Sixty four per cent of people living with dementia feel isolated following a diagnosis
New research by the Alzheimer’s Society shows that 42 per cent of people mistakenly think that once a person with dementia stops recognising loved ones, they don’t benefit a lot from spending time with them. In a separate survey of 300 people affected by dementia, the charity also found that 64 per cent of those living with the condition felt isolated from friends and family following a diagnosis. The Alzheimer’s Society is calling on people to spend time with people with dementia and help them take part in activities they enjoy to keep connected.

One millionth screening milestone reached for AAA
January 2016 was marked as a significant screening milestone, with the NHS AAA programme screening its one millionth 65 year old man. The national programme aims to detect and treat large aneurysms early in order to reduce the number of deaths from ruptured aneurysms. Since it began in 2009, well over 10,000 aneurysms have been detected that need monitoring or treatment and more than 2,000 men with large aneurysms, measuring 5.5cm or wider, have been referred for surgery.

Cross-party review ‘needed for health and care’
A cross-party commission should be set up to review the future of the NHS and social care in England, a trio of former health ministers say. Ex-health secretaries Stephen Dorrell and Alan Milburn and Lib Dem MP Norman Lamb say without radical change, the future looks bleak.

More than 10,000 vacancies for nursing posts unfilled in London
More than 10,000 vacancies for nursing posts in London went unfilled in 2015, new figures from the Royal College of Nursing (RCN) have shown. The shortage of nurses worsened in 2015, with 17 per cent of all London’s registered nursing jobs vacant, up from 14 per cent in 2014 and 11 per cent in 2013. The figure is much higher than the national average of 10 per cent. The Department of Health said it did not recognise the figures and London had 1,800 more nurses than a year ago.

Chief Inspector of Hospitals rates South London & Maudsley NHS Foundation Trust as Good
The Chief Inspector of Hospitals has rated South London & Maudsley NHS Foundation Trust as Good overall following an inspection by the Care Quality Commission (CQC). The CQC inspection team, which included specialist advisors and experts by experience, visited the Trust over a period of several days during September 2015. Inspectors rated South London & Maudsley NHS Foundation Trust as Good for providing effective, caring, responsive and well-led services, and Requires Improvement for providing safe care.
Charities urge Cameron to boost NHS and social care
Prime Minister David Cameron must take “bold” action over growing pressures on health and social care, charities have said. Almost 40 organisations, including Macmillan Cancer Support and Marie Curie, want an independent commission to review how the system works. They have written a letter to the Prime Minister, warning that there is “no room for complacency” and calling for an NHS that is “fit for purpose”.

Prime Minister pledges a revolution in mental health treatment
Almost a billion pounds of investment, targeted support for new mums and the first ever waiting time targets for teenagers with eating disorders, were announced by the Prime Minister as he used a keynote speech to take on the taboo of poor mental health and transform services across the country. The announcements came as part of a speech focused on the Government’s plans to transform people’s life chances and begin a new approach to put a stop to poverty.

Using data to improve dementia care in England
A new Dementia Profile, developed by Public Health England’s (PHE) National Dementia Intelligence Network (DIN), presents a major change in the way dementia data will be used locally. For the first time, the Profile will enable bespoke comparison between local authorities and Clinical Commissioning Groups (CCGs) in England in one, interactive online platform. The profile shares key information, such as how many people have dementia broken down by area and age; the number of people who have received an NHS health check; the number of people who have depression; emergency hospital admission numbers; and where people with dementia die.

Requirement for ‘stretching’ targets is included in Better Care Fund framework for 2016/17
Ministers have demanded health and care services agree local targets with NHS commissioners to cut delayed hospital discharges after becoming concerned the level is “unacceptably high” nationally. The requirement, which will come into force from April 2017, was announced in a framework for the 2016/17 Better Care Fund (BCF) published by the Department of Health and Department for Communities and Local Government in January 2016.

NHS still missing many key targets in England
Hospitals in England continue to miss many of their waiting time targets, official figures for November 2015 show. Ambulances, the 111 phone service and cancer services all missed key targets. And A&E departments only managed to see 91.4 per cent of patients in four hours - the worst performance in November since recordkeeping began in 2010.

First national evaluation of NHS Health Check programme published
The first major evaluation of the NHS Health Check in England has found that the programme is effectively identifying people at risk of developing a major cardiovascular incident such as heart attack or stroke. It estimates that over the first five years it has prevented 2,500 cases due to treatment following the check. In addition, the programme is helping diagnose conditions commonly linked to cardiovascular disease, including type 2 diabetes, high blood pressure and chronic kidney disease.

Local hypertension profiles launched
The Public Health England (PHE) National Cardiovascular Intelligence Network (NCVIN) and blood pressure team, have launched a series of hypertension (high blood pressure) profiles for each clinical commissioning group (CCG) and lower tier local authority. The hypertension profiles show each local authority how well it is doing in detecting and treating high blood pressure by comparing its performance with that of similar authorities and with the rest of England.

Variation of hospital care for people with dementia exposed
Too many people with dementia are falling while in hospital, being discharged at night or remaining in hospital despite their medical treatment having finished, an Alzheimer’s Society investigation has found. The investigation involved Freedom of Information (FOI) requests to NHS trusts in England and a survey of over 570 people affected by dementia to gather first-hand testimony of dementia care in hospitals.

New dementia report: Alzheimer’s drugs prescriptions six times higher than a decade ago
The number of prescriptions dispensed in England for approved medicines to treat Alzheimer’s disease increased from 502,000 in 2004 to 3.0 million in 2014. The cost to the NHS of prescriptions for Alzheimer’s disease medicines dispensed in primary care stood at £45.7 million in 2014. This was up from £42.8 million in 2004, but down from the high point it reached in 2011 of £110.8 million. The statistics are published as part of the ‘Focus on Dementia’ report from the Health and Social Care Information Centre (HSCIC), pulling together in one place for the first time a range of information on dementia.
New report sheds light on A&E attendances in England
New analysis of more than 19 million A&E attendances in England has been published by the Health and Social Care Information Centre (HSCIC). The report covers attendances recorded by major A&E departments, single specialty A&E departments, walk-in centres and minor injury units in 2014/15.

Commission outlines key principles for revolutionising urgent care for older people
An independent commission has called for a fundamental change to the way care for older people is designed and delivered, so that care is tailored around individuals rather than institutions. In a new report the Commission on Improving Urgent Care for Older People outlines eight key principles the health and care sector can adopt to improve urgent care for older people. They include starting with care driven by a person’s needs and goals, having a greater focus on proactive care and allowing local leaders the space to build relationships and sustainable solutions.

Cancer death rates fall by almost 10 per cent in 10 years
Cancer death rates in the UK have fallen by nearly 10 per cent over 10 years according to the latest analysis released on World Cancer Day by Cancer Research UK. This now means that in 2013, 284 out of every 100,000 people in the UK died from cancer - around 162,000 people. A decade ago this was 312 in every 100,000. The rate of cancer deaths has fallen, and this is largely due to improvements in detection, diagnosis and treatments.

Carter Review shows how NHS hospitals can save money and improve care
The Carter Review has said that hospitals must standardise procedures, be more transparent and work more closely with neighbouring NHS trusts. Implementing the recommendations will help end variations in quality of care and finances that cost the NHS billions, Lord Carter has advised Health Secretary Jeremy Hunt in his final report. His review found unwarranted variation in running costs, sickness absence, infection rates and prices paid for supplies and services.

Reform of cancer drugs fund must consider benefits to patients
A fund set up to improve patients’ access to cancer drugs has not been managed effectively, the Public Accounts Committee (PAC) has found. In its report, the Committee also says it is “unacceptable” that the Government is still unable to properly assess the benefit to patients of the Cancer Drugs Fund. The Committee finds that while about 80,000 people have received drugs through the Fund, “the Department of Health and NHS England do not have the data needed to assess the impact of the Fund on patient outcomes, such as extending patients’ lives, or to demonstrate whether this is a good use of taxpayers’ money”.

Ensuring there are enough clinical staff with the right skills to meet the demand for high quality, safe healthcare is essential to the operation of the NHS. However, the current arrangements for managing the supply of clinical staff are fragmented and do not represent value for money, according to a report from the National Audit Office (NAO) entitled ‘Managing the supply of clinical staff in the NHS’. Available data on vacancies are poor but, in 2014, there was a reported overall staffing shortfall of around 5.9 per cent. This equated to a gap of around 50,000 clinical staff. The extent of the shortfall varied between different staff groups and regions.

NHS to get £4 billion in drive for ‘paperless’ health service
The Government has launched its latest attempt to improve the use of technology in the NHS in England. The aim is to create a paperless service that would be more convenient for patients, and help doctors to provide faster diagnoses. More than £4 billion has been set aside for areas such as electronic records and online appointments, prescriptions and consultations. Full details of the funding are being agreed between the Department of Health and NHS England.

British public’s satisfaction with the NHS falls by five percentage points
The British Social Attitudes (BSA) survey for 2015 reports a five percentage point fall in satisfaction with the National Health Service (NHS) compared to 2014, data published by The King’s Fund shows. The public’s satisfaction with the health service fell to 60 per cent in 2015. While satisfaction is still high by historical standards, it is now nine percentage points below its peak of 70 per cent in 2010.

NHS risks Winter performance becoming norm in Summer, experts warn
The NHS in England risks its traditionally poorer levels of performance in Winter becoming the norm in Summer, reveals an analysis of the last five years of data by leading health charities the Nuffield Trust and the Health Foundation. The report shows that problems that are usually observed only during the Winter months are increasingly being seen at other times of year – which meant that the NHS entered winter 2015/16 from a historically poor starting point. The authors argue that this could lead to a ‘downward spiral’ in performance.
**Life expectancy at older ages is the highest it’s ever been**

A new report by Public Health England (PHE) finds that life expectancy at older ages in England has risen to its highest ever level. According to PHE’s report on recent trends in life expectancy at older ages: men can now expect to live for a further 19 years at age 65, 12 years at 75, six years at 85 and three years at 95; and women can expect to live for a further 21 years at age 65, 13 years at 75, seven years at 85, and three years at 95.

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**NHS commits to major transformation of mental healthcare with help for a million more people**

The NHS in England has committed to the biggest transformation of mental health care across the NHS in a generation, pledging to help more than a million extra people and investing more than a billion pounds a year by 2020/21. It is making the move in response to the final report of an independent taskforce, chaired by the Chief Executive of Mind Paul Farmer, set up by the NHS as part of its Five Year Forward View to build consensus on how to improve services for people of all ages.

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**Large 'jump in deaths' expert warns**

England and Wales have seen the biggest jump in the number of deaths a year for a whole generation, a public health expert suggests. Prof Dominic Harrison says this must act as a "strong warning light" and suggests cuts to local authority social care budgets could be partly to blame. Public Health England (PHE) says it is monitoring the provisional data. And its officials say a particularly bad strain of flu and an ineffective vaccine may be behind the rise. Prof Harrison's own analysis backs up figures in the Health Service Journal which suggest there have been 5.6 per cent more deaths in England and Wales in 2015 than in the previous year - the biggest increase in the national death rate since the 1960s.

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**NHS trusts' deficit estimated at £2.3 billion as NHS financial crisis deepens**

NHS trusts are forecasting an end of year net deficit of around £2.3 billion finds the latest quarterly monitoring report from The King's Fund. The estimate, based on survey responses from 83 trusts, comes as NHS national bodies are imposing stringent financial controls in an effort to reduce the deficit to £1.8 billion by the end of the financial year. This underlines the risk that the Department of Health will breach Parliamentary protocol by overspending its budget.

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**NHS 'never events' a disgrace, says Patients Association**

More than 1,000 NHS patients in England in the past four years have suffered from medical mistakes so serious they should never happen, according to analysis by the Patients Association. NHS England insisted such events were rare, but the Patients Association said they were a "disgrace".

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**New GP contract agreed for 2016 to 2017**

The Government, NHS England and the British Medical Association’s General Practitioners Committee (BMA GPC) have agreed changes to the GP contract in England. The new contract will see an investment of £220 million for 2016 to 2017, part of which will provide a pay uplift of one per cent for GPs. This agreement is the start of a process for investment, support and reform in general practice which both sides are working together to achieve, with a bigger package due to be announced soon.

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**NHS providers urged to take more action to counter pressures**

NHS providers need to carry on improving their finances and services if patients are to receive quality care in the future, says England’s new health regulator. Analysis of NHS providers’ operational and financial performance shows the sector as a whole made £741 million in efficiency savings between April and December 2015. The analysis also shows that NHS providers treated 5.12 million emergency patients between October and December 2015.

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**New guides launched to help improve health at home for older people**

The Housing Learning and Improvement Network (Housing LIN), with support from Public Health England (PHE), has published two practical resources aimed at improving the housing sector’s contribution to the health and wellbeing of people with long term conditions and older people.

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**Doctors say 40,000 deaths a year linked to air pollution**

A new report from the Royal College of Physicians (RCP) and the Royal College of Paediatrics and Child Health (RCPCH) has set out the dangerous impact air pollution is currently having on the UK’s health – with around 40,000 deaths a year linked to air pollution. ‘Every breath we take: the lifelong impact of air pollution, presents that the harm from air pollution is not only linked to short term episodes but is also a long term problem with lifelong implications.'
### Rise in wellbeing in late 60s, survey finds
The wellbeing of people in their 60s increases as they reach the age of 70, according to a national survey. That is despite many people in the age group having at least one chronic disease. Participants were asked to rate how confident, cheerful, relaxed and useful they felt in their early 60s and then again aged 68 to 69.

### New Dementia Envoy appointed
The Prime Minister, David Cameron, has appointed David Mayhew as the new Dementia Envoy. The envoy works with countries, corporations and leaders from around the world, sharing expertise and promoting research and support for people with dementia and their carers.

### Bed blocking ‘is a growing problem’
The NHS is going to waste £3.3 billion caring for patients who don’t need medical treatment but the money would be better spent on a Fast Track Discharge Fund to move vulnerable older people into care homes, according to a report from the independent think tank ResPublica. In a report entitled, ‘Care after cure: creating a fast track pathway from hospitals to homes’ ResPublica says thousands of hospital beds would be freed up for medical cases and residential care homes could look after recuperating patients who currently block wards because they have no safe place to go.

### Fewer adults dying from conditions directly caused by alcohol
Fewer adults dying from conditions directly caused by alcohol, but deaths from related conditions, such as cancer, rise by one per cent. New figures from Public Health England (PHE) show fewer adults are dying from alcohol-specific conditions, such as alcoholic liver disease and alcohol poisonings.

### Health Secretary unveils plans for safer seven day dementia service
The Health Secretary Jeremy Hunt has published the dementia implementation plan which will empower people with dementia and their family through improved care and transparency. As part of plans to raise awareness of health concerns, a new pilot scheme will extend NHS Health Checks. For the first time, NHS Health Checks will include awareness raising, education and discussion of risk reduction for dementia for people aged 40 or older. This is currently only available for over 65s.

### Public Health England launches One You
Living healthily in midlife can double your chances of being healthy at 70 and beyond, according to a new campaign by Public Health England (PHE), entitled ‘One You’. The campaign aims to help people avoid future diseases caused by modern day life.

### £11 billion cost of treating physical and mental health separately
The King’s has published a new report today which shows that the psychological problems associated with physical health conditions, and vice versa, are costing the NHS more than £11 billion a year and care is less effective than it could be. The report argues that by integrating physical and mental health care the NHS can improve health outcomes and save money.

### Plans to end the cover-up culture in the NHS
The Health Secretary Jeremy Hunt, has announced plans to improve NHS safety and transparency at the first ministerial-level Global Patient Safety Summit. Speaking at the summit, Jeremy Hunt described a range of new measures including an independent Healthcare Safety Investigation Branch and legal protection for anyone giving information following a hospital mistake. Jeremy Hunt also announced that, from April 2018, expert medical examiners will independently review and confirm the cause of all deaths.

### New league launched to encourage openness in the NHS
Monitor and the NHS Trust Development Authority (TDA) have launched a new league to encourage openness and transparency in the NHS. NHS trusts and foundation trusts will be publicly ranked on their openness and transparency under a new ‘Learning from mistakes league’.

### Detailed plans must address ‘looming crisis’ in general practice
The House of Commons Public Accounts Committee (PAC) has called for a detailed review of general practice in England, warning problems with recruitment and retention mean there are not enough GPs to meet demand in a report entitled, ‘Access to general practice in England’. It concludes good access to GPs is too dependent on where patients live and that “patients who are older, white or in a more affluent urban area get better access than anyone else”.

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A&E delays ‘reach record levels’
A&E delays in England have reached record levels, official figures show. The data for January 2016 from NHS England showed 88.7 per cent of patients were dealt with in four hours. The target is 95 per cent. That is the worst monthly performance since the target came in in 2004. NHS England blamed rising demand - overall attendances were up by more than 10 per cent compared with the same time last year. There was also a sharp rise in emergency admissions and calls to NHS 111.

NHS England announces £55 million cash boost to end hospital referrals by second class post
NHS England has set aside £55 million to reward GPs and hospitals to switching to making referrals digitally by 2018, calling time on the practice of referring patients to hospital by second class post. At the moment, around 50 per cent of patients are referred for hospital appointments electronically. It is intended this will increase rapidly to 60 per cent by September 2016, 80 per cent by 2017 and 100 per cent by 2018.

Pharmacies must remain at the heart of communities, warn councils
Funding cuts could force hundreds of local pharmacies to close, cutting off a vital lifeline for older and vulnerable people and leaving some facing long journeys to collect essential medicines, councils have warned. The Local Government Association (LGA), which represents more than 370 councils - who have responsibility for public health - has warned that a £170 million reduction in NHS funding for community pharmacies could put many out of business.

First blueprint published for London-wide Special Care Dental Services to ensure high quality care for all
NHS England has published its first ever pan-London service specification for special care patients, to ensure patients receive high quality consistent care across the capital. The new specification will mean eligible patients will be able to choose where in the capital they want to go for their care, regardless of which borough they live in. The blueprint will also help to eradicate variations in how dental services are currently provided ultimately ensuring a fairer distribution of dental resources based on the need and population.

Health and care bodies reveal the map that will transform healthcare in England
National health and care bodies in England have published details of the 44 ‘footprint’ areas that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS Five Year Forward View. Senior leaders who will be leading this work have also been confirmed, with broadly equal representation from clinical commissioning groups (CCGs) and from hospitals and other providers of care, as well as some key figures from local authorities, recognising the need for local systems to work in partnership.

Proposal to merge four GP practices gets go-ahead
A proposal by four Southwark GP practices to merge into one partnership has been approved by healthcare commissioners, creating London’s biggest GP practice. The Aylesbury Partnership, Bermondsey and Lansdowne Medical Mission, Princess Street Group Practice and the Walworth Partnership already serve over 60,000 patients across eight sites. The aim of the merger is to give patients a better service, develop new ways of working while holding on to the good values of traditional general practice and to prepare for population growth in the area.

Londoners get chance to beat Type 2 diabetes this year as new scheme launches
Londoners at high risk of Type 2 diabetes will be invited to join a programme helping them avoid developing the condition as a new national scheme launches in London. These areas include South London and central parts of East and North London led by Newham, Camden and Hammersmith & Fulham. These areas form part of the 27 to launch across the country as part of the national Healthier You: NHS Diabetes Prevention Programme looking to help people at high risk of the condition change their lifestyles.

CQC inspectors rate Guy's and St Thomas' NHS Foundation Trust as Good
The Chief Inspector of Hospitals has rated Guy's and St Thomas' NHS Foundation Trust as Good following its first comprehensive inspection by the Care Quality Commission (CQC). Both Guy’s Hospital and St Thomas’ Hospital were found to be Good overall. The Trust’s community health services were also rated Good. Full reports on all core services have been published on the CQC website.
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<th>Chief Inspector of Hospitals finds Barnet, Enfield &amp; Haringey Mental Health NHS Trust requires improvement</th>
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<td>England's Chief Inspector of Hospitals has found that, although the leadership team at Barnet, Enfield &amp; Haringey Mental Health NHS Trust has identified many of the problems facing the organisation and made a start to address them, there is still much to do. The Care Quality Commission (CQC) has given the Trust an overall rating of Requires Improvement following an inspection during November and December 2015. The CQC has rated five of the eleven core services inspected as Requires Improvement, five as Good and the forensic services as Outstanding.</td>
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<th>New RCP End of Life Care Audit shows steady progress in care of dying people</th>
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<td>The results of the new end of life care audit run by the Royal College of Physicians (RCP) show that there has been steady progress in the care of dying people since the previous audit carried out in 2013 and published in 2014. The audit, funded by NHS England and Marie Curie, and commissioned by the Healthcare Quality Improvement Partnership (HQIP), is the first to be carried out following the official withdrawal of the Liverpool Care Pathway (LCP) in 2014, although some hospitals had already started to replace the LCP with local policies before the previous audit.</td>
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<td><strong>Care Quality Commission inspectors publish ratings on London adult social care services</strong></td>
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<td>The Care Quality Commission (CQC) has published a number of reports on the quality of care provided by adult social care services across London. Under the CQC’s programme of inspections, all of England’s adult social care services are being given a rating according to whether they are safe, effective, caring, responsive and well led.</td>
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<th>70</th>
<th>Short home care visits 'plague system'</th>
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<td>Unacceptably short 15 minute home care visits to elderly and disabled people are still plaguing the care system in England, a report suggests. Research by Unison found “distressing” cases of care being compromised after surveying councils and care workers. Councils are not meant to schedule 15 minute visits for personal care, like help with washing, dressing or eating. But the union said its findings showed many were still doing just that despite repeated calls for longer visits.</td>
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<th>Adult social services: number of adult social care staff employed by councils shrinks by a quarter since 2011</th>
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<td>A report from the Health and Social Care Information Centre (HSCIC) summarising workforce trends shows that the number of council-based adult social services jobs has fallen from 159,400 in 2011, the first year of comparable data, to 120,200 in 2015. This represents a reduction of 39,200 jobs, or 25 per cent over the period. Focusing specifically on movement between 2014 and 2015, the number adult social care jobs in councils decreased by eight per cent (9,900 jobs) from 130,100 reported in 2014. This is also the fourth consecutive reduction to the number of jobs of around 10,000 per year since 2011.</td>
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<td>Council tax rises to pay for social care in 2016/17 will not bring in enough money to alleviate the growing pressure on the vital services caring for our elderly and disabled, the Local Government Association (LGA) has warned. The LGA said nine in 10 councils in England are considering or have approved plans to raise £372 million for underfunded social care services in 2016/17 by using new powers to increase council tax by two per cent.</td>
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<th>Personalised commissioning in adult social care</th>
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<td>Commissioning adult social care services through personal budgets and direct payments is an important way of giving care users more choice and control over their services. When implemented well they improve users’ quality of life. The Department of Health, however, requires a deeper understanding of the best ways to implement personalised commissioning, according to a report published by the National Audit Office (NAO) entitled, ‘Personalised commissioning in adult social care’.</td>
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Almost a quarter of councils are failing to provide up to date online information about Care Act assessments and eligibility criteria, figures have shown. Independent Age’s Care Act Watch survey also found 70 per cent of council websites did not provide people with all the information required by the Care Act and that phone enquiries to 39 per cent of local authorities resulted in people being given partial or unsatisfactory answers. The charity said this lack of information was preventing older people and carers from receiving timely assessments of their care and support needs.

