between local GPs, the local NHS foundation trusts, both CCGs and social care in Southwark and Lambeth, funded by Guy’s & St Thomas’ Charity. This partnership uniquely covers social care, acute care, community and mental health provision and commissioning. SLIC helps communities and professionals to work better together so citizens enjoy healthier and happier lives. SLIC works to ensure local people spend as little time as possible in a hospital or care home with more support to stay fit and healthy, and issues detected earlier. The first phase of this work is focussing on older people.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 19 July 2013

**Call to action on health checks**

More than 650 lives a year could be saved if simple NHS Health Checks were offered throughout the country and taken up, Health Secretary Jeremy Hunt has said in a call to action for people to start thinking more seriously about their health.

A Public Health England (PHE) review has reiterated that checking 40-74-year-olds’ blood pressure, cholesterol, weight and lifestyle could identify problems earlier and prevent 650 deaths, 1,600 heart attacks and 4,000 cases of diabetes a year.

Before local authorities took over responsibility for commissioning Health Checks in April 2013, there was considerable variation in how widely they were offered. PHE, which leads the NHS Health Check programme, has now launched a ten-point plan to help councils roll them out to 20 per cent of their eligible local population a year –15 million people by 2018/19.

PHE will also launch a website where it will be possible to show how many Health Check offers are being made by each local authority. In the future it will also be possible to look up the details of your nearest NHS Health Check service.

The NHS Health Check programme is for people aged 40-74 in England and is focussed on preventing conditions like heart disease, stroke, diabetes and kidney disease. It is a key part of the Health Secretary's ambition to save 30,000 lives a year by 2020.

Source: [www.gov.uk](http://www.gov.uk) 21 July 2013

**Report on urgent and emergency services**

Growing demand on A&E departments will make them unsustainable if effective action is not taken quickly to relieve the pressures on them, according to MPs on the Health Committee.
Launching the report entitled, 'Urgent and emergency services', following the Health Committee’s inquiry into emergency services and emergency care, Committee Chair Stephen Dorrell MP said:

“The A&E department is the safety valve. When demand for care is not met elsewhere, people go to A&E because they know the door is always open. It is vital to ensure that the needs of patients who don’t need to be at A&E are properly met elsewhere so that those who do need to be there receive prompt and high quality care.

“The Committee conducted this review in the knowledge that Sir Bruce Keogh is currently conducting his own review of urgent and emergency care on behalf of NHS England. We hope that our recommendations will be reflected in his findings.

“We were not convinced that the plans presented to us represented an adequate response to the challenges the system faces.

“We were concerned that witnesses disagreed about the nature of demand for urgent and emergency care. The system is “flying blind” without adequate information about the nature of the demand being placed upon it. NHS England needs to establish a proper information base to allow informed decisions to be made.

“Even if the information was adequate it is unclear who is responsible for using it. We were told it is the responsibility of Urgent Care Boards, but witnesses were unclear about how many UCB’s are planned, what powers they will have, and how they will relate to other commissioning bodies – particularly the recently created Health and Wellbeing Boards whose remit also covers urgent and emergency care.

“The Committee is mindful of pressures which will build during next winter and is concerned that current plans lack sufficient urgency. It recommends that NHS England should ensure that Urgent Care Plans are agreed for each area before 30th September 2013.”

The Committee goes on to argue that there is a requirement to restructure provision of urgent and emergency care if patient need is to be met in the longer term. Stephen Dorrell said:

“It is clear that the structures established 60 years ago are not appropriate for the 21st century. We need to reorganise the way in which emergency and urgent care is delivered.

“Enabling primary care to assume a more active role in dealing with urgent cases is an important part of this. We recommend that NHS England, as the commissioner of GP services, should actively seek innovative proposals for community based urgent care services, including improved access to step-up/step-down residential facilities.

“It is also clear that emergency care in acute hospitals needs to change. There is strong evidence that centralised specialist units save lives, but proposals for change must be genuinely evidence-based and reflect local needs and conditions. We know that what works well in London is not right for many parts of rural England.”

Low staffing levels
Examining the daily operation of emergency departments in England, the Committee was particularly concerned at low staffing levels in emergency departments. Mr Dorrell said:

“We think it is extraordinary that consultant coverage for a minimum of 16 hours a day during the working week is guaranteed in only 17 per cent of designated A&E departments. The figure is even lower at weekends and there are high vacancy rates for senior staff and consultants leading, inevitably, to high locum costs.
"We know that early assessment by a senior clinician can improve outcomes and accelerate a patient’s progress through hospital, but for this to happen there must be sufficient numbers of senior staff in the emergency department.

"We were told that many trainees rejecting emergency medicine in favour of other specialties. It is vital that Health Education England and Local Area and Training Boards address this trend and take steps to encourage young doctors to specialize in emergency medicine."

**NHS 111**

MPs also question the role NHS 111 will play in the emergency and urgent care system.

Stephen Dorrell said:

"It is disappointing that the decision was made to launch NHS 111 when so little evidence had been gathered to support it. We are concerned that having to speak to a call-handler and going through a laborious triage process will only encourage patients to see A&E as their first port of call.

"Lastly, the Committee was encouraged by the potential of the ambulance services to provide even greater care to patients. Ambulance services should be regarded as care providers in their own right and not a service that simply readies patients for their journey to hospital. Ambulance trusts must invest in recruiting qualified paramedics who are able to treat patients and avoid unnecessary trips to A&E."

*Source: [www.parliament.uk](http://www.parliament.uk)* 24 July 2013

### Launch of pioneering dementia care pilot projects

Over a hundred hospitals and care homes across England have been awarded a share of a £50 million fund to create pioneering care environments designed with the needs of people with dementia in mind.

Health Secretary Jeremy Hunt has announced details of the 116 successful projects as part of a visit to the award winning dementia ward at Guy’s & St Thomas’ Foundation Trust.

Guy’s and St Thomas’ were selected to receive £955,490 to fund their project ‘Designing the Dementia Journey’ – a holistic approach to the environment for people with dementia, which will support the hospital’s existing care provision for dementia patients.

The older person’s unit features a specially designed ward environment, with colour-coded bays and symbols to help patients remember their way back to their bed. Patients with dementia are given blue wristbands so staff can easily identify them, and are served food on red meal trays so that staff know these patients need extra help with eating and drinking. The funding will enable these successful initiatives to be rolled out to other high priority wards across the Trust.

The projects will form part of the first national pilot to showcase the best examples of dementia friendly environments across England, to build evidence around the type of physical changes that have the most benefit for dementia patients.

Replacing reflective sanitaryware and surfaces, and installing clearer signage using distinctive colours and pictures, has been shown to help dementia patients manage their condition better by helping to reduce confusion and agitation.

A total of 116 projects have been granted funding; 42 projects within the NHS (including hospital wards) and 74 within a local authority setting (including care homes).
A full list of projects by region is available to download at https://www.gov.uk/government/publications/dementia-friendly-environments-funding-successful-bids

Source: www.gov.uk 25 July 2013

First results from NHS Friends and Family test published

New data from the NHS Friends and Family Test (FFT) survey, which asks patients whether they would recommend A&E and inpatient wards to their nearest and dearest based on their own experience, has been released.

The survey, which will grow into the most comprehensive ever undertaken, covers around 4,500 NHS wards and 144 A&E services. It allows hospital trusts to gain real time feedback on their services down to individual ward level and increases the transparency of NHS data to drive up choice and quality.

The Test was first announced by the Prime Minister in January 2012 and means that patients will now have a real voice in deciding whether their care is good enough or not – and hospitals will be able to take swift action to make any necessary improvements.

The Friends and Family Test was introduced in April 2013 and this release of information covers the first three months of the survey. There are wide variations in numbers of respondents which affect overall scores but highlights include:

- over the first three months, over 400,000 NHS patients completed the survey
- specialist hospitals tended to have higher scores for inpatient services
- the Friends and Family Test scores are available at trust, hospital, specialty and ward level
- in June 36 wards out of 4,500 across the country scored an overall negative figure, down from 66 in April
- for A&E in June, just one service received a negative score
- inpatient data was submitted by all 157 acute NHS trusts as well as independent sector providers, and A&E data by all 144 providers of relevant A&E services
- A&E service scores ranged from 100 to minus 13, with the top ten trusts landing between 100 and 79. (FFT scoring ranges between +100 and -100)
- the scores for inpatients ranged from 100 to 43
- there has been a steady increase in the numbers of respondents each month, increasing from 108,000 in April to 160,000 in June, with a total of 404,657 responses gathered for the quarter April to June 2013
- the Care Quality Commission (CQC) will also use the data as part of its new surveillance system when assessing risks at hospitals, together with other data such as mortality rates and never events
- the England-wide response rate for both inpatient and A&E surveys was 13.1 per cent
- public and patients can find easily searchable data for the Friends and Family Test for June 2013 on the NHS Choices website: http://www.nhs.uk.

The Friends and Family Test is based on one simple question: ‘How likely are you to recommend our ward/A&E department to your friends and family if they needed similar care or treatment?’ Patients are presented with six responses ranging from ‘extremely likely’ through to ‘extremely unlikely’.
Organisations are encouraged to ask follow-up questions at the same time to find out more details that can help drive improvements. The number and wording of the follow-up questions is determined locally but tend to be similar to “Please can you tell us the main reason for the score you have given?”

The Friends and Family Test will be rolled out across other NHS services, with maternity services going live from October 2013. NHS England is committed to introducing the Friends and Family Test to General Practice and community and mental health services by the end of December 2014 and to the rest of NHS funded services by the end of March 2015.

Source: www.england.nhs.uk 30 July 2013

Global expert publishes world-leading safety plan for NHS

NHS staff should be supported to learn from mistakes and patients and carers must be put above all else in an attempt to make the NHS a world leader in patient safety, according to an independent Report. Professor Don Berwick, a renowned international expert in patient safety, was asked by the Prime Minister to carry out the review following publication of the Francis Report into the breakdown of care at Mid Staffordshire Hospitals.

The Berwick Report follows five months of intensive work to examine the lessons for NHS patient safety from healthcare and other industrial systems throughout the world.