For further information on anything in this issue of the Health & Social Care Bulletin please contact:
Gordon Deuchars on: gdeuchars@ageuklondon.org.uk

All the information in this bulletin was correct to our knowledge at the time of distribution. Age UK London will take no responsibility if the information proves to be incorrect.
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Health & Social Care Bulletin
Health

Sixty four per cent of people living with dementia feel isolated following a diagnosis

New research by the Alzheimer’s Society shows that 42 per cent of people mistakenly think that once a person with dementia stops recognising loved ones, they don't benefit a lot from spending time with them. In a separate survey of 300 people affected by dementia, the charity also found that 64 per cent of those living with the condition felt isolated from friends and family following a diagnosis. The Alzheimer's Society is calling on people to spend time with people with dementia and help them take part in activities they enjoy to keep connected.

As the condition progresses, many people with dementia may find it difficult to recognise faces of friends and family members, but will still hold an 'emotional memory' which means they continue to feel happy long after a visit or experience that they may have forgotten. Spending time with loved ones is important because it can stimulate feelings of familiarity, happiness, comfort and security. Staying connected and taking part in activities helps a person with dementia feel less isolated.

The survey of people affected by dementia found that over half (54 per cent) of people with the condition were no longer taking part in any or hardly any social activities. Almost half (48 per cent) said that what would help people with dementia most to stay connected is seeing family and friends more often, and having someone to help them take part in activities and hobbies (51 per cent).

Forty one per cent of the general public did say that being unable to recognise close friends and family would make them feel most isolated, ahead of a divorce or relationship breakdown (19 per cent). Positively, over two thirds (68 per cent) of people surveyed say they would still visit someone with dementia who no longer recognised them, either just as much or even more often than they do now. Despite these good intentions, the lack of awareness of how important emotional memory is may mean that in their busy lives, people don’t always follow up on their intentions and over half of those living with dementia are left feeling isolated.

Source: www.alzheimers.org.uk 1 January 2016

One millionth screening milestone reached for AAA

January 2016 was marked as a significant screening milestone, with the NHS AAA programme screening its one millionth 65 year old man.

The national programme aims to detect and treat large aneurysms early in order to reduce the number of deaths from ruptured aneurysms. Since it began in 2009, well over 10,000 aneurysms have been detected that need monitoring or treatment and more than 2,000 men with large aneurysms, measuring 5.5cm or wider, have been referred for surgery.

An abdominal aortic aneurysm (AAA) is caused when the main blood vessel in the abdomen weakens and expands. Most AAAs have no symptoms but, if left untreated, aneurysms can grow and rupture, which can be fatal. Eight out of every 10 people with a ruptured AAA die before they reach hospital or fail to survive emergency surgery.

AAA screening is offered to all men registered with a GP during the year they turn 65. Men over 65 who have not been screened can self-refer by contacting their local screening programme directly.

The screening test is a simple ultrasound scan that looks for an enlargement of the aorta, the largest blood vessel in the body with the results available immediately.
Cross-party review 'needed for health and care'
A cross-party commission should be set up to review the future of the NHS and social care in England, a trio of former health ministers say.

Ex-health secretaries Stephen Dorrell and Alan Milburn and Lib Dem MP Norman Lamb say without radical change, the future looks bleak.

Ministers have pledged £8.4 billion above inflation by 2020.
But Mr Lamb said that would still leave the health service short with a growing number of hospitals struggling with deficits and to keep pace with demand.

And he said that was before the state of social care was taken into account. He claimed those services, paid for by councils, were on the brink with concerns that a number of care home providers were set to leave the market.

"The reality is that we will either see the system effectively crash or we confront the existential crisis now. This transcends party politics."

He said the commission should look at everything from increasing taxes - as he has pushed for - to ending the "artificial divide" between health and care.

The MP, who served as a health minister under the Coalition Government, will call for the cross-party commission in a 10 minute rule bill - a device by which backbenchers can propose legislation.

Mr Dorrell, who is now Chairman of the NHS Confederation, which represents NHS trusts, and was health secretary in John Major's Government, said he supported Mr Lamb's bid.

He predicted the problems being experienced now would "only get worse" in the next decade.

Source: [www.gov.uk](http://www.gov.uk) 6 January 2016

English GP surgeries reach new patient 'breaking point'
Hundreds of GP surgeries in England have stopped taking on new patients or have applied to do so, a BBC investigation has found.

The British Medical Association (BMA) says many are at "breaking point" as they struggle to fill staff vacancies.

At least 100 surgeries applied to NHS England to stop accepting new patients in 2014/15, a Freedom of Information (FOI) request revealed.

NHS England said it was investing £15 million to boost the workforce.

At the beginning of November 2015, 299 surgeries were indicating on the NHS Choices website - which provides patients with information about surgeries in their local area - that they were not taking on new patients.

The BBC has learned that among 8,000 practices in England, some are offering a "golden hello" of up to £10,000 to attract new doctors.

NHS England says practices will seek approval before closing their lists to new patients.

Analysis of the Freedom of Information data suggests about 46 per cent of the 100 surgeries which applied in 2014/15 were denied permission, or withdrew the request.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 6 January 2015
More than 10,000 nursing posts unfilled in London

More than 10,000 vacancies for nursing posts in London went unfilled in 2015, new figures from the Royal College of Nursing (RCN) have shown.

The shortage of nurses worsened in 2015, with 17 per cent of all London's registered nursing jobs vacant, up from 14 per cent in 2014 and 11 per cent in 2013.

The figure is much higher than the national average of 10 per cent.

The Department of Health said it did not recognise the figures and London had 1,800 more nurses than a year ago.

The RCN said the new figures, which it gathered through Freedom of Information (FOI) requests to all of London's NHS trusts, showed the city was facing a "critical shortage" of registered nursing staff.

A spokesperson said this put patients at risk and led to expensive solutions such as temporary agency staff or recruitment from overseas.

Bernell Bussue, the RCN's London regional director, said:

"The problem is partly down to short-sighted workforce planning which saw training posts cut in the past, meaning there aren't enough home grown nurses coming through the system.

"Most importantly, the ongoing pay freeze imposed by the Government means that nursing staff increasingly just can't afford to live and work in London."

He urged the Government to give nurses a pay rise so they could settle in the capital, saying nurses' pay had "run 10 per cent below inflation since 2010".

Responding to the figures, London Mayor Boris Johnson told BBC Radio London "you can afford to be a nurse and live in London".

He added: "I won't deny the cost of living in London is incredibly high."

But he said the Conservative party has built record numbers of "affordable homes" and there are homes for part-buy, part-rent.

A spokeswoman for NHS England (London) said the July 2015 figures did not reflect reductions in agency spend since a cap on charges for agency staff was introduced in November 2015.

"In London we are looking at new ways to recruit both new and returning nurses while retaining nurses already in post so that we are reaching our planned staffing levels," she said.

"This includes a programme in which senior nurses in the capital are working together to create innovative career pathways and making London a more desirable place to work."

A Department of Health spokesperson said:

"Official statistics show that Londoners have already benefitted from 3,400 additional nurses since May 2010 and this is down to continued Government investment in the frontline.

"We have 50,000 nurses in training and our recent changes to student funding will mean up to 10,000 more training places across the country by 2020."

Nursing vacancies London, July 2015
10,140 total vacancies
17 per cent average vacancy rate
30 per cent highest vacancy rate at an individual trust
three per cent lowest vacancy rate at an individual trust.

Source: Royal College of Nursing London
Source: www.bbc.co.uk/news 7 January 2016

Chief Inspector of Hospitals rates South London & Maudsley NHS Foundation Trust as Good

The Chief Inspector of Hospitals has rated South London & Maudsley NHS Foundation Trust as Good overall following an inspection by the Care Quality Commission (CQC).

South London & Maudsley NHS Foundation Trust provides mental health services to a local population of 1.3 million people, including adults, older people and children living within the London boroughs of Lambeth, Southwark, Lewisham and Croydon. The Trust also provides more than 20 specialist services for children and adults across the UK, as well as a range of mental health services internationally.

The CQC inspection team, which included specialist advisors and experts by experience, visited the Trust over a period of several days during September 2015. Inspectors rated South London & Maudsley NHS Foundation Trust as Good for providing effective, caring, responsive and well-led services, and Requires Improvement for providing safe care.

Inspectors assessed the Trust’s core services. These included community mental health services for children and young people, for adults of working age, for older people and for people with learning disabilities or autism. They also assessed mental health wards for adults, children and young people and older people. These included acute wards, the psychiatric intensive care units, health based places of safety, long stay rehabilitation wards, forensic wards and some specialist wards for people with autism and children and young people. The CQC did not inspect all of the specialist services provided by the Trust.

Full reports for the inspection have been published on the CQC website: www.cqc.org.uk/provider/RV5.

The inspectors noted a number of areas of good practice:

- most of the staff were caring, professional and worked tirelessly to support their patients
- the Trust was supporting patients with their physical health. People had their health assessed in a comprehensive manner and were supported to have any healthcare needs addressed
- staff had access to a wide range of opportunities for learning and development, which was helping many staff to make progress with their career while also improving the care they delivered
- the Trust was aware of best practice and was using guidance and research to inform their work. As a result of this, patients were receiving high quality care across the Trust. For example, patients had access to a range of psychological therapies alongside their medical treatment
- the Trust provided many opportunities for patients to be involved in the running of and decision making about services. This input was leading to changes across the services.
The community learning disability services and the ward for people with autism were rated as Outstanding. This was because the holistic services focused on meeting the specific individual needs of each person. Staff providing care were compassionate and flexible in order to ensure they supported people well.

- inspectors identified some areas for improvement, particularly in relation to the safety of care. These were of particular concern in the wards for working age adults. The Trust had a substantial problem with staff recruitment and retention. There were too few staff to consistently guarantee quality of care especially on the acute wards for working age adults. There were staffing problems in some other areas but these were not as severe
- the Trust needed to make improvements across most of its services regarding the documentation of risk for individual patients, in order to ensure that information was readily available, accurate and being followed
- the Trust must improve its practices in relation to restrictive interventions such as the use of restraint and seclusion. The Trust must ensure that staff use restraint only as a last resort, that the use of restraint in the prone position is minimised, and that they accurately document and record the use of restrictive interventions. The Trust had a number of areas that were not safe or where the risks were not being robustly mitigated to keep patients safe.

The Deputy Chief Inspector of Hospitals (and lead for mental health), Dr Paul Lelliott, said:

“During our inspection, we saw committed and enthusiastic staff throughout the Trust working hard to deliver the best care for patients. Staff were aware of best practice and used guidance and research to inform their work. This resulted in most patients receiving high quality care.

“Strong academic and research links enable the Trust to develop and trial new treatments, and continue to strive for better care for patients.

“Patient health needs are fully supported and patients are encouraged to be involved in decisions about their care and in the running of services.

“Although overall we rated the Trust as Good, we have told the Trust about a number of areas that require improvement, which I expect the Trust to address as a priority. In particular, staff recruitment and retention problems must be addressed to ensure a consistent standard of care across the Trust.

“The use of restraint and seclusion must be accurately recorded and monitored. Restraint must also only be used as a last resort. The management of risk must be robust.

“We will continue to monitor the Trust's performance and we look forward to seeing the necessary improvements being in place when we return to check on their progress.”

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

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 8 January 2016

**Charities urge Cameron to boost NHS and social care**

Prime Minister David Cameron must take "bold" action over growing pressures on health and social care, charities have said.
Almost 40 organisations, including Macmillan Cancer Support and Marie Curie, want an independent commission to review how the system works.

They have written a letter to the Prime Minister, warning that there is "no room for complacency" and calling for an NHS that is "fit for purpose".

The Department of Health said it would be investing £10 billion into the NHS.

The charities also highlight official figures which suggest that nearly a quarter of the population will be over the age of 65 in just over 20 years' time.

The letter to Mr Cameron says:

"We need to ensure we have an NHS and social care system that is fit for purpose otherwise it is the elderly, disabled people and their carers who will bear the brunt of inaction.

"Bold long term thinking is required about the size, shape and scope of services we want the NHS and social care to provide - and an honest debate about how much as a society we are prepared to pay for them.

"It is vital that you meet the challenge posed by an ageing society, and an underfunded care system, head on and establish a cross-party commission to review the future of health and social care in England."

A review would look at "immediate issues" and the "broader context" for the provision of healthcare.

Source: www.bbc.co.uk/news 9 January 2016

Prime Minister pledges a revolution in mental health treatment

Almost a billion pounds of investment, targeted support for new mums and the first ever waiting time targets for teenagers with eating disorders, were announced by the Prime Minister as he used a keynote speech to take on the taboo of poor mental health and transform services across the country.

The announcements came as part of a speech focused on the Government’s plans to transform people’s life chances and begin a new approach to put a stop to poverty.

They have also been recommended by NHS England’s independent mental health taskforce – comprised of experts, chaired by Mind CEO Paul Farmer and set up as part of the NHS plan for the next five years.

With one in four people expected to develop a problem such as a form of depression or anxiety this year alone, and suicide now the leading cause of death for men under 50, the Prime Minister said that it is time to stop sweeping mental health issues under the carpet and he called for a frank and open discussion on how we can tackle the issue.

The Prime Minister’s plans included:

- £290 million of new investment over the next five years to provide mental healthcare for new mothers
- £247 million to invest in liaison mental health services in emergency departments
- over £400 million to enable 24/7 treatment in communities as a safe and effective alternative to hospital
- expanded services to help teenagers with eating disorders – as anorexia kills more than any other mental health condition.
The pledge builds on previous Government funding commitments for mental health over the past 12 months, including £150 million for young people with eating disorders and £1.25 billion for perinatal and children and young people’s mental health.

The measures announced include:

**£247 million to place mental health services in every hospital emergency department**

People with mental health problems are three times more likely to turn up at A&E than those without. Yet not every hospital in the country has the services needed to support them. Every hospital in the country should have liaison mental health services, which will mean specialist staff, with training in mental health, will be on hand to make sure that patients get the right care for them, and are referred for further support if needed.

The Prime Minister announced that £247 million will be deployed over the next five years to make sure that every emergency department has mental health support and, as a global leading effort, will make sure that these services are available 24 hours a day, 365 days a year in at least half of England’s acute hospitals by 2020. This new money will not only improve the care of those with mental illness in A&E but will also generate important savings for these hospitals – through fewer admissions and reduced lengths of stay, for example.

**Improved waiting time target for people experiencing psychosis**

About 75 per cent of mental illness in adult life begins before the age of 18 and it is estimated that 17,000 people a year experience a first episode of psychosis. While care across the country is improving until now, there have been no national standards setting out a clear timeframe for care.

The Prime Minister set out a new waiting time target – to be in place in April 2016 – so that from next year at least half of those experiencing psychosis for the first time must be treated within two weeks, rising to at least 60 per cent by 2020.

**Over £400 million for crisis home resolution teams to deliver 24/7 treatment in communities and homes as a safe and effective alternative to hospitals**

Crisis resolution and home treatment teams have been introduced throughout England as part of a transformation of the community mental healthcare system. They aim to assess all patients being considered for acute hospital admission, to offer intensive home treatment rather than hospital admission if feasible, and to facilitate early discharge from hospital. Key features include 24-hour availability and intensive contact in the community, with visits twice daily if needed.

The new investment in this integrated, multidisciplinary approach will ensure more complete coverage around the country.


**Using data to improve dementia care in England**

A new Dementia Profile, developed by Public Health England’s (PHE) National Dementia Intelligence Network (DIN), presents a major change in the way dementia data will be used locally.

For the first time, the Profile will enable bespoke comparison between local authorities and Clinical Commissioning Groups (CCGs) in England in one, interactive online platform.
The profile shares key information, such as how many people have dementia broken down by area and age; the number of people who have received an NHS health check; the number of people who have depression; emergency hospital admission numbers; and where people with dementia die.

The launch of this profile will help commissioners fulfil objectives set out in the NHS planning guidance by making information readily available to identify variation, investigate the reasons for any differences and improve outcome.

For example, the data shows that the national rate for the number of people with dementia aged 65 or over being admitted to hospital as an emergency in 2013/14 was 3,046 per 100,000. If a CCG has a significantly higher proportion of emergency admissions compared to the national average, this will warrant further investigation.

Source: www.gov.uk 12 January 2016

Requirement for 'stretching' targets is included in Better Care Fund framework for 2016/17

Ministers have demanded health and care services agree local targets with NHS commissioners to cut delayed hospital discharges after becoming concerned the level is “unacceptably high” nationally.

The requirement, which will come into force from April 2017, was announced in a framework for the 2016/17 Better Care Fund (BCF) published by the Department of Health and Department for Communities and Local Government in January 2016.

The BCF will pool £3.9 billion of central health and social care funding in 2017, up from £3.8 billion this year. Most of the fund comes from the NHS but around £400 million is from a local government grant. The cash is channeled to local areas to deliver on approved plans for integrated health and social care.

Local authorities and NHS clinical commissioning groups (CCGs) can choose to top up their local BCF funding pots.

In a second change to how the BCF will work in 2017, the Government is scrapping a ‘pay-for-performance’ element which linked £1 billion of the funding to local areas’ success in cutting emergency hospital admissions.

Local areas will instead get a share of £1 billion of ringfenced funding to invest in NHS-commissioned out of hospital services, including social care, with the option to hold back an “appropriate portion” of the cash for contingency planning.

Source: www.communitycare.co.uk 13 January 2016

NHS still missing many key targets in England

Hospitals in England continue to miss many of their waiting time targets, official figures for November 2015 show.

Ambulances, the 111 phone service and cancer services all missed key targets.

And A&E departments only managed to see 91.4 per cent of patients in four hours - the worst performance in November since recordkeeping began in 2010.

Meanwhile, the target for 99 per cent of patients to have their diagnostic test in six weeks was missed. It is now two years since it was last met.
But hospitals did manage to hit their 18 week waiting time target for routine operations, such as hip and knee replacements.

Hospitals have been struggling with many of these targets for the past year or so - and similar challenges are being experienced by the health systems in Scotland, Wales and Northern Ireland.

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

First national evaluation of NHS Health Check programme published

The first major evaluation of the NHS Health Check in England has found that the programme is effectively identifying people at risk of developing a major cardiovascular incident such as heart attack or stroke. It estimates that over the first five years it has prevented 2,500 cases due to treatment following the check. In addition, the programme is helping diagnose conditions commonly linked to cardiovascular disease, including type 2 diabetes, high blood pressure and chronic kidney disease.

The study, led by Queen Mary University of London, also found that those from the most deprived areas and black and minority ethnic groups, who are at greatest risk of cardiovascular disease, are more likely to attend an NHS Health Check. This makes a positive step towards tackling health inequalities in England.

The programme, managed by Public Health England (PHE), is the first in the world to tackle prevention of heart attacks and strokes by offering a free check to every adult aged 40 to 74 years. It provides a personal review of the behavioural factors, such as harmful drinking and obesity, that might increase the risk of developing a heart attack or stroke and offers professional advice on lifestyle change and treatment. It also identifies any new or undiagnosed serious conditions such as hypertension, diabetes and chronic kidney disease.

The study is based on robust data from 655 GP practices with 1.7 million eligible people in the nationally representative QResearch database. In addition to the 2,500 people avoiding a major cardiovascular incident, the programme has also successfully identified:

- a new case of hypertension in every 27 appointments
- a new case of diabetes in every 110 appointments
- a new case of chronic kidney disease in every 265 appointments
- 14 per cent of attendees referred to lifestyle interventions due to obesity, smoking, alcohol or blood pressure compared to just six per cent of those who were referred through standard care
- six times more people with high alcohol consumption than those who do not attend, offering brief advice and support.

However, the number of eligible people having an NHS Health Check still needs to increase for the programme to reach its full potential. The most recent annual data from PHE shows that about 48 per cent of all eligible people attend when invited. PHE is continuing to work with local authorities to help them deliver the programme more effectively and increase the numbers taking up their NHS Health Check.

The study also shows that there is still room for improvement. The latest evidence suggests the programme is most effective at targeting the older end of the eligible population (those aged over 60) and more work is needed to encourage uptake among the younger age group (aged 40 to 60). However, as cardiovascular risk increases with age, this evidence suggests
that the programme is effective in identifying and providing an NHS Health Check for those with the highest risk and not just the 'worried well'.

Source: www.gov.uk 14 January 2016

Local hypertension profiles launched
The Public Health England (PHE) National Cardiovascular Intelligence Network (NCVIN) and blood pressure team, have launched a series of hypertension (high blood pressure) profiles for each clinical commissioning group (CCG) and lower tier local authority.

The hypertension profiles show each local authority how well it is doing in detecting and treating high blood pressure by comparing its performance with that of similar authorities and with the rest of England.