His four key findings are that:

- the quality of patient care, especially patient safety, should be paramount
- patients and carers must be empowered, engaged and heard
- staff should be supported to develop themselves and improve what they do
- there should be complete transparency of data to improve care.

Recommendations in the Report include:

- the NHS needs to adopt a culture of learning. This cannot come from regulation, but from “countless, consistent and repeated” messages to staff so that goals and incentives are clear and in patients’ best interests
- staffing levels must be adequate, based on evidence. The Report echoes the Keogh Review in saying that staffing levels cannot be dictated from the centre, but that boards and local leaders should take responsibility for ensuring that clinical areas are adequately staffed.
- connecting with patients and the frontline. Leaders need first-hand knowledge of the reality of the system and the patient voice must be heard and heeded at all times
- complaints systems need to be continuously reviewed and improved
- transparency must be complete, timely and unequivocal
- there is no single measure for safety. The NHS should continue to use mortality rate indicators to detect potentially severe problems. But these indicators remain a “smoke alarm” and should not be used to generate league tables
- supervisory and regulatory systems should be clear. An in-depth, independent review of the structures and the regulatory system should be completed by the end of 2017, once recent changes have been operational for three years
- new criminal offences should be created. These will be around recklessness or wilful neglect or mistreatment by organisations or individuals and for healthcare organisations which withhold or obstruct relevant information. But the Report emphasises that the use
of criminal sanctions should be extremely rare and unintended errors must not be criminalised.

The Report does not recommend that a statutory duty of candour for healthcare workers is introduced – instead it finds that this duty is adequately addressed in professional codes of conduct and guidance. Above all else, the Report argues that cultural change is the most important factor in continuously reducing harm. In particular, the report distinguishes clearly between mistakes and negligence and the need for a transparent culture where mistakes are reported and learnt from.

The Report is clear that the most important task for the NHS is to build a culture of learning and improvement. It aims to complement rather than duplicate the Francis Inquiry, which has already made 290 concrete recommendations for change.

The Government will now consider this Report and respond in full to both it and the Francis Report in the Autumn of 2013.

The solutions in the Report are grouped under the following themes:

- recognise the need for systemic change
- abandon blame as a tool – distinguish between errors and misconduct
- reassert the primacy of patients and carers
- use targets with caution – they have a role en-route to progress, but they should never become the end in itself
- recognise that transparency is essential
- ensure that responsibility for safety is clear and simple, with cooperation among the agencies involve
- give NHS staff career-long help to learn, master and apply modern methods of quality control
- focus on pride and joy, not fear.

The group that has conducted the Report includes world-leading experts in all aspects of the culture and processes of minimising patient harm, from healthcare management and nursing to sociology and psychology. The team of 12 includes recognised experts from the US and the UK. It consulted with patients, clinicians and managers from across the NHS as part of this work.

Source: [www.gov.uk](http://www.gov.uk) 6 August 2013

**£500 million to relieve pressures on A&E**

Accident & Emergency departments will benefit from an additional £500 million over the next two years to ensure they are fully prepared for winter, Prime Minister David Cameron has announced.

With over one million more people visiting A&E compared to three years ago, last year’s harsh winter put exceptional pressure on urgent and emergency wards.

The new funding will go to A&E departments identified as being under the most pressure and be targeted at ‘pinch points’ in local services.

Hospitals have put forward proposals aimed at improving how their services work. These include improvements to both A&E and improvements to other services away from A&E so there are less unnecessary visits or longer stays in urgent and emergency wards.
The aim will be for patients to be treated promptly, with fewer delays in A&E, and for other patients to get the care, prescriptions or advice they need without going to A&E.

Some of the local initiatives could include:

- minimising A&E attendances and hospital admissions from care homes by appointing hospital specialists in charge of joining up services for older people
- seven day social work; increased hours at walk-in centres; increased intermediate care beds and extension to pharmacy services to ease pressures on A&Es
- consultant reviews of all ambulance arrivals in A&E so that a senior level decision is taken on what care is needed at the earliest opportunity.

Currently, A&E departments are performing at their usual level for the summer period with over 95 per cent of patients seen within four hours since the end of April 2013. It is hoped that providing the additional funding at this stage will ensure the NHS is better prepared for the busier winter period.

The Department of Health and NHS England are working to relieve pressure on A&E in the longer term. A £3.8 billion fund has been agreed which will focus on joining up services, so that health and care services work more closely together, keeping people healthier and treating them closer to home. Professor Sir Bruce Keogh is leading a Review into the demands on urgent and emergency care and how the NHS should respond. Sir Bruce is expected to report in the Autumn of 2013.

NHS England, Monitor and the NHS Trust Development Authority (NTDA) are working closely with the local NHS to identify those A&E departments that will benefit most from this extra funding boost.

In addition, patients across the country will benefit from a £15 million cash injection to NHS 111 to increase capacity and prepare the service for potential winter pressures. 

Source: www.england.nhs.uk 8 August 2013

Local Government Association and NHS England publish vision for £3.8 billion integrated care fund

The Local Government Association (LGA) and NHS England have published their planning ‘vision’ for how the pooling of £3.8 billion of funding, announced by the Government in the June Spending Round, will ensure a transformation in integrated health and social care.

The ‘Integration Transformation Fund’ is a single pooled budget for health and social care services to work more closely together in local areas. The publication provides a roadmap for local areas to plan in the run up to the fund taking full effect from 2015/16.

The statement can be found at:


Source: www.england.nhs.uk 9 August 2013

CQC warns Barts Health NHS Trust that it has failed to protect the safety and welfare of patients at Whipps Cross University Hospital

The Care Quality Commission (CQC) has told Barts Health NHS Trust that it must make urgent improvements to protect patients at Whipps Cross University Hospital.
CQC has issued three formal warnings to the Trust following unannounced inspections at the hospital in Leytonstone in May and June 2013. The team included experts by experience (people with experience of using services), a practising midwife and a practising surgical unit manager.

The warning notices set out the hospital’s failure to meet national regulations in three specific areas:

- cleanliness and infection control
- safety, availability and suitability of equipment
- support to staff.

Initially, inspectors visited the accident and emergency, elderly and outpatients departments over two days. They spent a further two days in the maternity and surgery departments.

Overall, the hospital was failing to meet 10 of the 16 national standards of quality and safety. Reports from both inspections have been published on the CQC website.

Among CQC’s findings:

- inspectors found that patients were spending too long in A&E. The hospital had not met the national target (95 per cent) for patients to be seen within four hours for six months at the time of the inspection, and between January and March 2013 there had been 31 occasions when a patient had to wait more than an hour for handover to be completed after arriving in an ambulance. Some patients who had been waiting in A&E for long periods were not always offered adequate food and drink
- inspectors found that patients on the elderly care wards did not always receive appropriate care and treatment. On a number of occasions, there were not enough staff on duty to meet patients’ needs. Care plans were not always updated as needs changed and risks were not always adequately assessed. Patients sometimes had to wait for support to eat their meals, or did not receive support at all, and water was sometimes placed out of reach. Some wards had to share equipment due to shortages. Support provided to staff in terms of appraisals and professional supervision was inadequate, and had been for some time
- inspectors found a number of significant shortfalls in the maternity department. Some women on the post natal ward received poor care. Staff were seen on occasions not to be supportive, considerate to women’s needs or compassionate. Some emergency neo-natal equipment had not been checked which could have resulted in delays in care if found to be faulty when it was needed. Newborn babies and mothers were not protected from the risk of infection. The maternity wards were dirty in places, with overfilled bins and stained floors, walls and curtains. Infection control practice amongst staff was observed to be poor on some occasions. Records did not always reflect women’s current health status. There was not always a doctor available in the triage area of the labour ward, which meant that some women had to wait up to four hours to be seen
- inspectors found that care and treatment in the surgery department was not always planned and delivered in a way which ensured people’s safety and welfare. Paediatric life support trained staff were not always available in the paediatric theatres. On the Sage and Sycamore wards staffing was inadequate, as it did not enable staff to meet the needs of patients. There was high agency usage, and high staff turnover on both Sage and Sycamore wards. Inspectors were concerned about poor outcomes after surgery as the mortality rate was higher than the national average.
Over two inspections in May and June 2013, inspectors found that Barts Health NHS Trust was failing to meet 10 standards at Whipps Cross University Hospital.

At the May inspection the A&E, elderly and outpatients departments were failing to meet the following standards:

- care and welfare of people
- meeting nutritional needs
- safety, availability and suitability of equipment
- staffing
- supporting workers
- assessing and monitoring the quality of service provision.

At the June inspection the maternity and surgery departments were failing to meet the following standards:

- respecting and involving people
- care and welfare of people
- cleanliness and infection control
- safety and suitability of premises
- safety, availability and suitability of equipment
- staffing
- assessing and monitoring the quality of service provision
- records.

At the May inspection the A&E, elderly and outpatients departments were found to be meeting the following standards:

- respecting and involving people
- co-operating with other providers
- cleanliness and infection control
- management of medicines.

At the June inspection the maternity and surgery departments were found to be meeting the following standards:

- consent to care and treatment
- supporting workers.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 14 August 2013

**Merger of London hospital trusts cleared on competition grounds**

The Co-operation and Competition Panel (CCP) – an independent panel that provides advice to health regulator Monitor – has published its findings on a proposed merger between the Royal Free London NHS Foundation Trust and Barnet & Chase Farm Hospitals NHS Trust.

The Panel has concluded that the merged organisation would continue to face a range of competitors for its services, and therefore the merger was unlikely to give rise to significant costs to patients or taxpayers as a result of a loss of choice or competition.

The merger was reviewed by the Panel under competition rules which were in force at the time it was proposed, although those rules have now been superseded following the coming into force of the Health and Social Care Act 2012.
Copies of the CCP’s advice has been sent to the two trusts involved, the Secretary of State for Health and, as Barnet & Chase Farm is not an NHS foundation trust, to the NHS Trust Development Authority.

Should the Royal Free London NHS Foundation Trust and Barnet & Chase Farm Hospitals NHS Trust wish to continue with the merger, assurance would need to be provided to the assessment team at Monitor on the financial health of the new trust, and how well it would be governed in order to provide high quality care to patients.

Source: www.monitor-nhsft.gov.uk 14 August 2013

**Millions of patients to benefit from easier access to medication and fewer trips to hospitals**

New legislation has come into force which means that physiotherapists and podiatrists in the UK will be the first to be able to independently prescribe medication to their patients, Care and Support Minister, Norman Lamb has announced.

The move will mean patients will no longer have to go back to their doctors to get medication after visiting the physiotherapist or podiatrist, freeing up time for GPs and making things more convenient for the patient.

Around 15 million people are currently living with a long term condition which requires trips to hospital or to the GP. Many of these people will benefit from being treated closer to home and in a more timely manner, enabling them to better manage their condition.

Advanced practitioners will have to complete a training course approved by the Health and Care Professions Council and will only be able to prescribe medicines relevant to their role.

The full impact of these changes will be felt in the Summer of 2014, when practitioners have completed their courses and are starting to prescribe for their patients.

The changes will enable the NHS to:

- improve timely access to medicines
- deliver care closer to home, supporting people to remain in and return to work
- enable self-care and self-management of conditions
- improve treatment results for patients by maximising the benefits of physiotherapy and podiatry.

For example, podiatrists who treat patients with a wide range of conditions including diabetic foot ulcers and arthritic disorders in the foot and ankle would be able to prescribe medication more promptly.

Physiotherapists would be able to prescribe medicines for symptoms such as pain and inflammation. The opportunity to prescribe pain relief and other medicines would help many patients to respond more quickly to their treatment.

Not all physiotherapists and podiatrists will be eligible to prescribe medications. It will be for those who meet the criteria and have successfully completed the approved education programmes. These people will then be annotated as an independent prescriber on the relevant Health and Care Professions Council register which will then enable them to independently prescribe.

Source: www.gov.uk 20 August 2013
UK to host G8 dementia summit
The UK is making the fight against dementia global by hosting the first G8 summit dedicated to seeking an ambitious level of international co-ordination and an effective response to tackling the condition.

Prime Minister David Cameron and Health Secretary Jeremy Hunt will use the UK’s 2013 presidency of the G8 to lead co-ordinated global action against what is fast becoming one of the greatest pressures on families, carers and health systems around the world.

In the UK alone, there are likely to be nearly a million people with the condition by the end of 2020. The Government has already begun a national programme of action through the Prime Minister’s Challenge on Dementia, launched in 2011.

The UK is inviting health ministers from G8 countries to a summit in London on 11 December 2013 to discuss how they can co-ordinate efforts and shape an effective international solution to dementia. This includes looking for effective therapies and responses to slow dementia’s impact.

The summit will aim to identify and agree a new international approach to dementia research, to help break down barriers within and between companies, researchers and clinicians and secure a new level of co-operation needed to reach shared goals faster than nations acting alone.

They will draw on the expertise and experience of the OECD, World Health Organisation, industry, national research organisations, key opinion leaders, researchers and physicians.

Source: www.gov.uk 22 August 2013

New NICE kidney guideline to save thousands of lives
The National Institute for Health and Care Excellence (NICE) has published a new guideline which promises to save thousands of lives and hundreds of millions of pounds each year. The new guideline will help prevent, detect and treat acute kidney injury (AKI), a condition that affects one in six people who are admitted to hospital and, although it is completely preventable, can lead to death in one in four of those.

Evidence suggests a lack of education about the condition among healthcare workers. The NICE guideline aims to raise awareness and recommends that AKI is tackled by people working in health across all specialties, not just renal units, from chief executives to healthcare assistants.

Conservative estimates suggest that currently between £434 million and £620 million is spent on treating acute kidney injury. This is more than the NHS spends on breast cancer, or lung cancer and skin cancer combined. The guideline will cost the NHS very little to implement.

Early detection of AKI is a key priority and will prevent the patient's condition becoming critical. If the acute kidney injury is not picked up in time it can lead to the kidneys becoming overwhelmed and they will shut down leading to irreversible injury or possibly death. Healthcare professionals should be monitoring their patient's kidney function including checking hydration levels and how regularly they are passing urine. Small improvements in care have the potential to save thousands of lives each year.

Source: www.nice.org.uk 28 August 2013
Professor Steve Field to be CQC's Chief Inspector of General Practice

The Care Quality Commission (CQC) has appointed Professor Steve Field as its first Chief Inspector of General Practice.

Professor Field, a GP and past Chair of the Royal College of General Practitioners, joins CQC from NHS England, where he was deputy national medical director responsible for addressing health inequalities.

The Chief Inspector of General Practice will lead CQC’s inspection and regulation of providers of primary care services across the public, private and independent sectors. As more care is provided to people outside hospital, the Chief Inspector has a particularly important role in ensuring those services are safe, effective, caring responsive to people’s needs and well led.

Professor Field will champion the interests of people who use primary medical and dental services and make judgments about the quality of care provided. An essential part of the role will be to ensure that CQC is providing assurance that the health and adult social care services join up seamlessly from the perspective of people who use services. The appointment completes the CQC’s new senior management team.

He will also introduce a ratings system for registered primary care providers. The system will identify good as well as poor care in order to support commissioning decisions and a more informed user choice, as well as providing assurance that the fundamental standards are met and action is taken where improvements are needed.

Professor Field will continue to practice as a GP at Bellevue Medical Centre in Birmingham.

Source: www.cqc.org.uk 28 August 2013

People aged 70 to 79 years offered shingles vaccine

People aged 70 and 79 will be offered a shingles vaccination this year, as part of a vaccination programme to reduce the incidence and severity of shingles disease in older people.

Shingles, or herpes zoster, is an infection of a nerve and the area of skin around it. In serious cases, it causes a rash of very painful, fluid-filled blisters on the skin that can burst and turn into sores that eventually crust over and heal.

A catch-up programme to protect those aged 70 to 79 years will also be rolled out over several years, starting with those aged 79 years on 1st September 2013.

It’s estimated 800,000 people in the UK will be eligible for the vaccine in the first year.

Source: www.gov.uk 3 September 2013

£1 billion to help A&E departments and NHS staff access medical records in hi-tech hospital revolution

The Government and NHS are to invest £1 billion in technology to improve patient care and ease pressure on A&E departments.

The money will form part of the Government’s long term solution to pressures on A&E by freeing up doctors, nurses and care professionals’ time to care for patients and cut down on paperwork and bureaucracy.
This new funding will help deliver the Government’s commitment to allow everyone to book GP appointments and order repeat prescriptions online by March 2015, as well as give everyone who wants it online access to their GP record.

One of the key things the money will be spent on will be systems which allow hospitals, GP surgeries and out of hours doctors to share access to patients’ electronic records, which means:

- doctors, nurses and social care professionals providing emergency care will be able to access patients’ complete medical details routinely across the country for the first time, so will be able to give them personal and effective treatment with full knowledge of their medical and care history
- health and care professionals will have this information at their fingertips so can spend more time seeing patients and less time filling in paperwork
- errors will be reduced, as it will stop drugs being prescribed incorrectly because patients’ paper notes have been lost.

Paperless systems help staff in A&E departments by helping them manage patients and giving them instant access to a patient’s medical notes and care records. That means patients can avoid going through lots of unnecessary diagnostic tests - and even being admitted to hospital overnight - because A&E staff don’t know the background and history of the patient in front of them. And it means patients are less likely to be given the wrong medication, or something they might be allergic to, because clinicians don’t have access to the right information.

Patients are also less likely to get stuck in hospital because no-one can decipher handwritten discharge forms.

Source: [www.gov.uk](http://www.gov.uk) 4 September 2013

**NHS must fundamentally change to solve A&E problems**

The Health Secretary, Jeremy Hunt has outlined radical changes to improve care for vulnerable older people and alleviate pressure on A&E.

Alongside specific plans to support NHS A&E departments in the short term this Winter, the Health Secretary has set out proposals to fundamentally tackle increasing pressures on NHS A&E services in the long term – starting with care for vulnerable older patients with complex health problems.

Fundamental changes mean joined-up care - spanning GPs, social care, and A&E departments - overseen by a named GP. Many vulnerable older people end up in A&E simply because they cannot get the care and support they need anywhere else.

The Department of Health said that these changes will reduce the need for repeated trips to A&E, and speed up diagnosis, treatment and discharge home again, when patients do need to go to hospital.

One in four people already have a long term condition and half of all GP appointments and two-thirds of outpatients and A&E visits are now made by patients with multiple long term health problems.

Overall, the number of people going to A&E departments in England has also risen by 32 per cent in the past decade, and by one million each year since 2010. The over-65s represent 17 per cent of the population, but 68 per cent of NHS emergency bed use. They also represent some of the NHS’s most vulnerable patients, and those most at risk from failures to provide seamless care.
This is why, to support the NHS in the short term, the Government has made an extra £500 million funding available over the next two years [see article entitled ‘£500 million to relieve pressures on A&E’ 8 August 2013 above]. The Health Secretary has now set out how £250 million would be used by 53 NHS trusts this Winter.

Of the £250 million:

- around £62 million for additional capacity in hospitals – for example extra consultant A&E cover over the weekend so patients with complex needs will continue to get high quality care
- around £57 million for community services – for example better community end of life care and hospices
- around £51 million for improving the urgent care services - for example for patients with long term conditions
- around £25 million for primary care services – for example district nursing, to provide care for patients in their home, preventing them from being admitted to A&E
- around £16 million for social care – for example integrating health and social care teams to help discharge elderly patients earlier and prevent readmission
- around £9 million for other measures – for example to help the ambulance service and hospitals work better together.

£15 million of this money will also be spent on NHS 111 - to increase the number of clinicians and call handlers so that non-emergency visits to A&E can be avoided.

Flu also has a big impact on the NHS, with on average around 750,000 patients going to their GP with flu symptoms and 27,000 people admitted to hospital as a result of the disease each year.