The PDF resources point to PHE’s ‘Tackling high blood pressure from evidence to action plan’ with conclusions and suggestions on how to tackle and prevent high blood pressure. It also highlights approaches that can be taken to improve performance and outcomes for each local population.

High blood pressure is one of the leading risk factors for premature death and disability, and can lead to stroke, heart attack, heart failure, chronic kidney disease and dementia. Conditions caused by high blood pressure cost the NHS over £2 billion every year. By reducing the blood pressure of the nation as a whole, £850 million of NHS and social care spend could be avoided over 10 years.

Source: www.gov.uk 18 January 2016

Variation of hospital care for people with dementia exposed
Too many people with dementia are falling while in hospital, being discharged at night or remaining in hospital despite their medical treatment having finished, an Alzheimer’s Society investigation has found.

The investigation involved Freedom of Information (FOI) requests to NHS trusts in England and a survey of over 570 people affected by dementia to gather first-hand testimony of dementia care in hospitals.

In one trust, 702 people with dementia fell in 2014/15, the equivalent to two falls a day. Last year 28 per cent of people over the age of 65 who fell in hospital had dementia - but this was as high as 71 per cent in the worst performing hospital trust.

The FOIs unearthed that people with dementia are being inappropriately discharged at night. In the three worst performing hospitals, 45 people were being discharged overnight per week - only six hospitals don’t discharge overnight.

Discharge at night is considered inappropriate as it is unsafe and disorientating for people with dementia who are less likely to be able to access care and support (e.g. care homes are often closed at night), leave without relevant information and/or the correct medication.

In the worst performing hospitals, people with dementia were found to be staying five to seven times longer than other patients over the age of 65.

Key findings from the survey of people affected by dementia include:

- 92 per cent thought hospital environments are frightening for people with dementia
• only two per cent reported that, in their experience, all hospital staff understood the specific needs of people with dementia.

Source: [www.alzheimers.org.uk](http://www.alzheimers.org.uk) 18 January 2016

**New dementia report: Alzheimer’s drugs prescriptions six times higher than a decade ago**

The number of prescriptions dispensed in England for approved medicines to treat Alzheimer’s increased from 502,000 in 2004 to 3.0 million in 2014. The cost to the NHS of prescriptions for Alzheimer’s disease medicines dispensed in primary care stood at £45.7 million in 2014. This was up from £42.8 million in 2004, but down from the high point it reached in 2011 of £110.8 million.

The statistics are published as part of the ‘Focus on Dementia’ report from the Health and Social Care Information Centre (HSCIC), pulling together in one place for the first time a range of information on dementia including statistics on diagnosis, prescribing, social care, mental health and lifestyle trends. The report also shows:

• the proportion of people who had a diagnosis of dementia in their GP record rose from 643 per 100,000 people in April 2014 to 755 people per 100,000 in December 2015
• 576,000 ‘care clusters’ were assigned to adults accessing mental health and learning disability services at the end of September 2015 - one in five (19 per cent) of these was a dementia-related care cluster
• 39 per cent of carers who looked after someone with dementia spent 100 or more hours each week doing so in 2014/15. Over half (51 per cent) of carers had been in this role for more than five years.

The report can be found at: [http://www.hscic.gov.uk/pubs/demfocusjan16](http://www.hscic.gov.uk/pubs/demfocusjan16)

Source: [www.hscic.org.uk](http://www.hscic.org.uk) 19 January 2016

**New report sheds light on A&E attendances in England**

New analysis of more than 19 million A&E attendances in England has been published by the Health and Social Care Information Centre (HSCIC).

The report covers attendances recorded by major A&E departments, single specialty A&E departments, walk in centres and minor injury units in 2014/15.

‘The Hospital Episode Statistics Accident & Emergency Attendances in England 2014/15’ report shows, of the 19.6 million attendances recorded:

• over a third (6.9 million) had a recorded treatment of ‘guidance/advice only’
• one in five (4.0 million) resulted in an admission to hospital
• 57.7 per cent (11.3 million) of attendances were discharged with either a GP follow-up or no follow-up required.

The number of recorded attendances at major A&E departments (‘Type 1’) in England has increased by 2.2 per cent from 14.3 million in 2013/14 to 14.6 million in 2014/15.

The report also shows that for all the recorded A&E attendances nationally in 2014/15:

• nearly one in four patients (4.5 million) arrived by ambulance or helicopter
• Monday continued to be the most popular day for A&E attendances, with 15.8 per cent of all attendances (3.1 million); there was a fairly even spread of attendances across all
other days of the week. The busiest hour of arrival on a Monday was 10am with 230,200 attendances (1.2 per cent of all A&E attendances)

- June and July were the busiest months for attendances with 57,100 and 56,400 per day recorded in the data respectively. January was the least busy month with 48,800 attendances recorded per day
- over half (53.7 per cent) of attendances were for patients under 40. Patients aged 20 to 29 accounted for 15.9 per cent, while 14.4 per cent of all attendances were for those under 10.

Source: www.hscic.gov.uk 28 January 2016

Commission outlines key principles for revolutionising urgent care for older people

An independent commission has called for a fundamental change to the way care for older people is designed and delivered, so that care is tailored around individuals rather than institutions.

In a new report, the Commission on Improving Urgent Care for Older People outlines eight key principles the health and care sector can adopt to improve urgent care for older people.

They include starting with care driven by a person’s needs and goals, having a greater focus on proactive care and allowing local leaders the space to build relationships and sustainable solutions.

‘Growing old together’ the Commission’s final report, says by changing the way services to older people are organised, care for this group can be improved and growing pressure on acute hospitals relieved. It highlights compelling ways organisations and health and care systems across the country are revolutionising care for older people.

Chaired by Dr Mark Newbold, the Commission has drawn experts from across the health and care sector to examine best practice examples of truly integrated care, where initiatives have improved patient care and taken pressure off hospital services.

The principles in the report are based on the Commission’s vision for achieving greater joined up, proactive and preventative care for older people to be delivered nationally.

The NHS Confederation launched the Commission in March 2015.

‘Growing old together’ outlines the following practical principles for improving urgent care for older people:

- start with care driven by the person’s needs and goals
- have a greater focus on proactive care
- allow local leaders the space to build relationships and sustainable solutions to the challenges they face
- care co-ordination that offers older people a single point of contact to guide older people through an often complex system
- make greater use of multi-disciplinary teams
- ensure workforce, training and care skills reflect the care needs of older people today
- enable leadership to support staff to innovate and make a difference.

The way that NHS outcomes and performance is measured needs to allow local leaders to focus on individual needs, delivered by the whole health and care system.
The report uncovers evidence of truly innovative initiatives taking place across the country. Such local excellence needs be celebrated, with best practice shared across the health and care sector so that these initiatives are rolled out nationally.

Source: [www.nhsconfed.org](http://www.nhsconfed.org) 28 January 2016

**Cancer death rates fall by almost 10 per cent in 10 years**

Cancer death rates in the UK have fallen by nearly 10 per cent over 10 years according to the latest analysis released on World Cancer Day by Cancer Research UK.

This now means that in 2013, 284 out of every 100,000 people in the UK died from cancer - around 162,000 people. A decade ago this was 312 in every 100,000.

The rate of cancer deaths has fallen, and this is largely due to improvements in detection, diagnosis and treatments. Without these research-led advances, the rate of cancer deaths would undoubtedly have risen.

Further encouraging news is seen in the narrowing gap between men and women's cancer death rates.

Men’s death rates have fallen by 12 per cent from 397 for every 100,000 in 2003 to 349 per 100,000 in 2013. This compares to an eight per cent drop in women – falling from 259 per 100,000 women in 2003 to 240 in 2013. This equates to around 85,000 men and 77,000 women dying from cancer each year in the UK.

Four cancers – lung, bowel, breast and prostate – cause almost half (46 per cent) of all cancer deaths in the UK. The combined death rate for these four cancers mirrors the overall fall, dropping by around 11 per cent over the last 10 years, from 146 people per 100,000 in 2003 to 131 people per 100,000 in 2013.

However, for some cancers, such as liver and pancreatic, the rates of people dying from the disease have increased over the last decade.

As the population is growing and more people are living longer – and cancer is primarily a disease of old age – the total number of cancer deaths has increased. Around four-fifths of cancer deaths occur in people aged 65 and over, and more than half occur in those aged 75 and older.

Source: [www.cancerresearchuk.org](http://www.cancerresearchuk.org) 4 February 2016

**Carter Review shows how NHS hospitals can save money and improve care**

The Carter Review has said that hospitals must standardise procedures, be more transparent and work more closely with neighbouring NHS trusts.

Implementing the recommendations will help end variations in quality of care and finances that cost the NHS billions, Lord Carter has advised Health Secretary Jeremy Hunt in his final report.

His review found unwarranted variation in running costs, sickness absence, infection rates and prices paid for supplies and services.

As part of the review, a ‘model hospital’ has been developed which will advise NHS trusts on the most efficient allocation of resources and allows hospitals to measure performance against other trusts.
Following the model hospital examples could save hospitals £5 billion a year by 2020/21 and put an end to the variations the review uncovered across the NHS, including:

- average running costs for a hospital (£ per square metre) vary from £105 at one trust to as high as £970 for another
- infection rates for hip and knee replacements vary from 0.5 to four per cent
- prices paid by different hospitals for hip replacements range from £788 to £1,590
- the use of floor space - one trust uses 12 per cent for non-clinical purposes and another uses as much as 69 per cent
- sickness absence rates differ from 3.1 per cent to five per cent.

As well as reviewing hospitals across England, Lord Carter’s review looked at healthcare systems abroad, including in the US, Germany, Australia, Italy and France where hospitals have a greater focus on efficiency because they have established the clear link it has with patient care.

Acute NHS trusts spend £55.6 billion every year, £33.9 billion of which goes on staffing. Lord Carter estimates a one per cent improvement in staff productivity will save the NHS £280 million a year, which equates to hospitals using new working methods that would save every member of staff five minutes on an eight hour shift.

Other areas covered by the report include:

- staffing: the review calls for an improvement in the way the NHS deploys its staff, ending the use of outdated and inefficient paper rosters
- procurement: as part of the review, from April 2016, trusts will publish their receipts on a monthly basis for the top 100 items bought by the NHS such as bandages, needles and rubber gloves
- use of floor space: trusts’ unused floor space should not exceed 2.5 per cent, and floor space used for non-clinical purposes should not exceed 35 per cent
- administration costs: these should not exceed seven per cent by 2018 and six per cent by 2020
- delayed transfers of care: Lord Carter has called for action to be taken on the ‘major problem’ of delayed transfers of care, which affects hospitals and trusts’ earning and spending capacity
- working with neighbouring hospitals: Lord Carter advises trusts to work closely with their neighbouring hospitals, sharing services and resources to improve efficiency and reduce costs.

Lord Carter was asked to carry out the review by Jeremy Hunt as part of his aim to make the NHS the safest and most efficient healthcare system in the world. The efficiency expert has spent the last 18 months visiting hospitals across the country and reviewing productivity to ensure the NHS gets the best value from its £102 billion annual budget and help the NHS to implement a seven day NHS.

Lord Carter will continue to engage with and support trusts to achieve the efficiency improvements they can make over the coming months. NHS Improvement (NHSI) will lead the implementation of the recommendations and Lord Carter will become a non-executive director of the regulator in April 2016. Lord Carter has also called for trusts to have closer support and management from NHSI, both locally and nationally, to ensure the review is fully implemented across all trusts.

Source: www.gov.uk 5 February 2016
Reform of cancer drugs fund must consider benefits to patients
A fund set up to improve patients’ access to cancer drugs has not been managed effectively, the Public Accounts Committee (PAC) has found. In its report, the Committee also says it is "unacceptable" that the Government is still unable to properly assess the benefit to patients of the Cancer Drugs Fund.

The Government established the Fund in 2010 to improve access to cancer drugs that otherwise would not be routinely available on the NHS.

The Committee finds that while about 80,000 people have received drugs through the Fund, "the Department of Health and NHS England do not have the data needed to assess the impact of the Fund on patient outcomes, such as extending patients’ lives, or to demonstrate whether this is a good use of taxpayers’ money".

Questionably effective buying power
It questions whether the Department and NHS England are using their buying power effectively to pay a fair price for cancer drugs, and calls for clarity over the extent to which regional variations have been reduced "so that people across the country have equal access to the Fund".

The Committee concludes:
"NHS England overspent the Fund’s £480 million budget for the two years 2013/14 and 2014/15 by £167 million. The cost of the Fund grew from £175 million in 2012/13 to £416 million in 2014/15, an increase of 138 per cent in two years, but NHS England did not start to take action to control the cost until November 2014.

There is agreement that the Fund is not sustainable in its current form and NHS England and the National Institute for Health and Care Excellence (NICE) are currently consulting on proposals to reform the Fund from April 2016.

The PAC expects NHS England, in making changes, to take account of its recommendations and apply the clear lessons from the last five years to ensure that the new Fund is managed better in the future."

Put in place clear objectives
The Committee’s recommendations to Government, set out in detail below, include putting in place "clear objectives" for what the reformed Fund aims to achieve.

It urges NHS England to "be prepared to take tough decisions to ensure that the Fund does not overspend" and the Department to "set out how it ensures that it pays a fair price for drugs and that the limit in the Pharmaceutical Price Regulation Scheme provides value for money for the taxpayer".

Regarding health benefits, the Report calls on NHS England to report back to the Committee by June 2016 "on what the available data indicate about the impact of the Fund on patient outcomes".

Source: www.parliament.uk 5 February 2016

Managing the supply of NHS clinical staff in England
Ensuring there are enough clinical staff with the right skills to meet the demand for high quality, safe healthcare is essential to the operation of the NHS. However, the current arrangements for managing the supply of clinical staff are fragmented and do not represent value for money,
according to a report from the National Audit Office (NAO) entitled ‘Managing the supply of clinical staff in the NHS’.

The arrangements for managing the supply of clinical staff involve the Department of Health, various arm’s length bodies and healthcare commissioners and providers. Available data on vacancies are poor but, in 2014, there was a reported overall staffing shortfall of around 5.9 per cent. This equated to a gap of around 50,000 clinical staff. The extent of the shortfall varied between different staff groups and regions.

The creation of Health Education England (HEE) means that, for the first time, there is a national body specifically tasked with making strategic decisions about planning the future workforce, working collaboratively with local healthcare providers. The national workforce plan is developed from plans prepared by local providers, which means it should be based on a detailed understanding of local circumstances. According to the NAO, however, the process for developing the national long term workforce plan could be made more robust and Health Education England should be more proactive in addressing the variations in workforce pressures in different parts of the country.

Healthcare providers are responsible for employing clinical staff to deliver healthcare. Hospital trusts’ use of temporary staff has increased significantly, putting pressure on their financial position, and the NAO concluded that there is room for trusts to reduce spending on temporary staff. Temporary staffing gives trusts the flexibility to address short term workforce pressures, but high levels of temporary staff are an inefficient use of resources. Spending on agency staff increased from £2.2 billion in 2009/10 to £3.3 billion in 2014/15. The Secretary of State for Health announced a cap in October 2015 on how much trusts can pay per shift to help control spending on agency staff; however, the NAO notes that these measures are unlikely to address fully the underlying causes of the increased demand for temporary staff.

At the same time as the use of temporary staff has increased, the NHS has made much less use of overseas recruitment and return-to-practice initiatives to address staffing shortfalls. The number of overseas nurses has fallen, particularly from outside the EEA, where the number of entrants decreased from 11,359 in 2004/05 to just 699 in 2014/15. Some of the decline may have been due to tighter immigration rules for nurses between 2009 and 2015. The decrease was partly offset by a large rise in recruits from within the EEA. The NAO found that a more co-ordinated and proactive approach to managing the supply of staff could result in efficiencies for the NHS as a whole.

Source: www.nao.org.uk 5 February 2016

NHS to get £4 billion in drive for ‘paperless’ health service

The Government has launched its latest attempt to improve the use of technology in the NHS in England.

The aim is to create a paperless service that would be more convenient for patients, and help doctors to provide faster diagnoses.

More than £4 billion has been set aside for areas such as electronic records and online appointments, prescriptions and consultations.

Full details of the funding are being agreed between the Department of Health and NHS England, but are expected to include:

- £1.8 billion to create a paper-free NHS and remove outdated technology like fax machines
• £1 billion on cyber security and data consent
• £750 million to transform out of hospital care, medicines and digitise social care and emergency care
• about £400 million to build a new website - nhs.uk - develop apps and provide free wi-fi.

Health Secretary Jeremy Hunt said doctors found filling out paperwork and bureaucracy "so frustrating".

"We know that proper investment in IT - it's not without its pitfalls - can save time for doctors and nurses and means they can spend more time with patients," he told the BBC's Andrew Marr Show.

The aim is to allow patients to book services and order prescriptions online, access apps and digital tools and choose to speak to their doctor online or via a video link.

Examples of NHS-accredited apps include one developed by young people to help prevent self-harm, and another that can help care home workers identify the early signs of dementia among residents.

Through the funding, everyone will have access to their own electronic health record, which will be shared between professionals so patients will no longer have to repeat their medical history.

Patients will also be given the opportunity to upload and send real-time data to medical professionals on long term conditions such as blood pressure.

By 2020, it is hoped that a quarter of patients with long term conditions such as hypertension, diabetes and cancer will be able to monitor their health remotely.

The Government wants at least 10 per cent of patients to use computers, tablets or smartphones to access GP services by March 2017.

At the end of 2015, Mr Hunt said free wi-fi would be provided in all NHS buildings in England but a deadline has still not been set.

*Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 7 February 2016*

**British public's satisfaction with the NHS falls by five percentage points**

The British Social Attitudes (BSA) survey for 2015 reports a five percentage point fall in satisfaction with the National Health Service (NHS) compared to 2014, data published by The King's Fund shows.

The public's satisfaction with the health service fell to 60 per cent in 2015. While satisfaction is still high by historical standards, it is now nine percentage points below its peak of 70 per cent in 2010. Dissatisfaction with the NHS increased by eight percentage points to 23 per cent in 2015, the largest single-year increase since the survey began in 1983, taking it back to the levels reported between 2011 and 2013.

The survey, conducted by NatCen Social Research, reports that satisfaction with GP services is at 69 per cent. Although general practice is still the service people are most satisfied with, this represents a ten percentage point drop since 2009 and is the lowest rating for GPs since the survey began.

Satisfaction with social care services provided by local authorities is much lower than satisfaction with health services, falling by five percentage points to 26 per cent.
For the first time in 2015, some respondents that were satisfied or dissatisfied with the NHS were asked why. The biggest drivers of satisfaction were the quality of care provided (61 per cent), the fact that the NHS is free at the point of use (59 per cent) and the range of services and treatments available (54 per cent). The main reasons for dissatisfaction are waiting times for GP and hospital appointments (55 per cent), not enough staff (44 per cent) and under-funding (39 per cent).

The survey highlights a sharp divergence of views between supporters of the main two political parties. Satisfaction levels among Conservative supporters continued to remain stable at 65 per cent. However, perhaps reflecting the general election campaign and its outcome (the survey was conducted in the months afterwards), satisfaction among Labour supporters dropped by 11 percentage points back to its 2013 level of 59 per cent. This brings it back in line with historical precedent – satisfaction tends to be higher among supporters of the party in power.

Satisfaction with other services remained relatively unchanged:

- satisfaction with dentistry is unchanged from 2014 with slightly more than half of respondents satisfied with the service (54 per cent)
- satisfaction with inpatient services remained stable at 58 per cent, while 66 per cent of people were satisfied with outpatient services
- satisfaction with A&E, which has fluctuated over the past few years, was 53 per cent in 2015.

Source: www.kingsfund.org.uk 9 February 2016

**NHS risks Winter performance becoming norm in Summer, experts warn**

The NHS in England risks its traditionally poorer levels of performance in Winter becoming the norm in Summer, reveals an analysis of the last five years of data by health charities the Nuffield Trust and the Health Foundation. The report shows that problems that are usually observed only during the Winter months are increasingly being seen at other times of year – which meant that the NHS entered winter 2015/16 from a historically poor starting point. The authors argue that this could lead to a ‘downward spiral’ in performance.

‘Winter pressures: what’s going on behind the scenes?’ also demonstrates that by many measures, last Winter (2014/15) was the most difficult for the NHS since weekly figures began to be collected, despite weather conditions not being especially bad. This leads to fears that the current Winter could be tougher still.

However, it also highlights the fact that in some areas – such as A&E closures, and the average length of time patients spend in A&E – the NHS has been coping well with Winter pressures.

As part of the joint Nuffield Trust and Health Foundation QualityWatch programme, the report authors set out to examine whether the relentless focus on the four hour A&E target for hospitals gives the full picture of Winter pressures on NHS trusts. The study analyses performance across 29 different indicators over the past five years from 2010 to Autumn 2015, to shine a light on the pressure hospital services experience in Winter and increase understanding of what is a complex issue. The researchers compared annual trends over time to see absolute differences between Winters, and also how demand and performance varied between Winter and Summer. They also looked at the weekly patterns to see whether there were any particular points during the winter months where the system might be under more strain.
Indicators that have traditionally shown poorer performance only in Winter, but which the report shows are now declining in Summer as well, include:

- **trolley waits**: these are defined as patients having to wait between four and 12 hours after a decision has been made by an A&E doctor to admit them to the main hospital. The researchers show that although the number of patients waiting still peaks in Winter, the number subject to trolley waits in Summer is also increasing – making it harder every year to return to ‘normal’. So the number of trolley waits at the end of Summer 2015 was higher not just than in any of the previous four Summers studied, but also greater than in any of the four Winters before 2014/15. In other words, the starting point for Winter is continually worsening for this indicator.

- **similarly, the analysis demonstrates that ambulance response times**, although they too traditionally suffer a dip in performance in Winter, are now recording continually worsening performance every Summer.

Meanwhile, measures that showed their worst performance to date last Winter included:

- **the number of ambulances queuing outside A&E remained fairly steady year-on-year up to 2013/14 at around 60,000 for the Winter months (week 45 – week 6 inclusive), but last Winter considerably increased to 96,150 over the same period. These delays could then have a significant knock-on effect on ambulances' ability to meet response time targets for Category A – the most urgent – calls**.