That is why with Chief Medical Officer Dame Sally Davies, Mr Hunt also announced specific measures to minimise the effects of flu, and flu-related A&E visits in the coming Winter months:

- for the first time, any NHS trust eligible for a share of the £250 million A&E funding for next year will need to ensure that at least 75 per cent of its own staff have been vaccinated against flu this year
- a national flu campaign to protect the most vulnerable from the disease, and avoid flu-related A&E visits
- a flu vaccination programme for children between two and three years old, to reduce potential spread of the disease.

Setting out more fundamental long term changes, Mr Hunt highlighted three key elements emerging as a result of the ongoing engagement on improving care for vulnerable older people with complex health problems. Proposals being put together, in order to be rolled in 2014 include:

- patients should have a named clinician responsible for the co-ordination of their care right across the NHS – between hospital, in care homes, and in their own homes. This is subject to ongoing engagement, but current views are that a GP should fill this role
- care for older people must be joined up between social care services and the NHS, starting with the £3.8 billion integrated care fund recently announced by the Chancellor in the recent Spending Review
- information and patient records must be shared across the NHS and social care services so that accurate clinical information is available at all times to everyone involved in a patient’s care, and staff can spend more time providing care, not form-
filling. So, by the end of 2014, at least one-third of A&Es should be able to see the GP records of their patients; and at least one-third of NHS 111 services to be able to see the GP records of their callers.

Provisional amounts for London:

- Barking, Havering & Redbridge University Hospitals NHS Trust £7,000,000
- Barnet & Chase Farm Hospitals NHS Trust £5,120,000
- Barts Health NHS Trust £12,800,000
- Croydon Health Services NHS Trust £4,500,000
- Ealing Hospital NHS Trust £2,900,000
- North Middlesex University Hospital Trust £3,800,000
- North West London Hospitals NHS Trust £6,400,000
- South London Healthcare NHS Trust £7,700,000
- Whittington Health NHS Trust £2,960,000
- West Middlesex University Hospital NHS Trust £2,300,000.

Source: [www.gov.uk](http://www.gov.uk) 10 September 2013

**Future Hospital Commission: Care comes to the patient in the future hospital**

A new report from the Future Hospital Commission recommends that in future, care should come to the acutely ill patient, rather than the patient being moved around the hospital.

This is one of 50 recommendations aimed at improving care for acute medical patients in the report entitled, 'Future Hospital: Caring for medical patients', which puts the patient experience and the concept of ‘clinician citizenship’ back into the very heart of healthcare. This is matched with a radical restructuring of the wards where acutely ill patients are treated, and a new organisational and management structure whose responsibilities for acutely ill medical patients will stretch out from the hospital into the wider community, developing the idea of a local healthcare system.

The independent Future Hospital Commission was established by the Royal College of Physicians (RCP) in March 2012 to find solutions to the current challenges facing the NHS – a rising tide of acute admissions, the increasing number of patients who are frail, old, or who have dementia, patients with increasingly complex illnesses, systemic failures of care, poor patient experience, and a medical workforce crisis.

The Commission brought patients and medical and healthcare experts together to develop a vision for the Future Hospital covering both how patients should be cared for, and the changes in organisation and staffing that would support the new vision. The Commission sought out and benefited from best practice examples of care in England, that are included in the report. The report recommends:

*For patients – a new focus on patient experience, principles of patient care, communication, information and responsibility*

- care should come to the patient, and the patient should not be moved unless it is absolutely necessary for their care
- the patient experience should be as important as their clinical outcomes
- patients should be treated with kindness, respect, and dignity, and their privacy and confidentiality should also be respected – a locally determined ‘citizenship charter’ would tie health workers to this concept
patients should be fully involved in decisions about their care, with an emphasis on supporting self-care, autonomy and health promotion

who is responsible for each patient’s care on any given day, seven days a week, should be clear to the patient, their relatives and carers, and this team should be led by a named consultant working with a nurse ward manager

patients should no longer be ‘discharged’ – planning for their future care needs and transfer to intermediate, community, primary, or social care, within a healthcare system, or their return home, should begin on admission

patients should be assessed and diagnosed by a senior doctor on admission, and should see a specialist in their condition as soon as possible. This might mean seeing multiple specialists for some patients, with care co-ordinated by a single doctor

acutely ill patients should have access to the same medical care at weekends as on weekdays

continuity of care should be the norm, with an emphasis on excellent communication in relation to transferring the care of patients to new medical teams or new settings when their needs demand it.

Structure and organisation - bringing together disparate parts of medical care under one management and organisational structure which for the first time, with specialist medical teams working with partners in primary and social care to support patients outside hospital

- a new Medical Division in each hospital caring for medical patients, with care responsibilities that reach outside the hospital into the wider health community
- a new Acute Care Hub which will include the acute medical unit (AMU), short-stay wards, enhanced care beds (level 1) and ambulatory emergency care (AEC)
- a Clinical Co-ordination Centre which will act as a central control room for real-time patient information, handover and transfer briefings, and organisation of care for all acutely ill medical patients, whether inside or outside the hospital.

Workforce – new roles and responsibilities for doctors caring for acutely ill patients, both entirely new roles and changes to the working patterns and responsibilities of other doctors within the hospital

- a new role – the Chief of Medicine – will have ultimate responsibility for all adult patients with a medical illness and a new ‘buck stops here’ approach
- a new role – the Chief Resident – responsible for liaising with junior doctors in the Medical Division and help plan service design and delivery, including rotas, duties and workload
- consultant physicians in medical specialties will spend time in the acute care hub, providing specialist opinion and care
- increased roles for both ‘generalist’ and specialist physicians: more ‘generalists’ – doctors skilled in the diagnosis and management of acutely ill emergency patients or those with complex medical needs already in hospital – will be needed to better manage these patients across the hospital and in the community. Seeing the right specialist as early as possible improves patient care and recovery, and specialist physicians will need to spend more of their time supporting ‘generalists’ in the acute care hub.

Source: www.rcplondon.ac.uk 12 September 2013
Abuse of vulnerable adults: council investigations up four per cent last year

English councils referred 112,000 cases of alleged abuse against vulnerable adults (AVA) for investigation in 2012/13 provisional figures from the Health and Social Care Information Centre (HSCIC) show. This is a four per cent rise (from 108,000 in 2011/12) for the 151 councils submitting data in both years.

COUNCILS ALSO RECORD AN INCREASE DURING THE SAME TIME PERIOD IN THE NUMBER OF ALERTS - USUALLY THE FIRST CONTACT BETWEEN SOMEONE CONCERNED ABOUT POTENTIAL ABUSE AND A COUNCIL. NOT ALL COUNCIL SYSTEMS CATEGORISE ALERTS SEPARATELY, WHICH SHOULD BE CONSIDERED WHEN INTERPRETING THIS INFORMATION.

In 2012/13, a total of 173,000 alerts were recorded by 140 (out of 152) councils. Considering the 117 councils who recorded alerts in both years (comparing 2012/13 provisional data and 2011/12 final data), there was an approximate increase of 19 per cent (rising from 134,000 to 159,000).

'Abuse of vulnerable adults in England 2012-13: Experimental statistics' points to a very similar breakdown of cases and outcomes to previous years in terms of alleged victims, perpetrators, locations and forms of abuse.

The provisional report shows that, considering the 109,000 (of 112,000) cases referred for investigation in 2012/13 where key information was known (gender, age and client type):

Vulnerable adults:
- just over three in five (61 per cent, or 67,000) were aged 65 or over
- half (50 per cent, or 55,000) had a physical disability
- just over three in five (61 per cent, or 66,000) were women.

Considering the case details of those 109,000 referrals (noting that an individual referral can contain more than one type, location or perpetrator of alleged abuse):

Types of alleged abuse:
- physical abuse was recorded in 39,000 allegations (28 per cent)
- neglect was recorded in 37,000 allegations (27 per cent).

Alleged perpetrators:
- social care workers were recorded in 35,000 allegations (31 per cent)
- a family member was recorded in 25,000 allegations (23 per cent).

Location of alleged abuse:
- the vulnerable adult’s own home was recorded in 43,000 allegations (39 per cent)
- a care home was recorded in 40,000 allegations (36 per cent).

Considering the 86,000 completed referrals where a case conclusion was recorded:
- 37,000 were either partly or fully substantiated (43 per cent)
- 26,000 were not substantiated (30 per cent)
- 23,000 were inconclusive (27 per cent).

The Final AVA Report 2012-13 will include more detail on the AVA data submitted by councils and will be published in March 2014.

Source: www.hscic.gov.uk 12 September 2013
New guidance published for NHS and care staff as Government responds in full to Caldicott Review

People will be able to feel confident that information about their health and care is secure, protected and shared appropriately to create better services and deliver better care, Health Secretary, Jeremy Hunt has confirmed.

His comments came as the Government’s full response to the Caldicott Review on information governance was published, alongside new guidance from the Health and Social Care Information Centre (HSCIC) that sets out the responsibilities of health and care staff towards personal confidential data.

The response accepts the recommendations of the original report and highlights that while information sharing is essential to provide good care for everyone, only the minimum amount of information should be shared and there must be strict rules to govern it. There are two reasons why personal confidential data is shared:

**Safety:**

The Government agrees with the Caldicott Review that sharing information in the right way is critical for making sure patients get the right care. For example, so staff in A&E seeing a frail elderly woman who has had a fall know she has dementia, because they can access her GP’s notes. For the first time ever, the responsibility of health and care staff towards sharing patient data in this way has been made crystal clear.

**Health and care planning and research:**

The Government recognises that patient information is important for scientists researching the latest drugs and treatments, as well as for planning local health services. As set out in the Government’s initial response to the Caldicott Review, anyone who does not wish to have their information shared for this reason will have their objection respected. All they have to do is speak to their GP, and their data will not leave their GP surgery.

The Response sets out the responsibilities of different organisations in health and care when it comes to keeping patient information safe and secure. This includes:

- new guidance on sharing data securely, to make sure crucial information is shared with the right people at the right time
- making sure health and care staff have appropriate training and education on information governance so they can make the right decision
- being open and honest if a data breach happens and taking action to prevent it happening again
- making sure each organisation has a ‘Caldicott Guardian’ or lead on information governance

The Health and Social Care Information Centre’s new guidance sets out five, easy to remember rules to help health and care staff make sure they deal with confidential patient information safely and securely. There will now be no excuse for uncertainty about how data should be shared.

The five rules of patient confidentiality, set out in the new HSCIC guidance are:

1. Confidential information about service users or patients should be treated confidentially and respectfully.
2. Members of a care team should share confidential information when it is needed for the safe and effective care of individuals.
3. Information that is shared for the benefit of the community should be anonymised.
4. An individual’s right to object to the sharing of confidential information about them should be respected.
5. Organisations should put policies, procedures and systems in place to ensure the confidentiality rules are followed.

Source: www.gov.uk 12 September 2013

Time to act, says Health Service Ombudsman in report which reveals failings in the urgent treatment of sepsis
A new report by the Health Service Ombudsman (HSO) has revealed that not enough is being done to save the lives of sepsis patients.

The report highlights significant failings in the diagnosis and treatment of severe sepsis. It focuses on ten cases investigated by the Ombudsman where patients did not receive the treatment they urgently needed. In every case, tragically, the patient died.

The stories in this report are of patients ranging from eight to 80 years of age, showing how severe sepsis can strike at any time. They highlight shortcomings in initial assessment and delay in emergency treatment which has led to missed opportunities to save lives.

Complainants highlighted the need for change in the NHS care and treatment of patients:

Sepsis accounts for 100,000 hospital admissions each year, with an average cost of about £20,000 each, according to the UK Sepsis Trust. Around 37,000 people are estimated to die of sepsis each year. The most common causes of severe sepsis are pneumonia, bowel perforation, urinary infection, and severe skin infections.

In its report the Ombudsman found that care failings seem to occur mainly in the first few hours after arriving in hospital, when rapid diagnosis and simple treatment can be critical to the chances of survival.

The following recurring shortcomings were noted to be of concern:

- lack of timely history and examination (including adequate nurse triage) on presentation
- lack of necessary investigations
- failure to recognise the severity of the illness
- inadequate first-line treatment with fluids and antibiotics
- delays in administering first-line treatment
- inadequate physiological monitoring of vital signs
- delay in source control of infection
- delay in senior medical input, and the lack of timely referral to critical care.

The Ombudsman's recommendations include improving recognition of sepsis, as well as treatment, and improvements in auditing and research.

Source: www.ombudsman.org.uk 12 September 2013
Independent commission to be set up to investigate health and care services in London

An independent commission is to be set up to investigate the provision and resourcing of health and care services in the capital, it has been announced.

Led by Lord Ara Darzi, the London Health Commission (LHC) will be established by the Mayor of London to help support the work of the London Health Board (LHB), which was set up earlier in 2013 by London Councils, the Mayor and key health partners to provide strategic leadership across the capital. The new commission will inform the response of the LHB to the stark challenges facing the health service as set out in “A Call to Action” published by NHS England earlier in 2013. This will feed into the strategic plans of NHS England and Clinical Commissioning Groups, which jointly hold the ring on planning London’s health services over the next three to five years.

The LHB wants to ensure there is adequate funding and support to serve the needs of London's population and has a key role to play in ensuring the unique characteristics of health and care in the capital are clearly understood during a period of significant change for the sector and amidst continued financial pressures. The London Health Commission will gather comprehensive data and undertake new analysis, as the LHB makes the case to Government for appropriate resources in the capital.

London faces particular challenges. For example, the city’s population is rising faster and is more ethnically diverse than any other region in the England. Health inequalities persist and parts of the capital have some of the highest child poverty rates in the country. Infection rates for TB, HIV and conditions such as sickle cell are also higher in London, as are rates for people with mental ill-health. Outcomes for cancer can also vary widely, depending on where you live or are treated, which is exacerbated by still too low early detection rates. Primary care provision remains variable across the city and some of the most deprived people still have poor access to comprehensive healthcare.

The London Health Commission will focus on three key areas. Firstly, it will establish whether the specific needs of London’s diverse population are adequately understood by Government and reflected in allocation formulae. Secondly, it will assess the sustainability of healthcare services in the capital, looking at the systems that prevent Londoners getting ill in the first place, identifying current and future challenges, based on the changing needs of the population, its use of services, from primary to acute care, and social to community care. Thirdly, London is home to some of the country’s leading health research institutions and the commission will consider how they and their partners can best be supported.

The London Health Commission will feature an executive group to deliver the work programme and an advisory board, which will include members from the LHB and other health stakeholders such as the GLA, London Boroughs, MPs, patients groups, voluntary sector organisations, Public Health England, NHS England and regulatory bodies. The commission will seek input and evidence from a wide range of stakeholders report its findings to the Mayor in the Autumn of 2014.

Current facts and figures:

- the capital’s population is growing at a faster rate than any other region in England. Between the 2001 and 2011 censuses, it grew by 14 per cent (1,002,000) compared to the national average of eight per cent. By 2020, London’s population will exceed nine million residents
- the number of Londoners aged 65 or over is set to grow fastest of all age groups at 19 per cent. Alongside this, though, London has the second highest birth rate of all regions
there is evidence that many Londoners have undiagnosed and untreated chronic conditions. Stroke, Alzheimer’s and chronic obstructive pulmonary disease (COPD) are of particular concern. As many as two thirds of residents in one borough are expected to have COPD remain undiagnosed

as is the case nationally, cardiovascular disease, cancers and respiratory diseases are London’s leading causes of death. Although better than some other parts of the country, London’s cancer outcomes remain poor by international standards, largely due to later detection rates

London has the highest prevalence of childhood obesity in England, in both reception (11.6 per cent) and year six children (21.8 per cent), and there has been little change in recent years. Adult obesity is growing with almost a quarter of London’s adults now obese

with over 1.5 million Londoners suffering from mental ill-health, London has a higher rate than the national average – 18 per cent compared to 16 per cent. Mental ill-health costs London £5.5 billion in working days, and £2.5 billion in health and social care costs

the rate of acute sexually transmitted diseases is over 50 per cent higher than any other region and the 10 local authorities with the highest rates of acute sexually transmitted infections (STIs) are all in London. More than fifty per cent of people with HIV live in London

forty per cent of the nation’s tuberculosis (TB) cases are in London residents and the new case rate in some boroughs is over six times higher than the national average

London has a greater prevalence of diseases that are rare in others parts of the country (e.g. malaria, sickle cell), that require specialist centres of care

less than half of patients report being able to get a GP appointment before the next working day. This contrasts sharply with the service provided by A&E where patients can be seen, treated and discharged within four hours 24/7. It is estimated that as much as 30 per cent of the A&E caseload is typical of a primary care mix

across London there is a shortage of home and community based care available for patients, carers and their GPs, particularly in times of urgency or crisis. This results in hospitals admitting patients who do not need acute care and retaining patients whose needs could be met in a more appropriate setting. Emergency admissions for acute conditions that do not usually require hospital admissions have more than doubled in past 10 years

while acute urgent care is working towards a seven day model, this is not yet the case for other parts of the system which adds pressure on beds, with patients more likely to get admitted out of hours. In contrast, areas with well-developed integrated, primary, community and social care services have lower rates of hospital bed use.

The London Health Board is a partnership between local government, the NHS and the Mayor of London, which has been established to provide leadership on health issues of pan-London significance, where this adds value to decisions, agreements and action at local level. Chaired by the Mayor, the board comprises 15 members, with equal representation of five leaders appointed from London Councils, four mayoral appointments and five health service leaders. The board meets quarterly and has identified five priority areas to focus on:

- making the case for investing in London’s health economy
- promoting growth and jobs in London’s health and life sciences sectors
- improving primary care
- enhancing the patient experience, particularly through transparency of data and digital access to information
improving mental health services.

Source: www.london.gov.uk 16 September 2013

Hospital assessment: first results published from new patient led programme

Hospitals score on average around eight out of 10 for their non-clinical services like catering and the condition of buildings, fixtures and fittings according to the first ever results from a new patient-led assessment programme.

Self-assessments of more than 1,300 health premises in England, each led by a team comprising at least 50 per cent patients, point to high average scores across four different category areas - with the highest national average mark for cleanliness and the lowest for food and hydration.

The Health and Social Care Information Centre (HSCIC) report considers the new Patient-Led Assessments of the Care Environment (PLACE) programme, a voluntary initiative covering both the NHS and the independent sector.

PLACE gives prominence to the role of the public (known as patient assessors), who must make up at least 50 per cent of each assessment team, with two patient assessors as a minimum. There were more than 5,800 patient involvements in the 2013 programme.

All 1,140 eligible NHS sites (including hospitals, hospices and treatment centres) carried out self-assessments in the Spring of 2013 along with 218 independent/voluntary sector sites (the exact number of eligible sites in this sector is not known).

Key findings include:

Cleanliness (including assessment of bathrooms, furniture, fixtures and fittings):
- the national average score was 96 per cent
- ninety per cent of hospital sites scored more than 80 per cent of which 144 sites scored 100 per cent
- one site scored less than 40 per cent.

Condition, appearance and maintenance (including assessment of decoration, signage, linen and car parking access):
- the national average score was 89 per cent
- sixty eight per cent of hospital sites scored more than 80 per cent, of which two sites scored 100 per cent
- two sites scored less than 40 per cent.

Privacy, dignity and wellbeing (including assessment of changing and waiting facilities, appropriate separation of single sex facilities, telephone access and appropriate patient clothing):
- the national average score was 89 per cent
- sixty five per cent of hospital sites scored more than 80 per cent, of which eighteen sites scored 100 per cent
- no sites scored less than 40 per cent.

Food and hydration (including assessment of choice, taste, temperature and availability over 24 hours):
- the national average score was 85 per cent
seventy per cent of hospital sites scored more than 80 per cent, of which four sites scored 100 per cent.

One site scored less than 40 per cent.

There are no set achievement targets for PLACE, but the criteria within the assessments do represent aspects of care which patients and the public have identified as important.