- **the number of trolley waits has increased substantially since 2010, when the figure was almost 14,000, but last Winter reached a peak of 45,000 in December 2014 – this number comprised nine per cent of all patients where there was a decision to admit them to hospital, and two per cent of all A&E attendance**.

- **the number of patients waiting more than 12 hours after a decision was made to admit them to the hospital reached a peak of 270 in the first week of 2015, a very significant increase on the same week over the previous four years (in that week for both 2011 and 2012, the number was only seven; in 2013 it was 11 and in 2014 only 33). While there was a recovery in the second week, this rose again to around 115 in weeks 3 to 5. While the number is very small in the context of the total number of people going to A&E, it is clear that a growing number of patients are waiting an extremely long time**.

The report also reveals other more general trends, some of which may run counter to the public’s view of the NHS in Winter:

- **fewer people attend A&E in Winter**: By last year, 100,000 more people went to A&E in Summer than in Winter (1,249,000 attendances in June 2015 compared with 1,124,000 in January 2015) – laying to rest the idea that any ‘Winter crisis’ in the NHS is caused by extra people going to A&E in the Winter months. Overall fewer people attend in Winter, with a defined clear ‘dip’ in numbers attending in December/January each year. However, contrary to the broader trend, the number of older people going to A&E peaks in December. In addition, a greater number of people who attend in Winter require emergency admission to hospital.

- **people’s median (average) experience of waiting in A&E for treatment has changed little since 2011, and by October 2015 stood at 56 minutes**

- **the number of hospital beds decreased by 8,000 over the five year period, a 7.5 per cent reduction. At the same time, there was a very large increase in the number of days patients were in hospital when they should have been transferred elsewhere – these went up from 109,918 delayed days in August 2010 to 160,094 in October 2015, an increase of 46 percent**.
However, the report also shows that over the five years studied, the NHS has coped well with some pressures. For example:

- the average daily number of beds closed due to diarrhoea and vomiting/norovirus-like symptoms decreased from 1,133 in 2010/11 to 920 in 2014/15
- the number of so-called ‘A&E divers’ (an agreed temporary diversion of patients to other A&E departments in the area to provide temporary respite) has remained stable over the last five years at around 250 per Winter.

The report also explores a number of common assumptions about the influence on NHS performance of the number of available beds and staff, of patients’ progress through the system, and of care given outside hospitals.

Source: [www.qualitywatch.org.uk](http://www.qualitywatch.org.uk) 11 February 2016

Life expectancy at older ages is the highest it’s ever been
A new report by Public Health England (PHE) finds that life expectancy at older ages in England has risen to its highest ever level.

According to PHE’s report on recent trends in life expectancy at older ages:

- men can now expect to live for a further 19 years at age 65, 12 years at 75, six years at 85 and three years at 95
- women can expect to live for a further 21 years at age 65, 13 years at 75, seven years at 85, and three years at 95.

This follows PHE’s report in 2015 of a drop in life expectancy at some older ages between 2011 and 2012.

The exception is females aged 85. Despite the rise in 2014, this is still at the same level as in 2011.

As before, there is variation in the figures for regions and local authorities. In all but one region of England, male and female life expectancy at age 65 increased between 2013 and 2014 and is higher in 2014 than in any other year presented. The exception is the North East, where male life expectancy was highest in 2013.

The majority of local authorities showed an increase or no change in life expectancy at age 65, however one quarter showed a decrease.

Source: [www.gov.uk](http://www.gov.uk) 12 February 2016

NHS commits to major transformation of mental health care with help for a million more people
The NHS in England has committed to the biggest transformation of mental health care across the NHS in a generation, pledging to help more than a million extra people and investing more than a billion pounds a year by 2020/21.

It is making the move in response to the final report of an independent Taskforce, chaired by the Chief Executive of Mind Paul Farmer, set up by the NHS as part of its Five Year Forward View to build consensus on how to improve services for people of all ages.
The Taskforce gives an assessment of the state of current mental health care across the NHS, highlighting that one in four people will experience a mental health problem in their lifetime and the cost of mental ill health to the economy, NHS and society is £105 billion a year.

In a wide ranging package of recommendations, it proposes a three-pronged approach to improving care through prevention, the expansion of mental health care such as seven day access in a crisis, and integrated physical and mental health care.

The Taskforce suggests, and the NHS accepts, investing over £1 billion a year of additional funding in NHS care by 2020/21 to reach one million more people – this investment is in addition to the previously announced new funding for children, young people and perinatal care.

The report says:

- in recent years there has been a significant expansion in access to psychological therapies, yet only 15 per cent of people who need it currently get care. More action is also needed to help people with anxiety and depression to find or keep a job, as well as to ensure that people with long term conditions have their physical and mental health care needs met.

By 2020, new funding should increase access to evidence-based psychological therapies to reach 25 per cent of need, helping 600,000 more people access care. Combined with investing to double the reach of Individual Placement and Support for people with severe mental illness, this should support a total of 29,000 more people to find / stay in work each year by 2020.

- people with mental health problems receive poorer physical health care, and those living with severe mental illness at risk of dying on average 15 to 20 years earlier than the general population. They are three times more likely to attend A&E and almost five times more likely to be admitted as an emergency.

By 2020, at least 280,000 more people living with severe mental health problems should have improved support for their physical health.

- between 2013/14 and 2014/15 the number of referrals to Child and Adolescent Mental Health Services increased five times faster than the growth of the workforce in these services.

The £1.4 billion (over five years) committed for children and young people’s (CYP) mental health should be invested to ensure that by 2020 at least 70,000 more children and young people have access to high quality care. The Taskforce endorses the recommendations in the ‘Future in Mind’ report in 2015.

- at present only half of the country offers a 24/7 community-based mental health crisis service.

New funding should be made available so by 2020/21 Crisis Resolution and Home Treatment Teams (CRHTTs) can offer intensive home treatment as an alternative to acute inpatient admission in each part of England.

- only a minority of A&E departments currently have 24/7 liaison mental health services, even though peak hours for people presenting to A&E with mental health crises are 11pm to 7am.
New funding should ensure by 2020/21 no acute hospital is without all-age mental health liaison services in emergency departments and inpatient wards, and at least half of acute hospitals meet the ‘core 24’ service standard.

- one in five mothers suffers from mental health problems during pregnancy or in the first year after childbirth. It costs around £8.1 billion for each annual birth cohort or almost £10,000 per birth. Yet fewer than 15 per cent areas have the necessary perinatal mental health services and more than 40 per cent provide none at all.

New funding should be invested to support at least 30,000 more women each year to access evidence-based specialist mental healthcare in the perinatal period.

- suicide is rising after many years of decline.

To reduce suicides by 10 per cent by 2020 all areas should have multi-agency suicide prevention plans in place by 2017 that are reviewed annually.

The taskforce also calls for the practice of sending people out of area for acute inpatient care due to local acute bed pressures to be eliminated entirely by no later than 2020/21. It also states that clinical standards, including maximum waiting times for NICE-recommended care, should be developed and rolled out as soon as funding allows.

Plus the NHS must make significant improvements in mental health research and kick-start a ‘data revolution’ to ensure transparency on spending and the quality of care that people receive.

The report states that evidence indicates that enabling good mental health, and effectively responding to mental health problems when they arise, is dependent on a wide range of socio-economic factors. In recognition of this, the Taskforce makes a series of recommendations for wider Government. These include:

- significant increase in public transparency through changes in how spend on NHS mental healthcare is tracked and reported so it is clear what is being spent in communities on which mental health conditions
- a Government champion for equalities and health inequalities
- the creation of prevention plans in every community across England to help integrate public health, social care and housing and improve mental health outcomes, with mental health champions in each community
- an independent system for scrutinising the quality of investigations into all deaths within inpatient mental health settings.

The Taskforce garnered views from 20,000 members of the public, people with experience of mental health problems and healthcare professionals to understand what they believed was necessary to change how mental health care is delivered across the NHS.

They took all the feedback into consideration when drafting the report, working alongside experts to set recommendations. NHS England will lead work to ensure changes are made, working in partnership with the six health arms-length bodies, people who use services, Taskforce organisations and health and care leaders across England.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 15 February 2016

**Large 'jump in deaths' expert warns**

England and Wales have seen the biggest jump in the number of deaths a year for a whole generation, a public health expert suggests.
Prof Dominic Harrison says this must act as a "strong warning light" and suggests cuts to local authority social care budgets could be partly to blame.

Public Health England (PHE) says it is monitoring the provisional data.

And its officials say a particularly bad strain of flu and an ineffective vaccine may be behind the rise.

Prof Harrison's own analysis backs up figures in the Health Service Journal which suggest there have been 5.6 per cent more deaths in England and Wales in 2015 than in the previous year - the biggest increase in the national death rate since the 1960s.

Though the final figures - which take changes in population size into account - will not be released by the Office for National Statistics (ONS) until the Summer, experts say more needs to be done to understand the reasons behind the spike and urge public health experts to focus on wider factors.

Prof Harrison, director of public health in Blackburn & Darwen and adviser to Public Health England, also points to a separate report by Public Health England which reveals a large number of local authorities showed a fall in life expectancy at age 85 in 2014.

Taken together he says the figures suggest "something is making the population more vulnerable to death." And he says the findings are unlikely to be fully explained by Winter infections or a rise in the elderly population.

Prof Harrison says reductions in local authority social care budgets in England have particularly affected preventative care services that would normally provide daily one-to-one contact for elderly people.

Cuts to meals on wheels services, for example, could mean more elderly people go through entire days without seeing anyone else, and if they are ill this would mean they deteriorate without anyone noticing, he says.

He adds: "One of the things this data might be telling us is that that it is just not possible for the health and social care system to contain costs, improve quality, reduce inequality and improve outcomes within such a rapidly diminishing resource envelope."

David Buck, senior fellow in public health at the King's Fund, agrees that wider issues such as changes to pensions, must be taken into account.

He added: "Public Health England, as a guardian of the nation's healthcare needs to get behind this and investigate more thoroughly."

Public Health England said statistics for older people fluctuate from year to year.

Professor John Newton, chief knowledge officer at PHE added: "There is often no obvious pattern to this but it is clearly important to keep a close eye on the trends, and consider a range of possible explanations.

"In 2015, the monthly death figures suggest cold weather and flu may have played a part in the high numbers of deaths in the early part of the year."

The provisional figures released by the ONS look at both England and Wales.

An Office for National Statistics (ONS) spokesperson added: "Final figures and age-standardised mortality rates, which give a more accurate indication of trends in annual deaths, will be published in July, once population estimates for 2015 are available."

Source: www.bbc.co.uk/news 16 February 2016
NHS trusts' deficit estimated at £2.3 billion as NHS financial crisis deepens

NHS trusts are forecasting an end of year net deficit of around £2.3 billion finds the latest quarterly monitoring report from The King’s Fund. The estimate, based on survey responses from 83 trusts, comes as NHS national bodies are imposing stringent financial controls in an effort to reduce the deficit to £1.8 billion by the end of the financial year. This underlines the risk that the Department of Health will breach Parliamentary protocol by overspending its budget.

The regular survey of NHS finance directors carried out for the report also highlights increasing concerns about quality of care as the financial crisis deepens. For the first time since the survey began in 2011, more than half of trust finance directors (53 per cent) said that quality of care in their local area has worsened in the past year. Nearly as many (48 per cent) clinical commissioning group finance leads agreed.

Key findings from this quarter’s survey include:

- more than two thirds of trusts (67 per cent) and nine out of 10 (89 per cent) acute hospitals are forecasting a deficit at the end of 2015/16
- more than half of trusts (53 per cent) are concerned that they will not be able to meet nationally-imposed caps on their agency staff spending, while a fifth (22 per cent) say the caps may impact on their ability to recruit the staff they need to provide safe care
- nearly two-thirds (64 per cent) of trusts are reliant on extra financial support from the Department of Health or drawing down their reserves
- more than half of trust finance directors (53 per cent) are concerned about meeting productivity targets – the highest level of concern at this time of year since the survey began
- clinical commissioning groups (CCGs) are in a better financial position, although nearly one-fifth (18 per cent) are forecasting a deficit and nearly a third (29 per cent) are concerned about meeting their productivity targets.

The regular data analysis included in the report shows that NHS performance has worsened:

- 8.2 per cent of patients are still waiting for a planned hospital admission after 18 weeks in December 2015 – the first time the target has been missed since it was introduced in April 2012
- the total waiting list for planned hospital admissions in December 2015 was estimated at 3.5 million patients – equivalent to the populations of Greater Manchester, Bristol and Southampton combined
- nine per cent of patients waited longer than four hours in A&E over the quarter up to the end of December 2015 – the worst quarterly performance since 2003
- the number of delayed transfers of care remained high, with more than 5,000 patients awaiting discharge from hospital at the end of December 2015 – the highest number for this time of year since 2007
- cancer waiting times improved with 16.5 per cent of patients waiting more than 62 days for treatment following an urgent referral from their GP, although this is the eighth consecutive quarter this target has been missed.

Source: www.kingsfund.org.uk 18 February 2016
NHS 'never events' a disgrace, says Patients Association

More than 1,000 NHS patients in England in the past four years have suffered from medical mistakes so serious they should never happen, according to analysis by the Patients Association.

The so-called never events included the case of a man who had a whole testicle removed rather than just a cyst.

In another, a woman's fallopian tubes were taken out instead of her appendix.

NHS England insisted such events were rare, but the Patients Association said they were a "disgrace".

Other "never events" included the wrong legs, eyes or knees being operated on and hundreds of cases of foreign objects such as scalpels being left inside bodies after operations.

The Patients Association analysis also found that patients' lives were put in danger when feeding tubes were put into their lungs instead of their stomachs.

Patients were given the wrong type of blood during transfusions and others were given the wrong drugs or doses of drugs.

The analysis showed there were:

- 254 never events from April 2015 to the end of December 2015
- 306 never events from April 2014 to March 2015
- 338 never events from April 2013 to March 2014
- 290 never events from April 2012 to March 2013.

NHS England insisted never events were rare - affecting one in every 20,000 procedures - and that the majority of the 4.6 million hospital operations each year were safe.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 18 February 2016

New GP contract agreed for 2016 to 2017

The Government, NHS England and the British Medical Association’s General Practitioners Committee (BMA GPC) have agreed changes to the GP contract in England.

The new contract will see an investment of £220 million for 2016 to 2017, part of which will provide a pay uplift of one per cent for GPs.

This agreement is the start of a process for investment, support and reform in general practice which both sides are working together to achieve, with a bigger package due to be announced soon.

NHS England and the GPC have also committed to take forward discussions in 2016 on a number of areas that include:

- a national approach to workload management and reducing bureaucracy in general practice
- a national promotion of self-care and appropriate use of GP services
- arrangements for sickness payments
- an approach to calculating practice expenses
- arrangements for identifying patients with EHIC or S1 and S2 forms through patient self-declaration.

The changes include:
• GP practices will record data on the availability of evening and weekend opening for routine appointments
• GP practices will record annually the number of times a locum doctor is paid more than an indicative maximum rate, as set out by NHS England
• the Men ACWY vaccine at 18 years will be extended to allow for the vaccination of 19 to 25 year old non-freshers who self-present for vaccination
• NHS Employers and GPC will work with NHS England and the Department of Health to ensure that appropriate and meaningful data relating to patients’ named accountable GP is made available at practice level. This data will be shared internally within practices and used to improve services for patients
• Avoiding Unplanned Admissions Enhanced Service will continue for a further year with minor amendments to clarify the timeframe around care planning, but its future will be considered during the 2017 to 2018 negotiations
• Dementia Enhanced Service will end from 31 March 2016 and the £42 million resource will be transferred into a global sum, in recognition of the fact that GPs are more routinely diagnosing dementia.

Source: www.gov.uk 19 February 2016

NHS providers urged to take more action to counter pressures
NHS providers need to carry on improving their finances and services if patients are to receive quality care in the future, says England’s new health regulator.

Analysis of NHS providers’ operational and financial performance shows the sector as a whole made £741 million in efficiency savings between April and December 2015. The analysis also shows that NHS providers treated 5.12 million emergency patients between October and December 2015.

However, NHS providers are under sustained pressure from an increase in demand for care, issues with discharging medically fit patients, and high costs. As a result, many providers missed several national waiting times standards, such as the A&E performance measure, in the last three months of 2015. In addition, the sector as a whole reported a deficit of £2.26 billion in the nine months to the end of December 2015.

New measures developed with providers by Monitor and the NHS Trust Development Authority (TDA) to help organisations get a better grip on their finances are starting to have an impact. Many providers are beginning to use them effectively to arrest a previous rise in the use of costly agency staff, and reduced by £31 million the sector’s overall spending on management consultants.

A report to the joint meeting of Monitor and the National Trust Development Authority boards on the performance of the NHS provider sector as of 31 December 2015 shows:

• overall, the NHS provider sector recorded a deficit of £2.26 billion which is £622 million worse than planned
• 179 (75 per cent) out of 240 NHS providers reported a deficit of whom 131 were acute trusts
• the provider sector spent £2.72 billion on agency and contract staff which is £1 billion more than planned
• providers have estimated that delayed transfers of care have cost the sector £104 million so far this year albeit other estimates put the true cost at a much higher level
• providers made £1.94 billion of savings which is £257 million less than planned
• providers have identified £452 million of further financial improvement opportunities for the rest of the 2015/16 financial year
• the NHS provider sector as a whole missed the A&E waiting time target of seeing 95 per cent patients within four hours between October and December 2015
• between October and December 2015, 98,000 people waited longer than four hours in A&E for admission due to poor bed availability elsewhere in their trust
• the size of the waiting list for routine operations reached 3.14 million as providers failed the referral to treatment healthcare standard for the first time.

Source: [www.gov.uk](http://www.gov.uk) 19 February 2016

New guides launched to help improve health at home for older people
The Housing Learning and Improvement Network (Housing LIN), with support from Public Health England (PHE), has published two practical resources aimed at improving the housing sector’s contribution to the health and wellbeing of people with long term conditions and older people. These resources can be found at [http://www.housinglin.org.uk/Topics/browse/HealthandHousing/PublicHealth/HealthGain/?parent=8691&child=10017](http://www.housinglin.org.uk/Topics/browse/HealthandHousing/PublicHealth/HealthGain/?parent=8691&child=10017)

The free resources focus on improving end of life care and enabling the built environment to promote active ageing.

They contribute to the ambitions set out in the national housing and health memorandum of understanding and particularly explore the potential for joint working between local housing, care and support organisations and public health teams.

Source: [www.gov.uk](http://www.gov.uk) 23 February 2016

Doctors say 40,000 deaths a year linked to air pollution
A new report from the Royal College of Physicians (RCP) and the Royal College of Paediatrics and Child Health (RCPCH) has set out the dangerous impact air pollution is currently having on the UK’s health – with around 40,000 deaths a year linked to air pollution. ‘Every breath we take: the lifelong impact of air pollution’, presents that the harm from air pollution is not only linked to short term episodes but is also a long term problem with lifelong implications.

The report notes examples from right across an individual’s lifespan, from a baby’s first weeks in the womb through to the years of older age, including the adverse effects of air pollution on the development of the fetus, with emphasis on lung and kidney development, miscarriage, and increases in heart attacks and strokes for those in later life. Associated links to asthma, diabetes, dementia, obesity and cancer for the wider population are also included.

In relation to asthma, the report stresses the significant point that after years of debate, there is now compelling evidence that air pollution is associated with both reduced lung growth in childhood and new onset asthma in children and in adults - whilst highlighting that air pollution increases the severity of asthma for those with the disease.

The dangers of outdoor air pollution have been well documented, however the report highlights the often overlooked section of our environment - indoor space. Factors such as kitchen products, faulty boilers, open fires, fly-sprays and air fresheners, all of which can cause poor air quality in our homes, workspaces and schools. According to the report indoor air pollution may have caused or contributed to 99,000 deaths annually in Europe.
Although Government and the World Health Organization (WHO) set ‘acceptable’ limits for various pollutants in our air, the report states that there is in fact no level of exposure that can be seen to be safe, with any exposure carrying an associated risk. As a result, the report offers a number of major reform proposals setting out what must be done if we are to tackle the problem of air pollution.

These include:

- put the onus on polluters
- local authorities need to act to protect public health when air pollution levels are high
- monitor air pollution effectively
- quantify the relationship between indoor air pollution and health
- define the economic impact of air pollution
- lead by example within the NHS.

The report also emphasises how the public can do their part to reduce pollutant exposure. Noting the impact collective action can have on the future levels of air pollution in our communities.

Suggestions include:

- trying alternatives to car travel or preferably taking the active option: bus, train, walking and cycling
- aiming for energy efficiency in our homes
- keeping gas appliances and solid fuel burners in good repair
- learning more about air quality and staying informed.

Other key points from the report note:

- estimated cost of air pollution in the UK is £20 billion annually (in Europe €240 billion)
- a need to develop new technologies to improve air pollution monitoring
- more research to determine how social and economic trends are affecting air quality and its twin threat climate change.

Source: [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk) 23 February 2016

Rise in wellbeing in late 60s, survey finds

The wellbeing of people in their 60s increases as they reach the age of 70, according to a national survey.

That is despite many people in the age group having at least one chronic disease.

Participants were asked to rate how confident, cheerful, relaxed and useful they felt in their early 60s and then again aged 68 to 69.

The Medical Research Council (MRC) survey has tracked the health and wellbeing of 1,700 people since their birth.

When the responses of those aged 60 to 64 were compared to their feelings towards the end of their seventh decade, the survey found there was an overall average improvement in all aspects of wellbeing.

This mirrors the results of previous studies which found that people in their 60s and 70s were more content than those in their 50s.

Although people are living longer, poor health in old age is still a concern.
Most survey participants reported having at least one common chronic disease such as arthritis, diabetes or hypertension.

*Source:* [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 29 February 2016

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**New Dementia Envoy appointed**

The Prime Minister, David Cameron, has appointed David Mayhew as the new Dementia Envoy.

The Envoy works with countries, corporations and leaders from around the world, sharing expertise and promoting research and support for people with dementia and their carers.

David Mayhew said:

“"It's an honour to be asked to take on this role for the Prime Minister, and I am delighted to be able to play a part in furthering international efforts to tackle dementia. As chairman of Alzheimer’s Research UK, I am acutely aware that dementia is not only a personal tragedy for those affected, but a problem affecting all of society, and arguably the greatest medical challenge of our time.

“Urgent action is needed, and the UK has a hugely important role to play in this fight. I look forward to working with the UK Government to tackle dementia on an international scale – we must lead the way, and we must all redouble our efforts to defeat this devastating condition once and for all.”

Dementia is a high priority for the UK Government and internationally. The Envoy will play an important role in supporting the 2020 challenge on dementia.

David takes over from Dennis Gillings, who was the World Dementia Envoy for two years. Dennis helped to launch the £100 million Dementia Discovery Fund and was involved in the progress that’s been made since the first G8 summit on dementia was held in 2013.

*Source:* [www.gov.uk](http://www.gov.uk) 1 March 2016

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**Bed blocking ‘is a growing problem’**

The NHS is going to waste £3.3 billion caring for patients who don’t need medical treatment, but the money would be better spent on a Fast Track Discharge Fund to move vulnerable older people into care homes, according to a report from the independent think tank ResPublica.

In a report entitled, ‘Care after cure: creating a fast track pathway from hospitals to homes’ ResPublica says thousands of hospital beds would be freed up for medical cases and residential care homes could look after recuperating patients who currently block wards because they have no safe place to go.

ResPublica has found caring for all delayed transfer of care patients in a residential care setting would cost £835 million over five years to 2020/21, compared to £3.3 billion in an acute bed. The report argues the remaining £2.4 billion should be invested in bed capacity, skills, training and facilities in residential care to allow the sector to step up to this more substantial role.

A Fast Track Discharge Fund would also address the crisis which is seeing care homes closing because of the low amount they currently receive for funded residents, and the impact of the National Living Wage.
Out of hospital services – largely in residential care homes – for patients fit to leave wards but in need of extra support would improve under the fund, which would be used by clinical commissioning groups (CCGs).

The report found that as well as healthcare needs being met by nursing staff in care homes, pressure would be reduced on A&E departments, where there has been a sharp decline in meeting the four hour target to conduct an initial assessment on 95 per cent of patients.

Key points in the report include:

- over the past five years (2011/12 to 2015/16), the health service spent £2 billion caring for patients who are medically fit to leave. Over the next five years to 2020/2021, £3.3 billion will be spent by hospitals on acute care for patients who have no medical requirement to be there
- the equivalent of 3,575 hospital beds were continually taken up by patients who had no medical need for them in 2011/12. This will rise by 21 per cent to 4,282 beds by the end of this financial year (2015/16)
- by 2020/21, ResPublica estimates that the equivalent number of hospital beds continually ‘blocked’ will reach over 5,300. This means that for every two bedblocking patients in hospitals in 2011/12, there will be three such patients in 2020/21.

The report authors highlighted a human, as well as financial, cost to bedblocking with frail older people unnecessarily in a hospital bed being much better served by expert care in the community. On a ward they are at risk of hospital acquired infection, emotional ill health and a loss of independence.

Source: www.respublica.org.uk 1 March 2016

**Fewer adults dying from conditions directly caused by alcohol**

Fewer adults dying from conditions directly caused by alcohol, but deaths from related conditions, such as cancer, rise by one per cent.

New figures from Public Health England (PHE) show fewer adults are dying from alcohol-specific conditions, such as alcoholic liver disease and alcohol poisonings.

The latest update to the Local Alcohol Profiles for England (LAPE) data tool shows that nationally, alcohol-specific deaths fell by three per cent to 17,755 deaths. Alcohol-related deaths have seen a slight increase, year on year, from an estimated 22,330 in 2012 to 22,976 in 2014. Alcohol-related deaths include conditions that are partially related to alcohol, such as heart disease and certain cancers.

A three per cent decrease in alcohol-specific deaths is promising. However, a lot of the ill health we are seeing associated with alcohol, such as heart disease and cancer, is among people who are not dependent, but who drink frequently and are unaware of the risks. In both alcohol-specific and alcohol-related death rates, the rate for men is almost double that of women.

For the first time, the LAPE tool includes data on alcohol-related road traffic accidents. This shows that between 2012 and 2014, in 2.6 per cent of reported road traffic accidents, one or more driver failed a breath test.

There continues to be large variations in alcohol-related harms across the country, with 165 local authorities seeing an increase in alcohol-related deaths in 2014 and 161 seeing a drop.
Substantial health inequalities continue to exist for both men and women, with the rate of liver disease in the most deprived areas double the rate in the least deprived.

The LAPE tool presents data for 23 alcohol-related indicators in an interactive tool, which helps local areas assess alcohol-related harm and monitor the progress of efforts to reduce this.

Source: [www.gov.uk](http://www.gov.uk) 1 March 2016

**Health Secretary unveils plans for safer seven day dementia service**

The Health Secretary Jeremy Hunt has published the dementia implementation plan which will empower people with dementia and their family through improved care and transparency.

As part of the Government’s aim of building a higher-quality NHS for patients, with safer care throughout the week, the dementia implementation plan will make sure:

- for the first time, people with dementia and their families will benefit from greater transparency and will be able to compare the quality of dementia care in their local area
- the Care Quality Commission (CQC) will include standards of dementia care in their inspections to make sure services are safer for people with dementia seven days a week
- every person with dementia will receive a personalised care plan.

As part of plans to raise awareness of health concerns, a new pilot scheme will extend NHS Health Checks. For the first time, NHS Health Checks will include awareness raising, education and discussion of risk reduction for dementia for people aged 40 or older. This is currently only available for over 65s.

Alzheimer’s Society research shows that 92 per cent of people think hospitals are frightening for the person with dementia.

The rollout of seven day NHS services will benefit dementia patients as it will help make sure they don’t stay in hospital longer than necessary. Currently, consultant hospital ward rounds vary across the week and around the country. Under new plans:

- all patients in high dependency care will be seen and reviewed by a consultant twice a day, every day of the week by 2020
- if clinically appropriate, all patients, including those with dementia, will be reviewed by a consultant ward round once a day, every day of the week by 2020.

In addition, leaders across the health, social care, local government and voluntary sector organisations have signed a joint declaration, committing to improving care and support to people with dementia following diagnosis.

Important achievements on dementia so far include:

- over 1.46 million people have become Dementia Friends
- over 600,000 NHS and social care staff have been trained in better supporting people with dementia
- over 142 communities across England have signed up to be dementia friendly communities
- two thirds of those with dementia now receive a diagnosis of dementia – more than ever before
- £50 million invested in creating dementia friendly environments in hospitals and care homes
- record numbers of people participating in dementia research.
Public Health England launches One You
Living healthily in midlife can double your chances of being healthy at 70 and beyond, according to a new campaign by Public Health England (PHE), entitled ‘One You’. The campaign aims to help people avoid future diseases caused by modern day life.

Highlights of the campaign include:

- around 40 per cent of all deaths in England are related to behaviour
- the NHS spends more than £11 billion a year on treating illnesses caused by the effects of diet, inactivity, smoking and drinking alcohol.

One You is the first ever nationwide campaign to address preventable disease in adults.

Everyday habits and behaviours, such as eating too much unhealthy food, drinking more than is recommended, continuing to smoke and not being active enough, are responsible for around 40 per cent of all deaths in England, and cost the NHS more than £11 billion a year.

One You aims to encourage adults, particular those in middle age, to take control of their health to enjoy significant benefits now, and in later life.

Latest figures show that life expectancy at older ages is at record levels, yet many are spending their retirement living in ill health. Currently 15 million Britons are living with a long term health condition, yet studies show living healthily in middle age can double your chances of being healthy when you are 70.

The new campaign from Public Health England will help adults to move more, eat well, drink less and be smoke free. One You will also provide information on how people can reduce their stress levels and sleep better.

Modern day life makes it hard for people to live healthily, with bigger portions for everything we eat, a desk-bound job or a long commute. One You gives people the chance to reappraise their lifestyle choices, put themselves first and do something about their own health before it’s too late.

It will encourage adults to start by taking a new online health quiz called ‘How Are You’. This innovative quiz provides personalised recommendations based on your results and directs people to tools and advice to help them take action where it’s most needed. Over half (56 per cent) of 40 to 60 year olds taking the ‘How Are You’ quiz said they were likely to change their lifestyle to improve their health because of the feedback it gave them.

Source: [www.gov.uk](http://www.gov.uk) 6 March 2016

£11 billion cost of treating physical and mental health separately
The King’s Fund has published a new report which shows that the psychological problems associated with physical health conditions, and vice versa, are costing the NHS more than £11 billion a year and care is less effective than it could be. The report argues that by integrating physical and mental health care the NHS can improve health outcomes and save money.

The £11 billion a year is the collective cost of:

- high rates of mental health issues among those with long term conditions such as cancer, diabetes or heart disease
limited support for the psychological aspects of physical health, for example during and after pregnancy
• poor management of ‘medically unexplained symptoms’ such as persistent pain or tiredness.

The separation between physical and mental health has a high human cost: the life expectancy for people with severe mental illness (such as bipolar disorder or schizophrenia) is 15 to 20 years below that of the general population, largely as a result of physical health conditions.

The report identifies 10 areas where there is particular scope for improvement across the system from enhancing mental health input in acute hospitals and assessing physical health problems in mental health inpatient facilities, to increased support for GPs in managing people with complex conditions. It draws on innovative examples of how improvement can be made through integrated approaches such as bridging the gaps between secondary and primary care and by embedding both physical and mental health in routine care processes – which will also reduce the stigma around ‘mental health’. It also suggests how to enable change through practical steps like having a board-level champion for physical health in mental health trusts and vice versa.

King’s Fund research with service users and carers shows how all health and care professionals have a part to play in integrating physical and mental health by adopting a ‘whole person’ approach. A key way to achieve this is by helping the existing workforce to develop their skill-set by supporting learning between different groups of professionals and through a common foundation training in both physical and mental health to support the workforce of the future.

Source: www.kingsfund.org.uk 8 March 2016

Plans to end the cover-up culture in the NHS
The Health Secretary Jeremy Hunt, has announced plans to improve NHS safety and transparency at the first ministerial-level Global Patient Safety Summit.

The two day summit which was held on 9 and 10 March 2016 brought together health ministers, senior delegates and expert clinicians from across the world, including Margaret Chan, Director General of the World Health Organisation.

Speaking at the summit, Jeremy Hunt described a range of new measures including an independent Healthcare Safety Investigation Branch and legal protection for anyone giving information following a hospital mistake.

Legal ‘safe spaces’ will mean those co-operating with investigations will be supported and protected to speak up to help bring new openness to the NHS’s response to mistakes. Families will be told the full truth more quickly and the NHS will become better at learning when things go wrong and acting upon it.

Jeremy Hunt also announced that, from April 2018, expert medical examiners will independently review and confirm the cause of all deaths. This was originally recommended by the Shipman Inquiry, and subsequently by the Francis Report, following the events of Mid Staffs. If any death needs to be investigated and if there is cause for concern, appropriate action will be taken.

The current system has remained largely unchanged for over 50 years and leads to significant variations in the number of deaths that are investigated. The changes announced by the
Health Secretary will reassure the public that if things go wrong, the causes will be identified and investigated.

As part of his plan for a safer NHS, seven days a week, the Health Secretary also announced:

- changes to General Medical Council (GMC) and Nursing and Midwifery Council (NMC) guidance so that when NHS staff are honest about mistakes and apologise, a professional tribunal gives them credit for that, just as failing to do so is likely to incur a serious sanction
- NHS Improvement will ask all trusts to publish a charter for openness and transparency so staff have clear expectations of how they will be treated if they witness clinical errors
- NHS England will work with the Royal College of Physicians to develop a standardised method for reviewing the records of patients who have died in hospital
- England will become the first country in the world to publish estimates by every hospital trust of their own – non-comparable – avoidable mortality rates.

Source: www.gov.uk 9 March 2016

**New league launched to encourage openness in the NHS**

Monitor and the NHS Trust Development Authority (TDA) have launched a new league to encourage openness and transparency in the NHS.

NHS trusts and foundation trusts will be publically ranked on their openness and transparency under a new ‘Learning from mistakes league’.

Data for 2015/16 – which is drawn from the 2015 NHS staff survey and from the National Reporting and Learning System (NRLS) – shows that:

- 18 providers were outstanding
- 102 were good
- 78 gave cause for significant concern
- 32 had a poor reporting culture.

The league table has been drawn together by giving providers scores based on the fairness and effectiveness of procedures for reporting errors, near misses and incidents; staff confidence and security in reporting unsafe clinical practice and the percentage of staff who feel able to contribute towards improvements at their trust.

NHS Improvement (which will bring together Monitor, the NHS TDA, the NRLS and the Patient Safety Team) will work with providers at the bottom of the league to assist them with improving their openness and transparency.

The league table is available at: https://www.gov.uk/government/publications/learning-from-mistakes-league

Source: www.gov.uk 9 March 2016

**Detailed plans must address ‘looming crisis’ in general practice**

The House of Commons Public Accounts Committee (PAC) has called for a detailed review of general practice in England, warning problems with recruitment and retention mean there are not enough GPs to meet demand in a report entitled, ‘Access to general practice in England’.

The Committee finds the demand for general practice grew faster than capacity throughout the last decade.
It concludes good access to GPs is too dependent on where patients live and that "patients who are older, white or in a more affluent urban area get better access than anyone else". It is also concerned that, in cases where people do not have easy access to information about general practice, "they may go to A&E instead or do nothing at all".

In summary, the Committee finds the Department of Health and NHS England "appear to have been complacent about general practice’s ability to cope with the increase in demand caused by rising public expectations and the needs of an ageing population, many of whom have multiple health conditions".

On staffing levels, the Report highlights concerns that more GPs are leaving the profession, particularly older staff with more experience; it is too difficult for GPs who have left to return to practice; and NHS England and Health Education England are struggling to attract new doctors to become GPs.

It urges Government bodies to report back to the Committee by December 2016 setting out, among other measures, how they plan to reduce the number of GPs leaving the profession early; how they plan to attract more GPs to return to practice; and to establish which incentives work best in attracting new recruits.

Report summary

Most of the contact that people have with the NHS is with their general practice. Good access to appointments in general practice is important not only for patients’ health but also to reduce pressure on other parts of the NHS.

Generally patients have a positive experience of getting and booking appointments, and they trust and value their GP. However, patients' ability to get an appointment, and to get one with the doctor they want, has gradually but consistently declined in recent years, and the proportion of patients reporting problems in accessing general practice has increased.

There is also significant variation in the experience of different groups of patients and between different practices. Younger people, those from minority ethnic groups and those in deprived areas are less likely to be able to book an appointment.

In recent years the Department of Health (the Department) and NHS England have failed to ensure that staffing in general practice has kept pace with growing demand. They appear to have been complacent about general practice’s ability to cope with the increase in demand caused by rising public expectations and the needs of an ageing population, many of whom have multiple health conditions.

The Department and NHS England now seem to recognise the urgent need for action and they envisage significant changes in general practice over the next few years. NHS England has committed to increasing funding for general practice and is seeking to increase the number of GPs, to make more use of technology, and to support the creation of more federations of practices and multi-disciplinary large practices.

To help general practice to change, NHS England needs to do more to identify and evaluate what works, and to ensure that best practice is applied more widely.

Source: www.parliament.uk 9 March 2016
A&E delays 'reach record levels'
A&E delays in England have reached record levels, official figures show.

The data for January 2016 from NHS England showed 88.7 per cent of patients were dealt with in four hours. The target is 95 per cent.

That is the worst monthly performance since the target came in in 2004.

NHS England blamed rising demand - overall attendances were up by more than 10 per cent compared with the same time last year. There was also a sharp rise in emergency admissions and calls to NHS 111.

The monthly review also showed the NHS was struggling in other areas:

- the target to see patients needing routine operations within 18 weeks was missed for the second month in a row
- the key cancer target for patients to start their treatment within 62 days of an urgent referral from GP was missed for the 20th time in 21 months
- twice as many people waited six weeks or longer for a diagnostic test than should have
- NHS 111 failed to hit its target to answer calls within 60 seconds
- ambulances missed their target to respond to the most critical calls in eight minutes - one in three patients waited longer - the eight month in a row it has not been hit.

Source: [www.bbc.co.uk/news](http://www.bbc.co.uk/news) 10 March 2016

NHS England announces £55 million cash boost to end hospital referrals by second class post
NHS England has set aside £55 million to reward GPs and hospitals to switching to making referrals digitally by 2018, calling time on the practice of referring patients to hospital by second class post.

At the moment, around 50 per cent of patients are referred for hospital appointments electronically. It is intended this will increase rapidly to 60 per cent by September 2016, 80 per cent by 2017 and 100 per cent by 2018.

NHS England and NHS Improvement also plan to consult on a proposal that by 2018 NHS commissioners and providers will no longer be paid for referrals made by paper.

Additional actions announced are:

- to encourage clinical commissioning groups (CCGs) to support GPs and hospitals to adopt the practice of electronic referrals, NHS England will release up to £55 million of funding through the 2016/17 Quality Premium, a scheme designed to reward CCGs for improvements in quality of services
- there will be further payments for hospitals to adopt the practice of processing electronic referrals next year through a 2017/18 Commissioning for Quality and Innovation (CQUIN), which recognises excellence and improvement in providers
- in 2018, NHS England and NHS Improvement will consult on whether the requirement to complete and process referrals electronically becomes a condition of the national tariff meaning that commissioners and providers would no longer be paid for referrals made by paper.

Completing referrals electronically allows GPs to book in patients’ hospital appointments right away and offer them a choice of date. Under these plans, patients will leave their GP practice
with a scheduled appointment in the diary, ending the days of anxious waits for the post to arrive and frustrating calls to chase hospital letters.

Emerging research undertaken by the National Audit Office (NAO) reveals patients are 50 per cent less likely to miss their hospital appointment if they have chosen the date themselves. Reducing missed appointments frees up clinical time to be spent with other patients and leads to significant financial savings for hospital trusts. The NAO suggests the NHS could save £51 million a year if every referral was made online.

The initiative is part of an NHS wide drive to increase efficiency which includes making the best use of technology.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 10 March 2016

**Pharmacies must remain at the heart of communities, warn councils**

Funding cuts could force hundreds of local pharmacies to close, cutting off a vital lifeline for older and vulnerable people and leaving some facing long journeys to collect essential medicines, councils have warned.

The Local Government Association (LGA), which represents more than 370 councils - who have responsibility for public health - has warned that a £170 million reduction in NHS funding for community pharmacies could put many out of business.

In its response to the Department of Health’s consultation over proposals to instead use clinical pharmacists in primary care settings such as GP practices, the LGA insists local pharmacies must remain at the heart of communities, rather than risk bringing more people to surgeries and adding to existing pressures.

The LGA says the closure of community pharmacies could leave many isolated and vulnerable residents, particularly in deprived areas, struggling to access pharmacies for their potentially life-saving medicines.

For some people the local pharmacy is their only contact with a health professional, providing access to invaluable health advice and enabling older people to live more independently.

A bigger role for community pharmacies would instead help take away some of the strain from hospitals and GP practices, according to the LGA. Local pharmacies should be expanded within their communities, say councils, providing important public health services such as health checks, smoking cessation, sexual health, screening and immunisations, in addition to dispensing and selling medicines.

Pharmacies should modernise, with new ways of ordering prescriptions and collecting medicines, including online ordering and delivery to the patient’s home.

Source: [www.local.gov.uk](http://www.local.gov.uk) 11 March 2016

**First blueprint published for London-wide Special Care Dental Services to ensure high quality care for all**

NHS England has published its first ever pan-London service specification for special care patients, to ensure patients receive high quality consistent care across the capital.

The new specification will mean eligible patients will be able to choose where in the capital they want to go for their care, regardless of which borough they live in.
The blueprint will also help to eradicate variations in how dental services are currently provided ultimately ensuring a fairer distribution of dental resources based on the need and population.

Special care dental services, formerly known as community dental services cater for adults and children with special needs and those whose treatment needs cannot be met by an ordinary general dental practice. This can include people with learning or physical disabilities and other special needs including being homeless, people with dental phobias, children with severe decay, the elderly and housebound patients.

The services also provide restorative care – including root canal therapy, gum treatment, crowns, bridges and dentures. Additionally it provides a lead role in oral health promotion to reduce dental disease and oral health inequalities.

The new specification will cover £30 million of community dental services in London for contracts awarded from June 2016 and due to begin in April 2017.

Source: www.england.nhs.uk 14 March 2016

Health and care bodies reveal the map that will transform healthcare in England

National health and care bodies in England have published details of the 44 ‘footprint’ areas that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS Five Year Forward View.

Senior leaders who will be leading this work have also been confirmed, with broadly equal representation from clinical commissioning groups (CCGs) and from hospitals and other providers of care, as well as some key figures from local authorities, recognising the need for local systems to work in partnership.

In December 2015, NHS shared planning guidance set out a new approach to help ensure that health and care services are planned by place rather than solely around individual institutions, over a period of five years, rather than just a single year. Central to this are the design and delivery of Sustainability and Transformation Plans (STPs), which must show clearly how each area will pursue the ‘triple aim’ set out in the NHS Five Year Forward View – improved health and wellbeing, transformed quality of care delivery, and sustainable finances.

Frontline leaders have worked together closely to agree the most locally appropriate boundaries, recognising that footprints will not cover all planning eventualities, and that different areas will have different needs. Populations range from 300,000 (in West, North and East Cumbria) to nearly three million people (in Greater Manchester). They include five local areas within London, and many which are in line with county boundaries.

NHS England worked to establish a Sustainability and Transformation Fund of £2.1 billion for 2016/17, which will rise to £2.9 billion in 2017/18 and to £3.4 billion in 2020/21. STPs will become the single application and approval process for being accepted onto programmes with transformation funding from 2017/18 onwards.