In April 2013 PLACE replaced Patient Environment Action Team (PEAT) assessments that had been undertaken from 2000 - 2012 inclusive.

The report can be accessed at: http://www.hscic.gov.uk/pubs/place13

Source: www.hscic.gov.uk 18 September 2013

Future of the NHS rests on wholesale shift to an open culture, warn MPs

Discussion of the Francis Report on the Mid Staffordshire NHS Foundation Trust has tended to focus on the need for candour when things go wrong, but this is only part of the story, according to the Health Committee of MPs in a report entitled, 'After Francis: Making a difference'.

Commenting on this report, Rt Hon Stephen Dorrell MP, Chair of the Committee said:

"The NHS needs to be an organization in which an open dialogue about care quality is part of the natural culture of the organization, not a duty which only arises in cases of service failure."

"Robert Francis made 290 recommendations in his report, but in truth they boil down to just one – that the culture of ‘doing the system’s business’ is pervasive in parts of the NHS and has to change."

"This cultural change will require a system where it is easier to raise a genuine concern about care standards or patient safety than it is not to do so. Many who raise their concerns in the NHS at present risk serious consequences for their employment and professional status. But disciplinary procedures, professional conduct hearings and employment tribunals are not the proper place for honestly-held concerns about patient safety and care quality to be aired constructively."

"The NHS standard contract imposes a duty of candour on all NHS providers. This is an essential principle, but it is not adequately understood or applied. It should mean that all providers create a culture which is routinely open both with their patients and their commissioners. The same principle should apply to commissioners so that they are routinely open and accountable to local communities. The Health Committee recommended this approach in 2011, and we repeat this recommendation in this report."

"Furthermore, we make it clear that we believe it should be a prime role of the Care Quality Commission (CQC) to encourage the development of this culture within care providers, and of NHS England to develop the same culture within commissioners. It is also important to ensure that any new statutory duty of candour is consistent with these broader obligations to patients, commissioners and the wider community."

In another development, the Report also announces that the Health Committee will in future work closely with the Professional Standards Authority (PSA) to develop the accountability process for professional regulators in healthcare. Commenting on this development Mr Dorrell said:

"The professional codes of the clinical professions set out clear personal duties for all healthcare professionals and it is the responsibility of the regulators to ensure that these duties
are reflected in practice. This process of professional standard-setting and accountability is the cornerstone of care quality; I welcome the fact that the Health Committee and the PSA will in future be working together to ensure that this key principle is developed and applied in practice”.

In a wide ranging review of the Francis Report recommendations the Health Committee also concludes:

- responsibility for monitoring patient safety data and practice should be transferred from NHS England to the CQC, and the National Learning and Reporting System’s classification of patient safety incidents in NHS-funded care should be applied equally to private healthcare and taxpayer-funded social care
- commissioners should require NHS care providers to provide data on staffing levels at ward level on a daily basis and publish it immediately in a standard format designed to allow easy comparison against benchmarks
- breaches of the proposed fundamental standards of patient care in NHS providers should be treated seriously and investigated thoroughly, but with regulatory consequences that are proportionate and focus on analysis and remedy of adverse circumstances that led to a breach
- the responsibilities of the CQC and Monitor in operating the new single failure regime for providers will have to be very closely aligned. The Committee will examine proposals for the development of this regime with both regulators in their annual accountable hearings with the Committee
- as part of its ongoing scrutiny work the Health Committee will continue to monitor and evaluate the Government’s response to the full set of recommendations made by the Francis Report.

Source: www.parliament.uk 18 September 2013

Care is improving for hip fracture patients, latest national report shows

It is estimated that there are 70,000 hip fractures a year in the UK and this is only set to increase as the population gets older. The latest National Hip Fracture Database (NHFD) report from the British Orthopaedic Association (BOA), the British Geriatrics Society (BGS) and the Royal College of Physicians (RCP), finds that care for patients with hip fracture is improving. More patients are receiving surgery within 48 hours of admission than in 2012 and almost all patients (94 per cent) are receiving a falls assessment before being discharged from hospital.

The National Hip Fracture Database national report 2013, commissioned by the Healthcare Quality Improvement Partnership (HQIP), details that the quality of care patients receive and the timeliness in which they undergo surgery for hip fracture are getting better. It also indicates that, at any one time, over 4,000 NHS beds in England, Wales and Northern Ireland are occupied by a patient recovering from hip fracture. The report shows that:

- eighty six per cent of patients receive surgery within 48 hours
- 3.5 per cent of patients are reported to have developed pressure ulcers
- forty nine per cent of patients are being assessed by an orthogeriatrician
- ninety four per cent receive a falls assessment prior to discharge.

The number of patients being admitted to an orthopaedic ward within four hours is down slightly from 52 per cent in 2012 to 50 per cent in 2013.
The 2013 NHFD report sees the largest number of data records submitted, from the largest number of hospitals and the largest number of patients since the NHFD first began in 2007. This national report profiles the care of over 95 per cent of all cases; 61,508 cases from 180 hospitals.

In spite of the progressive improvements that the NHFD has documented in this and previous reports, there remains considerable variation in the care being offered in different hospitals. The report describes this in detail, and examines the potential implications of this variation by comparing mortality figures in different hospitals. A number of hospitals with poorer figures are identified and will be offered support in addressing persistent problems.

There is also considerable variation in the length of time that patients spend in hospital recovering from hip fracture. The report highlights that hospitals in England are achieving reduced length of stay with an average of 22 days for hip fracture patients, compared with hospitals in Wales (35 days) and Northern Ireland (33 days).

Source: www.rcplondon.ac.uk 18 September 2013

Health Secretary sets out tough new approach to turn around NHS hospitals

Health Secretary Jeremy Hunt has set out the Government’s plans to help prevent future failures of care and safety at NHS hospitals.

In the wake of the scandal over standards at Mid Staffordshire NHS Foundation Trust and subsequent Keogh Review which looked at 14 NHS trusts with high mortality rates, 11 of those trusts have already been placed in ‘special measures’.

Now, the Health Secretary has set out a new approach to ensure progress at those NHS trusts, which could be applied to any NHS trust that is placed in special measures under a new, tougher inspection regime:

- in future, NHS hospitals with the highest standards of patient care and safety will help those with problems. Each of the 11 trusts will be partnered with one of the best NHS trusts in the country in innovative improvement contracts
- the high performing hospitals will enter into contracts with the NHS Trust Development Authority or Monitor to support the special measures trusts. They will be reimbursed for their time, and will have access to a special incentive fund, through which, where appropriate, they could be paid extra - if their help produces real results
- NHS foundation trusts placed in special measures will have their freedom to operate as an autonomous body suspended. Exactly what form this takes in each hospital will be up to Monitor, but this could mean losing the freedom to appoint their own executive teams or to set their own operating plans
- NHS Trusts who aspire to become foundation trusts will in future no longer be able to do so unless and until they have achieved a ‘good’ or an ‘outstanding’ rating under the new Care Quality Commission inspection regime
- the capability of leaders of all 11 trusts is under ongoing review. Changes to the management of failing trusts will be made if necessary to ensure that the leadership is best placed to drive the required improvements to the quality of services throughout the special measures period and beyond. Improvements will not be held back by leaving weak leaderships in place
- each of the 11 trusts will also have an Improvement Director, appointed and accountable to either Monitor or the NHS Trust Development Authority, depending on
whether they are a foundation trust or not. The Improvement Directors will work with each of the 11 trusts and their high performing partners to monitor improvement against the trust's action plan.

- starting on 19 September 2013, each of the 11 trusts will publish their improvement plans via NHS Choices, and will update them on a monthly basis so the public can see what progress is being made. The Health Secretary will also give updates to the media as part of the Government’s commitment to a new era of transparency over care failures.
- more senior clinicians, as well as fresh talent from outside the NHS, will be recruited to manage NHS hospitals under a new fast-track leadership programme to include time at a leading business school. Graduates of the programme are expected to go on to make rapid entry and promotion to be NHS senior managers and chief executives.

The full list of 11 NHS Trusts and Foundation Trusts, alongside their partnering organisation is as follows:

- North Cumbria University Hospitals NHS Trust partnered with Northumbria Healthcare NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust partnered with Sheffield Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust partnered with Newcastle-upon-Tyne Hospitals NHS Foundation Trust
- George Eliot Hospital NHS Trust partnered with University Hospitals Birmingham NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust partnered with Salford Royal NHS Foundation Trust
- Tameside Hospitals NHS Foundation Trust partnered with University Hospital of South Manchester NHS Foundation Trust
- Basildon and Thurrock University Hospitals NHS Foundation Trust partnered with Royal Free London NHS Foundation Trust
- Burton Hospitals NHS Foundation Trust partnered with University Hospitals Birmingham NHS Foundation Trust
- Medway NHS Foundation Trust partner to be confirmed
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust partner to be confirmed
- Sherwood Forest Hospitals NHS Foundation Trust (specifically on complaints) Barnsley Hospital NHS Foundation Trust.

Initiatives that the eleven hospitals are already making to improve quality of care include:

- Basildon and Thurrock University Hospitals NHS Foundation Trust has appointed an extra 200 nurses and is building a new respiratory ward opening on 1 December 2013
- East Lancashire Hospitals NHS Trust offers all patients or carers who raise a complaint a face-to-face meeting with the doctors and nurses responsible for their care to talk through their concerns
- Tameside Foundation Trust has invested in increasing senior clinical cover in their A&E department and acute medical unit
- George Eliot Hospitals NHS Trust has created a new senior post charged with looking at trust wide issues of patient care and safety and mortality.

Source: [www.gov.uk](http://www.gov.uk) 19 September 2013
Public Health England's 2013 Local Health profiles published
Public Health England’s (PHE) 2013 Local Health Profiles give a snapshot overview of health for each local authority in England.

The profiles draw together information to present a picture of health in each local area in a user-friendly format. They are a valuable tool for local government, health services and partners in helping them to understand community needs, so that they can work to improve people’s health and reduce health inequalities.

There is a four-page profile for each local authority in England, which includes:

- an 'at a glance' summary description of people’s health in the area, including information on locally identified priorities
- maps and charts showing how the health of the area compares to the national view, and information on health inequalities within the local authority
- charts presenting changes in death rates over a 10-year period, compared to rates for England
- a 'spine chart' health summary showing the difference in health between the area and the England average for 32 indicators within five domains (Our communities; Children’s and young people’s health; Adults’ health and lifestyle; Diseases and poor health; and Life expectancy and causes of death)

Access the 2013 Health Profiles at www.healthprofiles.info. They also provide links to tools and further supporting and relevant products.

Source: www.gov.uk 24 September 2013

Social Care
Residential care funding: £877 million shortfall by 2019
A new report from London Councils warns that the capital's local authorities face additional costs of £877 million by 2019/20 in order to deliver the proposed changes to adult social care funding contained in the Care Bill. The cost across England is likely to be around £6 billion.

London Councils has been working to raise awareness of the issue amongst Peers as they prepare to debate new responsibilities for councils. The report calls for appropriate funding to meet the new responsibilities and draws attention to the higher cost of residential care in the capital.

Cllr Ravi Govindia, London Councils' Executive Member for Adult Services, said:

"London Councils supports the Government's push for longer, independent and healthier lives. It is reassuring for people who pay for care to have a limit on some of the costs.

"While we support the Bill, we are concerned that councils will have to pick up the tab if it goes ahead as planned without first taking into account London's circumstances, particularly the high cost of residential care.

"We would also like to see a comprehensive, Government-led communications campaign to ensure that people understand that only care costs count towards the £72,000 limit on personal contributions, with so-called 'hotel' costs - room and board - not included. The proposals are a step forward but people must be clear about how the changes may affect them and the extent to which they should still plan ahead."
The report warns that the percentage of people paying for residential care in London reaching the proposed limit of £72,000 could be 27 per cent - this is when councils would step in and start paying fees. That compares to three per cent in certain areas where the cost of residential care is not as high.

The recent Spending Review announced £335 million to help councils prepare to deliver the proposed changes from 2015/16. London Councils welcomes this commitment but it comes too late, according to the report. Boroughs are calling for transitional funding to be made available sooner to help prepare for implementing the changes in April 2016.

Source: www.londoncouncils.gov.uk 9 July 2013

Audit Commission analyses cost of social care for older people in a Value for Money briefing

The Audit Commission has released 'Social care for older people: Using data from the VFM Profiles', a briefing drawn from its Value for Money (VFM) Profiles. The briefing considers what influences the funding of this service and is aimed at the public and those interested in local government.

The VFM Profiles show how much councils spend on different services as well as how their costs and performance compare with other similar organisations and over time.

Adult social care spending is a matter for local council choice. Eighty per cent of the variation in councils' spend on older people's services is due to factors which are difficult for councils to control or influence, at least in the short term. However, 20 per cent of the variation differs for a wide variety of reasons, including many that are within the control of individual councils.

In 2011/12, spending levels varied from £630 to £2,715 per head across all types of council. On average, London boroughs spent substantially more, and county councils, substantially less, than other types of council.

Key statistical findings:

- £9.07 billion was spent on social care for older people in 2011/12 to support 1.05 million people
- councils spend more on adult social care than any other service for which they are directly responsible
- spend per head on social care for older people has fallen each year in all types of council since 2006/07
- total spend on social care for older people has gone down since 2010/11
- in 2011/12, on average £1,158 was spent per resident aged over 65
- council funding reduced by around 26 per cent from 2011/12 to 2014/15, following the 2010 Spending Review
- the 2013 Spending Review will see a further 10 per cent reduction in 2015/16.

Source: www.audit-commission.gov.uk 18 July 2013

New fairer capped funding system to help everyone plan for the cost of care

Plans to help people better prepare for the cost of their future care needs have been published alongside details of how the new fairer funding system will protect homes and savings, Care and Support Minister Norman Lamb has announced.
As part of a consultation looking at the practical detail of implementing the proposed funding reforms the proposals include:

- financial advice to help everyone understand their needs and plan for the future
- annual ‘care account’ statements to project when someone will reach the cap or qualify for additional financial support
- the option of joining a not-for-profit ‘deferred payment’ scheme, where the local council pays people’s residential care fees and the person is able to repay from their estate, allowing them to keep their home during their lifetime
- possible new products from the financial services sector who are responding to these reforms by looking at how pensions and expanded life or health insurance could help some people plan
- the principles that will inform the level of cap for people aged under state pension age who have eligible needs
- a commitment by the Department of Health, Local Government Association and Association of Directors of Social Services to work in partnership on a joint programme to ensure successful and sustainable delivery of these reforms.

The proposals are based on sweeping reforms to how care is paid for to give more certainty and peace of mind over the cost of old age or living with a disability. They will end the unfairness of unlimited care costs and ensure everyone gets the care they need with most support going to those in greatest need.

From 2016, the reforms will deliver a new cap of £72,000 on eligible care costs, additional financial help for people of modest wealth with less than £118,000 in assets including their home and, from 2015, a scheme to prevent anyone having to sell their home in their lifetime.

The consultation confirms details of the plans including:

- for people entering a care home, their property will not be included in the assessment of assets if a partner or dependent still lives in the home. In this case if a person has assets of less than £27,000 (excluding their home) they will qualify for financial assistance
- many people getting financial support towards the costs of meeting their eligible needs will reach the cap without paying out the whole £72,000 themselves. Because the cap is based on the total cost of meeting someone’s eligible needs, not just their own contribution, an individual’s payments are added to those made by the local authority when measuring progress towards the cap.

The Government has provided £335 million for 2015/16 to cover the costs of implementation of the cap and the requirement to offer deferred payments for residential care. This includes funds that will enable local authorities to begin assessing people’s needs for care and support around six months before introduction of the cap, if they choose to do so.

The consultation looks in detail at the various elements of the reforms seeking people’s views to help the Government deliver a fairer and more sustainable care and support system in local areas.

Assessing people’s care needs

This includes looking at the role of the assessment of a person’s care and support needs in the new system. These assessments will build on the universal provision of good information and advice on the types of care and support available to them, helping them to receive help and support that could prevent or postpone their need for formal care.
The assessment will also be the first stage of a process that establishes whether a person’s needs are eligible and allow the council to track the care costs that count towards the cap. This ensures the local authority will pay the costs to meet their eligible needs once the cap is reached.

More people will want an assessment as it tracks their progress and helps them access state support. This represents a significant opportunity for local opportunities to offer information and advice, and signpost people to preventative services. The Government estimates that over 500,000 more people could make contact with their local authority in 2016 and it is seeking evidence on the best way to both deal with this challenge and make the most of the opportunities offered.

**Protecting your home**

The consultation also looks at the operation of the fairer funding system including ways to protect people’s homes if they need to go into residential care. It outlines that the deferred payment scheme will be run by local authorities in a way that is fair and affordable for all and that they should not aim to make a profit.

For the first 12 weeks in residential care, no-one will be expected to use the value of their home to pay their fees. This will give everyone breathing space when they go into care and the consultation asks how the Government can support people to make decisions during this period.

For the first time, all local authorities will offer people the option of a deferred payment. This will help an estimated 40,000 people who sell their home each year to pay for residential care. The consultation proposes that anyone in this situation should be able to defer their care fees for their lifetime and pay from their estate, providing more time for decisions and choice and peace of mind over how they use their home – for example so that a relative or tenant can live there.

The consultation sets out who will qualify and considers how the Government can ensure the scheme works well for people and is affordable for authorities. It outlines that the schemes will be run by local authorities who will be able to charge interest to cover running costs - the rate will be announced following the consultation. The idea of a cap on interest payments to protect those in care for a long time will also be considered.

However, the scheme will be non-profit and it is planned that deferred payments will work like draw-down mortgages - where care home fees are added on weekly rather than in a lump sum. This is the cheapest possible form of loan because interest accrues at the slowest possible rate.

The consultation also explores how to ensure people who take out a deferred payment have the help they need to maintain, rent or sell their home if that is what they want to do.

**Financial advice**

Fewer than 50 per cent of people aware they might need to pay for their care and support. This consultation looks at how the Government can encourage people to plan for their future and how they can access to good quality advice.

That is why the Care Bill sets out clear legal duties for authorities to provide local people with information on these issues. People should be able to access good information in a suitable format which includes information on the costs of care, the financial support available, on financial products and other options, and on practical arrangements such as appointing a lasting power of attorney.
The consultation will look at how council can arrange access to independent financial advice and what can be done to encourage people to think about their future needs.

**Care costs capped for under 65s**
The Government has said that people who have eligible needs when they turn 18 will receive free care to meet their eligible needs and those who have eligible needs who are below state pension age will have a lower cap. The consultation looks at a series of principles for considering what the level of the cap should be for people below state pension age, which include reflecting how people of different ages ability to plan, prepare and build up savings to meet their care need changes.

Source: [www.gov.uk](http://www.gov.uk) 18 July 2013

**CQC announces Chief Inspector of Adult Social Care**
The Care Quality Commission (CQC) has appointed Andrea Sutcliffe as its first Chief Inspector of Adult Social Care.

Andrea joined CQC from the Social Care Institute for Excellence (SCIE), where she was its chief executive.

The Chief Inspector of Adult Social Care will lead CQC’s inspection and regulation of adult social care. Andrea will be responsible for developing the new approach to the way CQC regulates social care, in consultation with people who use and provide services.

She will oversee the development of a new rating system for social care providers, championing the interests of people using services and making critical judgements about the quality of care provided.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 19 July 2013

**Independent living is key to future of adult social care, say council bosses**
Efficiency savings in adult social care are becoming harder to identify as councils struggle to protect support for the elderly and vulnerable while tackling the £14.4 billion pound funding gap facing the nation’s public services by 2020, according to a new report by the Local Government Association (LGA).

The key to creating a sustainable care system lies in completely rewiring the way we think about, deliver and pay for services like health and social care, with greater collaboration between local health providers and councils, focusing on helping people to retain their independence and to continue living in their own homes as they get older, the LGA said.