Most of the 44 areas will be led by people already working in the local health and care economies, with named individuals responsible for convening, overseeing and co-ordinating their STP work. They are individuals who command both local and national support, whose collective efforts alongside colleagues will help transform health and care over the next few years.
The national bodies are also publishing guidance and templates to support areas in submitting information about their governance and priorities by 15 April, in advance of final submissions by the end of June 2016.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 15 March 2016

**Proposal to merge four GP practices gets go-ahead**

A proposal by four Southwark GP practices to merge into one partnership has been approved by healthcare commissioners, creating London’s biggest GP practice.

The Aylesbury Partnership, Bermondsey and Lansdowne Medical Mission, Princess Street Group Practice and the Walworth Partnership already serve over 60,000 patients across eight sites. The aim of the merger is to give patients a better service, develop new ways of working while holding on to the good values of traditional general practice and to prepare for population growth in the area.

NHS England (London) and NHS Southwark Clinical Commissioning Group (CCG) approved the plan on 17 March 2016. It means registered patients will benefit from:

- a larger team working together to maintain and improve the quality of care
- more choice about where to access care
- a wider range of services at one or more local surgeries
- the shared skills and expertise of staff from all four practices
- development of an improved appointment system that will, over time, offer many ways to contact and access the service
- continuity of care has been prioritised – people can expect to go to the same surgery for their appointments and receive the same medical care they are used to
- more co-ordinated care that draws on skills from all practices to develop teams to support people with long term and complex conditions.

The arrangement will also benefit practice staff as duplication in administrative processes is reduced, better IT systems are introduced and greater development and training opportunities are available across a bigger team.

The merger has been considered by Southwark Council’s Overview and Scrutiny Committee and is expected to complete this Summer. Service improvements will be introduced over a two year period. All registered patients at the practices involved will receive more information in the months leading to the merger.

Source: [www.england.nhs.uk](http://www.england.nhs.uk) 19 March 2016

**Londoners get chance to beat Type 2 diabetes this year as new scheme launches**

Londoners at high risk of Type 2 diabetes will be invited to join a programme helping them avoid developing the condition as a new national scheme launches in London. These areas include South London and central parts of East and North London led by Newham, Camden and Hammersmith & Fulham – see below for the full list.

These areas form part of the 27 to launch across the country as part of the national Healthier You: NHS Diabetes Prevention Programme looking to help people at high risk of the condition change their lifestyles.

GPs across the region expect to begin to refer people they know to be at high risk during 2016.
Those referred will get tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes, all of which together have been proven to reduce the risk of developing the disease.

The nationwide programme will start this year with a first wave of 27 areas covering 26 million people, half of the population, and making up to 20,000 places available. This will roll out to the whole country by 2020 with 100,000 referrals available each year after.

Over nine months patients will be offered at least 13 education and exercise sessions of one to two hours per session, at least 16 hours face to face or one to one in total.


London's areas:

**Newham-led bid**
- Newham Clinical Commissioning Group (CCG)
- NHS City & Hackney CCG
- Tower Hamlets CCG
- Waltham Forest CCG
- London Borough of Newham
- London Borough of Hackney
- Corporation of the City of London
- Tower Hamlets Local Authority
- London Borough of Waltham Forest.

**Southwark-led bid**
- London Borough of Southwark
- NHS Southwark CCG
- NHS Bexley CCG
- NHS Lewisham CCG
- NHS Bromley CCG
- NHS Lambeth CCG
- NHS Greenwich CCG
- NHS Kingston CCG
- NHS Wandsworth CCG
- NHS Merton CCG
- NHS Croydon CCG
- NHS Sutton CCG
- NHS Richmond CCG
- London Borough of Lewisham
- London Borough of Bexley
- Royal Borough of Greenwich
- Wandsworth Borough Council
- London Borough of Merton
- Croydon Council
- London Borough of Sutton
- London Borough of Richmond upon Thames
- Royal Borough of Kingston
- Lambeth Borough Council
- London Borough of Bromley.
West London
- CWHHE CCGs, including Central London, West London, Hammersmith & Fulham, Hounslow and Ealing
- London Borough of Ealing
- Royal Borough of Kensington & Chelsea
- Hammersmith & Fulham Council
- London Borough of Hounslow
- City of Westminster Council.

Camden-led bid
- NHS Camden CCG
- NHS Islington CCG
- NHS Haringey CCG
- London Borough of Camden
- Islington Council
- Haringey Council.

Source: www.england.nhs.uk 22 March 2016

CQC inspectors rate Guy's and St Thomas' NHS Foundation Trust as Good
The Chief Inspector of Hospitals has rated Guy's and St Thomas' NHS Foundation Trust as Good following its first comprehensive inspection by the Care Quality Commission (CQC).

Both Guy's Hospital and St Thomas' Hospital were found to be Good overall. The Trust's community health services were also rated Good.

Full reports on all core services have been published on the CQC website:
www.cqc.org.uk/provider/RJ1

The CQC inspection team, which included specialist advisors and experts by experience, visited the Trust over a period of four days during September 2015. There were four further unannounced visits.

The Chief Inspector of Hospitals, Professor Sir Mike Richards, said:
“Guy's and St Thomas' sets out to provide world class clinical care, education and research that improves the health of the local community and of the wider population – and if you ask their patients, the vast majority would tell you that is their experience.

“Throughout our inspection we found evidence of clear supportive leadership and staff who are highly committed to the Trust, delivering high quality, compassionate, patient care. Patients were positive about the care they received and felt staff treated them with dignity and respect.

“Many of the services we inspected were rated as Good, with urgent and emergency services, and services for children and young people (Evelina London Children’s Hospital), St Thomas’ Hospital Outstanding.

“Although there were vacancies in all areas, the Trust was recruiting to ensure that staffing levels were maintained at safe levels. However, the Trust had not fully implemented the World Health Organisation (WHO) surgical safety checklist. Staff knew how to report incidents, but there was only limited learning from Never Events across directorates. I note that the Trust has not been meeting the 62-day target on access to cancer treatment for some time.
“I know that the Trust is facing increasing demand on its services, and we will continue to monitor its performance in these challenging times.”

The inspectors found that the majority of patients were treated in a timely manner, with the Trust meeting most national access targets. Patient movement through the hospitals was well managed with a low number of cancelled operations, and systems in place to minimise delays experienced by patients that were being discharged.

Urgent and emergency services at St Thomas' Hospital were found to be Outstanding. Staff were compassionate and flexible to ensure they supported people well. The role of the emergency services security team was embedded in the day to day running of the service. The team was multilingual and trained in effective de-escalation techniques and demonstrated outstanding empathy with patients.

In children’s services, the paediatric cardiology service had introduced a home monitoring programme for infants following surgery, which allowed them to live safely at home with their families while they recovered and prepared for the second stage of their treatment.

Although most services were providing safe care, inspectors found that improvements were needed in critical care and maternity and gynaecology services at St Thomas' Hospital and surgical services at both Guy's Hospital and St Thomas' Hospital. Across the Trust most services were responsible for their own governance arrangements. While there was some oversight by the board, inspectors found that there was an over reliance that issues were being addressed at a service level.

The report highlights a number of areas of outstanding practice including:

- the Trust had developed a dementia training film entitled ‘Barbara’s story’, to raise awareness of dementia and see it from the patient's perspective, which had changed the way staff carried out their role. The film has been used by other health providers
- the Proactive Care of Older People Service (POPS), provided specific care for patients aged 65 years and above to improve their medical health before and after surgery through continuous assessment and collaborative working with consultants and ward staff
- in community services, patients' families and people close to them were given a leaflet that provided clear information about the dying process to help them understand the signs of a dying person, why some interventions were stopped and what to expect in the final stages of death.

Inspectors also identified areas for improvement which included:

- the Trust must improve links between directorates responsible for surgical activity to ensure learning and concerns from incidents are shared. The Trust should continue to improve governance and assurance systems and reduce the backlog of complaints and investigations into serious incidents. The Care Quality Commission will present its findings to a local quality summit, including NHS commissioners, providers, regulators and other public bodies. The purpose of the quality summit is to develop a plan of action and recommendations based on the inspection team's findings.

Source: [www.cqc.org.uk](http://www.cqc.org.uk) 24 March 2016
**Chief Inspector of Hospitals finds Barnet, Enfield & Haringey Mental Health NHS Trust requires improvement**

England's Chief Inspector of Hospitals has found that, although the leadership team at Barnet, Enfield & Haringey Mental Health NHS Trust has identified many of the problems facing the organisation and made a start to address them, there is still much to do. The Care Quality Commission (CQC) has given the Trust an overall rating of Requires Improvement following an inspection during November and December 2015.

The CQC has rated five of the eleven core services inspected as Requires Improvement, five as Good and the forensic services as Outstanding. The services that Require Improvement are the acute mental health admission wards for adults, the community based mental health services (mainly the community recovery teams), the child and adolescent mental health ward the Beacon Centre, the specialist community mental health services for children and young people and crisis mental health services which include the home treatment teams. The Enfield community services had an overall rating of Good.

Full reports of the inspection including ratings for all core services are available at: [www.cqc.org.uk/provider/RRP](http://www.cqc.org.uk/provider/RRP)

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

“It is clear that over the past couple of years there has been progress at Barnet, Enfield & Haringey Mental Health NHS Trust. Although the Trust recognises there is still further progress to be made we expect them to address the issues we have identified on this inspection and we will continue to monitor the Trust's progress.”

At the start of the inspection, the chief executive of the Trust gave a presentation about the areas they were proud of and the challenges faced by the Trust. The inspection findings reflected most of the priorities identified by the Trust. This demonstrated that the senior Trust managers had identified many of the problems that they needed to address. However, the CQC believes that there is still a great deal to do for services to be a consistently high standard. Inspectors found that these challenges are greater in the borough of Haringey where more improvements are needed. It was also concluded that at St Ann’s the physical environment of the three inpatient mental health wards is not fit for purpose due to its age and layout. This impacts on the Trust’s ability to deliver safe services within this environment”.

The main areas for improvement were as follows:

- the Trust had a substantial problem with staff recruitment and there was a high use of temporary staff that was impacting on the consistency of care. There were too few regular staff to consistently guarantee safety and quality in the acute mental health wards, the child and adolescent ward and in the Enfield health visiting services. There were staffing problems in some other areas but these are not as severe
- a significant number of new or interim managers provided important support roles or directly led teams providing care. Permanent managers with strong leadership skills were needed to improve and sustain standards of care
- the management of risk was very variable across the mental health services. In some cases this was because staff had not considered individual risk or updated records following specific incidents. Sometimes the record keeping needed to improve. This meant that there was a possibility of staff not safely supporting patients with their individual risks
- the Trust did not operate lone working arrangements robustly in some of the community mental health services. Staff safety was potentially compromised. Patients had
absconded from mental health inpatient wards whilst detained under the Mental Health Act. These incidents and the learning from them were not being addressed

- staff in acute mental health inpatient wards did not always recognise when a patient’s physical health was deteriorating and ensure they received timely input. The Trust’s communication with primary care needed to improve, not only when patients were being discharged from inpatient services, but also throughout their ongoing care and treatment
- the telephones and IT systems did not support effective working by staff in the community. Whilst the Trust was working on this there was more to be done.

Despite these problems there was much for the Trust to be proud of. The senior executive team were committed to improving services and to providing a high standard of care for patients receiving treatment from the Trust. Staff working for the Trust valued the leadership provided by the senior team, especially the chief executive.

The main areas which were positive were as follows:

- most of the staff inspectors met were very caring, professional and worked tirelessly to support the patients using the services provided by the Trust. The Trust was continuously looking at how the patients using their services could be supported with their 'enablement' and new projects with other external providers were happening
- the Trust had improved the arrangements for patients to access the Enfield community health services
- the Trust was working to reduce the use of physical interventions. The use of restraint was low and on the forensic wards they made good use of relational security to minimise the use of restraint and seclusion
- staff had access to a wide range of opportunities for learning and development, which was helping many staff to make progress with their career whilst also improving the care they delivered to people using the services
- staff morale was good and most staff said how much they enjoyed working for the Trust
- staff felt able to raise concerns and most had done so where needed
- the Trust had a robust governance process that identified areas of concern and monitored progress in addressing these matters.

The Trust had recently introduced a new management structure for services based on borough lines and this was well received. There was ongoing work to improve patient, carer and staff engagement in the work of the Trust. These and the many other positive developments need time to consolidate.

The CQC will be working with the Trust to agree an action plan to assist them in improving the standards of care and treatment.

Source: www.cqc.org.uk 24 March 2016

**New RCP End of Life Care Audit shows steady progress in care of dying people**

The results of the new end of life care audit run by the Royal College of Physicians (RCP) show that there has been steady progress in the care of dying people since the previous audit carried out in 2013 and published in 2014.

The audit, funded by NHS England and Marie Curie, and commissioned by the Healthcare Quality Improvement Partnership (HQIP), is the first to be carried out following the official withdrawal of the Liverpool Care Pathway (LCP) in 2014, although some hospitals had already
started to replace the LCP with local policies before the previous audit. The new audit is a much more detailed investigation of the care of dying people against the five priorities of care established in 'One Chance to Get it Right' but includes some similar questions to the 2013 audit, to allow direct comparisons.

Overall, the results show that there have been documented improvements in:

- recognition that patients are dying and that they have received holistic assessments of their care
- the amount and quality of communication with patients who are able to communicate, and with those identified as important to them
- symptom control for the dying person
- commitment to education, training, reporting and continuous improvement in caring for dying people.

However, there is room for improvement, particularly in the provision of palliative care services 24 hours a day, seven days a week. The audit also shows how some hospitals did well in many areas but not in others.

The clinical part of the audit collected data from 1 to 31 May 2015 from the records of 9,302 patient records across 142 NHS organisations, mostly acute hospital trusts. Participating units were asked to submit up to 80 patient records, so the final number is not the total number of people dying in hospital during that month.

In addition, an organisational audit collected data on the structure and process of care delivery, including the number of specialist palliative care beds, staffing, education and training, and approach to care of the dying. Selected results follow with 2013 comparators where available:

For the dying person:

- ninety three per cent of patients whose death was predictable had documentation that they would probably die (87 per cent in 2013) and in 76 per cent of cases a senior doctor was involved in the recognition of dying
- for half the patients recognition of dying occurred within five days after admission and for half this occurred less than 34 hours before death. Excluding those who died within the first 24 hours of admission, for half of patients, death occurred less than 41 hours after they were recognised to be dying (increase over the comparative figure of 36 hours in 2013)
- in only 25 per cent (19 per cent in 2013) of people recognised as likely to die was there documented evidence of a discussion with a healthcare professional about their likely imminent death – for 63.4 per cent of patients the discussion wasn’t possible due to a variety of reasons such as unconsciousness, dementia, and reduced capacity to understand the conversation, leaving 12 per cent of cases undocumented
- of the key symptoms that could be present around the time of death, there was documented evidence that pain was controlled in 79 per cent; agitation/delirium in 72 per cent; breathing difficulties in 68 per cent; noisy breathing/death rattle in 62 per cent and nausea/vomiting in 55 per cent. There are no direct comparison statistics for 2013 for these measures
- there was documented evidence that anticipatory medication for possible future symptoms was prescribed for the key symptoms: for pain 75 per cent of cases (81 per cent in 2013); agitation/delirium 69 per cent (72 per cent in 2013); breathing difficulties and nausea/vomiting 66 per cent (65 per cent and 68 per cent respectively in 2013); noisy breathing/death rattle 62 per cent (no comparative data in 2013). (The reductions in anticipatory prescribing for future possible symptoms are not clear but may be seen
as an improvement, in line with the recommendation of the new NICE guideline for care of the dying adult which asks for individualised, not blanket, prescribing)

- in 67 per cent of cases there was documented evidence that the patient’s ability to drink had been assessed in the last 24 hours of life. In 45 per cent of cases there was evidence that the patient had been supported to drink in the last 24 hours. In 71 per cent there was documented evidence of assessment of the dying person’s need for clinically assisted hydration (CAH) (59 per cent in 2013). CAH was in place during the last 24 hours before death in 43 per cent of patients (29 per cent in 2013)
- it was recorded that 32 per cent of patients had opportunities to have their concerns listened to and, of these, 94 per cent were given the opportunity to have questions answered about their concerns
- seventy three per cent of case-records (excluding sudden deaths and cases where the patient had died less than 24 hours after admission) showed that there had been an holistic assessment of the patient’s needs with a view to making an individual plan of care.

For those people important to the dying person:

- in 95 per cent of the cases (93 per cent in 2013) where it had been recognised that the patient was likely to die, there was documented discussion with those nominated as important to the dying person
- it was recorded that nominated person(s) important to 80 per cent of patients had opportunities to discuss the patient’s condition with a senior healthcare professional but the discussions were not always recorded
- fifty four per cent of case records showed that the needs of persons important to the patient were asked about, a significant improvement since the 25 per cent result from 2013. Of these, 62 per cent had specific needs identified
- in 38 per cent of cases there was documented evidence in the last episode of care that the patient's needs had been discussed with the people important to them
- excluding the cases of sudden or unexpected deaths, in 84 per cent of cases the people important to the dying patient were notified of the imminent death. Out of those notified, 63 per cent were recorded as being present at the time of death. There was documented evidence of care and support of the patient’s family at the time of and immediately after death in 65 per cent of cases, but with wide variance between different sites.

Organisational element key findings:

- almost all (97 per cent) of trusts had their own specialist palliative care service; 70 per cent also used a specialist palliative care (SPC) service funded and based outside the trust. Thirteen per cent of trusts (18 out of 142) reported that they had specialist palliative care beds
- there was a median of 1.08 specialist palliative care consultant WTE (whole time equivalent) filled posts (for direct clinical care of hospital inpatients) per 1,000 adult beds; and a median of 5.08 clinical nurse specialist WTE filled posts per 1,000 adult beds
- the availability of SPC staff around the clock varied widely, but only 11 per cent (16) of trusts offered a 24/7 face to face service (two per cent in 2013). Thirty seven per cent (53 out of 142) of sites had face to face access to palliative care services Monday to Sunday, 9 to 5pm. The availability of out of hours telephone service was comprehensive with the majority of services providing this every day of the week
• trusts which had bedded units run by specialist palliative care consultants were more likely to have a higher level of out of hours doctor service for dying patients, but 26 trusts did not indicate any level of provision of face to face specialist palliative care involving doctors, at any time

• ninety six per cent of trusts had a formal in house continuing education programme on end of life care. (In 2013 mandatory training was only required for doctors in 19 per cent of trusts and 28 per cent of qualified nurses)

• the 2014 NCDH report (on 2013 data) recommended that all trusts should have both a named and lay member on the board, responsible for end of life care. Ninety eight per cent have achieved the former (53 per cent in 2013), 49 per cent the latter

• sixty five per cent of trusts had undertaken a formal audit of care for patients in the last hours or days (56 per cent in 2013), and 79 per cent fed audit results back to the trust board

• ninety nine to one hundred per cent of trusts stated that they had guidance on prescribing medications for each of the five key symptoms that can be present in patients in the last days/hours of life. Most trusts had policies for ensuring patient comfort and dignity; and for offering family and friends access to the body after death and a prayer room

• eighty per cent of trusts sought bereaved relatives’ and friends’ views (47 per cent in 2013).

Source: www.rcplondon.ac.uk 30 March 2016

Social Care
Care Quality Commission inspectors publish ratings on London adult social care services
The Care Quality Commission (CQC) has published a number of reports on the quality of care provided by adult social care services across London.

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

4 January 2016

• Cedar House, Cedar House Company Limited, Enfield: Good
• Elgin Close, Notting Hill Housing Trust, Hammersmith & Fulham: Good
• The Meadow, Methodist Homes, Haringey: Good
• Colham Road, The London Borough of Hillingdon, Hillingdon: Good
• The Boyne Residential Care Home, The Boyne Care Home Limited, Hillingdon: Good
• The Mildmays, Notting Hill Housing Trust, Islington: Good
• Cloyda Care Home, Mr & Mrs V M Patel, Kingston upon Thames: Good
• Olive Place, Colin Limited, Lewisham: Good
• Tulips Care Home III, Navlette Ommouy McFarlane, Lewisham: Good
• Hope Lodge, Clandon Care Limited, Redbridge: Good
• Living Ambitions Limited - 63a Victoria Avenue, Living Ambitions Limited, Sutton: Good
• Duchesne House, Society of the Sacred Heart, Wandsworth: Good.
• Burghley Road, One Housing Group Limited, Camden: Requires Improvement
• Qualities Services Ltd, Qualities Services Ltd, Croydon: Requires Improvement
• Edwina House Nursing Home, Brookland Homes Limited, Enfield: Requires Improvement
• St Theresa's Rest Home, Homely Care Limited, Enfield: Requires Improvement
• Marian House Nursing Home, The Sisters of the Sacred Hearts of Jesus & Mary, Hillingdon: Requires Improvement
• Housing & Care 21 - Greenrod Place, Housing & Care 21, Hounslow: Requires Improvement
• Brownhill Care Limited, Brownhill Care Limited, Lewisham: Requires Improvement
• Fieldside Care Limited t/a Fieldside Care Home, Fieldside Care Limited, Lewisham: Requires Improvement
• Sunlight House, Moonesswar Jingree, Merton: Requires Improvement.

• Allied Healthcare London East, Nestor Primecare Services Limited, Newham: Inadequate
• Kestrel House, Shanti Healthcare Limited, Waltham Forest: Inadequate.

11 January 2016
• Henry Nihill House, Community Of St Mary At The Cross, Barnet: Good
• Edinburgh House, The Spanish and Portuguese Jews Home for the Aged, Brent: Good
• Princes Lodge, UK Care Service Limited, Brent: Good
• Chalton Street, One Housing Group Limited, Camden: Good
• Church Road Hostel, Astra Homes Limited, Croydon: Good
• Woodlands Nursing Home, Regal Care Trading Ltd, Croydon: Good
• Support for Living Limited - 19 Haymill Close Shortbreak Service, Support for Living Limited, Ealing: Good
• Alexandra Park Home, D Weston, Haringey: Good
• Osborne Grove Nursing Home, London Borough of Haringey, Haringey: Good
• Blue Crystal Care Agency, Ms Latha Kathirkamathamby, Harrow: Good
• Norwood - 60 Carlton Avenue, Norwood, Harrow: Good
• 186-188 Lowdell Close, Life Opportunities Trust, Hillingdon: Good
• Franklin House, Care UK Community Partnerships Ltd, Hillingdon: Good
• Mears Care - London, Mears Care Limited, Hounslow: Good
• 17 Chamberlain Way, Respite Unit, Balance (Support) CIC, Kingston upon Thames: Good
• Hamilton Nursing Home, London Residential Healthcare Limited, Kingston upon Thames: Good
• Helmar Care and Community Services Limited, Helmar Care and Community Services Limited, Kingston upon Thames: Good
• Murray House, Royal Borough of Kingston upon Thames, Kingston upon Thames: Good
• Elwis House, PLUS (Providence Linc United Services), Lewisham: Good
• M Power Limited - 22a Bromley Road, M Power Limited, Lewisham: Good
• Alexander House, Alexander House, Richmond upon Thames: Good
• Southwark Disablement Association, Southwark Disablement Association, Southwark: Good
• Carmen Lodge, Forest Residential Care Homes Limited, Waltham Forest: Good.

• Darcy House, Triangle Community Services Limited, Barking & Dagenham: Requires Improvement
• Baytree Lodge, Baytree Community Care (London) Limited, Barnet: Requires Improvement
• The Heathers Residential Care Home, The Heathers Residential Care Home Limited, Bromley: Requires Improvement
• Hill House Care Home, Hill House Nursing Home Limited, Croydon: Requires Improvement
• Trinity Care Services Limited, Trinity Care Services Limited, Croydon: Requires Improvement
• Acton Care Centre, Vintage Care Limited, Ealing: Requires Improvement
• Manor Court Nursing Home, Bupa Care Homes (CFHCare) Limited, Ealing: Requires Improvement
• Alton House, Mr & Mrs F Barrs, Havering: Requires Improvement
• Alan Morkill House, GCH (Alan Morkill House) Limited, Kensington & Chelsea: Requires Improvement
• Woodbury, Balance (Support) CIC, Kingston upon Thames: Requires Improvement
• Enterprise Care Support Limited, Enterprise Care Support Ltd, Merton: Requires Improvement
• Abel Care Ltd, Abel Care Ltd, Redbridge: Requires Improvement
• Airthrie Homes - 56 Airthrie Road, Mrs Jacqueline Lorraine Bailey, Redbridge: Requires Improvement
• Barnardo's Indigo Project, Barnardo's, Redbridge: Requires Improvement.

18 January 2016
• Friern Residential Care Home, Mr Munundev Gunputh, Barnet: Good
• Kenbrook, Methodist Homes, Brent: Good
• Ashglade, Chislehurst Care Limited, Bromley: Good
• Bluebird Care (Croydon), Slades of Surrey Limited, Croydon: Good
• James Terry Court, The Royal Masonic Benevolent Institution, Croydon: Good
• LIM Independent Living and Community Care Services Limited, Lim Independent Living & Community Care Services Ltd, Croydon: Good
• Rhema Care Services Limited, Rhema Care Services Limited, Croydon: Good
• Kolbe House, Kolbe House Society, Ealing: Good
• Autumn Gardens, Ourris Properties Limited, Enfield: Good
• H C S Domiciliary Care, HCS (Enfield) Limited, Enfield: Good
• Shenley Lodge, Vijaykoomar Kowlessur, Enfield: Good
• Ashgreen House Residential and Nursing Home, Sanctuary Care Limited, Greenwich: Good
• Edge Hill Care Home, Mr Zaid Mauderbocus, Greenwich: Good
• Royal Greenwich Shared Lives, London Borough of Greenwich, Greenwich: Good
• Standard Care Limited, Standard Care Limited, Hammersmith & Fulham: Good
• HAIL - Domiciliary Care Service, Haringey Association for Independent Living Limited, Haringey: Good
- Axcelence Limited, Axcelence Limited, Havering: Good
- Octavia Housing - 108 Highlever Road, Octavia Housing, Kensington & Chelsea: Good
- The Aurora Options - 94 Burnt Ash Hill, Aurora Options, Lewisham: Good
- Bluebird Care Redbridge, K&T McCormack Ltd, Redbridge: Good
- Care Management Group - Cleveland House, Care Management Group Limited, Redbridge: Good
- Absolute Care Services (Richmond), Absolute Care Services Ltd, Richmond upon Thames: Good
- Victoria House, Abbeyfield Society (The), Richmond upon Thames: Good
- Bluebird Care (Wandsworth), Corden Assist Limited, Wandsworth: Good.

- Elora House, Dia Tilakasiri, Barking and Dagenham: Requires Improvement
- Acacia Lodge - London, M D Pringsheim and Mrs J W Bethuel, Barnet: Requires Improvement
- Dimensions 5-6 Duchess Close, Dimensions (UK) Limited, Barnet: Requires Improvement
- SENSE - Hyde Close Flats, Sense, Barnet: Requires Improvement
- St Christopher's House, Platinum Health Resources Limited, Barnet: Requires Improvement
- Allforcare Trading Alomcare, Allfor Care Alpha Care Recruitment West And Home Care Service Ltd, Brent: Requires Improvement
- Lee Valley Care Services Limited, Lee Valley Care Services Ltd, Brent: Requires Improvement
- Ashcroft - Bromley, Care Providers (UK) Limited, Bromley: Requires Improvement
- Albany Lodge Nursing Home, London Residential Healthcare Limited, Croydon: Requires Improvement
- Stewart Lodge Care Home, Harvey Stewart & Smith Limited, Croydon: Requires Improvement
- Elm House, Connifers Care Limited, Enfield: Requires Improvement
- Elmhurst Residential Home, Mr & Mrs T F Chon, Enfield: Requires Improvement
- Fairview, Avon Lodge UK Limited, Enfield: Requires Improvement
- Acash Lodge I, Apollo Care And Supported Housing Limited, Haringey: Requires Improvement
- Pinner Home Care, Mrs Evelyn Zororo A-Kum, Harrow: Requires Improvement
- MiHomecare Brockley, MiHomecare Limited, Lewisham: Requires Improvement
- Southdown Nursing Home, Mrs Melba Wijayarathna, Sutton: Requires Improvement.

- Honister Gardens Care Home, Striving for Independence Homes LLP, Harrow: Inadequate.

25 January 2016
- Ashglade, Chislehurst Care Limited, Bromley: Good
- The Link Care Nursing Agency, The Link Care Nursing Agency Ltd, Bromley: Good
- Care Elite, Care Elite Limited, Croydon: Good
- Holly House Care Home, John Holland, Enfield: Good
• Diligent Care Services, Diligent Care Services Ltd, Haringey: Good
• Marygold Care UK, Marygold Care UK Ltd, Harrow: Good
• R&S Medical & Allied Services Limited, R and S Medical and Allied Services Limited, Harrow: Good
• Stanmore House, Stanmore Care Homes Limited, Harrow: Good
• Swan House, The London Borough of Hillingdon, Hillingdon: Good
• St Teresa's Home for the Elderly, Trustees of the Congregation of the Sisters of St Anne, Merton: Good
• Nelson Street, First Care Lodge Limited, Newham: Good
• Seymour Gardens, Norwood, Redbridge: Good
• Beeches House, Brook Care Homes Limited, Sutton: Good
• Elmglade Residential Home, Elmglade Residential Care Home, Sutton: Good
• Independence Homes Limited - 44 Brambledown Road, Independence Homes Limited, Sutton: Good
• MCCH Society Limited - 25 McRae Lane, MCCH Society Limited, Sutton: Good
• Creative Support - Sonali Gardens Extra Care Services, Creative Support Limited, Tower Hamlets: Good
• Forest View Care Home, Mr Alan Cork & Mrs C N Heath, Waltham Forest: Good
• Normanshire Care Services Ltd, Normanshire Care Services Ltd, Waltham Forest: Good
• Bluebird Care (Westminster), Zocalo Limited, Westminster: Good.

• Nazareth House - East Finchley, Nazareth Care Charitable Trust, Barnet: Requires Improvement
• Elmwood Lodge, Quo Vadis Trust, Bexley: Requires Improvement
• St Mary's Nursing Home, St Mary's Care Home Limited, Bexley: Requires Improvement
• Towerhouse Residential Home, Ms Mary Mundy, Brent: Requires Improvement
• Archers Point Residential Home, Archers Point Residential Home, Bromley: Requires Improvement
• Concept Care Solutions - 1st Floor Middlesex House, Concept Care Solutions Limited, Harrow: Requires Improvement
• Northwood Nursing and Care Services Limited, Northwood Nursing and Care Services Limited, Hillingdon: Requires Improvement
• Jessie Place, Jane's House Limited, Lambeth: Requires Improvement
• Haydon Park Lodge, Haydon Park Lodge Limited, Merton: Requires Improvement
• Heathland Court Care Centre, Bupa Care Homes (AKW) Limited, Merton: Requires Improvement
• Sevacare - Tower Hamlets, Sevacare (UK) Limited, Tower Hamlets: Requires Improvement
• Old Hospital Close (21), Metropolitan Housing Trust Limited, Wandsworth: Requires Improvement
• Sevacare - Westminster, Sevacare (UK) Limited, Westminster: Requires Improvement

• Woodham House Newlands, Woodham Enterprises Limited, Bromley: Inadequate.
1 February 2016

- Norwood - 30 Old Church Lane, Norwood, Harrow: Outstanding.

- Foxlands House, Richmond Fellowship (The), Barnet: Good
- The Grange, DW & JR & LM Skeath, Barnet: Good
- The Old Print Works, HF Trust Limited, Barnet: Good
- Mountview, Bexley Independent Living Services Limited, Bexley: Good
- Abacus Homecare (Bromley) Limited, Abacus Homecare (Bromley) Limited, Bromley: Good
- PillarCare Agency, Mr Jeffrey Robert Garnett, Camden: Good
- Warwick House, Basdeo Kaydoo, Croydon: Good
- Support for Living Limited - 25/27 Haymill Close, Support for Living Limited, Ealing: Good
- Carterhatch Domiciliary Care Service, London Borough of Enfield, Enfield: Good
- New Directions Care and Support Services Limited, New Directions Care And Support Services Ltd, Enfield: Good
- Patrick Carr, Mr & Mrs P Carr, Enfield: Good
- Station Road, Parkcare Homes (No.2) Limited, Enfield: Good
- Kingsmith Care, Kingsmith Care Ltd, Hammersmith & Fulham: Good
- Clover Cottage, Clover Cottage Limited, Havering: Good
- Gledwood Care Homes, Mrs Rashmi Bhautoa, Hillingdon: Good
- Imperial Lodge, Imperial Lodge, Hillingdon: Good
- 82 Bear Road, Consensus Support Services Limited, Hounslow: Good
- Mountearl, Voyage 1 Limited, Lambeth: Good
- Eden Supported Services, Eden Supported Services Ltd, Redbridge: Good
- London Borough of Richmond upon Thames - 36 Crane Way, London Borough of Richmond upon Thames: Good
- Edward Gibbons House, Providence Row Housing Association, Tower Hamlets: Good
- John Pounds House, Sanctuary Home Care Limited, Wandsworth: Good.

- Elm Park Lodge, Mr KC Lim, Barnet: Requires Improvement
- Sonia Heway Care Agency Ltd, Sonia Heway Care Agency Ltd, Bexley: Requires Improvement
- Homefield Court, Mr Hrant Gregorian, Brent: Requires Improvement
- Rowan Lodge, Ramnarain Sham, Ealing: Requires Improvement
- Hillgreen Care Limited - 14 Colne Road, Hillgreen Care Limited, Enfield: Requires Improvement
- Eglington, Sunrise Mental Health Ltd, Greenwich: Requires Improvement
- Elmdene, Sunrise Mental Health Ltd, Greenwich: Requires Improvement
- Ashley Cooper House, Sanctuary Home Care Limited, Lambeth: Requires Improvement
- Mr & Mrs H Modile, Mr & Mrs H Modile, Lambeth: Requires Improvement
- Eltandia Hall Care Centre, Lifestyle Care Management Ltd, Merton: Requires Improvement
- Manor House, Mr & Mrs D Sessford, Merton: Requires Improvement
- Mears Homecare Limited (London Bridge), Mears Homecare Limited, Southwark: Requires Improvement
• Discovery Home, The Qalb Short Break Services Ltd, Tower Hamlets: Requires Improvement
• Hawthorn Green Residential and Nursing Home, Sanctuary Care Limited, Tower Hamlets: Requires Improvement.

• Greenwich Association of Disabled People, Greenwich Association of Disabled Peoples Centre for Independent Living, Greenwich: Inadequate
• Westcombe Park Nursing Home, Bupa Care Homes (GL) Limited, Greenwich: Inadequate
• Cheam Cottage Nursing Home, Mr & Mrs J Dudhee, Sutton: Inadequate.

8 February 2016

• Home Instead Senior Care, Jefferies Care Services Limited, Kingston upon Thames: Outstanding.

• Clovelly House Residential Home Ltd, Clovelly House Residential Home Limited, Barnet: Good
• Dana Home Care, Care Worldwide (London) Limited, Barnet: Good
• Aquaflö Care Bexley, Aquaflö Care Ltd, Bexley: Good
• Chiltern Jigsaw Resource Centre, Chiltern Support & Housing Ltd, Brent: Good
• Dana House, Care Worldwide (London) Limited, Brent: Good
• Sudbury House, Seva Care (Respite And Residential Services) Limited, Brent: Good
• Esther Randall Court, One Housing Group Limited, Camden: Good
• Brighton Road, Mr & Mrs J P Rampersad, Croydon: Good
• North Downs Villa, Surrey Mental Health Limited, Croydon: Good
• Bluebird Care (Islington ) & Bluebird Care (Hackney), Michael and Tania Hackett Limited, Hackney: Good
• Homestead Care Service Limited, Homestead Care Service Limited, Havering: Good
• Southborough Nursing Home, London Residential Healthcare Limited, Kingston upon Thames: Good
• 229 Mitcham Lane Limited - 99 Sunnyhill Road, 229 Mitcham Lane Limited, Lambeth: Good
• Christ the King, Christ The King Residential Care Homes Limited, Lambeth: Good
• Beecholme House, Mrs S Larney, Merton: Good
• Bluebird Care (Merton), Aquahigh Limited, Merton: Good
• Haydons Lodge, Centrust Care Homes Limited, Merton: Good
• Woodlands House, Central and Cecil Housing Trust, Merton: Good
• Eden Supported Services, Eden Supported Services Ltd, Redbridge: Good
• Blue Ribbon Community Care in South West London, WP Care Ltd, Richmond upon Thames: Good
• Toby Lodge, Venus Healthcare Homes Ltd, Tower Hamlets: Good
• Haroldstone Home, Clearwater Care (Hackney) Limited, Waltham Forest: Good.
• Prince George Duke of Kent Court, The Royal Masonic Benevolent Institution, Bromley: Requires Improvement
• Morven House, Morven Healthcare Limited, Croydon: Requires Improvement
• Rosemanor 2 Residential Care Home, Rosenmanor Limited, Croydon: Requires Improvement
• Gallions View Nursing Home, Bupa Care Homes (CFHCare) Limited, Greenwich: Requires Improvement
• Francis Lodge Residential Home, Ms Monica Maxwell, Harrow: Requires Improvement
• Support for Living Limited - 1 St Quintin Avenue, Support for Living Limited, Kensington & Chelsea: Requires Improvement
• Kirkstall Lodge, Kirkstall Lodge Limited, Lambeth: Requires Improvement
• Heathland Court Care Centre, Bupa Care Homes (AKW) Limited, Merton: Requires Improvement
• Alters Recruitment Limited t/a Alters Nursing - London, Alters Recruitment Limited, Newham: Requires Improvement
• The Pines Nursing Home, South London Nursing Homes Limited, Wandsworth: Requires Improvement.

• Support for Living Limited - 37 Barlby Road, Support for Living Limited, Kensington & Chelsea: Inadequate.

15 February 2016

• Faircross 102, Mrs Marie Jose Noelle Harris-Prudent, Barking & Dagenham: Good
• George Crouch Centre, London Borough of Barking & Dagenham, Barking & Dagenham: Good
• Hammerson House, Nightingale Hammerson, Barnet: Good
• MCCH Society Limited - 61 Walton Road, MCCH Society Limited, Bexley: Good
• Soma Healthcare Ltd (West London), Soma Healthcare Limited, Brent: Good
• Kingsley House Residential Care Home, Mrs M Lane, Ealing: Good
• Hazel House, Connifers Care Limited, Enfield: Good
• North London Asian Care, North London Asian Care, Enfield: Good
• Royal Mencap Society - Domiciliary Care Services - North London, Royal Mencap Society, Enfield: Good
• Wellington Park Nursing Home, PHUL Ltd, Enfield: Good
• Verrolyne Services Limited, Verrolyne Services Ltd, Havering: Good
• Cheverton Lodge, Barchester Healthcare Homes Limited, Islington: Good
• 229 Mitcham Lane Limited - 11 Angles Road, 229 Mitcham Lane Limited, Lambeth: Good
• La Rosa Residential Care Home, Mrs Parvadee Shumoogam, Lambeth: Good
• Barons Lodge, Susash UK Ltd, Merton: Good
• Ross Wylde Care Home, Tamaris (South East) Limited, Waltham Forest: Good
• Southview Close, Maclntyre Care, Wandsworth: Good.

• The Heathers Residential Care Home, The Heathers Residential Care Home Limited, Bromley: Requires Improvement
- Addington Heights, Care UK Community Partnerships Ltd, Croydon: Requires Improvement
- 2a Oxford Gardens, Hillgreen Care Limited, Enfield: Requires Improvement
- Parkside Residential Home, Mr & Mrs T F Chon, Enfield: Requires Improvement
- Woodbury Manor, Scimitar Care Hotels plc, Enfield: Requires Improvement
- Professional Angels Limited, Professional Angels Ltd, Hammersmith & Fulham: Requires Improvement
- Mr Chinonso Kalu - t/a Affinia Healthcare, Mr Chinonso Kalu, Havering: Requires Improvement
- Eastbury Nursing Home, M D Homes, Hillingdon: Requires Improvement
- Marian House Nursing Home, The Sisters of the Sacred Hearts of Jesus & Mary, Hillingdon: Requires Improvement
- Caremark (Hounslow), Care Boutique Limited, Hounslow: Requires Improvement
- South Park Residential Home, Southpark Residential Home Limited, Merton: Requires Improvement
- London Care (South London), London Care Limited, Southwark: Requires Improvement
- Highams Lodge, Community Housing and Therapy, Waltham Forest: Requires Improvement.

- Summerdale Court Care Home, Four Seasons (No 10) Limited, Newham: Inadequate.

22 February 2016

- Meridan House, Richmond Fellowship(The), Barnet: Good
- 76 Fen Grove, Avenues London, Bexley: Good
- RNID Action on Hearing Loss Brondesbury Road, The Royal National Institute for Deaf People, Brent: Good
- Beechmore Court, Cedarmore Housing Association Limited, Bromley: Good
- Eleanor Nursing & Social Care - Croydon Office, Eleanor Nursing and Social Care Limited, Croydon: Good
- Roland Residential Care Homes, Mrs Nilmarnie Gaithri Ranetunge and Mr Dushmanthe Ranetunge, Enfield: Good
- Eglington, Sunrise Mental Health Ltd, Greenwich: Good
- Elmdene, Sunrise Mental Health Ltd, Greenwich: Good
- Essential Social Care 13 Panfield Road, Essential Social Care Limited, Greenwich: Good
- London Borough of Greenwich - 69 Coleraine Road, London Borough of Greenwich, Greenwich: Good
- Ernest Dene Residential Care Home, Brownlow Enterprises Limited, Haringey: Good
- 65 Charlton Road, Heritage Care Limited, Harrow: Good
- Reablement, The London Borough of Hillingdon, Hillingdon: Good
- Time2Care (BSE) Ltd, Time 2 Care (BSE) Ltd, Hillingdon: Good
- Voyage (DCA) Isleworth, Voyage 1 Limited, Hounslow: Good
- Crownwise Limited - St Andrews, Crownwise Limited, Lambeth: Good
- Prince Regent House, Precious Homes Limited, Newham: Good
- Langdon Park, Voyage 1 Limited, Richmond upon Thames: Good
- Alma Grove, The Brandon Trust, Southwark: Good
- Living Ambitions Limited - 32 Ringstead Road, Living Ambitions Limited, Sutton: Good

- Rupaal Care and Training, Rupaal Care & Training Ltd, Barking & Dagenham: Requires Improvement
- Carers 4 U Ltd, Carers 4 U Ltd, Bexley: Requires Improvement
- Kent Social Care Professionals Trading As Bexley SCP, Kent Social Care Professionals Limited, Bexley: Requires Improvement
- Peepal Care, Peepal Care Limited, Brent: Requires Improvement
- Ashling Lodge, Chislehurst Care Limited, Bromley: Requires Improvement
- Meadows House Residential and Nursing Home, Sanctuary Care Limited, Greenwich: Requires Improvement
- Hackney Adult Placement Scheme, London Borough of Hackney, Hackney: Requires Improvement
- Farm Lane, Care UK Community Partnerships Ltd, Hammersmith & Fulham: Requires Improvement
- Ashness Two, Ashness Care Limited, Haringey: Requires Improvement
- DRS Care Home, DRS Care Homes Limited, Haringey: Requires Improvement
- St Raphael's, The Frances Taylor Foundation, Hounslow: Requires Improvement
- Abbeyfield House - New Malden, Abbeyfield Society (The), Kingston upon Thames: Requires Improvement
- Welcome Care Home Limited, Mrs M Newland, Lewisham: Requires Improvement
- Trinity Community Centre, Satash Community Care Project Limited, Newham: Requires Improvement
- Valor Care Services, Training and Consultancy Limited, Valor Care Services, Training and Consultancy Limited, Sutton: Requires Improvement
- St Catherine Rest Home, St Catherine Care Home Ltd, Waltham Forest: Requires Improvement.