Over the last year, the 54 councils that have taken part in the LGA's Adult Social Care Efficiency (ASCE) programme have collectively saved £161 million from their care budgets, half of which has been achieved through 'reducing bureaucracy' including having to make difficult decisions about cutting staff and closing residential care homes, as well as streamlining back office functions like HR and outsourcing services.

However, generating efficiency savings by scaling back and streamlining services can only be achieved once. The ASCE interim progress report shows that the participating councils are already finding things harder with 57 per cent of this year's savings expected to come from preventative care such as improving health and wellbeing and reducing social isolation and managing demand by signposting appropriate cases to the voluntary and community sector.
Looking at long term sustainability, many of the councils involved have been developing programmes to help those with care needs become more self-sufficient by reviewing care assessments to ensure people are receiving the appropriate level of care, making better use of technology and telecare services, and providing additional support for the vast network of family and friends who provide more than £120 billion of informal care every year.

To make this work properly there needs to be much greater integration of local health and care services with all councils and health professionals working together to improve care in the community as the country attempts to get to grips with an ageing population, rising costs and shrinking public sector resources.

Source: [www.local.gov.uk](http://www.local.gov.uk) 19 July 2013

**New housing to help older and disabled people to live independently**

Building projects up and down the country have been given the green light to start producing homes that will support older and disabled people to live independently for as long as possible, Care and Support Minister Norman Lamb has announced.

In 2012, the Government asked local authorities to bid for a share of £300 million to boost the supported housing market. The Department of Health has now allocated funding to build 3,544 new homes.

As part of the first phase of the scheme, the Department will now issue £92 million of this fund to the Homes and Communities Agency, which will work with 86 successful agencies to build 2,875 new homes across the country. In London specifically, the Department will award the Greater London Assembly just over £29 million for 35 successful bidders who will be building 669 homes.

Both projects are estimated to create over 1,000 new jobs. This is in line with the Government’s commitment to strengthen the economy by boosting capital spending. Further funding will be issued to successful bidders in the next bidding phase.

Building new supported housing will help to meet the big long-term challenges such as demographic change and the ageing population. Affordable supportive housing is designed to be accessible and aid independent living by having, for example:

- very few or no stairs
- cupboards that are at a reachable height for wheelchair users
- adapted bathrooms that are easy to access for older or disabled people
- handrails to reduce the chance of falls.

High quality, innovative housing of this kind will help people receive care and practical help in their own home, reducing the need for them to go into care homes or hospitals. Specially designed housing of this kind can give people the option to downsize from a larger home to a more manageable property designed for their needs.

Source: [www.gov.uk](http://www.gov.uk) 24 July 2013

**Data collection shake-up as social care moves into the 21st century**

An overhaul of the way social care data is collected will be brought in to help improve the way that care and support is measured, Care and Support Minister, Norman Lamb has announced.
In order to support the new ways of collecting data, the Department of Health has agreed to give local authorities an extra £11.13 million of funding for implementation. The data will be collected by the Health and Social Care Information Centre (HSCIC) and published annually. The statistics will help to improve social care standards by looking at the results people who use care and support are supported to achieve, rather than counting activities and processes.

In 2010, the HSCIC led a review, working closely with councils to consider the types of data that councils would need in order to understand how well they are doing in providing personalised, high quality care and support.

The review recommended changes to data collections, which will be phased in over the next couple of years and include:

- a new safeguarding collection be brought in, replacing the current Abuse of Vulnerable Adults collection
- a new data item on staff qualifications be added to the National Minimum Data Set for Social Care for September 2014
- that the existing social care activity and finance collections be replaced by a new collection on Short and Long-Term Support (SALT) and new finance collection.

This new data will help local authorities to identify areas of improvement and give local people the information they need to hold councils to account, helping to make them genuinely answerable to local people for the quality of local care and support.

Each local authority will receive money to cover costs of moving to the new data collection system, which forms part of wider work to transform the care and support system to be more integrated.

Source: [www.gov.uk](http://www.gov.uk) 26 July 2013

**Carers should 'choose work hours', Health Secretary says**

Employers should let staff who care for elderly parents choose their working hours, the Health Secretary has said.

Jeremy Hunt said Britain was facing a "dementia time bomb" and said many employers were not doing enough to offer flexible working hours to carers.

He told the Daily Telegraph the country could not afford to lose experienced workers who double as carers.

Meanwhile, a report has warned England is facing a shortfall in the number of people able to give vital unpaid care.

Mr Hunt said many workers doubled as carers for people with dementia and, with the number of sufferers expected to rise from about 800,000 now to more than a million by the end of the decade, employers must help carers stay in work.

"A lot of employers have embraced flexible working policies, but some are simply not prepared for the scale of the dementia time bomb," Mr Hunt to the Telegraph.

"None of us can afford to ignore this problem."

He added: "We know that supporting flexible working for parents is good for business and good for the economy, it is time the same was recognised for carers."

He said leaving carers to balance work and care responsibilities created a "lose-lose situation".
The Work and Families Act 2006 gives carers the right to request changes to their working patterns to better manage their caring.

Employers can only reject such requests based on reasons listed in the act, most of which relate to negative effect on the business.

Meanwhile, research by the London School of Economics (LSE) suggested a gap between the number of frail elderly people in need of care and those able to provide it free would begin to become evident in England by 2017.

By 2032, 160,000 elderly people could be left without the support they need - about one in seven of those who will need help, the researchers predicted.

This is because the oldest age groups will grow at the fastest rate.

LSE used population projections and survey data to compile the figures.

An estimated 675,000 older people currently rely on unpaid carers - mainly their children - as they fall outside the state support system, which is available to the poorest.

But with the number of over-85s expected to rise at three times the rate of the 50- to 64-year-old age group - the key carers for elderly people - a shortfall will emerge.

Source: www.bbc.co.uk/news 24 August 2013

Support for working carers needed to help businesses and boost the economy

Better support for working carers would give businesses and the UK economy a much needed boost and would save taxpayers £1.3 billion a year, according to a new report.

The Supporting Working Carers Report is warning that as well as losing money, businesses risk losing valuable, experienced employees if action is not urgently taken to enable people with caring responsibilities to remain in work.

There are more than three million employees who currently have to balance their work commitments and their family caring responsibilities; almost two million of those people work full time.

New evidence from over 200 employers shows that providing these carers with better support in the workplace can result in cost savings for businesses. This is because better support of working carers:

- improves staff productivity
- improves staff retention
- reduces sick leave and absenteeism rates among staff.

Carers already have a legal right to request flexible working hours after 26 weeks of continuous employment, and a Bill is going through Parliament that will give everyone that same right. This will reduce the stigma among carers when discussing this issue with their place of work.

The Government is also exploring other ways of supporting carers who want to stay in work or are trying to return to employment. The Care Bill will give carers new rights to support that put them on the same footing as the people they care for – they’ll have the right to get support from their local authority for the first time and councils will have to consider how they can work with providers to develop care and support services that enable people, including carers, to work.
But the report highlights the need for a cultural shift among businesses towards this issue; workplaces and services have shifted to help working parents to juggle family responsibilities and this shift in attitude now needs to take place for carers of older and disabled loved ones.

The report, which has been produced by the Government, major employers and the charity Carer's UK, recommends that:

- employers renew their commitment to flexible working and actively promote the benefits of this approach with other businesses
- businesses “carer proof” their policies and procedures to ensure they are fit to deal with the UK’s growing care responsibilities
- local authorities support the development of a care market that offers more flexible and affordable care and support services that enable carers to stay in work.

With a rapidly ageing population, the number of people who will face the challenge of balancing work and caring responsibilities is set to grow; this is therefore a growing challenge that businesses will need to address.

*Source:* [www.gov.uk](http://www.gov.uk) 27 August 2013

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**Report highlights the need for communities to become dementia-friendly**

Up to 180,000 people with dementia feel trapped in their own homes according to a major new report launched by Alzheimer's Society.

The report entitled, 'Building dementia-friendly communities: A priority for everyone' shows that one in three people (35 per cent) with dementia surveyed only leave their homes once a week and one in 10 get out just once a month.

Alzheimer's Society revealed that people with dementia feel let down by their communities. Almost half (44 per cent) of people with dementia feel like a burden and so avoid getting involved with local life. The general public recognised the issue too with 59 per cent of UK adults saying the inclusion of people with dementia in their communities is bad in a YouGov survey.

For the first time, an economic analysis commissioned by the charity shows that Dementia Friendly Communities could save £11,000 per person per year by helping people with dementia to remain independent, stay out of care for longer and have a better quality of life.

A dementia-friendly community is a city, town or village where people with dementia are understood, respected, supported, and confident they can contribute to community life.

At a conference in London, Alzheimer's Society announced the 10 areas communities can focus on to work towards becoming 'dementia-friendly'. They range from challenging stigma to including people with dementia in local life and highlight the importance of accessible transport and businesses that are respectful and responsive. The new symbol that communities can use to show they are committed to making changes was also launched.

*Source:* [www.alzheimers.org.uk](http://www.alzheimers.org.uk) 3 September 2013

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**Two per cent fall in adult social care spend by local authorities, provisional data show**

Local authorities across England spent £17.1 billion on adult social care in 2012/13, according to provisional figures published by the Health and Social Care Information Centre (HSCIC).
This is a two per cent real terms decrease (or one per cent cash terms decrease) on 2011/12 spending (£17.2 billion) and a one per cent real terms decrease (but a 12 per cent cash terms increase) on 2007/08 (£15.3 billion).

This provisional analysis does not point to any one specific area as accounting for the overall reduction in spending.

The report entitled, 'Personal Social Services: Expenditure and unit costs, England 2012-13' presents provisional figures in relation to spending on adults aged 18 or over by local authorities with responsibilities for providing adult social services.

The report can be accessed at: [http://www.hscic.gov.uk/pubs/pssexpcosts1213](http://www.hscic.gov.uk/pubs/pssexpcosts1213)

A full report with finalised figures will be released in December 2013.

*Source: [www.hscic.gov.uk](http://www.hscic.gov.uk)* 19 September 2013