- Faraday House, Mr Runjith Gopal & Mrs Solony Gopal, Ealing: Inadequate.

29 February 2016
- Ebury Court Residential Home Limited, Ebury Court Residential Home Limited, Havering: Outstanding.

- Randall House, Randall Care Homes Limited, Brent: Good
- Compton Lodge, Central and Cecil Housing Trust, Camden: Good
- The Params, The Params Care Limited, Croydon: Good
- Bridgehouse, London Borough of Enfield, Enfield: Good
- Kare Plus Enfield, Zamss Limited, Enfield: Good
- Kemsing Road Respite Service, Outlook Care, Greenwich: Good
- Care Assist in Harrow (Kings Road), Care Assist Limited, Harrow: Good
- Harrow Council - 14-15 Kenton Road, Harrow Council, Harrow: Good
• Ashling House, Mrs Beverley Holmes-Patten, Havering: Good
• Dignified Homecare Limited, Dignified Homecare Limited, Havering: Good
• London Care (Holloway), London Care Limited, Islington: Good
• Minehead Road, Mr Amin Mohammed Lakhani, Lambeth: Good
• Rosenmanor 1, Rosenmanor Limited, Lambeth: Good
• Albion House, Partnerships in Care (Albion) Limited, Lewisham: Good
• Vibrance - 2-3 Orchard Close, Vibrance, Redbridge: Good
• Home Instead Westminster, Thames Senior Home Care Ltd, Southwark: Good
• A24 Group Ltd - Sutton, A24 Group Limited, Sutton: Good
• Absolute Care Services (Sutton), Absolute Care Services Ltd, Sutton: Good
• Dawson House, Chatsworth Care, Sutton: Good.

• Maples Care Home, Churchgate Healthcare (Maples) Limited, Bexley: Requires Improvement
• Preston Lodge, Mrs Juliette Taylor, Brent: Requires Improvement
• Pranam Care Centre, Woodhouse Care Homes Limited, Ealing: Requires Improvement
• Camden Lodge Residential Care Home, Mr Munundev Gunputh, Enfield: Requires Improvement
• Erindale (1a), MCCH Society Limited, Greenwich: Requires Improvement
• Availl (Harrow and Hillingdon), JSP Care Limited, Hillingdon: Requires Improvement
• Heathland Court Care Centre, Bupa Care Homes (AKW) Limited, Merton: Requires Improvement
• Grasmere Rest Home, Mrs Zeenat Nanji & Mr Salim Nanji, Sutton: Requires Improvement
• Orchard House Nursing Home, Sutton Nursing Homes Limited, Sutton: Requires Improvement
• NTA - Tooting Neighbourhood Centre Home Care, Tooting Neighbourhood Centre, Wandsworth: Requires Improvement.

• Ison Nursing Agency and Care Services Ltd, Ison Nursing Agency and Care Services Limited, Barnet: Inadequate.

7 March 2016

• Barnet Supported Living Service, Your Choice (Barnet) Limited, Barnet: Good
• Caretech Community Services (No 2) Limited - 42 Russell Lane, Caretech Community Services (No.2) Limited, Barnet: Good
• Northbourne Court, Avante Care and Support Limited, Bexley: Good
• Craven Park, G.S.G. Nursing Homes Limited, Brent: Good
• Support Plus, Glebe Housing Association Limited, Bromley: Good
• Cornerstone House, Horizon Care And Welfare Association, Croydon: Good
• St Catherines House, ADR Care Homes Limited, Enfield: Good
• Suffolk House, National Schizophrenia Fellowship, Enfield: Good
• London Borough of Greenwich - 99 Elliscombe Road, London Borough of Greenwich, Greenwich: Good
• Samuel Close (1,2,3), MCCH Society Limited, Greenwich: Good
- Weybourne, Avante Care and Support Limited, Greenwich: Good
- Individualised Care Limited, Individualised Care Ltd, Haringey: Good
- 148 Hornsey Lane, Family Mosaic Housing, Islington: Good
- Caremark (Kingston), Carlycare Limited, Kingston upon Thames: Good
- Firs Court The Fircroft Trust (Trading) Limited, Kingston upon Thames: Good
- Sahara House, Sahara Care Homes Limited, Redbridge: Good
- Cecil Court, Central and Cecil Housing Trust, Richmond upon Thames: Good
- Deer Lodge, Mr S N Patel, Richmond upon Thames: Good
- London Borough of Richmond upon Thames - 26 Cross Street Residential Care Home, London Borough of Richmond upon Thames: Good
- Independence Homes Limited - 7 Hall Road, Independence Homes Limited, Sutton: Good
- Mayfield Road, Independence Homes Limited, Sutton: Good
- Home Instead Senior Care Canary Wharf, Aevus Limited, Tower Hamlets: Good
- The Grove, Connifinn Limited, Waltham Forest: Good
- Brendoncare Ronald Gibson House, Brendoncare Foundation (The), Wandsworth: Good
- Old Hospital Close (12), Metropolitan Housing Trust Limited, Wandsworth: Good
- Therese Care Home, Ms Iolenta Castelino, Wandsworth: Good.

- Eagle Care Limited, Eagle Care Ltd, Barnet: Requires Improvement
- Lady Sarah Cohen House, Jewish Care, Barnet: Requires Improvement
- Vermont Lodge, Vermont Lodge Limited, Croydon: Requires Improvement
- Abbeyfield London Polish Society, Abbeyfield London Polish Society Limited (The), Ealing: Requires Improvement
- 177-179 Spring Grove Road, Voyage 1 Limited, Hounslow: Requires Improvement
- Langley Court Rest Home, Langley Court Rest Home Limited, Kingston upon Thames: Requires Improvement
- Woodbury, Balance (Support) CIC, Kingston upon Thames: Requires Improvement
- Beverley Lodge Nursing Home, Mrs Zeenat Nanji & Mr Salim Nanji, Sutton: Requires Improvement
- Shirley View Nursing Home, Family Star Limited, Sutton: Requires Improvement
- Ashmead Care Centre, Lifestyle Care Management Ltd, Wandsworth: Requires Improvement.

- United Home Care Limited, United Home Care Limited, Hillingdon: Inadequate.

14 March 2016
- Diversity Health and Social Care Limited, Diversity Health and Social Care Limited, Barking & Dagenham: Good
- Colin Garden Lodge, Care Worldwide (London) Limited, Barnet: Good
- Heathgrove Lodge Nursing Home, Bupa Care Homes (CFChomes) Limited, Barnet: Good
- Jude House, Randall Care Homes Limited, Brent: Good
- Home Healthcare, Home Healthcare Ltd, Bromley: Good
• Telford Lodge Care Limited, Telford Lodge Care Limited, Ealing: Good
• Riverlee Residential and Nursing Home, Sanctuary Care Limited, Greenwich: Good
• Care Assist in Harrow (Park Drive), Care Assist Limited, Harrow: Good
• Head Office, Peace of Mind Home Care Solutions Ltd, Harrow: Good
• Lotus Care Home Limited, Lotus Care Home Limited, Harrow: Good
• 48 The Grove, Consensus Support Services Limited, Hounslow: Good
• Colin Care Home, Colin Limited, Lewisham: Good
• Sunrise Day Care Services Ltd, Sunrise Day Care Services Ltd, Merton: Good
• Immaculate Healthcare Services Limited, Immaculate Healthcare Services Limited, Redbridge: Good
• Vibrance - 83 Glengall Road, Vibrance, Redbridge: Good
• Royal Mencap Society - 36 Huddleston Close, Royal Mencap Society, Tower Hamlets: Good
• Caremark (Wandsworth), McCallum Care Limited, Wandsworth: Good.

• Br3akfree Limited, Br3akfree Limited, Barking & Dagenham: Requires Improvement
• Fairlight & Fallowfield, Mills Family Limited, Bromley: Requires Improvement
• Whitworth House, Whitworth House, Croydon: Requires Improvement
• Lalis Direct Care Ltd, Lalis Direct Care Ltd, Ealing: Requires Improvement
• Carewatch (Harrow, Hillingdon & Ealing), Graham Home Care Limited, Harrow: Requires Improvement
• Carlton House, Farrington Care Homes Limited, Harrow: Requires Improvement
• Rosewood Lodge, K S Mann, Redbridge: Requires Improvement
• Tower Bridge Care Centre, HC-One Limited, Southwark: Requires Improvement
• Cottisbraine House, Cottisbraine House, Sutton: Requires Improvement
• Chinese HomeCare Specialists, Chinese Association of Tower Hamlets, Tower Hamlets: Requires Improvement.

• Bluebird Care Newham, Robelen Enterprises Ltd, Newham: Inadequate
• Connington Court, Sequence Care Limited, Waltham Forest: Inadequate
• Connington House, Sequence Care Limited, Waltham Forest: Inadequate.

**22 March 2016**

• Oakleigh House, Woodfield House, Barnet: Good
• Roseacres, Roseacres Care Home Limited, Barnet: Good
• Conquest Recruitment, Conquest Recruitment Ltd, Brent: Good
• Hoffmann Foundation for Autism - 45a Langham Gardens, Hoffmann Foundation for Autism, Brent: Good
• Medway House, First Choice Care Limited, Brent: Good
• Rathmore House, Central and Cecil Housing Trust, Camden: Good
• Care Direct UK, Care Direct UK Limited, Croydon: Good
• Carlton House, Dr Emmanuel Owusu Akuffo & Mrs Celia Erica Akuffo, Croydon: Good
• Mary's Home, Thobani Services Ltd, Croydon: Good
• Medacs Healthcare - Croydon, Medacs Healthcare PLC, Croydon: Good
• Objective Care Limited, Objective Care Limited, Ealing: Good
- 101 Royal Hill, London Borough of Greenwich, Greenwich: Good
- Hillgreen Care Ltd - 185 Herbert Road, Hillgreen Care Limited, Greenwich: Good
- Little Heath Lodge, Cognithan Limited, Greenwich: Good
- Montbelle Road, PLUS (Providence Linc United Services), Greenwich: Good
- The Fer View Residential Care Home, Mr Soonil Boodoo, Haringey: Good
- Dimensions 48-49 Chichester Court, Dimensions (UK) Limited, Harrow: Good
- Sahan Cares C.I.C, Sahan Cares C.I.C., Hillingdon: Good
- 46 The Grove, Consensus Support Services Limited, Hounslow: Good
- St Jude’s House, Elizabeth Peters Care Homes Limited, Lewisham: Good
- Consensa Care Limited - 167 Chandos Road, Consensa Care Ltd, Newham: Good
- Helena Road (2c-2d), East Living Limited, Newham: Good
- Nicholas Court, Advance Housing and Support Ltd, Newham: Good
- Wakeling Court, East Living Limited, Newham: Good
- De Vere Care, Mr Ajvinder Sandhu, Redbridge: Good
- Woodland Nursing Home, Woodlands Total Care Nursing Home Limited, Redbridge: Good
- Eversfield House, Sutton And Cheam Elderly People’s Housing Association, Sutton: Good
- Ashville House, April Rai Limited, Waltham Forest: Good

- Elmhurst Residential Home, Mrs Bernadette Tisdall, Barnet: Requires Improvement
- St. Margarets Residential Home, Yara Enterprises Limited, Bexley: Requires Improvement
- Daycare and Development Centre, Asian People's Disability Alliance Limited, Brent: Requires Improvement
- Hazeldene Residential Home, Jacob Lee, Croydon: Requires Improvement
- Thackeray House, Barchester Healthcare Homes Limited, Croydon: Requires Improvement
- Wells Place Care Home, Wells Care Limited, Croydon: Requires Improvement
- Woodside Court, Cognithan Limited, Croydon: Requires Improvement
- Upminster Nursing Home, Havering Care Homes Ltd, Havering: Requires Improvement
- Charlotte House, Care UK Community Partnerships Ltd, Hounslow: Requires Improvement
- Derwent Lodge Care Centre, Lifestyle Care Management Ltd, Hounslow: Requires Improvement
- Haven Social Care Limited, Haven Social Care Limited, Newham: Requires Improvement
- Redcotts, Empress Care Limited, Richmond upon Thames: Requires Improvement
- Burgess Park, Four Seasons 2000 Limited, Southwark: Requires Improvement
- Therapia Road, The Brandon Trust, Southwark: Requires Improvement
- Focus Care Link - Tower Hamlets, Focus Care Link Limited, Tower Hamlets: Requires Improvement.

- Xtracare Agency Ltd, Xtracare Agency Ltd, Southwark: Inadequate
- RA Care Services Limited, RA Care Services Limited, Tower Hamlets: Inadequate.
Short home care visits 'plague system'

Unacceptably short 15 minute home care visits to elderly and disabled people are still plaguing the care system in England, a report suggests.

Research by Unison found "distressing" cases of care being compromised after surveying councils and care workers.

Councils are not meant to schedule 15 minute visits for personal care, like help with washing, dressing or eating.

But the union said its findings showed many were still doing just that despite repeated calls for longer visits.

Ministers have been demanding councils which are in charge of care services stop using the so-called "flying visits".

And guidance issued in 2015 by the National Institute for Health and Care Excellence (NICE) said visits should last at least 30 minutes unless it was for a quick check-up as part of a wider package of care, such as calling in to make sure someone has taken medication.

Unison received responses to a Freedom of Information (FOI) request from all 152 councils with responsibility for social care, just as the guidance was being introduced and received feedback from 1,100 care staff via an online survey.

Three-quarters of councils reported they used 15 minute visits although a third said they were for quick checks for justifiable reasons.

But Unison said it still suggested there were major problems, with three-quarters of care staff filling in the online survey complaining they did not have enough time to provide dignified care.

Half reported they had been asked to provide personal care for people they had never even met before with carers reporting they were left feeling "angry, ashamed and embarrassed" by the standard of care they could provide.

One carer said: "I had to visit a lady who is 102 years old for a shower, help her get dressed, make food, tidy her kitchen, give her medication and put her bins out in 20 minutes. It’s humiliating as we haven’t got time to have a chat."

The Government has argued it is investing in care services. It has created the Better Care Fund, worth £5.3 billion this year, to ensure the NHS works more closely with councils on care.

Local authorities are also being given the power to increase council tax by two per cent to invest in care.

But the Local Government Association (LGA) has argued this does not make up for the wider cuts being made to councils, the costs of introducing the national living wage and the rising demand for support.

Councillor Izzi Seccombe, from the LGA, said:

"Short visits are sadly just one of the many symptoms of a social care and support system that is under enormous financial pressure."

Source: www.bbc.co.uk/news 29 January 2016
Adult social services: number of adult social care staff employed by councils shrinks by a quarter since 2011

A report summarising workforce trends shows that the number of council-based adult social services jobs has fallen from 159,400 in 2011, the first year of comparable data, to 120,200 in 2015. This represents a reduction of 39,200 jobs, or 25 per cent over the period. Focusing specifically on movement between 2014 and 2015, the number adult social care jobs in councils decreased by eight per cent (9,900 jobs) from 130,100 reported in 2014. This is also the fourth consecutive reduction to the number of jobs of around 10,000 per year since 2011.

'Personal Social Services: Staff of Social Services Departments, England, as at September 2015' published by the Health and Social Care Information Centre (HSCIC) looks at social services employees directly employed by local councils. It does not include information on the much larger group of social care staff not employed by councils, such as those working for charities and private companies, some of whom may be employed under council outsourcing arrangements and where workforce numbers may have increased.

Also comparing 2015 and 2014, around two-thirds of councils - 101 out of 152 - reduced the number of people directly working for them, with 65 of these reducing by more than five per cent. The top reason for the reductions was restructure, which was cited by 50 out of 75 responding councils as a factor in the reduction of 8,500 jobs. This was followed by outsourcing (cited by 21 councils for 5,900 jobs) and redundancies (20 councils for 2,600 jobs).

The report also shows:

- compared with 2014, 49 councils increased their number of adult social services jobs in 2015, with 27 of these councils seeing increases of more than five per cent
- an estimated 82 per cent of the 120,200 adult social services jobs in 2015 were carried out by female workers and 18 per cent by male workers. These estimates remain unchanged since 2011
- the majority of council-based adult social services jobs in 2015 were carried out by white workers (an estimated 86 per cent), with black and minority ethnic (BME) groups accounting for an estimated 14 per cent of the council-based workforce. Although these estimates remain unchanged from 2014, the estimated proportion of jobs carried out by BME workers has increased gradually from 12 per cent in 2011 and 2012 to 13 per cent in 2013 and finally to 14 per cent in the last two years.

The report can be found at: [http://www.hscic.gov.uk/pubs/pssstaffsept15](http://www.hscic.gov.uk/pubs/pssstaffsept15)

Source: [www.hscic.gov.uk](http://www.hscic.gov.uk) 10 February 2016

Council tax rises will not fix social care funding crisis

Council tax rises to pay for social care in 2016/17 will not bring in enough money to alleviate the growing pressure on the vital services caring for older and disabled people, the Local Government Association (LGA) has warned.

The LGA said nine in 10 councils in England are considering or have approved plans to raise £372 million for underfunded social care services in 2016/17 by using new powers to increase council tax by two per cent.

All councils can raise council tax by up to 1.99 per cent next year to fund local services without the need for a referendum.

Councils have long called for greater flexibility in setting council tax. As a result, the Government announced as part of the Spending Review that England's 152 social care
councils – responsible for caring for the elderly and vulnerable - can increase council tax by up to a further two per cent (up to 3.99 per cent in total) in 2016/17. Income from this extra precept must be spent on social care services.

After years of funding pressures, many councils – including those who have frozen council tax for years – say they are unable to turn down the chance to raise desperately-needed money for social care next year.

The majority of this extra £372 million income might have to be spent covering the cost to councils of introducing the Government's National Living Wage from April 2016. The LGA has estimated it would cost England's 152 social care authorities at least £330 million to cover increased costs to home care and residential care providers in 2016/17 as a result.

Council leaders warn council tax rises are unlikely to prevent the need for continued cutbacks to social care services and avoid consequences around the quality and availability of care for older and disabled people. Councils will also have to continue to divert more money for other local services, including filling potholes, maintaining parks and green spaces and running children's centres, leisure centres and libraries, to try and plug growing social care funding gaps.

Council leaders are therefore calling for the Chancellor to use his Budget to – at the very least - bring forward the £700 million of new funding earmarked for social care through the Better Care Fund by the end of the decade to 2016/17.

Source: [www.local.gov.uk](http://www.local.gov.uk) 23 February 2016

**Personalised commissioning in adult social care**

Commissioning adult social care services through personal budgets and direct payments is an important way of giving care users more choice and control over their services. When implemented well they improve users’ quality of life. The Department of Health, however, requires a deeper understanding of the best ways to implement personalised commissioning, according to a report published by the National Audit Office (NAO) entitled, ‘Personalised commissioning in adult social care’.

Local authorities spent £6.3 billion on long term community care in 2014/15. Around 500,000 adults in England received personal budgets in 2014/15, varying between 10 per cent and 100 per cent of users across authorities. The Care Act made personal budgets mandatory for all eligible users from April 2015. Much of the positive evidence for personalising commissioning, however, is old or relates to subgroups of users. The NAO believes there is a strong case for better use of existing surveys and evidence gathering, so the Department and its national partners understand the relationship between the different ways to commission personalised services for users, and improvements in user outcomes. The Department is extending personal budgets in healthcare and has an ambition that between 50,000 and 100,000 people will have a personal health budget by 2020.

The NAO found that some authorities have transformed their care and support processes to ration their resources fairly, share information about a broad range of local services, and monitor and manage spending on personal budgets efficiently, while others are finding personalising commissioning a challenge as they seek to save money, and are constrained in how they can personalise care by the need to reduce overall spending.

There are circumstances under which personalised commissioning can reduce the costs of care. For example, around 120,000 users with direct payments employ personal assistants to provide personal care, which is generally a cheaper option than homecare. The Care Act
guidance, however, acknowledges that responding to users’ needs and their desired outcomes can increase the cost of care. The NAO also found that some authorities are struggling to manage and support their local care markets as well as the NAO would expect of a well-functioning public service market. The Department expects the value for money of personalised commissioning to come from improved outcomes for users, not necessarily from savings, which differs from local authorities’ expectations that savings can be made by personalising care. The Department’s monitoring regime does not enable it to fully understand how personal budgets and direct payments improve outcomes. In addition, the Department has not investigated how services can be personalised when money is tight. It is not clear whether local authorities will achieve the spending reductions they have forecast without putting user outcomes at risk.

Source: www.nao.org.uk 3 March 2016

Care Act information gaps preventing timely assessments of need, finds research
Almost a quarter of councils are failing to provide up to date online information about Care Act assessments and eligibility criteria, figures have shown. Independent Age’s Care Act Watch survey also found 70 per cent of council websites did not provide people with all the information required by the Care Act and that phone enquiries to 39 per cent of local authorities resulted in people being given partial or unsatisfactory answers. The charity said this lack of information was preventing older people and carers from receiving timely assessments of their care and support needs. Section 3 of the Care Act requires councils to provide an information and advice service, with information on the local care and support system, including assessment and eligibility; the choice of services locally; how to access care; how to access independent financial advice, and how to report abuse concerns. This should be provided through a variety of channels, including councils’ websites. An Independent Age-commissioned review of all local authority websites in England, conducted in July 2015, found that 70 per cent did not have information on all the areas required by the Care Act, and that 23 per cent did not have up to date information on assessments and eligibility. One in seven councils did not provide information for carers, including their right to an assessment if it appeared that they may have current or future needs for support. The charity also undertook an online survey of people about their experience of the Care Act, from September 2015 to March 2016. Almost half (45 per cent) of 290 people who took part in the survey identified themselves as carers and 66 per cent of them said they had not received a carer’s assessment since April 2015, when the Care Act came into force. The charity’s report said this suggests a low awareness of carers’ right to an assessment.

Source: www.communitycare.co.uk 22 March 2016